Worksheets

Analysis theme：Process of building up skills learned in in-service training for midwife in leadership position in South Sudan

Concept 1	Diverse educational backgrounds
Definition	Years spent on technical training such as nursing, midwifery and health visitor
Variations	• Senior three (Primary school to Junior, then senior three), at the age of 23 and 24, received midwife training for one year in Khartoum, then at the age of 25 and 26, received one year training on Health Business. (Ms. A, pg1) • Midwifery training school in the North, Khartoum, for one year (Ms. B, pg2) • Enrolled midwifery school in Uganda for 2.8 years (1999-2002) (Ms. C, pg1) • Yei Medical training; studied midwifery from 2005 to 2008. (Ms. D, pg1) • Primary school, secondary school, nursing from 1981 to 83 in Wau, Midwifery school 83, 84, 85 in North Sudan, and health visitor school from 90 to 92 in North Sudan. (Ms. E, pg1)
Theoretical note	Just with 5 midwives, their educational background is so diverse which is unlikely in developed countries. How does this affect the level of understanding, topics they pay attention to, learning attitude, and how they apply learning at work?

Concept 2	Training experience
Definition	Experience of providing guidance and training to colleagues prior to in-service training
Variations	• After the basic training, *I* came here. *I* started making changes. If there's something that's not right, *I* would correct it; "that shouldn't be like this." During deliver, caring of the mother, even postnatal caring for the mother and how to care for the baby. *I* started teaching other midwives. • …even after she came from there, she continue teaching them. She start to tell them. Like don't do this, do that. (Ms. A, pg 2 & 3) • Before JICA training, anything *I* see wrong, *I* used to directed that it is not this way; should be like this way. (Ms. B, pg7) • 6 months in 2010 teaching midwives, medical assistants and doctors. I cannot remember the name but they trained us so we can train other midwives at all the states. We also train TOTs. We call them, do TOT, and they go out to train others. Resuscitation and after delivery bleeding control (PPH) were the two main topics. Some areas don't have midwives, so we trained mixture of people; midwives, doctors, and medical assistants. (Ms. C, pg2) • Interviewer: Did you have experience teaching other midwives before JICA training? Ms. E: Yes, because I got it from the health visitor school. Interviewer: How often were you coaching and instructing other midwives? Ms. E: If I got the new team for training, I sit with them and I talk to them if there's something to be changed or something to be added. (Ms. E, pg 8)

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Theoretical note	When providing on-the-job training for their colleagues, how will their prior training experience help communicating new knowledge and skills? Will a midwife with more extensive training experience have advantage and be able to assess and adapt students' (colleagues) level of understanding?

Concept 3	Mission to save lives
Definition	Sense of duty beyond professional obligation to help save lives
Variations	• *I* continue to be a midwife. *I* like *my* work. If I die, I stop. Because I want to help my people. Not only here in South Sudan, but anywhere. Midwife is not just a mere work. *My* mission is to help. To help mothers. (Ms. A, pg 8) • Interviewer: What is the mission of midwives that you'd want to communicate to junior midwives? Ms. B: To work as a team to save life of woman to reduce mortality and infant mortality. So teamwork is the key word for *me*. Interviewer: So at Malakal, during delivery they work as a team? Ms. B: Yes, *we* work as a team. Because some woman in delivery bed, sometimes they kick a midwife. So *we* work as a team. Other one receive a baby, other supporting woman because here in South Sudan, husband is not there. So midwives, *we* work as a team. One is to receive the baby, one is to support the woman with anything, maybe suction or any medication for the baby, emergency. So they are always there. (Ms. B, pg 5) • Interviewer: What makes you want to continue working as a midwife? Ms. C: I want to save the lives of mothers. … Interviewer: What is the most important thing you communicate to other midwives? Ms. C: The most important one is, we used to tell them, they make sure they move in the villages to educate this mothers who are pregnant to come and deliver in the hospital or health centers. When they are assisting this mother, they have to know if the mother is having a difficulty or any problem during pregnancy, they have to refer this mother immediately to the health center or hospital.(Ms. C, pgs 2 & 3) • Interviewer: What makes you want to continue working as a midwife Ms. D: Because I like to deliver and help young babies and mothers. (Ms. D, pg 5-6) • Ms. E: We are doing awareness during antenatal care. We are doing awareness. Like the woman she died, she came from the village. If she came here, she'd get the awareness, and she would not. Interviewer: So how are you promoting this awareness among the mothers? Ms. E: Yes, during antenatal care. (Ms. E, pg 5)
Theoretical note	2012 MMR= Japan5/100,000, South Sudan 2,024* (from 2006 SS Household Survey), IMR=Japan 2/1,000、South Sudan 71 (WHO, Global Health Observatory Data Repository) Current situation surrounding health of women and children in South Sudan is

	unimaginable for health professionals in developed countries. Its influences are observed in midwives' professional values and their overarching mission. This seems to be driving midwives decisions and behavior in lots of areas of their work. What are the areas of skill building process being affected by this sense of duty?

