

Strengthening Midwifery Education in the French Speaking Africa Region



Final Project Report

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Project information

Implementing organisation	International Confederation of Midwives (ICM)
Location	ICM Africa Region – Comorès, Côte d'Ivoire and Madagascar
Project period	January 2016 – December 2019
Supporting organisation	Sanofi Espoir Foundation

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To acknowledge the support of so many people who have contributed to this project we would like to use the African Phrase *“When you educate a man, you educate an individual. When you educate a woman, you educate a generation”*. Women who teach women who take care of women, amplifies the strength of a generation.

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Finally, we would like to thank the women of Comorès, Côte d'Ivoire and Madagascar, who trust in their midwives to have a safe and healthy childbirth experience. They are the reason ICM continues to strive to strengthen midwifery education globally.

Acronyms

BMGF	Bill and Melinda Gates Foundation
CBE	Competency Based Education
EMSP	Ecole de la Medicine et de la Santé Publique des Comorès
ICM	International Confederation of Midwives
INFAS	Institut National de Formation des Agents de Santé in Abidjan (Côte d'Ivoire)
MEAP	Midwifery Education Accreditation Programme
MoE	Ministry of Education
MoH	Ministry of Health
SEF	Sanofi Espoir Foundation
UHC	Universal Health Coverage

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Executive Summary

Between 2016 and 2019 the International Confederation of Midwives (ICM), with generous support of the Sanofi Espoir Foundation (SEF), embarked on a project to “Strengthen Midwifery Education in French Speaking Africa”. Through 1) building the capacity of midwife teachers, 2) strengthening the education environment in the school and clinical sites, and 3) reviewing and updating curricula and developing ICM’s Midwifery Education Accreditation Programme (MEAP)¹, the latter co-funded by BMGF, the project aimed to improve the quality of midwifery education, and thus enhance the quality of care provided by newly graduated midwives. Ultimately the project aimed to improve maternal and newborn health.

Three countries, Comorès, Côte d’Ivoire and Madagascar, were priority countries in this project, and in each of the countries through the Midwives’ Association, and in close collaboration with the respective Ministries of Health (MoH), Ministry of Higher education and Ministries of Education (MoE), the project was implemented in selected schools and clinical sites. In the three countries this has resulted in over 270 midwife teachers trained in Competency Based Education (CBE), and in the region over 300 midwife teachers were trained. CBE is an essential method for delivery of midwifery education, to ensure the programmes produce midwives who are able to provide quality, woman-centered and respectful care that is appropriate to the context in which midwives work. To ensure sustainability, the project included a CBE mentorship programme to ensure consolidation of skills among teachers, as well as to expand the reach of the project. Further, improving skills labs and clinical sites through provision of simulation models and training increased the ability of midwifery schools to prepare students for clinical practice.

In the three countries, review, update and validation of the revised midwifery curricula ensured that the midwifery education programmes meet international standards for midwifery education. This contributes to harmonisation of midwifery education in-country, in the region and globally.

An important element of the project was to develop the ICM’s Midwifery Education Accreditation Programme (MEAP), which provides a mechanism through which to assess midwifery educational programmes against the ICM’s Global Standards for Midwifery Education. MEAP offers accreditation approval based on an independent assessment of an institute’s midwifery educational programme(s) to determine the extent to which it meets ICM standards. MEAP not only serves as a quality label but enables consistency of midwifery education processes and competency of midwife graduates. MEAP helps strengthen existing midwifery educational programmes globally and provides a process for benchmarking against the global standards developed by ICM. It also helps to identify best practices and gaps, allowing donors and implementers to provide targeted, effective and sustainable support for high-quality midwifery education.

The development of the CBE curriculum and CBE manuals, the CBE mentorship programme and handbook, the MEAP, and the translation into French of the ICM’s Essential Competencies for Midwifery Practice (2019) has extended the project’s reach far beyond the French-speaking African region. These tools are of immense value to midwifery (education) globally and will impact many women and babies who receive care from midwives who have been educated through a high-quality education programme that is competency based and meets international standards.

