

SWEDD SERIES: OPERATIONAL BRIEF

TRAINING AND DEPLOYMENT OF MIDWIVES IN RURAL AREAS

The research informing this brief was led by the Centre humanitaire des métiers de la pharmacie (CHMP) and focused on the SWEDD project. The information will guide the implementation of SWEDD+

This operational brief is one of a series that retrospectively documents the process of implementing the interventions of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, and describes good practice, challenges and lessons learned during the process of implementing the rural pipeline for the training and deployment of midwives in rural settings. It presents a summary of a literature review and conversations with key respondents in Mali and Chad between November 2022 and January 2023, as detailed in a guide of the same name.



Deployment has permitted “improved technical facilities, the provision of high-quality, accessible and available services, user satisfaction and increased productivity”, and “at the Community Health Centre (CSCoM), an increase in the number of women attending various consultations, an increase in the number of monitored pregnancies, an increase in assisted childbirth and an increase in the take-up of contraception”.

Head of CSCoM, Mali



Phases of training and deployment of midwives in rural areas

Phase 1: The development of a harmonized curriculum for West Africa

- ▶ Development of a harmonized curriculum, developed by WAHO, containing a package of midwifery activities integrating reproductive, maternal and child health.
- ▶ The adoption of this curriculum by ECOWAS.

Phase 2: Staff selection and training for rural areas

- ▶ Selection of midwives using objective criteria validated by the countries.
- ▶ Building the physical, technical and organizational capacity of rural and cross-border schools for the training of midwives for rural and remote areas.
- ▶ Provision of two training formats: basic training in public and private institutions, and training through clinical mentoring of midwives.
- ▶ Recognition of the challenges of identifying high quality staff and ensuring adequate logistical resources.

Phase 3: Deployment of midwives to rural areas

- ▶ The involvement of the relevant ministries in the deployment.
- ▶ Deployment based on geographical origin to place midwives in their areas of residence.
- ▶ Recognition of the challenges, including a lack of vehicles and stock-outs of reproductive health products and medical consumables.

Phase 4: Retention of midwives working in rural areas

- ▶ Consideration of measures to address the challenges of retention, such as contractualization and the offer of a salary and/or the granting of bonuses linked to duty stations considered to be in “difficult” areas.

The importance of the “rural pipeline” in West Africa

Reports on the state of midwifery in the world in 2014 and 2021 (UNFPA, 2014, 2021) show that, in West Africa, difficulties linked to the availability and quality of teaching staff and equipment, and to opportunities for students to gain practical experience, are at the root of high rates of maternal, infant and neonatal mortality and low levels of reproductive health, including the use of contraception. Faced with this persistent challenge, countries in the region have adopted the concept of the “rural pipeline” (Durey et al., 2015). This approach involves training, employing and retaining health workers living in or near rural areas in order to provide quality care to communities. It contributes to community health policy.

Sources: UNFPA 2014, 2021; Durey et al., 2015



It is clear that the support provided by the SWEDD project is appreciated and valued because it meets a real need. It is also clear that the skills of midwives in the SWEDD project are recognized.

Midwifery centre manager, Chad



The implementation experiences described in this brief and guide serve to inform the adoption of the rural pipeline as a credible answer to the shortage and other challenges of availability, quality and retention of midwives in rural areas. These experiences are useful for SWEDD+, and for other projects in countries in the Global South, particularly in West and Central Africa, which are seeking to improve the quality of RMNCAH services, especially for rural adolescent girls and young women.

SUMMARY OF KEY LESSONS

Phase 1: Harmonized curriculum	1	The adoption by ECOWAS of a harmonized curriculum for training in nursing and obstetrics was a key step towards standardizing the quality of training for midwives and nurses across the region.
Phase 2: Selection and training	2	Investment in training of trainers in the centres of excellence and the acquisition of equipment and teaching materials are important contributions to addressing the difficulties faced by training institutions.
Phase 3: Deployment in rural areas	3	Direct deployment from training centres could contribute to a significant increase in the number of midwives in project areas and thus to a marked improvement in the supply of maternal and reproductive health services in the country.
	4	The deployment of midwives, particularly in rural areas, helps to alleviate staff shortages, increase the availability of reproductive, maternal, neonatal, child and adolescent health services (RMNCAH) and improve maternal and reproductive health indicators.
	5	Incentives and appropriate logistical arrangements are important for the successful deployment of midwives.
Phase 4: Retention in the rural environment	6	The retention of midwives deployed in rural areas requires additional efforts and technical and financial support once they have been recruited and deployed.

Sources: Durey, A., Haigh, M., & Katzenellenbogen, J. M. 2015. What role can the rural pipeline play in the recruitment and retention of rural allied health professionals? *Rural and Remote Health*, 15(3), 346-356; UNFPA. 2014. *The State of Midwifery in the World 2014: A Universal Pathway. A Woman's Right to Health*; UNFPA, International Confederation of Midwives and WHO. 2021. *The State of the World's Midwifery 2021*.

This brief is based on a guide that sets out the process in detail. It is one of a series of four briefs and guides aimed at documenting the experiences of SWEDD interventions to improve the provision of reproductive health services. These include Community-Based Distribution (CBD) interventions to bring services and products closer to communities, experience in building the capacity of health-care staff, particularly midwives (establishment of Centres of Excellence, mentoring) and the deployment of these midwives to make up for the shortage of staff on the ground, particularly in rural areas. The documents were developed by the Centre humanitaire des métiers de la pharmacie (CHMP) with the support of UNFPA and the World Bank.

For more information on the documentation of the processes involved in this intervention and on the SWEDD project, visit the SWEDD project's virtual resource platform: <https://sweddknowledge.org/>.