

NURSING AND MIDWIFERY EDUCATION IN AFRICA

Nursing and Midwifery Education: A Postgraduate Programme

Education: Training: Youth

NEPAD Agency Science and Technology Innovation Hub (NSTIH)

NEPAD Planning and Coordinating Agency



NURSING AND MIDWIFERY EDUCATION IN AFRICA

NOTES FOR CONTRIBUTORS

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All articles must be submitted in English or French. Please supply simple text files (i.e. not formatted for page layout), and keep all notes at the end of the article. **All articles must be submitted in a MS Word format.**

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Articles must not exceed 20 pages or 5000 words in length. Manuscripts should be typed on one side of the paper only, double-spaced and with wide (1-1½") margins. All pages should be numbered at the centre, bottom of a page. All pages of the manuscript must be the same size.

A separate title page should be included, to show the title of the article, first name, initial(s) and last name of the author(s).

Text. Paragraphs should be typed in justified alignment and should not be long. A space should be kept open between paragraphs.

Quotations. Short quotations are incorporated in text and enclosed by double quotation marks followed by a page number. Longer quotations of 35 words or more should be indented from the text as a free block with no quotation marks followed by a page number.

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2. Books

Mwamwenda, T.S. (1989). *Educational psychology. An African perspective*. Durban: Butterworths.

Lipka, R.P., & Brinthaup, J. (Eds.)(1992). *Self-perspectives across the lifespan*. New York: State University of New York Press.

3. Articles in Books

Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen, & T.N. Postlethwanite (Eds.). *The international encyclopaedia of education* (pp. 1643-1647). Oxford: Pergamon.

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Nursing And Midwifery Education: A Postgraduate Programme

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Abstract

The Project (work in progress) describes a partnership between a number of tertiary institutions that do not offer nursing and midwifery education at postgraduate level and those that have such programmes. The objective is to assist the Host Institutions (HIs) in developing their own postgraduate programmes. This educational intervention involves collaboration in curriculum development, teaching, research and student assessment. A crucial and strategic relationship is developed and placed within the context of the needs of the country, the region and the continent with regard to health professional training as well as higher education institutional revitalization.

Introduction

This NEPAD Project on Nursing and Midwifery Education in Africa is an effort to attend to the concerns raised by the Heads of State and Government of the African Union. There is no doubt that nurses form the backbone of health service delivery in Africa, and that the quality of care is often dependent on the quality of nurses and midwives working in single-discipline clinics and other services. This was acknowledged by the resolution WHA54.12 of the World Health Organization assembly (WHO,

2002), which led to the adoption of five Key Result Areas (KRA) to strengthen nursing and midwifery services on the African continent. KRA 4 is concerned with developing “... a sufficient supply of educators and trainers” and “... appropriate skills required to practise within different health service delivery contexts” (p.25). This document goes further to identify South-South collaboration as one of the strategies needed to develop the nursing and midwifery educational system.

The African Union is also actively involved in programmes aimed at promoting the development of the nursing and midwifery professions. In 2010 for example, an important declaration was made in Kampala, Uganda:

*We, the Heads of State and Government of the African Union, meeting at our Fifteenth Ordinary Session in Kampala, Republic of Uganda, from 25 to 27 July 2010, following our debate on “**Promoting Maternal, Infant and Child Health and Development in Africa**”... and remaining deeply concerned that Africa still has a disproportionately high level of maternal, newborn and child morbidity and mortality due largely to preventable causes... thus we re-dedicate ourselves and commit our countries to accelerate efforts to improve the state of health of Africa’s women and children and thereby attain*

all Millennium Development Goals (MDGs) particularly MDGs 4, 5 and 6 by 2015 (Assembly/AU/Decl. 1 (XI)).

Among the many research projects that have drawn attention to challenges facing the nursing and other health professionals of Africa, mention can be made of the works of Bryant (2002 p.8) and The Commission for Africa report (2005).

It is very important that research efforts continue to focus attention on the problems and prospects of the nursing and midwifery professions so that the information so generated could be used to inform decision making. Statistics continues to indicate that the nursing and midwifery education sector is very much underdeveloped. In a survey in the late 1990s, it was found that:

- Only 14% of African countries have university nursing programmes;
- Only 46% have advanced clinical programmes and
- Only 19% offer Masters programmes in nursing.

Furthermore, it was pointed out that the qualifications of about a third of nurse educators (27%) had only basic diplomas; 29% had advanced diplomas; 27% had a Bachelor's degree and only 18% had postgraduate degrees.

The lack of specialist nurses influences the quality of health care. In large hospitals, there are a number of critical care units, without even one nurse trained in this specialty area. In an area such as midwifery, the lack of specialist midwives are particularly worrying in light of the fact that most deliveries in the formal health system are done by midwives, and that the maternal and infant mortality rates are still alarmingly high. The Millennium Development Goals (MDGs) set by world leaders in 2000 aimed at reducing the maternal mortality ratio by 75% between 1990 and 2015.