¹ The MEAP is planned to be used in the future to assess whether pre-service midwifery education programmes meet the ICM’s global education standards.

Lessons were learned along the way that will strengthen future projects. Information about the project has been disseminated in various fora and publications. In all three countries activities continue to be implemented by government departments, stakeholder organisations and the respective Midwives' Associations to ensure long-term sustainability of the efforts to strengthen midwifery education in French-speaking Africa.

Background

The International Confederation of Midwives (ICM) exists to strengthen Midwives' Associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborns and their families.

Rates of maternal and newborn mortality and morbidity remain unacceptably high across much of the developing world, but there is now consensus that care by qualified midwives can make a difference. Midwives, educated to international standards, well-regulated and well-supported in functional enabling environments, can provide 87% of the essential care needed by women and newborns². Where midwifery care includes proven interventions for maternal and newborn health as well as for family planning, it could avert over 80% of all maternal deaths, stillbirths and neonatal deaths³ and is associated with improved quality of care and rapid and sustained reductions in maternal and newborn mortality⁴. Midwifery is also associated with reduced maternal and neonatal morbidity, reduced interventions in labour, improved psycho-social outcomes and increased birth spacing and contraceptive use^{5,6}. Improving the quality of pre-service midwifery education programmes is vital to producing midwives able to provide such quality care. Investing in midwifery education with deployment to community-based services could yield a 16-fold return on investment in terms of lives saved and costs of caesarean sections avoided and is the 'best buy' in primary health care⁷. Yet existing evidence shows that the majority of midwifery programmes, especially in developing countries, are not preparing midwives to this level (global standard) and the midwives are therefore not always able to respond appropriately to the professional and health needs of their countries. According to the Lancet Global Health Commission poor quality of care is now the most significant barrier to further reductions in mortality and morbidity, contributing to 61% of neonatal deaths and half of deaths from maternal diseases⁸.

The ICM's Global Standards for Midwifery Education (2011, updated 2013) and Essential Competencies for Midwifery Practice (2011, updated 2019) set the international standards for pre-service midwifery education and the level of competence that all midwives should meet. However, many pre-service midwifery education programmes, especially in low- and middle-

² United Nations Population Fund (UNFPA). (2014). *The State of the World's Midwifery (SoWMy) 2014: A Universal Pathway. A Woman's Right to Health.* USA: UNFPA.

³ Homer CSE, Friberg IK, Dias MAB, ten Hoop-Bender P, Sandall J, Speciale AM, et al. The projected effect of scaling up midwifery. *Lancet Series on Midwifery. Paper 2.* 2014 Sep 20;384(9948):1146-57. [https://doi.org/10.1016/S0140-6736\(14\)60790-X](https://doi.org/10.1016/S0140-6736(14)60790-X).

⁴ Sakala, C. & Newburn, M. (2014). Meeting needs of childbearing women and newborn infants through strengthened midwifery. *The Lancet*, 384, 9948.

⁵ Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*, 4.

⁶ WHO: The case for midwifery. http://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/case-for-midwifery/en/; accessed 19.2.18.

⁷ United Nations Population Fund (UNFPA). (2014). *The State of the World's Midwifery (SoWMy) 2014: A Universal Pathway. A Woman's Right to Health.* USA: UNFPA.

⁸ Kruk ME, Gage AD, Joseph NT, Danaei G, Garcia-Saiso S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amendable deaths in 137 countries. *Lancet*. 2018 Nov 17;392(10160):2203-2212.

income countries, do not yet meet these standards and midwives are not educated to this level of competence.

Common challenges include:

- A shortage of midwifery educators, most of whom also lack preparation as teachers and may not hold the competencies of a midwife
- High student-teacher ratios and heavy teaching loads
- Limited learning/teaching resources, including scarce resources for simulation laboratories
- An insufficient number of clinical sites, and preceptors who are not educationally prepared to provide a conducive learning environment
- Limited infrastructure and lack of integration between midwifery schools and midwifery services
- Out of date curricula and teaching methodologies, and poor implementation of midwifery programmes.