Concept 4	Acceptance to new knowledge and skills
Definition	Realizing "there is always new knowledge" despite years of experience
Variations	• Ms. A: The number is going down because of in-serve training for midwives. *We* still need more in-service training. Because there is always something new knowledge. More training. (Ms. A, pg 11) • Increased *my* knowledge very much. *I* gained and *I* want to take more of JICA training. (Ms. B, pg 7) • Interviewer: What was the impact of this training to your career as a midwife? Ms. C: This training brought for me a big change because they gave me skills how to go train these midwives. … • According to me, about our training, training brought new skills for us. … About resuscitation and how to palpate. Because some of us don' know. Me, I know but other colleagues, they do not know how to palpate or how to resuscitate. But she gave us good skills. (Ms. C, pg 4 & 7) • Ms. D: JICA impact the new way. Now we are doing it the right way. We are not in a good way. We are conducting delivery in a right manner. Resuscitate. *Active birth with those drugs. Mother was bleeding but we give drugs and the bleeding stop. When the child doesn't want to come, we cut and later on stitch. Interviewer: Impact is quite big? Ms. D: Yes, because now TBA work like midwives. (Ms. C, pg 6) *Active birth = Active management of third labor の可能性が高い • Yes, many changes, many changes. Because our people don't know the oxytocin, even the labor, they don't know. But after JICA, there is many changes. Many changes now. And the mortality rate is reduced also. (Ms. E, pg 11)
Theoretical note	During the in-service training, midwives were showered with so many topics and information. They choose and accepted new skills and knowledge that they thought would help them improve issues at work. Were there any topics that choose not to remember or apply? → Yes. Topics of Training Cycle Management and importance of breastfeeding were not mentioned at all. It is assumed that these two topics were not directly tied with saving lives of mothers and children, which was their most pressing issue.

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Concept 5	Change in recognized scope of practice
Definition	Changes in scope of practice before and after in-service training
Variations	• Now because of this workshop or in-service training, now *I* know when to refer woman to doctor. *I* know how to identify risk and time. *I* know all these things. Discovered lots of things like taking blood pressure. These are all through in-service training. Even know to test HIV at PHCC, and family planning. *I* know all of these during in-service training not basic one…(Ms. A, pg 8) • We are focusing on antenatal. So you must examine the woman properly. So that you know what is the dangers. Because if you don't examine this woman properly, maybe you miss something, and then this woman may be at risk because of negligence. Now I am training these ladies. They are helping her to give health education to mothers. Before they were doing only health education, but they were not doing how to check from head to toe. Now because I trained others, it reduce my workload. Now these people can help me. Now that I was trained in TOT, I'm training others and they can train also. (It's going, expanding.) Yes. Midwives can give health education even when I'm not present. Before they wait for me." (Ms. A, pg.10) • Interviewer: Did they use the ambu bag? Ms. E: Yes, we used the ambu bag. Interviewer: In JICA training, they introduced the resuscitation, the ambu bag, but at Wau teaching hospital, were they using ambu bag before JICA training? Ms. E: No. we don't use the ambu bag. After JICA training and up to now, we're using it. Interviewer: Ambu bag and resuscitation. Ms. E: Yeah. Interviewer: After JICA training? Ms. E: After JICA training. Interviewer: Do all the nurse midwives, do they know how to use the ambu bag, too? Ms. E: Yes, I give them training. (Ms. E , pg. 3) • Ms. D: JICA impact the new way. Now we are doing it the right away. We are not in a good way. We are conducting delivery in a right manner. Resuscitate. Active birth with those drugs. Mother was bleeding but we give drugs and the bleeding stop. When the child doesn't want to come, we cut and later on stitch. Interviewer: Impact is quite big? Ms. D: Yes, because now TBA work like midwives. (Ms. D, pg.7)
Theoretical note	It seems that midwives scope of practice was expanded to include not just emergency care but also preventive measures which they had not learned previously. Now that they are provided with the info., they can tell what is proper or right, and what is not. This brings huge impact to their practices as one say "now TBA work like midwives." For curriculum developers, it is critical to assess first where the participants stand in terms of knowledge and skills to make this shift to happen. From these comments, midwives sound confident in current practices.

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Concept 6	Shift in the level of understanding of midwife care
Definition	Change in the level of understanding and practice of midwife care after being introduced to new information
Variations	• Ms. A: We are focusing on antenatal. So you must examine the woman properly. So that you know what is the dangers. Because if you don't examine this woman properly, maybe you miss something, and then this woman may be at risk because of negligence. Now I'm training these ladies. They are helping me to give health education to mothers. Interviewer: So this is something you were not doing before JICA training? Ms. A: Before we were doing only health education, but we were not doing how to check from head to toe. …. Interviewer: Is there anything specific in antenatal care you teach? Ms. A: Just focusing on mothers, advise. Their visits to the clinic. Even if they are supposed to come four visits, but in between if the mother's sick, let her come to see a doctor so she is treated; early treatment. Let her not wait at home even if her appointed date is not yet to come. So this is where we are focusing. (Ms. A, pg 10) • Interviewer: Do you coach or teach midwives? Or too busy? Ms. B: When there's no labor or deliveries, I teach them. Interviewer: What do you teach them on? Ms. B: How to examine; physical examination. When not to examine; when bleeding, you don't examine. Position of baby, if they are twins, head, transverse, position, and so forth. (Ms. B, pg 7) • Yes, I trained about antenatal care and how to examine the mother. (Ms. C, pg 4) • Ms. E: …the four letter of abdominal. Four letters. This is the head, this is… To find the presentation of the baby. If she is with the head, or breach. The letter… Interviewer: Palpation? Assessing the baby? Ms. E: Yes. (Ms. E, pgs 5 & 10)
Theoretical note	Current concept name was given after analyzing its role in the entire process. Even though variations show the change in their practice of antenatal care before and after training, the shift in understanding is assumed to have taken place during training, hence promoted the behavior change.

