



SOUTH SUDAN UNFPA COUNTRY PROGRAMME
STRENGTHENING MIDWIFERY SERVICES (SMS) II PROJECT
PEER TO PEER EXCHANGE MECHANISM ASSESSMENT REPORT
September 2018

1. Introduction

The Strengthening Midwifery Services (SMS 11) in project , funded by Global Affairs Canada and Sweden, is implemented by the UNFPA in partnership with South Sudan Ministry of Health, the Canadian Association of Midwives (CAM), and other partners. As part of strengthening capacity of national midwives, CAM is implementing a peer-to-per remote exchange programme between national UNVs and young Canadian Midwives on current issues and trends in midwifery education, association and practice.

Through this capacity building initiative for Midwives, CAM hopes to improve reproductive health and reduce the number of mothers and newborns babies who die in South Sudan during birth.

The main finding of the assessment is that

- 27 National UNVs midwives were assessed on the level of satisfaction with the quality and or usefulness of the peer to peer exchange mechanism with the young Canadian Midwives
- 63% were satisfied with the peer-to-peer exchange mechanism (19 percent very satisfied and 44 percent within the satisfied category). Eleven (11) percent maintained neutrality of the level of satisfaction, 19 percent were somehow satisfied and only 7 percent were not satisfied at all.

2. Purpose and objectives pf the assessment

Overall Purpose

The overall purpose of the assessment was to obtain a snapshot of, and identify the level of satisfaction opportunities, benefits, and gaps in, the peer to peer exchange between the Canadian Association of Midwives and the NUNVs Midwives deployed at facilities with support from UNFPA and generate information that will guide the implementation of activities relating to the subsequent.

Specific Objectives

The specific objectives of the assessment were to.

- to better understand the level of satisfaction of the peer to peer exchange mechanism by the UNV Midwives

- identify the various topics learned so far during the p-p exchange
- identify challenges faced during the p-p exchange mechanism
- provide ways for improving the p-p exchange mechanism

3. Methodology

UNFPA developed a quantified checklist and provided to the UNV Midwives for feedback. The assessment was tailored to the peer to peer exchange mechanism between the UNV Midwives and the Canadian Midwives remote knowledge and skills exchange transfer mechanism. The assessment checklist included questions to capture information for the SMS 11 Performance Monitoring Plan (PMP) indicator of specifically ‘% of UNV Midwives who are satisfied with the quality and or usefulness of the peer to peer remote exchanges with Canadian Midwives’. The level of satisfaction was assessed on a scale of 1-5 where 1=Not Satisfied, 2= Somehow satisfied, 3=Neutral, 4= Satisfied,

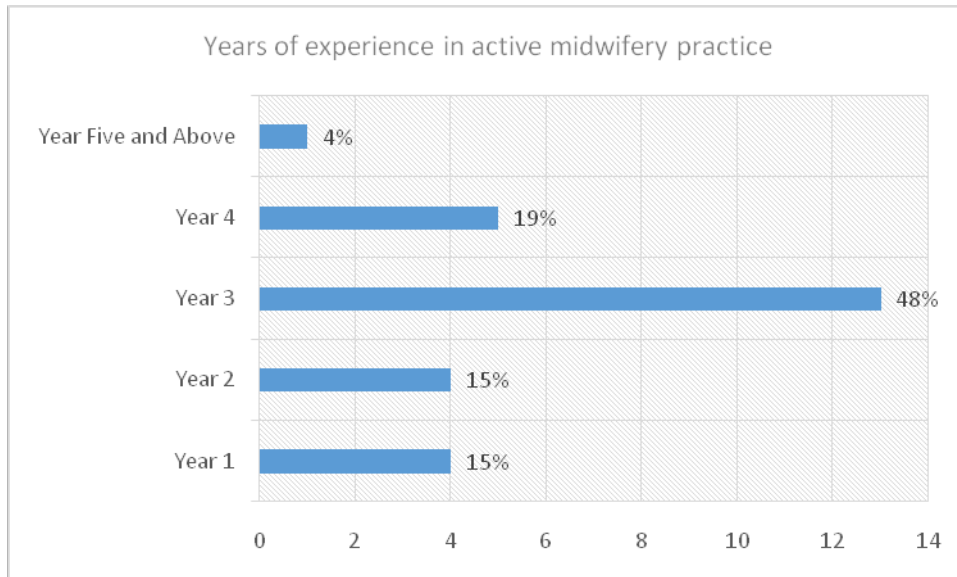
4. Findings

4.1 Coverage of the assessment:

All the 27 UNV Midwives, drawn from the 14 SMS 11 health facilities, were assessed on the level of satisfaction with the quality and usefulness of the peer to peer remote exchanges with Canadian Midwives.