Teacher-centred teaching methods such as lectures are common, and many clinical sites provide only observational experience. Teachers have not been educationally prepared to use learner-centred teaching methodologies where students are more active participants and learn through inquiry, group work and hands on learning. Many students have little to no opportunity to learn and practice their clinical skills in a controlled simulation environment before providing midwifery care in real practice environments. It is therefore difficult for midwifery students to develop the required level of competence for effective midwifery care. Educating midwifery teachers in competency-based education (CBE) methodologies is one strategy to improve the standard of teaching within midwifery schools and thereby to improve the level of competence of midwife graduates as they enter the workforce.

Against this background, and based on information gathered through midwifery education, regulation and association gap analyses in 22 countries, education programmes in English-speaking countries in Africa appeared to be stronger than those of French-speaking African countries.

Since 2015, ICM with the support of Sanofi Espoir Foundation, has been implementing a project which aims to strengthen midwifery education in French speaking Africa, specifically three countries targeted in Phase One of the project, Comorès, Côte d'Ivoire, and Madagascar. The goal of the project is to strengthen midwifery education programmes in a phased approach including strengthening midwifery education institutions, clinical sites, faculty and curricula. Planning began in 2015 and implementation was carried out over four years from 2016 – 2019.

This report outlines the objectives, main activities, results, achievements, challenges and lessons learned from the project.

Project Information

Goal

The overall goal of the project was to strengthen midwifery education in French-speaking African countries to increase women's access to quality midwifery services. ICM envisioned that this goal would be reached by addressing key aspects of midwifery education, as is described in the Results Chain in figure 1.

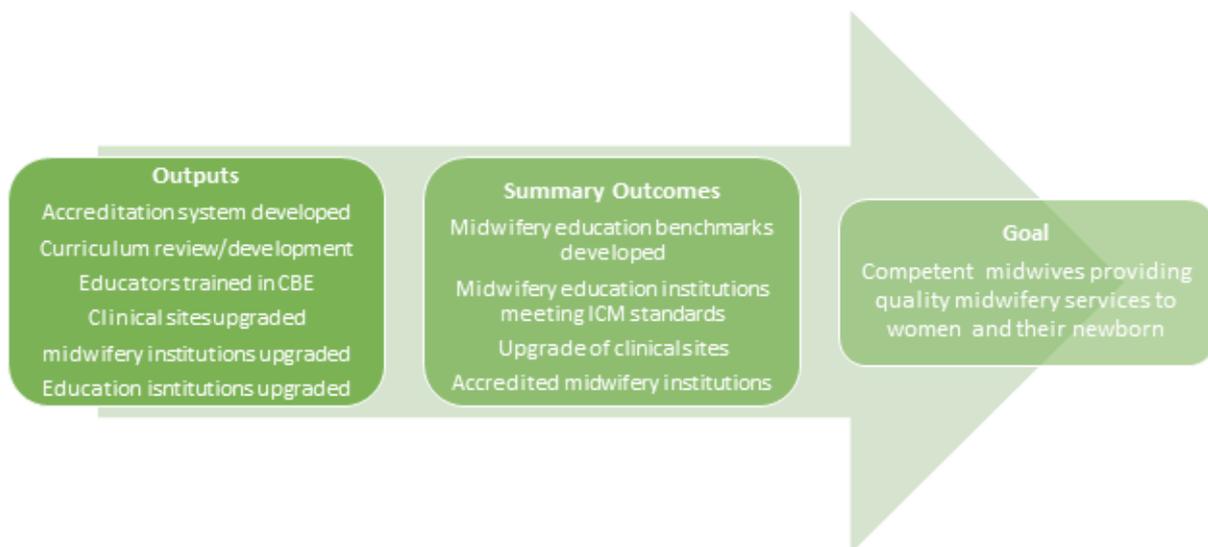


Figure 1 Results Chain

Objectives

1. To strengthen midwifery education programmes in African French-speaking countries
 - a. To build the capacity of midwifery educators in Competency Based Education (CBE) methodologies and approaches and support faculty development.
 - b. To enhance the capacity of the clinical settings to support midwifery education
2. To initiate the development of an accreditation tool and endorsement system for midwifery education programmes
3. To improve and harmonise midwifery education in this region using the ICM global standards, competencies and tools.

