

# Project on Scaling up Midwifery Education in Four African Countries

**Project Evaluation  
Executive Summary**



Health Workforce Unit  
UHC Life Course Cluster  
WHO Regional Office for Africa

Brazzaville, Congo  
November 2020



**World Health  
Organization**  
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Designed by Vito Raimondi, Berlin, Germany.

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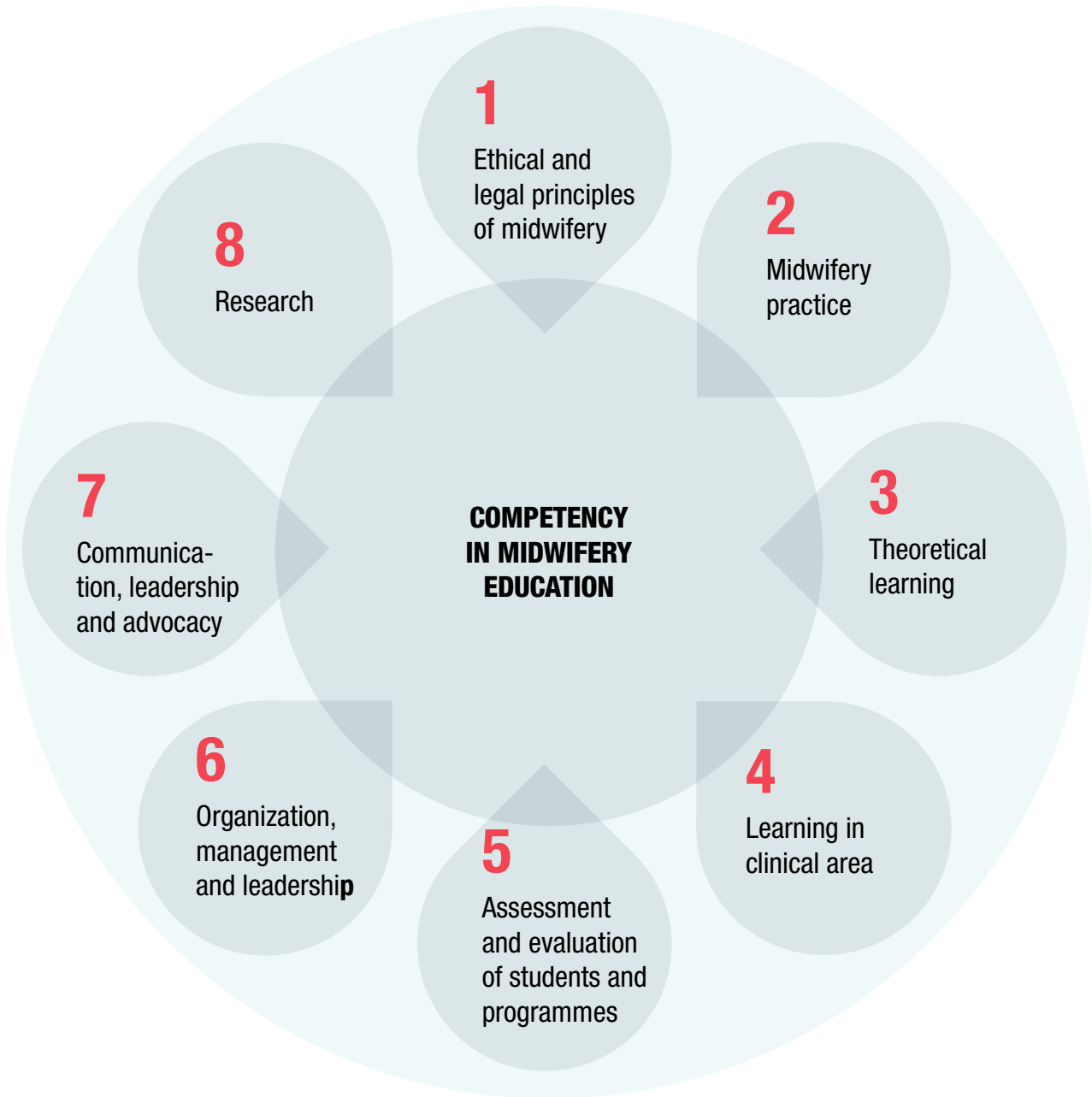
# EXECUTIVE SUMMARY

