

## Connecting Midwives and Communities



### The Situation

A widely dispersed population, one of the world's highest fertility rates, and high rates of infant and maternal mortality signal the acute need for comprehensive health services—including community-level reproductive health (RH) providers—in the Republic of Yemen. Female RH providers are especially in demand, as cultural and religious traditions restrict males from offering many key RH services. From 1996 to 1998 PRIME lent technical assistance to Yemen's Ministry of Public Health (MOPH) in designing and implementing a national program to expand a cadre of providers—community midwives (CMWs)—with more training than the *murshidaats* who had been delivering RH care in many underserved areas. With funding from UNFPA, Intrah has continued to provide technical assistance to the MOPH since 1998.

The PRIME/MOPH program built local training expertise and developed a course for young Yemeni women interested in becoming CMWs. Some of the 18-month pre-service program's graduates had trouble finding jobs, however, and lacked the resources to set up private practices on their own.

### The Assessment

To gauge the employment opportunity and performance issues faced by the CMWs, PRIME assisted the MOPH by using the Performance Improvement (PI) approach to conduct a Performance Needs Assessment (PNA) of the CMW program in four of Yemen's 17 governorates during 1999. The PNA revealed gaps between actual and desired performance levels of the CMWs, especially concerning their ability to maintain adequate supplies and offer such services as prenatal care, vaccinations, and family planning. Lack of government certification, inadequate opportunities for additional learning, and inconsistent supervision were also identified as problems.

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## PRIME II

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Stakeholders—including CMWs, community leaders, Director Generals, and MOPH officials—then met to identify the root causes of the performance and service delivery problems and suggest possible interventions.

### The Intervention

Participants in the November 1999 stakeholders workshop used a cost-benefit analysis to prioritize interventions to close the gaps. PRIME and the MOPH decided to focus their efforts on a performance support system based on improved supervision of the CMWs. Multiple interventions in two governorates—Lahej and Hajjah—were designed to:

- Provide regular supportive supervision linked to in-service learning
- Emphasize the elements of self-directed learning—self assessment, self study, paired learning, and peer review
- Advocate for the licensing of CMWs
- Promote community acceptance of the CMWs through supervisory meetings, promotional materials, and outreach activities

During 2000, PRIME collaborated with supervisors, CMWs, the MOPH, and Yemen's Higher Institute for Health Sciences (HIHS) to create governorate-specific strategies, a monitoring framework, a job manual and tools for supervisors, three field-tested self-directed learning modules, and a plan for licensing CMWs. A flipbook has also been developed and disseminated as a marketing tool for CMWs to use in their communities.

To build relationships between CMWs and supervisors, five-day workshops were held in the two governorates in January 2001, involving 22 CMWs in Lahej and 18 in Hajjah. A monitoring tool for supervisors was shared and it was decided that the first supervisory visits to each CMW would include a community meeting to make people aware of the services CMWs can provide. As currently funded, the program will directly benefit 44 CMWs and 19 supervisors through May 2001 and will allow for three supervisory visits to each CMW and a concluding project evaluation.

### Next Steps

A plan for the national licensing of CMWs—beginning with a pilot program in Lahej and Hajjah that includes the creation of a CMW database at HIHS—is awaiting final approval. Finding the means to sustain the PRIME/MOPH program's momentum and expand it to other governorates will enhance community acceptance of CMWs and bring continued improvement in the quality and availability of primary-level FP/RH services in Yemen.



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