Expected Outcomes

1. Two (2) midwifery education institutions per project country, meeting ICM standards and producing competent midwives
2. Four (4) clinical sites per project country supporting the education of midwives to competency level
3. ICM generated information and evidence informing development partners` decision and policy making activities.

Results

Initiation phase and ongoing project management

During the first months of the project ICM strengthened its capacity at Head Office level to ensure effective management of the project. A Project Manager was appointed, and a taskforce established for development of a midwifery education accreditation mechanism/tool

and to initiate and oversee the different elements of the project. Initiation of this work commenced in 2015 with the first tranche of funding from the Sanofi Espoir Foundation.

A European Education Stakeholder meeting was conducted in March 2016 to introduce and explain the project and to learn from stakeholders' additional insights about the situation on the ground and receive suggestions about how to get the best out of the project. It was also intended to enable sharing and harmonizing of concepts, practices and resources so that ICM's work would support, build onto and/or enhance processes that were already in place. The meeting also gave additional insights and context into how ICM and stakeholders could work together harmoniously to strengthen midwifery education in this region.

In November 2016 a regional stakeholder meeting was conducted in Ouagadougou, Burkino Faso, as a side event to the FIGO-SAGO conference, including participation of stakeholders from French Speaking African Countries.

In collaboration with SEF, three focus countries were selected for the project: Comorès, Côte d'Ivoire and Madagascar. In September and November 2016 informative and consultative meetings were held (in Abidjan – Côte d'Ivoire, Antananarivo- Madagascar and Moroni-Comorès) with national stakeholders including Ministry of Health and Ministry of Education or Ministry of Higher Education, to build stakeholder coalitions. This was followed by the establishment of in-country steering committees to oversee the different activities and processes planned at country level to strengthen midwifery. These committees were supported by the Project Manager for their daily functioning and by the respective consultants regarding specific activities. Further, a focal point was selected per country to lead and oversee the activities (see Annex 1). And finally, two schools and four clinical sites were selected by the governments for implementation of the project.

Country	Schools	Clinical Sites
Comorès	1. Ecole de Medecine et de la Santé Publique)	1. CHN El Marouf 2. PMI Moroni 3. Centre Hospitalier de reference Urbain/CHRI de Fomboni 4. Centre hospitalier de reference de l'île/CHRI HOmbo
Côte d'Ivoire	1. Institut National de Formation des Agents de Santé (INFAS) a. Bouaké b. Aboisso	1. PMI de KOKO 2. CHU de Bouaké 3. Hôpital général de Grand Bassam 4. CHR Aboisso
Madagascar	1. Institut de Formation Inter Regional des Paramedicaux a. Antananarivo b. Tuléar	1. Centre Hospitalier de référence de District d'Itaosy 2. CHU Befelatana GOB 3. CHU Tanambao 4. CHU Mitsinjo

Follow-up visits to each country took place in March and April 2017 to support and orientate the respective in-country steering committees and country focal points on the project. Visits

were made to the selected midwifery institutions and clinical sites to discuss the objectives of the project so that there would be close collaboration during the implementation. Hereafter regular support visits were conducted bi-annually.

Objective 1 To strengthen midwifery education programmes in African French-speaking countries

Throughout the project the different activities under Objective 1 have been the main focus in order to achieve the project goal. This will not be surprising as the title of this objective mirrors the overall goal of the project. Objective one has three sub-objectives which encompass key aspects of midwifery education delivery: faculty, curriculum, institution, and clinical settings.

a. Competency Based Education Capacity building

Competency Based Education Workshops

Midwifery education is best delivered using a competency-based education (CBE) approach that enables students to learn through 'doing' all competencies (knowledge, skills and behaviours) they need to work as registered midwives across the full scope of midwifery practice. This implies that teachers are competent in application of various teaching methods that are most suited for CBE. However, this is not the case in many countries.