Concept 7	Perception impeding safe delivery
Definition	Local practices and people's perception that could get in a way of safe delivery
Variations	• Here, people don't go to the hospital even if you are sick. You just go buy medicine. That's why people die early. (Ms. A, pg 8) • Ms. A: What I'm not doing is labor. The style or the position. Because the mothers here don't accept or agree or don't want to. Only one position. They don't want to change. Even their relatives who accompany the woman don't allow. They say that's wrong; that's not the way. Say those positions are all traditional position. They don't want. Like the TBA position. (Ms. A, pg 9)

	• So they work as a team. Other one receive a baby, other supporting woman because here in South Sudan, husband is not there. So midwives, they work as a team. (Ms. B, pg 5) • Our society, community, say let those woman deliver because we lost so many during the war. We teach them, some accept them, so don't. • …they say in our culture, they believe that if you are midwife or if you want to be a midwife, you have to, your age has to be at least old enough to be a midwife. (Ms. C, pg 8) • Recently young abort twins. Very young. The mother was 15. It was very early. You know our people marry young children. She was married by another young boy. She bleed. (Ms. D, pg 7) • With labor pain? We stay with her. And some time if you call the husband, they are shamed to come inside to take her, and mother will come and help her. Mother or sister. With labor pain. If you tell her husband, she become ashamed. Just mother or sister. (Ms. E, pg 6)
Theoretical note	As a member of the community, it is easily assumed that midwives experience confusion and difficulties in the process of adapting knowledge and skills that might work against their belief system. However, their sense of duty to save lives seems to offset the belief system and pushed them to apply or at least start planting seeds in the community.

Concept 8	Lack of resources from outside organizations
Definition	Resources not available from government and donors
Variations	• The difficulties or the challenges we have, even after our training, we don't have equipment. Like even taking blood pressure, we have only one machine in Malakia health center. That one machine is spoiled now. We don't have. The Ministry of Health give us some drugs to be given to this mothers for antenatal care. Some of the tablets increases, like mother who got anemia.. Like anti malaria called.. They give them few drugs, but not enough. They receive few. It's not enough. (Ms. A, pg 7) • Sometimes we don't have oxygen, we don't have other instruments. For an emergency, we can try but we have limited instrument. ⋯I cannot remember. Sometimes mothers come with severe anemia. We don't have the blood bank, and they have to look for their relatives. If they fail, mothers don't.. (Ms. C, pg 2) • That was not enough because they train us but the problem was money. Because last time they say the trainers will go the ministry, they support us so that we continue train these people. But when we went there, these people responded negatively. They say they are the one to support us so that we train others. But then, they do not have anything to support us. Because you cannot call midwives

	to come and start training or talking to them without water, without breakfast. Difficult. Let us not to train midwives. (Ms. C, 7) • Interviewer: What happens if the mother is having abnormal delivery? Ms. D: We transfer to MFS. Interviewer: What is MFS? Ms. D: They are organization. They have a hospital. It takes 45 minutes driving. …UNICEF provided delivery couch plus 4 beds or mattresses. Three children died in 2010. There is no light. We came to deliver in the day time, but night time there is no light or there is no security. Starting 2010, we work in the daytime but we don't work night time. (Ms. D, pg 3) • Interviewer: Do you use oxytocin to stop bleeding? In all cases? Ms. D: No. Only when the mother is bleeding. In 2010 and 2011, not enough drugs. 2012, we have enough drugs. (Ms. D, pg 4)
Theoretical note	Sounds as if it is a given that other organizations provide resources for them. What can be done during in-service training to get midwives to think about alternatives or a plan in case supplies run out? → For discussion, consider adapting brain storming session for participants to list up alternatives to solve this problem.

Concept 9	"Ignorance" of women
Definition	Women's lack of birth-related knowledge
Variations	• No birth spacing. You deliver in 2012, and towards the end of 2012, you find she is pregnant. In 2013 she deliver. (Ms. A, pg 8-9) • There's so many deaths because women don't know when to come to the hospital. Some of them want to deliver alone. ⋯a prime-gravida, she has not delivered before. This is when I was working in … across the river Nile. They were detaining this woman at the house with a midwife. I don't think it was a midwife; anybody who can assist. So they were keeping this woman at the house of three days. Now both were at risk, the mother and the baby. She telephoned me and I went there. I listened to the baby's heart beat, and it was beating very fast. Even the mother was at risk. (Ms. A, pg 11) • Sometimes they come and babies already died. Still birth. Most of our people are still ignorant. They don't know the importance of the hospital. They stay there like prime gravidas, when they try to deliver at home, they fail. Then they bring the child that died. (Ms. C, pg 3) • We calculate but many women don't know the menstrual date. Then we estimate. You don't know. Many of them came from village. They don't keep the menstrual period. They know the month but don't know the date. (Ms. C, pg 5) • We are doing awareness. Like the woman she died, she came from the village. If she came here, she'd get the awareness, and she would not

	(have died). (Ms. E, pg 5)
Theoretical note	Two midwife practitioners in Japan have reviewed the concept and stated that finding a way to talk to mothers is part of the job for mothers' lack of birth related knowledge is a given compared to the technical and practical knowledge they possess as a professional. However, this awareness has not taken place for South Sudanese midwives as they could adapt a way to approach mothers in a way that is easier to understand. For discussion, we can explore training ideas for effective communication with mothers.