According to the United Nations latest estimates (WHO, 2002), roughly half a million women died of risks associated with pregnancy and childbirth in the year 2000, with the 95% of the deaths occurring in sub-Saharan Africa and Asia, 4% from Latin America and Caribbean and less than 1% from developed countries. There are many more examples of mortality and morbidity that can be prevented with improved quality of nursing and midwifery care. Such care can best be initiated, maintained and improved by a cadre of specialist nurses trained specifically for the conditions and equipped with advanced knowledge and skills.

Rationale

There are a number of policy and development plan initiatives in Africa which put particular emphasis on health training programmes. Firstly, this project focuses on objective 119 of NEPAD (page 30) which touches on capacity building and the development of skills for sustainable development. This initiative is a project based on needs voiced by African tertiary institutions, and answered by a consortium of Universities that are able to address the need. It is an example of African people mobilizing themselves to ensure their own development. In line with one of the features of the Lagos Plan of Action (1980-2000) and the NEPAD strategy, it is aimed at promoting national self-reliance (NEPAD, 2001, p.30).

Secondly, in the African Union (AU) Second Decade of Education For Africa (2006-2015), the AU set “...the complete revitalization of higher education in Africa” as its fourth goal (2006, p.8). To achieve this goal, the AU identified, amongst others, the promotion of research and original knowledge production and the increased involvement of universities in the continent’s development efforts as priorities in planning interventions. A number of the specific actions identified to achieve this goal articulate directly with this project. The best example probably is objective 8, *the building of partnerships among African*

institutions and organizations. This project involves a consortium of universities in Southern African countries and it is envisaged that this consortium will work with tertiary institutions in Africa. Although the collaboration is initiated in one discipline (that is, nursing and midwifery), it must be possible to continue on a broader base (e.g., engineering, forestry, medicine etc.) once initial contacts and a model has been established with regular visits taking place from country to country.

Thirdly, there are a number of specific actions which are outlined as part of the Initial Programme of Action for NEPAD's Health Strategy (NEPAD, 2005) which forms the framework for this project, such as preparing multi-purpose clinic staff, preparing cost-effective categories of staff and building research capacity in the health services.

Lastly, in the Skills Development Strategy of South Africa's Department of Labour, (2001, p.65). the statement is made that:

Given the special problems many African education and training institutions face – whereby they do not always have the capacity to respond because of their own poor infrastructure – special measures need to be put into place to assist them. These could include, for example, the establishment of partnerships or exchange

programmes with other `better endowed` institutions in Africa.

This is exactly what this project is about – harnessing the capacity in Southern Africa to support and develop the human resources of Africa. The NEPAD document on higher education makes the same point: “International experience has demonstrated enormous potential for multi-country (including regional) collaboration in the sharing of expertise, expensive equipment, exchange of staff and students, collaboration in research etc. Such consortia could be either intra-country or across countries” (2003,p. 12). This project aims to establish both intra- and across country collaboration. The need for projects such as this one was echoed at the second meeting of the Forum of African Regional and Sub-Regional Organizations in Support of Cooperation between UNESCO and NEPAD (FOSRASUN) in September 2006.

Based on these considerations, the NEPAD Agency has embarked on this project as an exercise in the health and human resource development of Africa.

The Challenge

While a number of African universities participate in partnerships with other universities, these relationships are mainly North-South in nature. This is probably the result of the following factors :

- Universities in the South usually do not have the funding to initiate or sustain significant collaboration projects. Accessing funding from donors or foundations for cross-country projects is difficult. For instance, although His Excellency, Honourable Yasuo Fukuda, Prime Minister of Japan at the Opening Session of the Fourth Tokyo International Conference on African Development (TICAD IV), said, “Africa is facing a shortage of as many as 1.5 million health workers. In response to this, Japan will train one hundred thousand people in Africa over the next five years as health workers” (2008), the Japanese International Cooperation Agency (JICA) has no mechanism to fund South-South projects which involves more than one African country. Their funding is totally country-based. Such restrictions constitute major barriers to South-South collaboration.
- Universities in the South have no tradition of initiating collaborative projects. Most often African Higher Education Institutions (HEIs) have to wait for others (usually from the North) to initiate and lead such projects. The

internationalization of African universities has therefore been mainly a passive process of receiving students and academics from the North and sending individual African academics to visit universities in the North as short term visitors or scholars.