Before the CBE trainings could commence, the CBE curriculum and CBE manuals were developed by ICM and translated into French. A first CBE workshop was held in The Hague, the Netherlands, in 2016, inducting 15 participants from (mainly) French Speaking African Countries to the subject. Four participants were funded through this project (Gabon, Rwanda and two ICM staff midwives). These participants were to be trained to master trainer level through provision of CBE training to their peers in their own counties.

Under this project ICM trained 276 midwife teachers in CBE - 78 in Comorès, 87 in Côte d'Ivoire and 111 in Madagascar. CBE training was not limited to the three project countries; based on geographic proximity we also included midwife teachers from other countries. The aim was to maximize the reach and impact of the project. Table 1 provides an overview of the numbers per country.

48 Midwife educators, who participated in the first CBE trainings, were further trained to become Certified CBE trainers, preparing them to train others within their institution or country.

Table 1 Midwife teachers trained in CBE

Country	No. of midwife teachers trained in CBE	No. of CBE trainers trained
Comorès	78	11
Côte d'Ivoire	87	20
Madagascar	111	17
Total	276	48

CBE Mentorship programme

CBE methodologies improve teaching methods of midwifery educators which in turn help to improve student learning. Given this, it is believed that the use of CBE methodologies can also serve to increase retention of midwife educators as well as retention of midwife students. However, as midwife educators begin to implement these new teaching methods in their

teaching practice, they need support and the opportunity to reflect on their practice with other midwife educators who also understand and practice CBE methodologies, i.e., midwife educator mentors. To this end, ICM developed a Competency-Based Education (CBE) Mentorship Programme to prepare midwife educators and preceptors with more advanced skills in CBE methodologies, to act as mentors for other midwife educators and midwife preceptors as they begin to implement their newly acquired skills in competency-based education within the classroom and within clinical sites

The CBE Mentorship Programme was successfully introduced to midwife educators in Madagascar, Comorès and Côte d'Ivoire through three-day workshops held in each country during April 2019 (Madagascar from 1-3 April, Comorès from 8-10 April, and Côte d'Ivoire from 23-25 April). Thirty-eight (38) midwife educators were invited to participate in the workshop, of which thirty-five (35) actually attended. Participants for the workshops included midwife educators based in both the classroom and in the clinical areas (midwife preceptors). All the participants had previously attended CBE Capacity Development (CD) workshops, facilitated 3-day CBE Continuing Education (CE) workshops and were assessed as CBE trainers. They had also planned and facilitated their own 3-day CBE-CE Workshop for other midwifery educators in their own countries.

Table 2 CBE mentorship participants

Activity	Dates	No of participants
Mentorship workshop Madagascar	1-3 April 2019	12
Mentorship workshop Comorès	8-10 April 2019	9
Mentorship workshop Côte d'Ivoire	23-25 April 2019	14
TOTAL		35

Of the 35 potential new Mentors, the consultant was able to initiate follow up for the 8-week Mentorship Project with 28 of them. Due to time limitations, the consultant was unable to make contact with the remaining 7 Mentors but has plans to do so outside of the project period.

Of the 28 Mentors with whom follow-up was initiated, 18 continued for the vast majority of the project while the remaining 10 dropped off from the programme for a variety of reasons. These reasons included increased workloads, and personal or family health issues, but most often was due to poor internet connectivity which was necessary for the bi-weekly remote Video Chats with the consultant.

Of the 18 Mentors who truly invested in the CBE Mentorship Programme, most submitted between 4 and 10 weekly Mentorship Project Updates via e-mail in which they shared the tasks they were working on in order to meet their three Mentorship Project Objectives. These written updates were useful to give the consultant some sense of the progress that the Mentors were making on their Mentorship Projects. Conversely, the Mentors stated that the document helped them to focus on small steps needed to achieve their larger objectives.