Concept 10	Realization for the need to improve current situation
Definition	Difficult situations surrounding birth giving midwives reasons to improve practices
Variations	• Interviewer: Is there anything specific in antenatal care you teach? Ms. A: Just focusing on mothers, advise. Their visits to the clinic. Even if they are supposed to come four visits, but in between if the mother's sick, let her come to see a doctor so she is treated; early treatment. Let her not wait at home even if her appointed date is not yet to come. So this is where we are focusing. (Ms. A, pg 10) • There's so many deaths because women don't know when to come to the hospital. Some of them want to deliver alone. …a prime-gravida, she has not delivered before. This is when I was working in … across the river Nile. They were detaining this woman at the house with a midwife. I don't think it was a midwife; anybody who can assist. So they were keeping this woman at the house of three days. Now both were at risk, the mother and the baby. She telephoned me and I went there. I listened to the baby's heart beat, and it was beating very fast. Even the mother was at risk. (Ms. A, pg 11) • Ms. A: 2011, three babies; no mother die. 2012, twelve babies died. Some is still birth, some die inside them, some are premature, problems. Interviewer: How about mothers? Ms. A: No, mothers are ok. But babies, I'm very sorry. (Ms.A, pg2) • Eight mothers died last year in 2012. Mal-nutrition, anemia, and some they come late to the hospital with heavy bleeding. Out of eight, three died of bleeding. (Babies) 25 dead. Some are still births. Some are bad presentation, positioning, maybe breach, transverse. Most of them were still birth. Baby dead from the womb. When the baby came, they were already dead. Pre-mature baby. *We* cannot save. (Ms. B, pg 3, 8) • Sometimes they come and babies already died. Still birth. Most of our people are still ignorant. They don't know the importance of the hospital. They stay there like prime gravidas, when they try to deliver at home, they fail. Then they bring the child that died. (Ms. C, pg3) • Ms. D: Last year, we have 7 children, that is 4 died. Two are because they were delivered by young girls, 16. Interviewer: This was at home? Ms. D: No, they delayed at home, and later on bring those children to the hospital but already dead, this is number one. Another child was premature.

	Interviewer: Premature. Just one baby? Ms. D: One. Two, one come with transverse lie. We referred to ..it was operated but the child already dead. The last one; it was me who delivered that child. But the child was late, very late. I don't know; 2 days in labor, one day at home and then came to the hospital in the morning and stayed till evening. I wanted to refer to hospital but they had no money. At the hospital, there's no money taking this woman to the hospital. I decided to give centicenal in a drip. Then the pain become more and delivered child, but the child was already dead. … I remember there is a baby dying in front of us, there is another baby who was delivered by my colleague that also died. There was a woman who delivered twins, one died and one alive. 3 children in 2010. That's I remember. (Ms. D, pg 2 & 4) • Ms. E: We are doing awareness during antenatal care. We are doing awareness. Like the woman she died, she came from the village. If she came here, she'd get the awareness, and she would not. Interviewer: So how are you promoting this awareness among the mothers? Ms. E: Yes, during antenatal care. (Ms. E, pg 5)
Theoretical note	Mixed feelings surrounding deaths: sad, frustrated, hopeless, helpless, etc. but still trying to improve the situation in a best way possible. How does this act on skill building?

Concept 11	Ample resources from outside organizations
Definition	Having resources such as medical supplies available from government and donors
Variations	• Ms. C: Because that time when we were training them, the company gave us ambu bags. I forgot their name. Interviewer: Was it a donor? Ms. C: Donor. They were supplying with ambu bags. (Ms. C, pg 6) • Interviewer: Do you use oxytocin to stop bleeding? In all cases? Ms. D: No. Only when the mother is bleeding. In 2010 and 2011, not enough drugs. 2012, we have enough drugs. (Ms. D, pg 4) • Interviewer: Are there lots of ambu bags at the hospital? Ms. D: Yes, even midwives know. We teach them. Interviewer: You taught them? Ms. D: Yes. They know how to. (Ms. D, pg 4) • Ms. E: But now there's many. They brought many to the hospital. Interviewer: Many..? Ms. E: Many oxytocin to the hospital. The government brought it. (Ms. E, pg 5)
Theoretical note	Having supplies for emergencies enables application of learned care. What happens if they run out? Check data.→ Concept 8 "Lack of resources" stops application and

	creates frustration.