- Since funding is limited, many nurses cannot proceed with further studies. This limits their development as well as career opportunities. In many countries, the salaries are linked to qualifications. With the limited educational opportunities available to nurses and midwives, the nurses do not have the opportunity to improve their incomes (Dovlo, 2002).
- If the government needs nurses with postgraduate qualifications, it is costly for them to provide an opportunity to study outside the country.
- The qualified nurses and midwives who leave the country for study abroad seldom return. This leads to a brain drain of the brightest and the best-qualified (NEPAD, 2001: 30).
- The lack of postgraduate studies in nursing leaves the profession without nurse researchers to increase the nursing knowledge in these countries. Many problems in nursing and health care therefore remain unsolved, and no new knowledge about these problems is emerging.

- When research is done about African health care problems, it is often done by researchers from the developed countries. Consequently, the experts on African problems are not Africans, leaving Africa dependent on outside expertise. This unfortunate situation forces African countries to rely very much on research information from the developed world.
- Nursing and midwifery as disciplines are not developing the way they should in Africa. There is the need for African academics, research institutes and the general public to join hands in giving the nursing and midwifery professions so much attention. These professions need to be seen as an integrated system which holds so many things together in Africa : birth rates, child development, the quality of primary health care and, above all, social development. Any policies and plans aimed at ensuring long and healthy life for Africans need to take the nursing and midwifery professional training programmes seriously.

Motivation

The focus of this Project is on health care resources and human development. It addresses the aspect of capacity building and resource development in the nursing and midwifery professions in African countries. It addresses the need for harnessing the capacity-building resources within Africa to relate to the circumstances of the individual African countries. It is hoped that

this approach on human capacity building in health care will make a major contribution to the long term development of Africa.

Vision

The vision of this Project is to facilitate and coordinate the establishment of essential health care services in Africa.

Goal

The major goal of this Project is to contribute to the achievement of the health component of the Millenium Development Goals (MDGs) of Africa through the supply of well-trained human health resources that will make health accessible to all, reduce mortality and morbidity through the provision of essential health care services, particularly in the poorly resourced communities of Africa.

Aim

The major aim of this Project is to increase the number and enhance the quality of graduate students in nursing and midwifery education for health care services in Africa.

Objectives

The objectives of this Project are as follows:

- To develop a need and demand- driven effective and quality educational intervention in primary health care.
- To offer a clinical coursework and research masters degree in Nursing and Midwifery in order to:
- Improve the level of clinical competence in specific areas of nursing and health care;
- Equip the nurses to do clinical and health systems research in their field of work;
- Develop collaborating relationships among African universities to improve nursing and midwifery education and training;
- Recruit suitable candidates for training as health professional educators from interested and suitable candidates who have demonstrated potential for higher level functioning in educating others;
- Facilitate access of the identified candidates into advanced practice degrees and postgraduate studies at suitable universities in order to equip them with relevant professional qualifications and teaching skills;
- Prepare the identified candidates with appropriate postgraduate qualifications that would enable them to provide a full spectrum of education including priority speciality for nurses and midwives in Africa;

- Improve the programme and regional health service management skills of specialist nurses;
- Ensure the sustainability of the programmes by capacitating the host institutions to take over the presentation of the masters programme after one group of students have completed their studies;
- Ensure that the human resource remains within the individual countries and
- Ensure that the graduates are deployed in the rural and economically disadvantaged communities where there is a need for primary health care services.

The Principles

The following principles guide the implementation of this Project:

1. The focus of the project will be on clinical postgraduate programmes, since the emphasis was to influence the *quality of health services* by providing competent, well-trained nurse-specialists. While classroom teaching is important, clinical attachment, clinical teaching and finally proven clinical competence is seen as crucial.
2. All Implementing Institutions (IIs) *participated as Schools* and agreed to take responsibility for Host Institutions (HIs) as primary partners, and try to build continuing relationships. While individual academics from other universities participate

as teachers or research supervisors, the primary partners had to be the whole School. This is done so that the School could take full responsibility for a significant component of the project. The support of the Head of School is particularly important to ensure sustainability over time.

3. While primary IIs are appointed, the project is essentially a *collaborative* one, with everybody working together across institutional boundaries. This is enabling, since no single institution has to cope alone with the needs and demands of the new programmes.
4. The degree is *owned and awarded by the HI*, and the curriculum and curriculum materials become the property of the HI. As far as possible, co-teaching will be done involving a HI staff member to build capacity locally in people who have to take over teaching after the first group graduates.
5. *Research capacity building* is seen as essential at Masters degree level, and, therefore, a research methodology course and a research project will be required from each student.

Methodology

In each case, the process starts with a visit by two or more academics from the IIs to do a situational analysis. This exploratory needs assessment includes the health services available for clinical training as well as the educational and

infrastructure of the university. Based on the information gathered and discussions with the staff, a decision is made on which clinical specialty the Masters programme would focus. The main outcome of the situational analysis visit is a consensus that a Masters degree in nursing and midwifery would be developed according to the specific needs identified.