However, the most in-depth mentoring took place during the bi-weekly remote Video Chats between individual Mentors and the consultant. Of the 18 engaged Mentors, most participated in between 3 and 7 of these bi-weekly Video Chats. While the Video Chats often took a great deal of time (most lasted 45-90 minutes) and perseverance (due to connectivity issues, as well as work, family and travel commitments), much was shared regarding their Mentorship Projects.

In spite of the time required and indeed, perhaps because of the length of each Video Chat, the consultant was able to model many of the mentorship principles which had been

introduced during the workshop. With said time and perseverance, the consultant was able to slowly dissuade the Mentors of thinking of the consultant as a supervisor and instead convince them of her role as a partner invested in their increased learning about both CBE as well as mentorship principles.

Table 3 Follow-up trajectory participants

Activity	No of participants
8-week Follow-up trajectory	28
Post project commitment (weekly reporting, bi-weekly video chats)	18

The mentors each mentored their direct colleagues, varying from 4 to 10 midwife educators/clinical teachers/teaching assistants.

CBE Mentorship Handbook

As an integral part of the CBE mentorship programme ICM developed a mentorship handbook, which consists of tools and guidance on mentorship for midwifery educators.

The handbook serves to help midwives who have completed the CBE workshops to effectively transfer skills and knowledge to their colleagues, using a variety of mentorship techniques. It also offers tools for mentors and mentees to measure progress and identify areas for improvement in relation to appropriate selection and application of CBE methods for delivery of midwifery education.

b. Upgrade the education institutions for CBE

Curriculum reviews

Ensuring the curriculum of a midwifery education programme meets international standards and is competency-based requires analysis of the country context, regional elements, and of course alignment with international standards. A consultant was recruited to support the countries in the review of their respective midwifery curricula. The national, regional and international educational standards established by Ministries of Higher Education and by the ICM respectively, were considered in the curriculum reviews. The West African Health Organization (WAHO) norms were taken into account upon request of the country.

Effective operational objectives were:

- Analysing the existing documents of the respective midwifery curricula in Comorès, in Côte d'Ivoire and in Madagascar, evaluating their compliance to the ICM Global Standards for Midwifery Education (2011) and ICM's Essential Competencies for Basic Midwifery Practice (2013),
- Making practical suggestions for updates,
- Supporting three national working groups to make the required adjustments to the each of the three midwifery curricula,
- Facilitating two five-day workshops with each national working group,
- Developing the three curricula.

The following schools were selected, and visits were conducted as below:

Comorès

- Ecole de Médecine et de Santé Publique.

- Moroni, 7-11 August 2017
- Moroni, 5-9 March 2018
- Moroni, 24-25 October 2018

Côte d'Ivoire

- Institut National de Formation des Agents de Santé (INFAS).
 - Yamoussoukro, 27 November-1er December 2017
 - Abidjan, 19-22 March 2018

Madagascar

- Faculté de Médecine d'Antananrivo.
 - Antsirabe, 10-14 September 2018
 - Tananarive, 10-14 December 2018

In Côte d'Ivoire

- Analytic reading including practical suggestions to review the Midwifery Education programme
- Updating and revising the midwifery curriculum in Côte d'Ivoire, included production of the following educational tools:
 - Consensual referent material for a professional midwife in Côte d'Ivoire
 - Core competencies for basic midwifery practice in Côte d'Ivoire
 - Identification and planning of teaching modules for each of the cognitive and technical capacities as well as for the required professional behaviour per semester
 - Flowchart (general and by semester)
 - Example of syllabus (for one module to be taught by a teacher midwife)
- Action plan (2018 and early 2019) to finalise the remaining syllabi, to finalise and to start operationalizing the revised curriculum for the next academic year (2018-2019).