Concept 12	Successful experiences
Definition	Experiencing improvement of care and better outcome from application of new skills
Variations	• I listened to the baby's heartbeat, and it was beating very fast. Even the mother was at risk. So I said this one cannot wait here, or she'd be dead. .. So they took her to a hospital, they found the doctor who did cesarean section. The baby and the mother were saved. Up to now both the mother and the baby are healthy. Up to now they respect me for what I did because otherwise both of them had died. (Ms. A, pg 11) • Ms. B: So I practiced once with woman lying down like this. Interviewer: At the hospital? Ms. B: At the hospital. Interviewer: One? Ms. B: One, she accepted. Very rare cases. But most woman like this position, lying down. So the woman tried the position. Interviewer: Was the delivery ok? Smooth? Ms. B: No problem. Mother was ok, and baby ok. Interviewer: The mother didn't need to be cut? Ms. B: Without it. (Ms.B, pg 8) • …we use drugs, oxytocin. After delivery of the baby, they give the drug, then the placenta comes. (Ms. C, pg 7) • Ms. D: In our society, last time we had many positions. We tried but they say they want to lie down. I tried. I tell them any position, no problem. There was one woman I delivered. She said this was a very good position. Interviewer: Did you have to cut her? Ms. D: No. We didn't cut the woman. Unless she is taken to a hospital with a gynecologist. Interviewer: Mother delivered like that, how was it for you? Ms. D: Good for me. When she lies like this, I hold backward, and just catch the baby. I move the placenta easily. Placenta comes very easily. Interviewer: Was that the first time you delivered like that? Ms. D: First time. Interviewer: Prime gravida? Ms. D: No, this was the third baby. Interviewer: Maybe with her first and second, she was laying down? Ms. D: She was lying down. The third I delivered. Interviewer: Did you ask her if it was ok? Ms. D: I asked her, and she said it's ok. She said there is no more pain. I said good; later on you have another child, come and I deliver the child. (Ms. D, pg. 4) • Ms. D: JICA impact the new way. Now we are doing it the right way. We are not in a good way. We are conducting delivery in a right manner. Resuscitate. *Active

	birth with those drugs. Mother was bleeding but we give drugs and the bleeding stop. When the child doesn't want to come, we cut and later on stitch. Interviewer: Impact is quite big? Ms. D: Yes, because now TBA work like midwives. *Active birth = From the context, it most likely means active management of third labor. (Ms. D, pg 6)
Theoretical note	Improvement in practices brings not just joy and sense of achievement for them, but also recognition from others who are being affected by the care. It also validates their decision for application. On the contrary, are there any "failure" experiences? → Data does not provide any stories of failure; skills that they applied but did not work except the case of free style delivery that they asked mothers to try but mothers would not agree or corporate. Follow up questions to probe this area might be necessary.

Concept 13	"More in-service training"
Definition	Development of motivation to attend more in-service training after experiencing improvement in practice
Variations	• Ms. A: The number is going down because of in-serve training for midwives. *We* still need more in-service training. Because there is always something new knowledge. More training. (Ms. A, pg 11) • Ms. B: Increased my knowledge very much. I gained and I want to take more of JICA training. Interviewer: What do you remember the most? Ms. B: Examination. I remember the positions in a hotel. 2010, positioning. Lying down…So I practiced once with woman lying down like this. Interviewer: At the hospital? Ms. B: At the hospital. Interviewer: One? Ms. B: One, she accepted. Very rare cases. But most woman like this position, lying down. So the woman tried the position. Interviewer: Was the delivery ok? Smooth? Ms. B: No problem. Mother was ok, and baby ok. Interviewer: The mother didn't need to be cut? Ms. B: Without it. (Ms.B, pg 8)
Theoretical note	Both Ms. A and Ms. B had the least midwife qualification among the others. Ms. B had never attended in-service training since her basic training 26 years ago. Impact of overall in-service training seems to be more significant for them. What do other midwives with more¥higher qualifications and experience with in-service training say about it? Is there a difference? → Yes. The other 3, having attended various types of training in the past, do not emphasize the importance of in-service training as much.

Concept 14	Recognition from others
Definition	Evaluation of care provided to mothers
Variations	• She listened to the baby's heartbeat, and it was beating very fast. Even the mother was at risk. So she said this one cannot wait here, or she'd be dead. .. So they took

	her to a hospital, they found the doctor who did cesarean section. The baby and the mother were saved. Up to now both the mother and the baby are healthy. Up to now they respect her for what she did because otherwise both of them had died. (Ms. A, pg 11) • Ms. D: In our society, last time we had many positions. We tried but they say they want to lie down. I tried. I tell them any position, no problem. There was one woman I delivered. She said this was a very good position. (Ms. D, pg 4)
Theoretical note	Another positive validation from people in the community that they provide care to. How does this play a role in skill building? → Acts as an accelerator.