4.2 Experience of the NUNVs

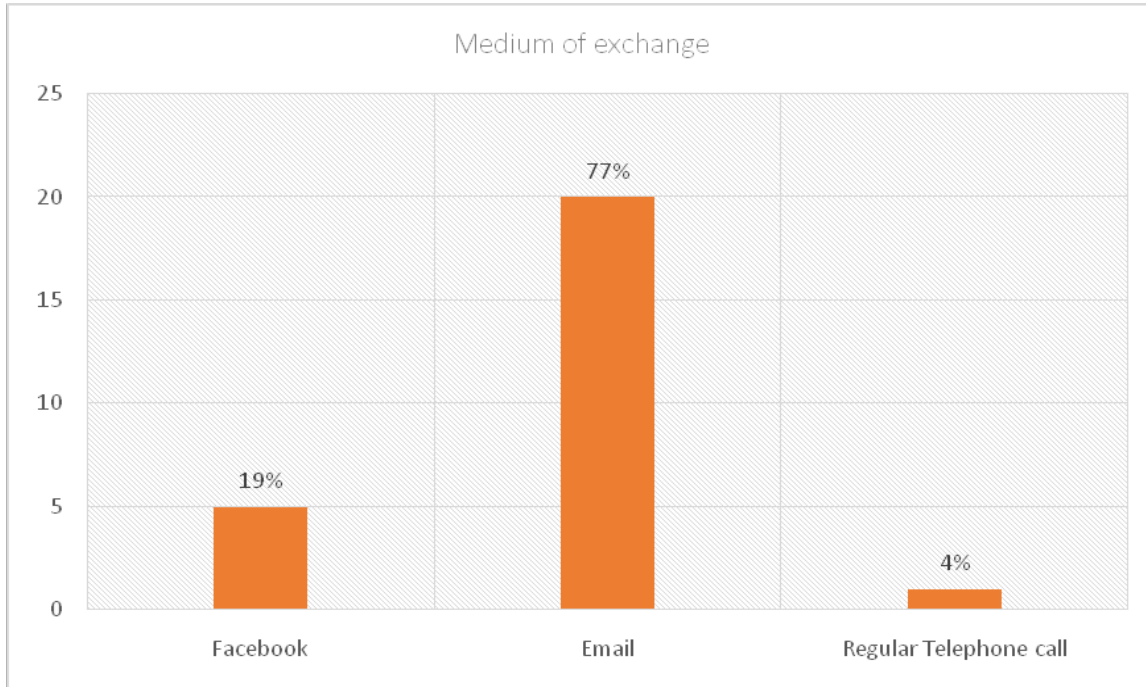
Slightly less than a half (48 percent) of the UNV Midwives have three (3) years of active midwifery practice, while 19 percent had four years’ experience and 15 percent for both for 2 years and 1 year experience. Only 4 percent of them with at least five years and above.



This situation indicates that the NUNVs still require more hands on mentoring support including with the Canadian Midwives as they have very few years of experience in the field of Midwifery practice

4.3 Medium of Peer-to-peer exchange

From the assessment, 77 percent of the UN Volunteers Midwives reported that they used email as the medium of exchange with the Canadian Midwives compared to 19 percent who used Facebook and insignificant number of them used regular telephone communication.

