An innovative decentralised nurse/midwife training model in rural Zambia

Introduction
According to the World Health Organisation (WHO), human resources is one of the essential building blocks of successful health services (WHO, 2010). Zambia experiences a severe human resource for health (HRH) crisis: only 60% of the positions are filled (MoH, 2015). The majority of the health workforce works in urban facilities, however, the majority of the Zambians live in rural areas. Inadequate staffing levels in health facilities lead to high staff workload-especially in rural areas (Ferrinho, et al., 2011). In addition, existing schools lack infrastructure, equipment and teaching staff to deliver quality training and skilled professionals (IHS, 2014).

Approach
The aim of the project is to design and implement a model which will produce a higher number of quality nurses and midwives in rural settings, based on the WHO recommendation to increase the access of health workers in remote and rural areas (WHO, 2010) by training people ‘in the rural for the rural’.

A decentralised training model for nurses and midwives started in 2012 by St. Luke’s School of Nursing and Midwifery (Mpanshya, Zambia) in collaboration with SolidarMed—the Swiss Organisation for Health. It places WHO global policy guidelines into practice by:

- establishing practical training sites at existing rural hospitals, i.e. constructing student hostels and staff houses for Clinical Instructors (CIs)
- continuous on-the-job-training of CIs at the four practical training hospitals to guarantee quality practical training
- continuous supervision of the practical training sites
- providing clinical and management support
- supporting the theoretical training in classroom rooms with innovative teaching resources like e-learning and consumables.

Intervention 1
The size of the hospital limits the training capability of the school as an appropriate patient-student-ratio needs to be observed (small circle). By adding external decentral training sites (big circle), the school’s training capability can be scaled up cost efficiently while students additionally gain experience by being faced with more differentiated case load and a greater variation in work sites.

Intervention 2
The School engaged a decentralised team of CIs which are nurses and midwives from the collaborating hospitals. They are supervising and assessing the students supplemental to their existing responsibilities. The school provides on-the-job teaching training to guarantee quality training. Further SolidarMed constructed on all practical training sites infrastructure like student hostels and staff houses for the CIs.

Challenges
The main challenge is that currently the integration into the Zambian Health System is not fully given as the national staff establishment at hospitals without an attached nursing school does not foresee CIs. To allow a national roll-out of the decentralised training model, Ministry of Health has to amend the establishment matrix. Until then, SolidarMed covers the top-ups for health workers who act as CIs on the decentralized sites.

Results/Recommendations:

- Decentralised practical training sites enable schools to deliver training of nurses and midwives in higher numbers, with a better student-mentor-ratio and an exposure to a variety of learning environments. It has proved to be an innovative model for increasing quality alongside quantity. This has benefits for both students and decentralised practical training hospitals.
- Rural training equips medical professionals for work in the rural setting, but demands new concepts such as decentralised training rotation to improve curriculum delivery.
- The innovative approach of decentralised practical nurse/midwife training should be rolled out in Zambia and translated to other developing countries to address the human resource crisis.

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- WHO global policy guidelines

References