A primary partner II is then chosen for the HI based on expertise in the focus discipline. This partner develops a macro-curriculum, which is approved by the Project Steering Committee (PSC) of the IIs. The macro-curriculum is then sent to the HI, that adapts it to conform to local requirements and manages it through all the prescribed approval processes in the institution and nationally.

Curriculum specific to each country is developed jointly between IIs and the hosting countries stakeholders. It is expected that the curriculum agreed upon meets the certification requirements of the registering institution as well as the regulatory requirements of the hosting country. The Primary II is also responsible for ensuring that the essential teaching resources are available at the HI. This usually includes ordering appropriate library books and audio-visual material, making sure that students have at least one internet-connected computer and that a data projector and laptop is available for teaching. In many cases visiting

lecturers physically carry heavy loads of resources with them on each teaching visit, but in one case even the Diplomatic Bag was used to send resources.

During the preparatory period, two nurses/midwives from the HI also visited the II for two to four weeks to strengthen clinical competence in the focus area of the Masters degree programme. This was essential so as to prepare local clinical facilitators who could assist students with developing clinical competence. During their time in the II, they also acted as reviewers of the course guides to ensure that these were appropriate to local conditions.

Once the programme was approved, students were recruited and selected by the HI. Teaching was done by academics from the IIs, visiting for intensive block periods of two weeks at a time. Clinical courses involved two such teaching visits to make provision for clinical teaching and supervision, while non-clinical modules were taught during one such a period. The block periods were followed by self-study and projects that lasted the rest of the semester, and was supervised and assessed by both HI and II academics. The II teacher was always the examiner, and an external moderator was appointed by the HI, usually recommended by the II.

Work In Progress

Table 1 indicates the progress so far:

Table 1
Host Institution, Implementing Institution, Specialist Field and
Progress So Far

Country and Host Institution	Country and Implementing Institution	Specialist Field	Progress So Far
Kenya, Moi University (Eldoret)	South Africa, University of Pretoria	Maternal and Child Health	Situational analysis completed. Students have registered. Project up and running.
University of East Africa (Barraton)	South Africa, North West University	Community Health	Situational analysis completed. Students have registered. Project up and running.
Tanzania, Muhimbili University (Dar-es-	South Africa, University of KwaZulu-Natal	1. Critical care and Trauma 2. Mental Health	8 students have graduated. A New intake is taking place.

Country and Host Institution	Country and Implementing Institution	Specialist Field	Progress So Far
Salaam)			
Democratic Republic of the Congo (DRC), Institut Supérieur des Techniques Médicales de Lubumbashi	South Africa, University of the Free State	Maternal and Child Health	Situational analysis completed. Students have registered. Project up and running.
Rwanda, Kigali Health Institute	Botswana, University of Botswana	Critical care and Trauma	Situational analysis completed. Students have registered.
Mozambique, Academic Department at the	South Africa, Witwatersrand University	1. Critical care and Trauma 2. Maternal and Child	Situational analysis completed. Students are in the

Country and Host Institution	Country and Implementing Institution	Specialist Field	Progress So Far
Instituto Superior de Ciências de Saúde (ISCISA).		Health	process of registering.

Negotiations have taken place with the Secretariat of the Economic Community of Central African States (ECCAS) for the identification of three member states that will participate in the Project.

Three countries have been identified, namely, Cameroon, Congo and Gabon (Journal Official, De La Communauté Économique des États de l’Afrique Central, Avril, 2012). Engagements have started with government officials and the identified institutions of the three countries.

Conclusion

The lack of adequately prepared health professionals in sufficient numbers to deal with the health needs of the people demands urgent attention especially within the context of the

huge burden of preventable diseases and deaths in Africa. In response to these demands, educational responses in the past have often been ad hoc, outside of the formal qualification framework of the countries and of limited scope and depth. This has led to a lack of health professionals trained at sufficient breadth and depth to deal creatively, constructively and appropriately with the health challenges of the continent.

However, higher education institutions in Africa face their own limitations. Historical legacies, lack of sustained funding and the brain drain has left a system without adequate human and physical resources to respond fast to the demands from the health sector. Human resource development for health professionals therefore needs cross-country collaboration, targeted not only at producing graduates, but also at developing capacity within the higher education institutions to sustain the programmes. Such projects will benefit all and lead to close African partnerships. It is difficult to envisage a more economical way of developing such programmes, except by using high tech approaches, which have very high set-up and maintenance costs. This kind of collaboration will grow the capacity of all concerned and address some core problems in both the health system and the higher education system.

As part of a strategy for human resource development, further use should be made of the African educational institutions in meeting the needs of those countries with inadequate health facilities of their own. This project was established to address the needs of those countries that do not have postgraduate degree programmes in nursing and midwifery. Through this intervention it is possible to develop a model that could add value to human resource development in Africa.

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