Concept 15	Application of learned knowledge and new skills to pregnant women
Definition	Skills being introduced and practiced to mothers
Variations	• Ms. A: Most of the activities are antenatal care. Sometime 60 in a day. Interviewer: In one day? Ms. A: Yes. For antenatal care. The highest number of attendance is Mondays. Then towards the end of the week, number reduce. 20 or 30. Interviewer: Is PHCC open every day? Ms. A: Five days working focus antenatal care. (Ms. A, pg6) • In PHCC, only normal delivery. If there are complications or the presentation is bad, they refer them to the hospital. (Ms. A, pg11) • Interviewer: How are you applying what you learned in training at work? Ms. A: Focused antenatal care. Interviewer: What do you check in antenatal care? Ms. A: Blood pressure. Take height and weight. (Presented a momotaro) I want. I'm still using it, and remember how to use it. Physical examination. History taking. TOT. Fetus, ets. Palpation. Check up from head to… Then we can refer the mother to laboratory to take urine, then protein in urine. Also, vile. Jaundice. Then blood. Inside I can test HIV. Blood, anemia. Blood is very important. From here we can see the result, and refer her to the doctor. We can tell the mother which one before delivery. (Ms. A, pg 9) • Ms. C: Antenatal care, resuscitation, position of mothers. Interviewer: Did you apply any of these at work? Were you practicing? Ms. C: Yes, I was practicing. (Ms. C, pg 4) • I go help them with palpation, even taking history, weight, blood pressure, give them IPT, and send them to immunization because we have shortage of midwives. … Interviewer: How are you applying what you learned in training at work? Ms. D: So much. Practice, active birth is number 1. Number two is resuscitation. Three is Focus Antenatal Care. (Ms. D, pgs 1 & 6)

	• Ms. E: We are doing awareness during antenatal care. We are doing awareness. Like the woman she died, she came from the village. If she came here, she'd get the awareness, and she would not. Interviewer: So how are you promoting this awareness among the mothers? Ms. E: Yes, during antenatal care. … Ms. E: …the four letter of abdominal. Four letters. This is the head, this is… To find the presentation of the baby. If she is with the head, or breach. The letter… Interviewer: Palpation? Assessing the baby? Ms. E: Yes. (Ms. E, pgs 5 & 10) • Ms. A: Even I help adolescent age. You don't take care of yourself till you get marries. Don't play around. Advise to adolescent child. Interviewer: So midwifery is not just a job for you. You also teach young people to take care of themselves. Ms. A: Yes. Mothers who deliver every year, so advise them on family planning. Because some people deliver every year. Some deliver even twelve. Interviewer: Twice a year? No, not in a year. No birth spacing. You deliver in 2012, and towards the end of 2012, you find she is pregnant. In 2013 she deliver….So we ask woman if they want to come to family planning, to learn birth spacing. (Ms. A, pg 8-9) • Ms. A: We are focusing on antenatal. So you must examine the woman properly. So that you know what is the dangers. Because if you don't examine this woman properly, maybe you miss something, and then this woman may be at risk because of negligence. Now I'm training these ladies. They are helping me to give health education to mothers. Interviewer: So this is something you were not doing before JICA training?) Ms. A: Before we were doing only health education, but we were not doing how to check from head to toe. (Ms. A, pg 10) • We refer them. For prime-gravidas who are delivering for the first time, and for elder women who deliver frequently without spacing every year, they refer those mothers do doctors so they can deliver in the hospital. (Ms. A, pg 11) • Ms. D: JICA impact the new way. Now we are doing it the right way. We are not in a good way. We are conducting delivery in a right manner. Resuscitate. *Active birth with those drugs. Mother was bleeding but we give drugs and the bleeding stop. When the child doesn't want to come, we cut and later on stitch. (Ms. D, pg 6) *Active birth = Active management of third labor の可能性が高い • Ms. B: Keep the baby warm.

	Oxygen. Ambu bag. She remembers from JICA training. Interviewer: Are these things difficult to use at the hospital? Ms. B: They are doing it. … One case survived delivered by operation. It was done by operation. The baby was tired but they used this ambu bag, the baby survived. (Elizabeth, pg 8) • Interviewer: Last year, did you have cases where you had to perform resuscitation on babies? Ms. C: Yeah. Interviewer: How many cases? Ms. C: Five. Interviewer: How did it go? Ms. C: They were OK after resuscitation. Interviewer: Did you use the ambu bag? Ms. C: Yes, the ambu bag. Interviewer: So, they were ok? Ms. C: Yeah. Interviewer: Did you resuscitate all 5? Ms. C: Yes. (Ms. C, pg 6) • Ms. B: Keep the baby warm. Oxygen. Ambu bag. I remember from JICA training. Interviewer: Are these things difficult to use at the hospital? Ms. B: We are doing it. (Ms. B, pg 8) • Ms. E: After JICA training and up to now, we're using it. Interviewer: Ambu bag and resuscitation? Ms. E: Yeah. (Ms. E, pg 4) • We are doing awareness. Like the woman she died, she came from the village. If she came here, she'd get the awareness, and she would not (have died). (Ms. E, pg 5) • …we use drugs, oxytocin. After delivery of the baby, they give the drug, then the placenta comes. (Ms. C, pg 7) • Interviewer: Do you use oxytocin to stop bleeding? In all cases? No. Only when the mother is bleeding. In 2010 and 2011, not enough drugs. 2012, we have enough drugs. (Ms. D, pg 4) • Oxytocin. Immediately after the baby is born, we give oxytocin. … Interviewer: So you introduced the drug.

	Ms. E: Yes. Interviewer: To the hospital. Ms. E: Yes. … Interviewer: Are there anything you are practicing? Ms. E: We have resuscitation, ambu bag, oxytocin. (Ms. E, pgs 5 & 10)
Theoretical note	What are the common denominators for topics that have reached application? → More direct influence over saving lives. How were they taught during training? → Repeated; progressing from lecture all the way to teach-back activities.

