

**Project Information**

- **Country:** Sudan
- **Project Name:** Frontline Maternal and Child Health Empowerment Project Phase I & II (Technical Cooperation)
- **Cooperation Period:** 2008 - 2011 / 2011 - 2014
- **Implementing Organization:** Federal Ministry of Health, State Ministry of Health

**1. Situation of Maternal and Child Health in Sudan**

In the Republic of Sudan, hereafter referred to as 'Sudan,' the maternal mortality ratio (per 100 000 live births) is 216 and the infant mortality rate (per 1000 live births) is 60. Both of these are higher than the world average of 210 and 35, respectively. There are various reasons for this. For one, most deliveries, 76.5%, take place at home. Also, there is low awareness of the necessity to receive medical services for perinatal care and assistance for delivery. Limited accessible services stemmed from the lack of health service providers and health facilities also contribute to the high mortality rates.

Village Midwives\* provide assistance for safe deliveries at home in rural areas as well as low income regions of urban areas. The capabilities of village midwives vary, and insufficient knowledge and technical skills and lack of in-service training prevent them from adequately assisting. Additionally, there is no concrete plan for the development and proper positioning of Village Midwives and the health staffs who supervise them, and capacities of the Federal Ministry of Health and the State Ministry of Health, who ought to provide the necessary support to the Village Midwives, are low.

\* Village Midwives are those who have completed a one-year midwifery training program. As there is no admission standard, a few of them are illiterate. While three to four years training is necessary to be a midwife, because of the present lack of midwives, the Federal Ministry of Health has developed and positioned Village Midwives as a short-range plan while developing midwives in a long-term plan.

**2. Project Summary**

With this situation in mind, the Frontline Maternal and Child Health Empowerment Project Phase I was implemented in the State of Sinnar as a pilot state to develop a system to support Village Midwives physically, technically, and mentally. The activities include in-service training for active Village Midwives, strengthening of relationships between Village Midwives and supervising health personnel, enhancement of the support system after the trainings, and renewal of safe delivery kits including scissors and gauze.

With the outcome of Phase I, the Government of Sudan recognized Village Midwives as important health services providers in the community and incorporated the support for them in their strategies and national plans.

During Phase II of the Project, implemented three years from August 2011, so that more women would receive quality care related to pregnancy and childbirth in Sudan, the following activities were conducted:

strengthening the institutional capacity of the Federal Ministry of Health and State Ministry of Health in maternal and newborn health; strengthening the capacity of Village Midwives in order to provide quality maternal and newborn care in the 8 states; and the establishment of a model of comprehensive approach to improve maternal and newborn health in Sinnar state.

**3. Gender-responsive Activities**

The capacity building of Village Midwives and the mechanism to support them contributes to not only the improvement of maternal and newborn health status but also to improvement of the social and economic status of Village Midwives.

**(1) Capacity building of Village Midwives**

**a. In-service training:**

During Phase I & II, a total of 2,735 Village Midwives have received in-service training including



trainings conducted by UNICEF under the contract with JICA. They represent 21% of the total number of Village Midwives, which means about 10% of delivery cases are assisted by those who receive in-service training supported by JICA.

**b. Development of in-service training trainers:** A total of 163 trainers were developed during Phase I & II. They have provided the in-service training.

**(2) Establishment of a System to Support Village Midwives**

**a. Follow-up of in-service training:** Regular opportunities for the follow-up of in-service training are provided by utilizing monthly meetings at health facilities to support Village Midwives technically and mentally.

**b. Strengthening relationships among communities, health facilities and Village Midwives:** As a part of the comprehensive approach to improve maternal and newborn health, relationships among communities, health facilities and Village Midwives are strengthened.

**c. Support from the Government:** The proportion of Village Midwives who receive regular salaries and other compensation from the government has increased to 23% in 2012 from 3% in 2010.

The average number of pre-natal care by one Village Midwife per month in Sinnar state has increased from 7.9 to 11.94 during Phase II of the Project. The infant mortality rate (per 1,000 live births) of Sinnar state in 2010 is 40, which is lower than the national average of 60. With the recognition of the Project outcome, in-service trainings for Village Midwives were conducted in other JICA projects in Sudan. With the additional training, a total of 5,566 Village Midwives, 41% of the total number of Village Midwives, received in-service trainings.