## OVERVIEW

More than 99% of maternal deaths occur in the developing world, with 84% in sub-Saharan Africa and South Asia. Most of the maternal and newborn deaths are avoidable, yet mothers and babies are dying due to lack of, or limited access to skilled health care providers and health care, or poor quality of care. Evidence shows that the risk of maternal and newborn deaths reduces when deliveries are overseen by skilled birth attendants (SBAs) with access to emergency obstetric care. The project “Scaling up midwifery education in four African countries” focused on enhancing the quality of midwifery education by improving the competencies of midwifery educators and establishing Laboratories of Change (LoC) and a Centre of Excellence (CoE) for midwifery

education. Laboratory of change as operationally defined in this project implies an institution that has a systematic, collaborative approach to progressively improve midwifery education and practice through the development and application of midwifery competencies in four categories; leadership, resources, innovation and community engagement. A Centre of Excellence is an institution that achieves and maintains a systematic, collaborative approach to improving midwifery education and practice through the development and application of midwifery competencies in all the four areas mentioned above. The project set benchmarks for both statuses, and a threshold for attaining each of them. The threshold for Laboratory of Change is 50% and 75% for Centre of Excellence with flexibility across the categories, leaning towards specific strengths of a particular site based on benchmarks within each category. The WHO educator core competencies were the foundation of all of the project activities.

Figure 1: WHO midwifery educator core competencies





## PROJECT SITES

This five-year collaborative project between the World Health Organization (WHO) and the Seventh-day Adventist (SDA) Church on scaling up midwifery education was initiated in 2015. The partnership embraced the fact that faith-based organizations provide support to national governments and make positive contributions to the professional education of the health workforce and to population health. The SDA Church has a broad range of educational and health institutions, including medical schools, nursing schools and health facilities globally. The four project sites in Africa selected for this project were:

**1**

Kanye Seventh-day Adventist College of Nursing, Botswana;

**2**

Cosendai Adventist University, Cameroon;

**3**

Maluti Adventist College of Health Sciences, Lesotho;

**4**

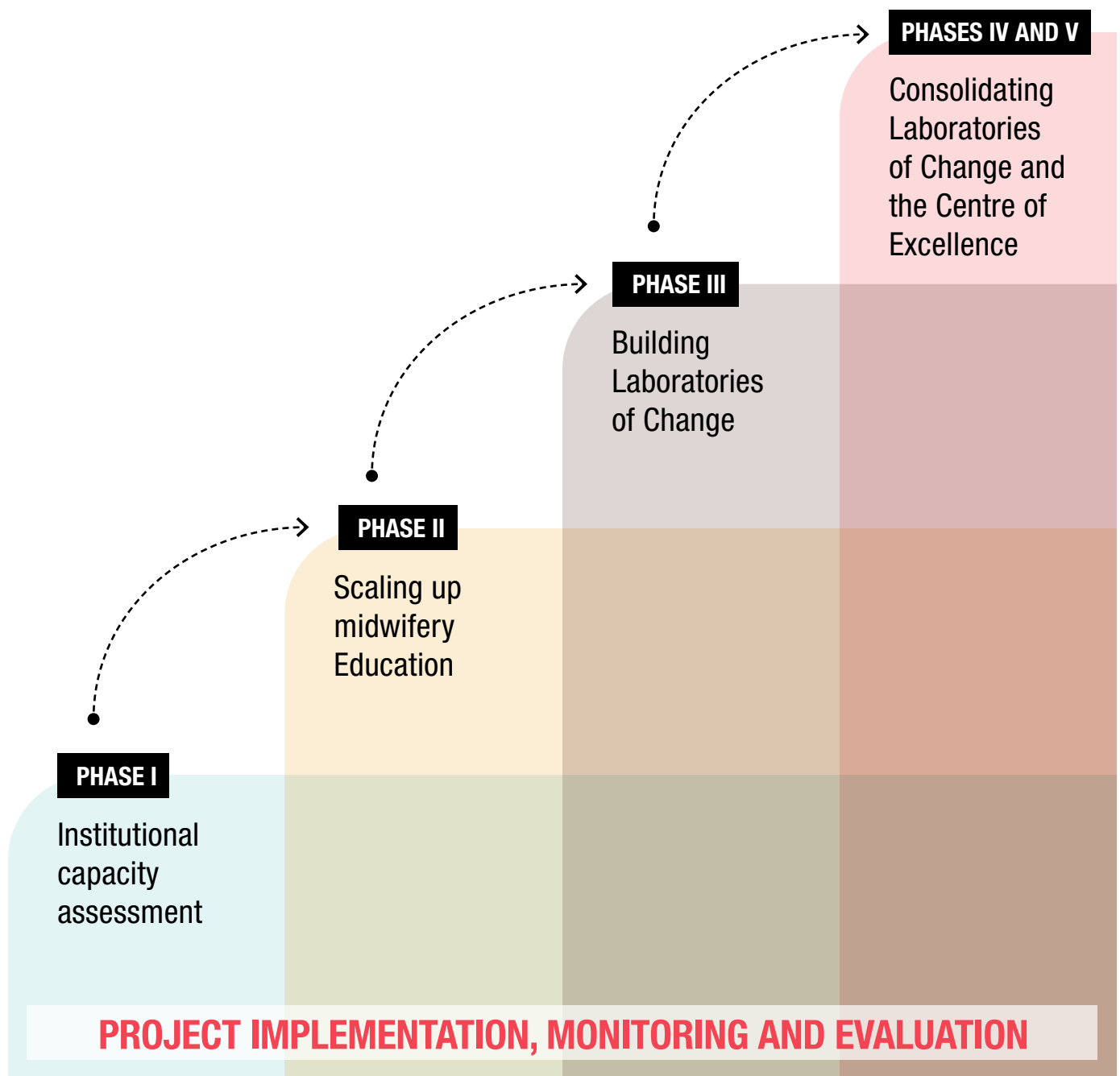
Malamulo College of Health Sciences, Malawi.