Concept 16	"Nobody takes work seriously"
Definition	Lack of motivation to work or try to provide appropriate care
Variations	Now people don't take things seriously. Everything is neglected. Nobody takes work seriously. They don't record. In those days they used to. (Ms. E, pg 1)
Theoretical note	Even though there was only one midwife who spoke about colleagues' negative attitude affecting application, the concept was created and added to the theoretical framework since the rest of the midwives had variations demonstrating opposite meaning of this.

Concept 17	Time constraints on teaching the lifesaving skills
Definition	Time being spent on tasks others should be doing but are not; limiting midwives from training colleagues
Variations	• Ms. B: I am very busy because there are seven village midwives. They cannot read or do anything. Even if you send them to bring you medication from the refrigerator, they don't know; they cannot read the name. So I am the one coming all over; to bring medication, and do this and do that. So I cannot go to antenatal ward to train the midwives. They don't even know how to weight babies. They are assisting, practically receiving babies in maternity. They cannot take blood pressure. So, I am there alone; I don't count those midwives. Interviewer: So they can't do the physical assessment? Ms. B: No, no. Interviewer: You have to do everything? Ms. B: I have to do everything. I don't have time to teach! (Ms. E, pg 6-7) • Now because *I* trained others, it reduce *my* workload. Now these people can help *me*. Now that *I* was trained in TOT, *I'm* training others and they can train also. (Ms. A, pg 10)
Theoretical note	Problem of time constraints were only suggested by these 2 midwives; one is at PHCC and the other at teaching hospital. Are the other 3 be training more since they do not mention about not having enough time?

Concept 18	Low level of midwives language skills
Definition	Recognized lack of language skills despite their practical skills
Variations	• Some of the village midwives cannot write. They are skilled and have knowledge but…Even in training, no writing. You have to cram like a song. No reading, no writing. (Ms. A) • Ms. B: I am very busy because there are seven village midwives. They cannot read or do anything. Even if you send them to bring you medication from the refrigerator, they don't know; they cannot read the name. So I am the one coming all over; to bring medication, and do this and do that. So I cannot go to antenatal ward to train the midwives. (Ms B, pg 7) • Partograph, we cannot because we have few. Sometimes if the midwives are running evening or night shift, those don't know how to write or read, they are the

	one there. It's not easy. They have skills; delivery and everything they have but (for reading and writing) it's difficult. (Ms. C, pg6) • Interviewer: Do you keep record? Ms. D: Recording started in 2010. TBA doesn't record, but she comes to tell you. But experience, they know how to deliver. Interviewer: They are very skilled? Ms. D: Yes. One started before war. Interviewer: But they cannot write? Ms.D: No. (Ms D, pg2) • Only the difficult side is theory. But practical is ok. Only mal-presentation. I delivered breech presentation in the hospital. Transverse is very hard. I read this thick book, theory. Difficult. (Ms. D, pg 5) • The only thing that's difficult is changing language from English to our language. (Arabic?) Some Arabic. (Ms. D, pg 6)
Theoretical note	There are extensive literatures on teaching methods for students with low/no literacy skills. Should be researched and implemented for midwife leaders who train colleagues with low literacy skills.

Concept 19	Low level of confidence in teaching
Definition	Feeling shy or shameful to teach others
Variations	• During *my* basic training, *I* know 32 like cram a song to check woman's abdomen and so forth. … basic one is very shallow because you only sing, you only sing this, this, this. (Ms. A, pg 8) • So now they don't feel shame or they don't feel shy to train others. (Ms. A, pg 10) • This training brought for me a big change because they gave me skills how to go train these midwives. (Ms. C)
Theoretical note	How can we overcome this barrier in training? → Practice teaching as part of learning new skills. Data shows TOT format was effective for 4 out of 5 midwives.

Concept 20	Colleagues' positive attitude
Definition	Colleagues' willingness and acceptance of learning new knowledge and skills
Variations	• Now I'm training these ladies. They are helping me to give health education to mothers. (Ms. A, pg 10) • They were very happy. This one, they are village midwife. They don't go for training. They don't know how to write or read. The government train them just one month to go and help. (Ms. C, pg 4) • They want to know anything. If you invite them, they are ready to come because they want to know more. (Ms. E, pg 10) • You know those midwives, even they are village midwives, if you come with new

	idea, they will change. If you leave them like this, they live like this. If you tell there's something to be changed, they changed. (So, they are open to those new skills and..) They are happy to have the new, new something. Also, they all say that like blind people, if you come, then our eyes will open. So they are happy. (Ms. E, pg 12)
Theoretical note	These are the opposite variations of concept 16 "nobody takes work seriously." It seems that colleagues' attitude towards learning and change makes a difference in carrying out training for them.

Concept 21	Decrease of time constrains
Definition	Training colleagues not just empowers the participants but also frees them from workload.
Variations	• Now because *I* trained others, it reduce *my* workload. Now these people can help *me*. Now that *I* was trained in TOT, *I'm* training others and they can train also. (Ms. A, pg 10) • In my absence they can do it. Some can, but others cannot. I taught those midwives to apply this ambu bag for children who are tired or lack oxygen. (Ms. B, pg 8)
Theoretical note	What role does this concept play in building their own skills as midwife?

