



## Is it possible to become a midwife in a refugee camp?

Jose Manuel Martínez-Linares \*, Manuel Linares-Abad , María José Calero-García ,  
Olga María López-Entrambasaguas

Faculty of Health Sciences, University of Jaén, Campus Las Lagunillas s/n. Edificio B3. CP, 23017 Jaén, Spain

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### ABSTRACT

The historical backdrop of Western Sahara has meant that, for the last 43 years, part of its indigenous population has survived in refugee camps located in the Algerian desert. International aid from abroad has become the main source of sustenance for all people living in this hostile environment.

Since the beginning of this type of settlement, the Sahrawi Arab Democratic Republic has been concerned with creating the necessary infrastructures to meet the health needs of the people living in these conditions. As a result, the Ahmed Abdel-Fatah School of Nursing was created in the Sahrawi refugee camps, which began to train midwives to care for women during the stages of pregnancy, childbirth and postpartum in 2002.

The aim of this paper is to provide an approach to the origin and evolution of midwifery education for the Sahrawi refugee camps, in the only school of nursing that exists worldwide in a refugee camp.

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### Introduction

The massive population displacement caused by the Saharan War, and the establishment of Sahrawi refugee camps 43 years ago, have compromised the quality of life and health levels of the people who have been forced to survive in these living conditions. Since the founding of the camps, the lack of health facilities to meet the population's health needs, and the lack of trained health personnel became a priority concern for the Sahrawi Arab Democratic Republic (SADR). Foreign aid made it possible for the basic facilities necessary in order to respond to the population's needs to be created, thanks to international development projects.

The collaborative international development project *Contribution to the improvement of the Sahrawi population's quality of life through the institutional strengthening of the University of Tifariti* (University of Jaén, 2015), designed and prepared by the XXXX and funded by the Andalusian Agency for Cooperation in International Development (Spain), was put into action between 2014 and 2018 at the Sahrawi refugee camps. During this period, activities were carried out to update the qualified or traditional midwives' skills, as well as contributing teaching materials and practices on this field to the Ahmed Abdel-Fatah School of Nursing to improve the training of said professionals.

\* Corresponding author.

Email addresses: jmlinare@ujaen.es (J.M. Martínez-Linares); mlinares@ujaen.es (M. Linares-Abad); mjcalero@ujaen.es (M.J. Calero-García); omlopez@ujaen.es (O.M. López-Entrambasaguas)

### Why did the Sahrawi refugee camps appear?

The current situation in Western Sahara is the result of a series of events that took place in the mid-1970s, in which there was a mixture of economic and political interests, but neither the future situation of the population nor the consequences of the events were taken into account. To date, the country is divided by a wall about 2720 kms long separating Morocco's "occupied territories" (approximately 75% of the territory) from the "free zone", an area that was recovered during a war against Morocco and Mauritania that took place between 1976 and 1991 (Institut de Drets Humans de Catalunya, 2007), and which is today held by the SADR and governed by the Polisario Front.

Western Sahara was a Spanish colony until 1976, when Spain abandoned the territory and left it in the hands of Morocco and Mauritania through the so-called Madrid Accords. From this point on, the latter two countries each began an occupation that led to the outbreak of a war to liberate the territory from its invaders. Fighting continued until 1991, when both parties signed a ceasefire under the auspices of the United Nations, which took responsibility for finding a peaceful solution to the Sahrawi conflict and established the United Nations Mission for the Referendum in Western Sahara (MINURSO in Spanish). The referendum has not yet taken place (Asociación de Villena con el Pueblo Saharaui, 2015).

The war triggered a massive displacement of the Sahrawi population (approximately 185,000 people, although there are no official figures), who were obliged to settle in refugee camps in the Hamada Desert of Algeria, near the city of Tindouf. The living conditions of the inhabitants are due to the fact that they have very meager resources of their own, and have to subsist essentially on humanitarian aid and the cooperation of international development organizations (Trasosmontes, 2011).

For the last 43 years, the refugees have been divided into five camps (*wilayas* in the Arabic dialect of the Sahrawi people, which is called *Hasania*), named according to the eponymous cities that occupy them (Dakhla, Smara, Laayoune, Awsard, Boudjour, and the administrative center, Rabuni). Each *wilaya* is divided into villages (*dairas*), which are subdivided into neighborhoods (Fig. 1).