All the schools except for the Cameroon site are attached to a Seventh-day Adventist Hospital.

## PROJECT PHASES

The project evolved through five phases, namely institutional capacity assessment, scaling up of midwifery education, building of laboratories of change, consolidation and impact evaluation.

Figure 2: Project phases



**Phase I:** The first phase determined the capacity and feasibility of implementing the project in the selected sites and also helped to identify key players for the project.

**Phase II:** This phase involved a gap analysis to identify the competencies of the educators, introduction of competency-based education and provision of resources for teaching and capacity building for the teachers to improve their skills, with the development of institutional unique Action Plans. These constituted the basis for the efforts made throughout the project to build the capacity of each of the participating institutions.

**Phase III:** The focus during this phase was on providing support to the four project sites by: (a) strengthening collaboration with the ministries of health and professional regulatory bodies for nursing and midwifery; (b) upgrading educators' knowledge base, clinical expertise and educator skills; (c) incorporating WHO standards/resources for midwifery education and practice into

the curricula of educational programmes; (d) support for improving internet connectivity of the training institutions; (e) providing innovative resources, including virtual modes of learning related to standards of practice in midwifery; and (f) engaging and collaborating with the community and local government offices on matters related to maternal and child health.

**Phases IV/V:** These phases involved regular monitoring of the institutions, ensuring adherence to WHO standards for midwifery education, progress towards Centre of Excellence status, preparations for sustaining the operation of programmes with long-range planning, continuing education for educators and evaluating the outcomes.

## PROJECT BENEFICIARIES

There is a broad range of beneficiaries of this project as summarized in [Table 1](#).