Concept 22	Effective TOT methods
Definition	Effectiveness of TOT experience when training colleagues
Variations	• Interviewer: What was the impact of this training to your career as a midwife? Ms. A: Very effective, because now I am able to help my people; my colleagues at the hospital. The effectiveness is that you trained us to be TOTs. So now we don't feel shame or we don't feel shy to train others. So that is the benefit of JICA training. (Ms. A, pg10) • Now because *I* trained others, it reduce *my* workload. Now these people can help *me*. Now that *I* was trained in TOT, *I'm* training others and they can train also. (Ms. A, pg 10) • This training brought for me a big change because they gave me skills how to go train these midwives. (Ms. C, pg 4) • Also we were taught how to teach others. Practicing in delivery cases. High. Every Friday for 2 hours for 2 months. I was teaching them. (Ms. D, pg 6) • The way Keiko teach, very appreciate and very happy, the teaching. I put it at work. Now I'm teaching others like Keiko. (Ms. E, pg 12)
Theoretical note	What aspect of TOT gave them the "good skills" to train others? Sounds like their level of confidence increased by having attended the TOT. Was it the lecture using charts? Hands-on practice session using a manikin? Role play? Practice teaching TBAs and village midwives at a local PHCC? Review TOT curriculum for

	discussion and recommendation as this is one topic that 4 out of 5 said was effective and was actually being practiced at work.

Concept 23	Confidence on new skills
Definition	Experiencing the expansion of range and level of understanding and practice
Variations	• Now because of this workshop or in-service training, now I know when to refer woman to doctor. I know how to identify risk and time. I know all these things. Discovered lots of things like taking blood pressure. These are all through in-service training. Even know to test HIV at PHCC, and family planning. I know all of these during in-service training not basic one…(Ms. A, pg 8) • Increased my knowledge very much. I gained and I want to take more of JICA training. (Ms. E, pg 7) • Interviewer: What was the impact of this training to your career as a midwife? Ms. C: This training brought for me a big change because they gave me skills how to go train these midwives. … According to me, about our training, training brought new skills for us. … About resuscitation and how to palpate. Because some of us don' know. Me, I know but other colleagues, they do not know how to palpate or how to resuscitate. But she gave us good skills. (Ms. C, pg 4 & 7) • Ms. D: JICA impact the new way. Now we are doing it the right way. We are not in a good way. We are conducting delivery in a right manner. Resuscitate. *Active birth with those drugs. Mother was bleeding but we give drugs and the bleeding stop. When the child doesn't want to come, we cut and later on stitch. Interviewer: Impact is quite big? Ms. D: Yes, because now TBA work like midwives. (Ms. D, pg 6) *Active birth = Active management of third labor の可能性が高い • Yes, many changes, many changes. Because our people don't know the oxytocin, even the labor, they don't know. But after JICA, there is many changes. Many changes now. And the mortality rate is reduced also. (Ms. E, pg 11) • Interviewer: Last year, did you have cases where you had to perform resuscitation on babies? Ms. C: Yeah. Interviewer: How many cases? Ms. C: 5. Interviewer: How did it go? Ms. C: They were OK after resuscitation. Interviewer: Did you use the ambu bag? Ms. C: Yes, the ambu bag. Interviewer: So, they were ok? Ms. C: Yeah. Interviewer: Did you resuscitate all 5?

	Ms. C: Yes. (Ms. C, pg6)
Theoretical note	Now that new skills and knowledge were shared, "TBA works like midwife." Is it possible that when people describe midwives as lazy or not taking work seriously, they just don' t know what to do? Is there a systematic way to empower TBAs and village midwives with knowledge and skills?

Concept 24	Training of colleagues
Definition	Experiences in giving training to other midwives
Variations	• Now because *I* trained others, it reduce *my* workload. Now these people can help *me*. Now that *I* was trained in TOT, *I'm* training others and they can train also. (Ms. A, pg 10) • Ms. A: We are focusing on antenatal. So you must examine the woman properly. So that you know what is the dangers. Because if you don't examine this woman properly, maybe you miss something, and then this woman may be at risk because of negligence. Now I'm training these ladies. They are helping me to give health education to mothers. (Ms. A, pg 10) • Interviewer: Do you coach or teach midwives? Or too busy? Ms. B: When there's no labor or deliveries, I teach them. Interviewer: What do you teach them on? Ms. B: How to examine; physical examination. When not to examine; when bleeding, you don't examine. Position of baby, if they are twins, head, transverse, position, and so forth. (Ms. B, pg 7) • Yes, I trained about antenatal care and how to examine the mother. (Ms. C, pg 4) • Also we were taught how to teach others. Practicing in delivery cases. High. Every Friday for 2 hours for 2 months. I was teaching them. (Ms. C, pg 6) • Ms. E: After JICA training and up to now, we're using it. Interviewer: Ambu bag and resuscitation? Ms. E: Yeah. Interviewer: After JICA training? Ms. E: After JICA training. Interviewer: Do all the nurse midwives, do they know how to use the ambu bag, too? Ms. E: Yes, I give them training. (Ms. E, pg 4) • In my absence they can do it. Some can, but others cannot. I taught those midwives to apply this ambu bag for children who are tired or lack oxygen. (Ms. E, pg 8)
Theoretical note	What role does teaching colleagues play in building their own skills as midwife?