

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



Contribution ID: 17

Type: **Poster Presentation Only**

Adaptation and implementation of a community based doula workshop in South Sudanese refugee settlements.

Friday, September 19, 2025 10:21 AM (3 minutes)

Background: Maternal health is key to creating healthy, sustainable communities. Sub-Saharan Africa has the highest rate of maternal/infant mortality.¹ Facility birth with a skilled birth attendant decreases mortality and morbidity,² However, the majority of births in sub-Saharan Africa still occur outside of a facility without a trained health worker.² Evidence suggests increasing community knowledge of birth related problems and solutions is effective in improving maternal and infant outcomes.⁴ Home Based Life Saving Skills (HBLSS) was developed in an effort to increase traditional birth attendant (TBA) knowledge related to pregnancy, birth, postpartum and newborn care.⁵ The purpose of this abstract is to describe the adaptation and implementation of HBLSS to meet community needs.

Methods

Setting: At the request of the community, workshops were first conducted in Kiir Village, South Sudan, then in northern Uganda refugee settlements over the past 12 years.

Participants: Women interested in supporting women during the perinatal period were invited to attend. Attendance was limited to 12/workshop to ensure active participation. Meetings with prior participants were also held.

Program: HBLSS is presented in pictorial format and with participant booklets to share information with the community. Content was adapted to doula (birth companion) training as health facilities are accessible and encouraged within refugee settlements. Content includes problem prevention and recognition during pregnancy, birth, newborn and postpartum. Facilitators were experienced midwives familiar with the methodology. The same translator was used for all workshops. Content has been adapted iteratively over past 12 years.

Data collection & analysis: Field notes from all workshops were combined into one aggregate data set and qualitatively analyzed.⁶

Results

12 workshops including 168 women were conducted with 6 meetings including 32 former participants to discuss how the content was used and what content should be added.

Relevance: Participants consistently shared that problems introduced in the curriculum such as hemorrhage were very common in the community.

Applicability: Participants desired more content related to Family Planning (FP)⁷ and fertility and the curriculum was adapted to include this.⁸ Since HBLSS was designed for TBAs, it was adapted for a birth companion or “doula” approach and renamed “Healthy Mothers/ Healthy Communities”.

Examples of challenges: There is a lack of healthy food. “We can’t tell women to eat more if they don’t have it” Participants shared that health facilities were far and understaffed. “The health center...for women giving birth it is very far to go.” Women were very concerned about fertility “It is a woman’s responsibility to produce children”

Impact: Prior participants shared how they had used the information learned “What I learned was the care that you need to provide, for your neighbor or daughter in law. You take her to the health center.”

Conclusion: Workshops are ongoing. Strengthening health facilities and health worker knowledge is not suf-

ficient without strengthening knowledge at a community level. Implementation of community based workshops are feasible and sustainable and may contribute to better outcomes for women and newborns.

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Session Classification: Poster SRHR

Track Classification: Sexual and Reproductive Health and Rights