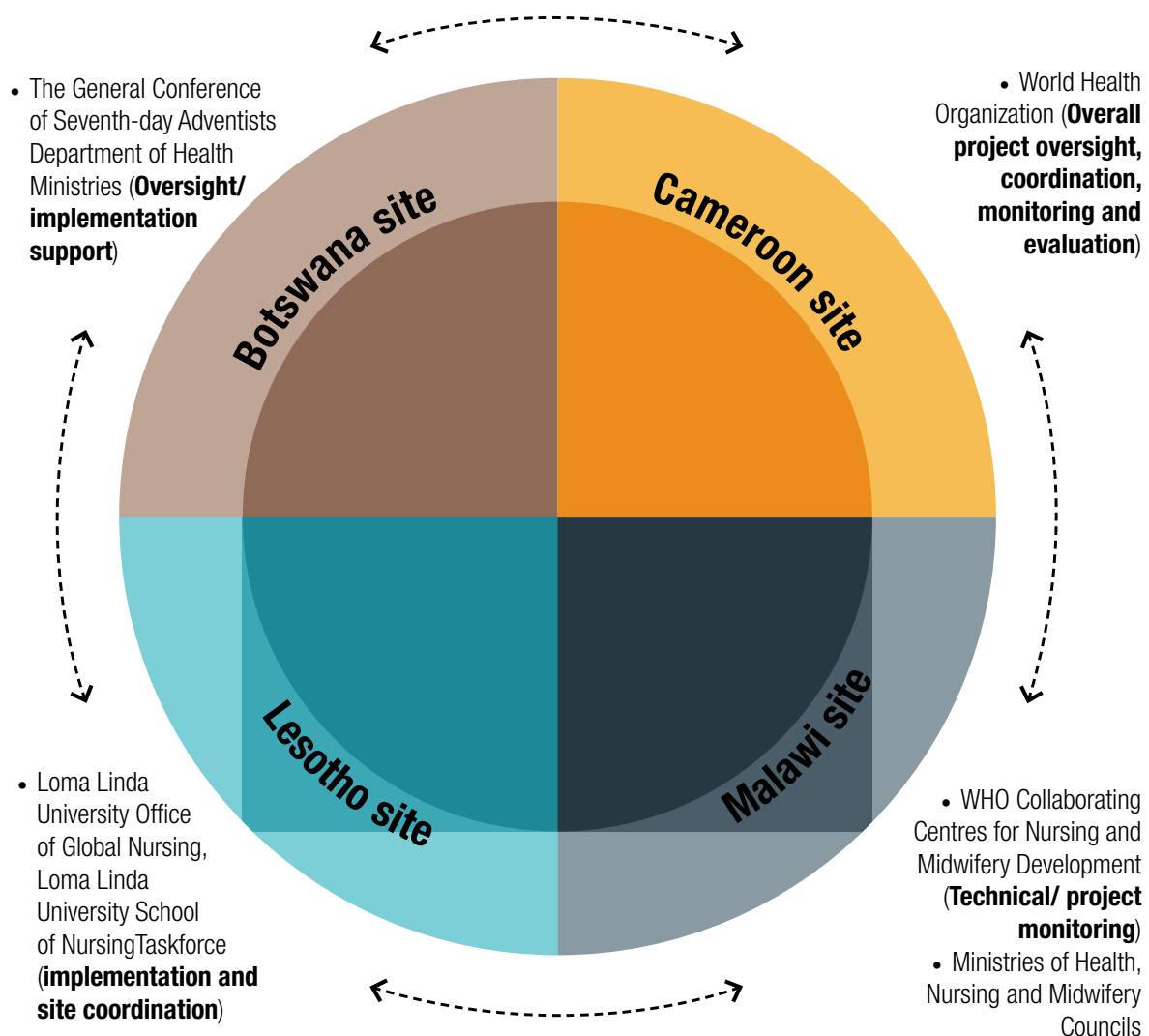
**Table 1. Summary of beneficiaries**

ANTICIPATED BENEFIT	BENEFICIARIES	COMMENTS/BENEFITS
<b>Competency-based education (CBE)</b>	<ul style="list-style-type: none"> <li>• Midwifery educators</li> <li>• Midwifery students</li> <li>• Mothers and their newborns</li> <li>• Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Competent educators provide quality education to midwifery students both in classrooms and clinical sites. Once qualified, the midwifery students can provide quality midwifery services to mothers and newborns, consequently contributing to improved mother and newborn health</li> <li>• Brings accessible, available, acceptable and quality services to surrounding communities.</li> </ul>
<b>Established Laboratories of Change and Centres of Excellence</b>	<ul style="list-style-type: none"> <li>• Midwifery educational institutions</li> <li>• WHO Collaborating Centres</li> <li>• Ministry of Health and Nursing and Midwifery Councils</li> </ul>	<p>These institutions:</p> <ul style="list-style-type: none"> <li>• Can transform midwifery education by implementing innovative and transformative educational strategies and change in midwifery services.</li> <li>• Provide education and practice embedded in the needs of communities and enhance social responsibility.</li> <li>• Have improved libraries and skills labs.</li> <li>• Bring about increased technology use as well as utilization of the WHO midwifery competencies and regional prototype curricula through "Smart Classrooms".</li> <li>• Increased institutional visibility and participation in local, national and international educational and research events.</li> </ul>
<b>Model partnership</b>	<ul style="list-style-type: none"> <li>• The World Health Organization</li> <li>• International organizations such as UNFPA, UNICEF</li> <li>• Other faith-based institutions</li> </ul>	<ul style="list-style-type: none"> <li>• The presence of a number of faith-based institutions in Africa offers a strong foundation for accelerated scale-up of midwifery education in the already established institutions. It is a model for strengthening existing partnerships beyond government institutions.</li> </ul>