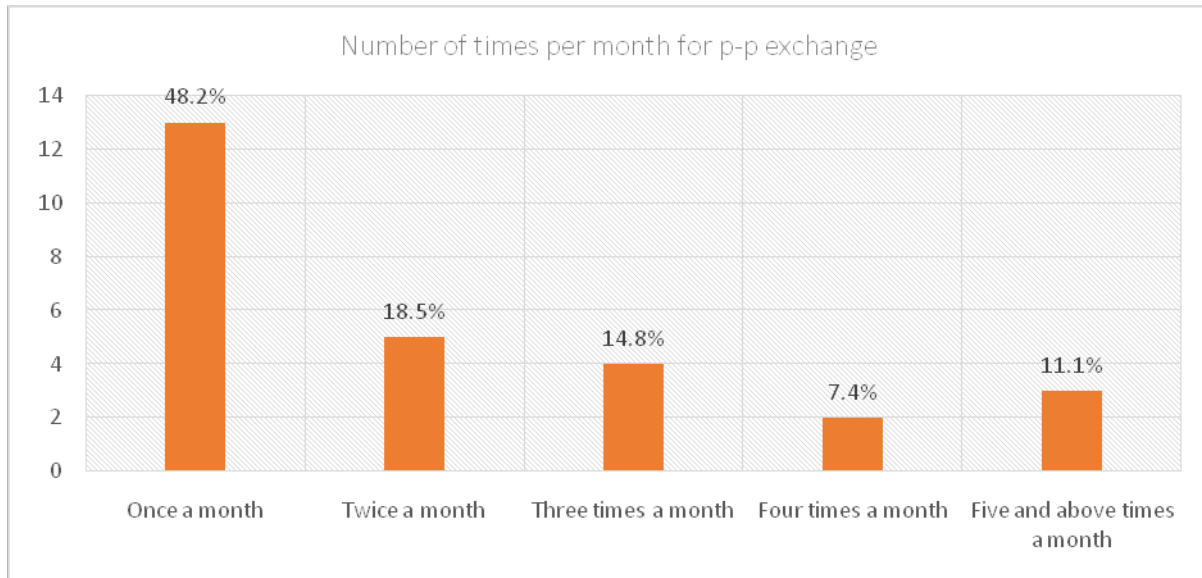


The NUNVs indicated that there was a need to increase routine telephone follow up between the peers as some information may require detailed explanation to understand the concepts shared through the facebook or the email communication. About 99 percent of the UNVs expressed limited access to internet services or communication and therefore there is need to improve internet communication to facilitate better knowledge and skills exchange.

Increasing the number of in country visits could improve understanding of concepts and providing hands on support to the UNVs as most Midwifery concepts are more practical

4.4 Frequency of peer to peer exchanges

As indicated by the figure below, 48.2 percent expressed that they interact once a month for the p-p exchange, 18.5 percent twice, 14.8 percent three times, 7.4 percent four times while 11.1 percent five and above times a month.



Therefore there is need to increase the number of p-p exchange per months so that the NUNVs Midwives can learned more practical and theoretical knowledge and skills on Midwifery.

4.5 Common topics learnt during p-p exchange

The following were main topics discussed during the p-p exchange

- ✓ Health education including disadvantages of home deliveries
- ✓ Management of Postpartum haemorrhage and Intrapartum care for positive birth experience
- ✓ Complications during pregnancy and labour
- ✓ Criteria for diagnosing active labour,
- ✓ Diabetic in pregnancy
- ✓ Danger signs in pregnancy such as bleeding in early pregnancy
- ✓ Challenges faced at work place,
- ✓ Management and neonatal care (neonatal resuscitation)
- ✓ Management and Shoulder dystocia
- ✓ Retained placenta
- ✓ Eclampsia and pre-eclampsia
- ✓ Antenatal care
- ✓ Retained placenta
- ✓ Balloon tamponade
- ✓ Electronic fetal monitoring
- ✓ Disseminated intravascular coagulation

4.6 Level of satisfaction with the peer-to-peer exchange mechanism

From the assessment, 63% were satisfied with the peer-to-peer exchange mechanism (19 percent were very satisfied and 44 percent were within the satisfied category). Eleven (11) percent of the 27 Midwives who were assessed still maintained neutrality of the level of satisfaction while 19 Percent were somehow satisfied and only 7 percent were not satisfied



This indicates that although majority (63 percent) were satisfied greatly with the peer to peer exchange there is 37 percent still not adequately satisfied.

The main reasons for low satisfaction include

- a) Challenges of internet access,
- b) heavy workload at facility and therefore limited time for peer-to-peer interface
- c) Time zone differences between South Sudan and Canada that limits effective interaction.
- d) Low frequency of peer-to-peer remote interaction

To ensure that no student is left behind, there is need to improve the issue of internet access, draw programme for peer to peer exchange between the NUNVs and their Canadian peers, government to employ more staff at the facilities to reduce the work load encountered by the UNV Midwives and introduce in country visits as well as peers to agree on suitable times for the interaction.