### The health service in Sahrawi refugee camps

Each camp has a regional hospital with the basic means to care for the population, while the National Hospital in Rabuni has greater resources at its disposal and is able to carry out surgical procedures. If a patient's disorder cannot be diagnosed, or the necessary treatment applied in one of these health centers, the patient is transferred to the referral hospital in the Algerian city of Tindouf.

Likewise, there are dispensaries (or health centers) in each *daira*, all of which are attended by nursing staff, since existing medical staff are posted in regional hospitals and the National Hospital. All of these health centers were built and equipped with material and medicines thanks to the cooperative international development projects of various European countries (Fig. 2).



Fig. 1. One of the Sahrawi refugee camps. *author's own photo.*



Fig. 2. A Sahrawi refugee camp dispensary. *author's own photo.*

### The midwives of the Sahrawi refugee camps

The dispensaries, regional hospitals, and the National Hospital are all equipped with a delivery room and the basic materials necessary to attend a delivery (Fig. 3). In this way, a woman can give birth in the dispensary during opening hours, or in the regional hospital when the dispensary is not open, or if she so wishes. There is usually one midwife responsible for monitoring pregnancies in the dispensaries, and one available 24 h a day in regional hospitals. If any problem or risk is detected during delivery or postpartum using the means available to the midwife, the woman is transferred to the National Hospital where a cesarean section can be performed if necessary.

The midwives who work in the dispensaries and other hospitals are qualified as such. However, in the Sahrawi refugee camps, there are also “traditional midwives”, who have not received any midwifery training and whose main task is to engage with pregnant women and raise their awareness about the benefits of correctly monitoring their pregnancy. These midwives also attend home deliveries in the event that the mother cannot reach the dispensary or regional hospital in time to deliver there.

“Traditional midwives”, whom the Sahrawi health system wants to gradually eliminate, learned by imitating the first midwives who worked in the Sahrawi refugee camps when they were built, but who were not trained themselves. However, it was they who cared for women during delivery until such a time as qualified midwives could become available. But how and when could midwives even begin to be trained in a refugee camp under these circumstances?

### Origins of the Ahmed Abdel-Fatah national school of nursing

In 1992, the facilities of an old hospital, located on the outskirts of the *wilaya* of Smara, were restored—using the meager resources available—for use as a small academic center, part of which was a boarding house where both students and teachers could lodge. In 2010, Grupo CIVICA, a construction company from Alicante (Spain), financed a lecture room building, with the support of the University of Alicante, which was inaugurated on May 19, 2010 on the occasion of the graduation of that year's nursing students.

The idea of expanding the training program to cover nursing specialties according to the population's needs led to the construction of another building for training midwifery professionals, with the col-



Fig. 3. Delivery room in a regional hospital. *author's own photo.*

laboration of the NGO Médicos del Mundo (Medics of the World), which was inaugurated at the beginning of the academic year 2011–12 (Sahrawi Ministry of Public Health, 2014). As the *wilaya* of Dakhla was far away from the others and needed more health personnel, it was decided that a school of nursing should be built there as a unit of the Smara school, although it had much more precarious resources, and was annexed to the regional hospital. This new school began training nursing assistants in 2005 (Asociación de Villena con el Pueblo Saharaui, 2015) and continues to train nursing staff using the same curriculum as in the Smara school of nursing. In addition, in 2015, the Seville Council of Carmona set into motion a project to train midwives for said *wilaya*, whose first class of midwives completed their training in 2017.

From the beginning, the SADR showed a great interest in health-care, and built hospitals, health centers and dispensaries. Furthermore, friendly countries such as Algeria and Cuba trained health personnel (medical staff, nurses, technical health personnel and assistants) and supplied pharmacies with medicines. Up until then, the only nursing staff and assistants available to the SADR had been trained under Spanish colonial rule. Once their educational institutions had gained some experience, the midwifery specialty was created (Asociación de Villena con el Pueblo Saharaui, 2015).

### The specialty of midwifery in the Sahrawi refugee camps

Based on the experience acquired by the school administration, and as a result of the conditions and needs of the qualified personnel, projects to create specialties in different fields of nursing were initiated at the school. The first to be created, in 2002, was that of midwifery, due to the constant increase in the number of deliveries among the Sahrawi population; it had the support of the Ministry of Public Health, under the slogan “Bringing citizens health”.