## IMPLEMENTATION AND COORDINATION

The Seventh-day Adventist Church, Department of Health Ministries, General Conference of the Seventh-day Adventists (GCHM), partnered with the Office of Global Nursing at Loma Linda University School of Nursing, the Director of Health Ministries in the Southern Africa-Indian Ocean Division of the SDA Church, and the Principals of the educational programmes who implemented the project. This ensured a good understanding of the project and the respective roles each partner would play. Capacity building activities were spearheaded by the Loma Linda University Global Nursing Taskforce with support from the four WHO Collaborating Centres (WHOCCs) for Nursing and Midwifery Development in Africa (University of Botswana, University of South Africa, University of Kwa-Zulu Natal and Kamuzu College of Nursing). WHO was responsible for monitoring and evaluation of the project with support from the respective country offices and the four WHOCCs for Nursing and Midwifery Development in Africa and in collaboration with the respective ministries of health, nursing and midwifery councils and higher education institutions.

**Figure 3: The implementation and coordination scope**



## FINAL PROJECT EVALUATION

The final evaluation of the project, initially scheduled for the later part of the first quarter of 2020, was delayed due to the COVID-19 pandemic. It commenced later in June 2020 and was concluded in early October 2020. The approach adopted for the evaluation was comprehensive, utilizing a broad-range of methods which included desk reviews, teaching session evaluations (to observe educators' use of competency-based education), focus group discussions among faculty and students and in-depth interviews with the Heads of the midwifery programmes and coordinators of the project sites. The tools for the evaluation were developed by WHO and the Loma Linda University, Global Nursing Taskforce. The evaluation was conducted by national experts not directly involved in the implementation of the project and included technical staff from WHO, representatives from ministries of health, institutions of higher education, nursing councils and WHO Collaborating Centres for Nursing and Midwifery. The composition of the teams varied across

countries, based on availability and mobility of the experts due to COVID-19 restrictions. This approach increased the objectivity and validity of the evaluation.

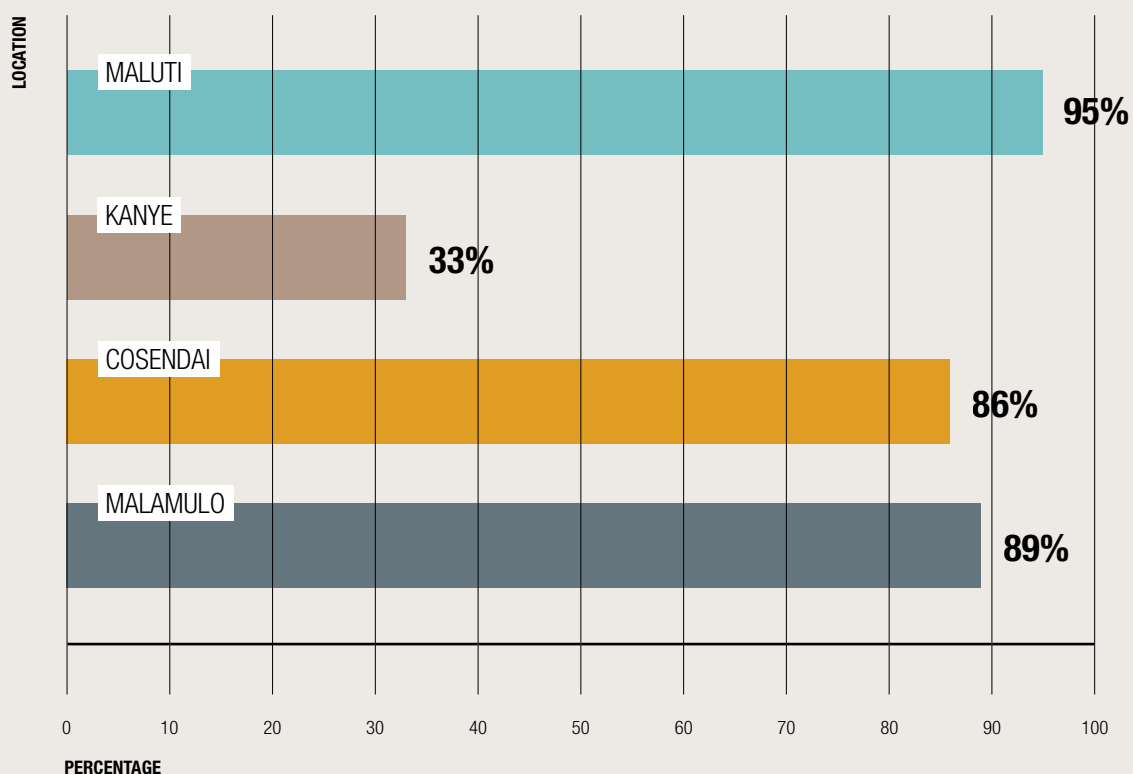
The ultimate objective of the evaluation was to determine the extent to which the project implementation achieved the following: (a) adoption of the WHO midwifery educator core competencies; (b) improved the quality of midwifery education; (c) contributed to the establishment of LoC or a CoE; (d) created a model of international organization partnership with faith-based organizations; and, (e) promoted the sustainability of project activities.