5. Benefits derived from the peer-peer exchange

The UNVs indicated a number of benefits that they derived the exchange mechanism, mainly

- Improved knowledge and understanding of various elements of midwifery practice particularly on management of complication in pregnancy and Labour. This has resulted in their overall improved knowledge and skills in Midwifery
- Improved research skills on current midwifery practices. The NUNVSs prior of after the P-P exchange interface do internet or library research on the topics to be discussed. This research idea wasn't part of their learning approached before the peer to peer exchange mechanism was introduced.
- Improved networking with other global Midwives
- Improved communication skills particularly on use internet google

6. General challenges faced during the p-p exchange mechanism and ways of addressing them

The NUNVS enumerated a number of challenges a synthesis of which are

- ✓ Poor internet connectivity
- ✓ Time constraints to access facebook and other social networks due to heavy work load at the facilities
- ✓ Insufficient or no power source to collaborate the learning
- ✓ Time zones differences between the two South Sudan and Canada.
- ✓ Few communication gadgets like modems including subscription of data bundles as in most cases with very weak internet data bundles connectivity if any
- ✓ Variations in medical facility setup such as equipment and supplies
- ✓ Heavy workload does not allow participation adequately

The address the challenges, the following were proposed by the NUNVs.

- ✓ Improve internet services at the facilities or provision of fully subscribed monthly data bundles for internet using modems
- ✓ Provision of computers and smartphones to facilitate continued learning
- ✓ Create time once a week for internet use. At least no work on that particular day
- ✓ Agree to time schedules - Differences in time zones between the peers need to be further discussed and agreed upon for a better interactive timing because in most cases, when the other side of the country is online and other side becomes inactive or not online

7. Recommendations for improving the peer to peer mechanism

- ✓ Provision of proper internet services and monthly subscription of data bundles on modems
- ✓ There is need for the Health facility to draw up work schedules that afford time for NUNVs to effectively participate in the peer-to-peer exchange
- ✓ Canadian Midwives should undertake in country visits to facilitate face to face dialogues
- ✓ Provision of a per day session at least weekly to allow frequent peers exchange interaction
- ✓ P-P exchange schedules should be agreed upon by respective peers to address the issue of time zone differences.

Assessment tool

**STRENGTHENING MIDWIFERY SERVICES II PROJECT
ASSESSMENT OF THE PEER TO PEER MECHANISM**

Indicator: % of UNV midwives who are satisfied with the quality and/or usefulness of the peer-to-peer remote exchanges with Canadian midwives. (Scale of 1 to 5)

A: Particulars

1. Name of the NUMV -----

2. Age range

15-19	20-24	25-29	30=34	35+

3. Health Facility: -----

4. Years of experience in active midwifery practice-----

B: Participation in the peer to peer exchange

1. Do you participate in the peer to peer exchange mechanism with Canadian Young Midwives

Yes	No
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2. If Yes, indicate the number of months you have participated in the Exchange mechanism? -----

3. What is the name of your Canadian Peer?

4. What is the age range of your Canadian peer?

15-19	20-24	25-29	30=34	35+

5. What is the medium through which the exchange is done

Facebook	WhatsApp	Email	Regular Telephone call	Skype	Other (Specify)

6. How often do you have the peer to peer exchange ? Indicate the number of times per month ---

7. What are the main topics of the P-P exchange?

- a) -----
- b) -----
- c) -----
- d) -----

8. What benefits have you gotten from the peer to peer exchange? What is the evidence?

- a) -----
- b) -----
- c) -----
- d) -----

9. What are the challenges faced during the P-P exchange mechanism?

- a) -----
- b) -----
- c) -----
- d) -----

10. How have the challenges been addressed

11. What are your proposals for improving the peer –peer mechanism?

- a) -----
- b) -----
- c) -----
- d) -----

12. On a scale of 1 – 5, what is your level of satisfaction with quality and usefulness of the P-P mechanism?

1=Not satisfied	2= Somehow satisfied	3= Neutral	4=Satisfied	5=Very Satisfied