The goal of this specialty was to educate midwives on a scientific basis, since this profession was largely being practiced by “traditional midwives”. The plan was presented as a strategy that targeted everyone who provided services within the health system, both in hospitals and dispensaries, and aimed to extend and update their knowledge by offering them courses. Based on the achievements of this experience, training in this field was extended to two years (the first being a theoretical course and the second, a year-long internship) for those who did not hold a nursing qualification, and to three years for “traditional midwives”: two years of theory and one of internship in the hospitals and dispensaries of the various *wilayas*, as well as in a hospital in Tindouf.

From this point onwards, in order to study this specialty, it was essential: to hold a general nursing qualification; to show an interest in the specialty; to comply with the school regulations; and to pass the entrance exam. Only at certain times, and due to the needs of personnel, could students have access to the specialty having only completed post compulsory secondary education (*bachillerato*) or a university degree in anything other than Nursing. In this case, a specialty of three years are studied, the first being the same as the first year of General Nursing, while the subjects of the specialty are studied during the second and third years. In addition, during the two months of summer holiday after the first and second years, students do an internship in dispensaries and hospitals. In the third year, the first semester is dedicated to theory lectures, while the second is dedicated to internships in dispensaries, regional hospitals, the National Hospital and a hospital in Tindouf.

The academic curriculum for the first year of the midwifery specialty consists of the following subjects: Gynecology and Obstetrics, Anatomy and Physiology, Nutrition, Pharmacology, Pathology, Mi-

crobiology and Epidemiology, Psychology, Computer Science, Spanish Language and Nursing Techniques. The second year is entirely dedicated to completing all of the aforementioned internship periods. The requirements for obtaining the qualification are passing a general exam at the end of each of the two years of training, together with completing a degree thesis that must be submitted at the end of the second year (Fig. 4) (Sahrawi Ministry of Public Health, 2014b).

### Student admissions and graduates in the midwifery specialty (2002–2018)

Since the midwifery specialty was implemented, eleven classes of students have graduated, with a total of 68 professionals that have been placed by the SADR Ministry of Public Health among the National Hospital, regional hospitals and dispensaries, according to each *wilaya*'s needs. Table 1 shows the student admissions and graduates in each class of the midwifery specialty.

To these figures seven midwives should be added who completed their training in 2017 in the Dakhla school of nursing in that *wilaya*, and whose training was made possible thanks to a project by the Provincial Government of Seville, the Town Council of Carmona, and the University of Seville (Coalición para el Estudio de la Salud, el Poder y la Diversidad, 2017).



Fig. 4. Official midwifery certificate. author's own photo.

Table 1

Student admissions and graduates in the midwifery specialty.

Source: prepared by the author.

Class	Admissions	Graduates
2002–03	08	06
2003–04	09	06
2004–05	06	06
2005–07	05	03
2006–09	07	04
2007–10	07	05
2008–10	06	05
2009–12	08	00
2010–12	08	10
2011–14	12	04
2012–14	05	03
2013–15	07	05
2014–16	20	03
2015–17	15	04
2016–18	12	04
Total	125	68

One of the main reasons why there is such a large difference between the number of student admissions and the number of graduates is the high dropout rate, especially among women, when their families insist that they marry or take care of a family member in need.

#### **Social commitment**

Since the Ahmed Abdel-Fatah School of Nursing was founded, its commitment and work as a health professional training organization has contributed to improving the healthcare that can be provided to the population of the Sahrawi refugee camps. This has made it an agent of social transformation, offering young people an opportunity for training and job opportunities in an environment where these possibilities are almost non-existent.

The training of midwives has made possible to have authoritative healthcare professionals available to care for women during pregnancy, delivery and the postpartum period, in the absence of other professionals. Both “traditional midwives”, initially, and later qualified midwives work in primary care and specialized health care, in spite of precarious resources that depend essentially on foreign aid.

The midwives and the SADR Ministry of Health alike are committed to improving maternal and child health in the Sahrawi population. The training the midwives receive, both from the development NGOs working in the area and their internships in the hospitals of various Algerian cities, helps them to achieve this goal.

#### **Conflict of interest**

None declared.

#### **Ethical approval**

Not applicable.

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