# ACHIEVEMENTS

- Three institutions performed extremely well on their action plans (Maluti 95%, Cosendai 86%, Malamulo 89%).
- Over 90% of midwifery educators demonstrated the core educator competencies as validated by the broad range of evaluation methods used.
- The project target was to develop at least one Centre of Excellence. However, three sites surpassed the 75% threshold for attaining centre of excellence status (Maluti, Lesotho 93.7%; Cosendai, Cameroon 79%; and Malamulo, Malawi 83%).
- Well-performing institutions have forged partnerships beyond their usual collaborators and are taking a keener interest in ensuring that educators maintain competency through continuous professional development.

Figure 4. Action Plan achievement: Maluti, Kanye, Cosendai and Malamulo

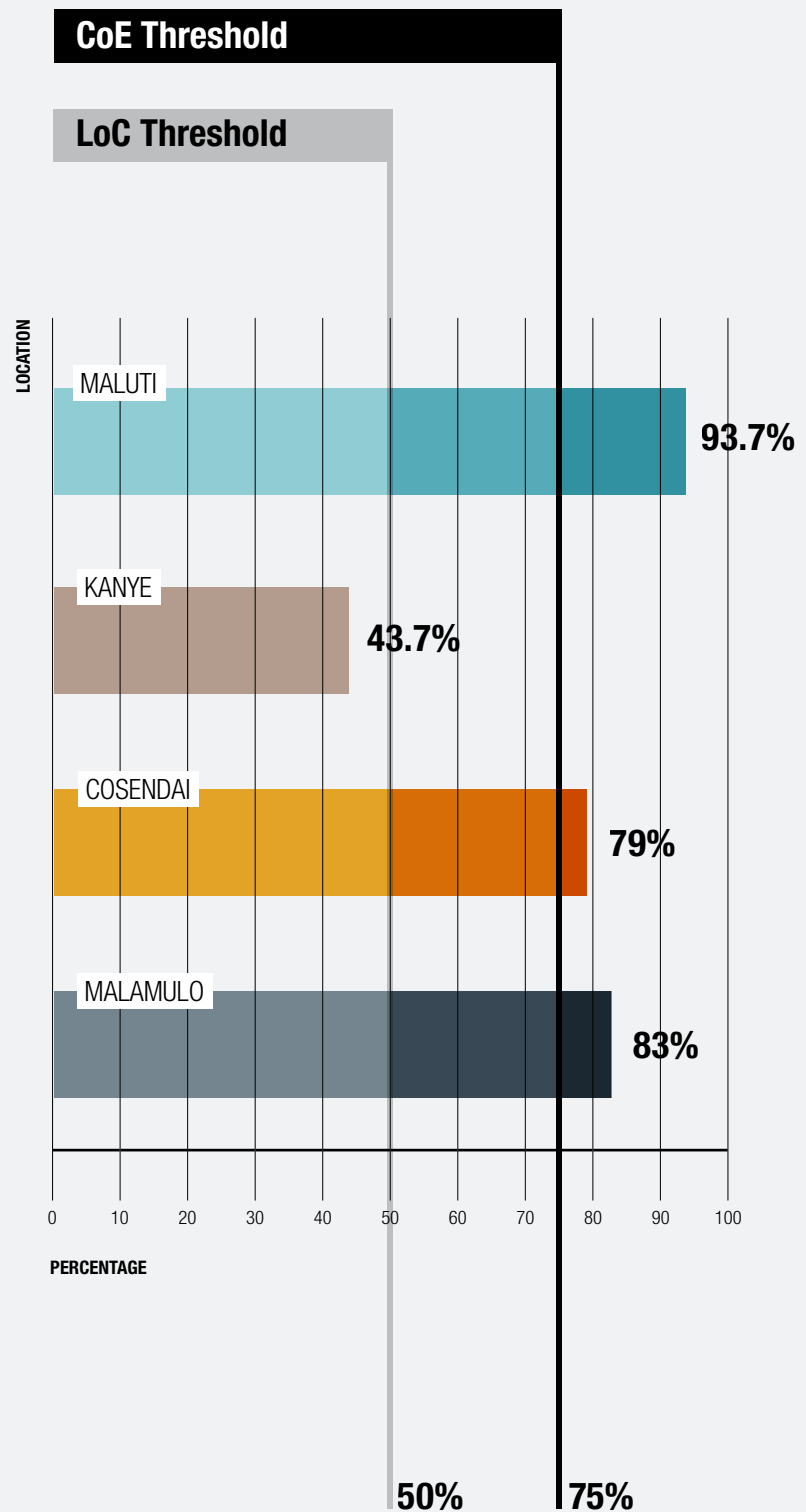
## Action Plan Achievement



- There is much more engagement with communities, reflecting the fact that the institutions are responding to community needs.
- Innovative strategies have been demonstrated. For example, the construction of a Maternity Centre at Cosendai Adventist University will provide a practical skills acquisition site for students, while Maluti has developed sustainability strategies to ensure positive project outcomes are sustained, and has seized on opportunities for growth, including introducing online teaching for qualified nurses wishing to train in, and practise midwifery.
- Increased institutional visibility and participation in local, national and international educational and research events.
- The project attracted supplementary financial and material support as a result of its promising impact. For example, the Loma Linda University School of Nursing off-campus programme is investing in enhancing the capacity of the faculty at the project sites. In 2018, among the Master’s Degree graduates of the off-Campus programme, three were from the project sites of Botswana, Lesotho and Malawi (one candidate per site).

**Figure 5. Achievement of Laboratory of Change and Centre of Excellence (Maluti, Kanye, Cosendai and Malamulo)**

**Laboratory of Change (LoC) and Centre of Excellence (CoE)**





## CONCLUSION

The project achieved its objective to train midwifery educators on competency-based education. The educators attained competency and students are engaged in active learning. Midwifery students appreciate the way they are taught and are motivated to perform better. More practice sites have been availed to students and there is good coordination between classroom and clinical teaching with more engagement of staff in practice sites supporting mentoring of students. The changes in perspective among educators and faculty heads of midwifery programmes is evident. The sites are seeking to innovate, transform and continue to be agents of change. There is increased institutional visibility and participation in local, national and international educational and research events. New partnerships beyond the traditional ones have been forged and strengthened. The project is a model for strengthening existing partnerships beyond government institutions.

Constraints noted during the evaluation included problems of poor internet connectivity which renders access to updated information difficult. The facilities for learning in some sites are inadequate for the number of students enrolled and the faculty numbers are not optimal. In addition, some sites experience a high turnover of staff. Taking cognizance of, and working to resolve the constraints identified will help the participating institutions to continuously work towards maintaining their Centre of Excellence status. The institutions and partners can work towards mitigating the constraints beyond the life cycle of this project. Furthermore, greater focus should be placed on bringing the Kanye site up to the level of the other institutions as it has the requisite potential and capacity.

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