In Comorès

- Analytic reading including practical suggestions to review the Midwifery Education programme
- Consensual referent material for a professional midwife in Comorès
- Core competencies for basic midwifery practice in Comorès
- Identification and planning of teaching modules for each of the cognitive and technical capacities as well as for the required professional behaviour per semester
- Flowchart (general and by semester)
- Action plan (2018 and early 2019) to finalise the remaining syllabi, to finalise and to start operationalizing the revised curriculum for the next academic year (2018-2019).

In Madagascar

- Analytic reading including practical suggestions to review the Midwifery Education programme
- Consensual referent material for a professional midwife in Madagascar
- Core competencies for basic midwifery practice in Madagascar
- Identification and planning of teaching modules for each of the cognitive and technical capacities as well as for the required professional behaviour per semester
- Flowchart (general and by semester)
- Action plan (2018 and early 2019) to finalise the remaining syllabi, to finalise and to start operationalizing the revised curriculum for the next academic year (2018-2019).

Curriculum validation

The review was undertaken in 2017 and 2018. Two workshops were conducted in each country except in Comorès where a third workshop was required.

- Cote d'Ivoire: November 2017 and March 2018
- Comorès: August 2017, March 2018 and October 2018
 - The third workshop was necessary to support the working group to:
 - compile and complete the updated curriculum (foundations, organisation, etc.),
 - develop at least one syllabus as a model for the remainder,
 - establish an action plan for the next steps to be implemented
- Madagascar: 10-14 September 2018 and 10-14 December 2018

The revised curricula were implemented for one year, after which validation of all the deliverables took place at national level during a half-day meeting with all stakeholders who discussed and adopted the referent material, the core competencies and the curriculum produced in each of the three countries.

Skill laboratory assessments and equipment

The skills labs of the schools were assessed against a checklist to measure suitability of equipment for CBE and to identify gaps in skill teaching/learning equipment.

To enhance the capacity of the skills labs to support midwifery education ICM collaborated with Laerdal Global Health (LGH) to purchase Helping Mothers Survive Bleeding after Birth (HMS BAB) and Helping Babies Breathe (HBB) training materials for each of the schools. In total 54 complete MamaNatalie and HMS Facilitators sets, 54 Upright Bag and Mask sets, and 54 HBB Facilitator sets were distributed to the schools.

Clinical site assessments

Clinical sites in the three countries were assessed during the follow-up visits to each country in March and April 2017. After this assessment a request was made to LGH to donate equipment, as mentioned above. Recommendations for improvement are in the reports and in-country action plans 2017. ICM recommended that the in-country Steering Committee should work closely with the national Midwives' Association to support the schools. Detailed reports can be found [here](#).

Objective 2 To initiate the development of an accreditation and endorsement system for midwifery education programmes

a. Midwifery Education Accreditation Programme

ICM contracted Swiss TPH to develop the 'Midwifery Education Accreditation Programme' (MEAP), to provide a mechanism through which to assess midwifery educational programmes against ICM's Global Standards for Midwifery Education. MEAP offers accreditation approval based on an independent assessment of an institute's midwifery educational programme(s) to determine the extent to which it meets ICM standards. MEAP not only serves as a quality label but enables consistency of midwifery education processes and graduate outcomes. MEAP helps strengthen existing midwifery educational programmes globally and provides a process for benchmarking between midwifery programmes and against ICM's global standards. It also helps to identify best practices and gaps, allowing donors and implementers

to provide targeted, effective and sustainable support for high-quality midwifery education. The accreditation system focuses on pre-service midwifery programmes that use both direct entry and/or post-nursing registration⁹.

Swiss TPH developed the following:

- A multi-stage accreditation process and respective report templates, workflows and guidelines;
- A set of accreditation criteria for the self-assessment and in-country visit (Assessment Phase), including guidelines; the process of developing criteria included a review of key international documents and a consultative forum with an international midwifery expert group, appointed by ICM;
- An online platform to support the accreditation of midwifery educational programmes;
- Training of five (5) ICM accreditation experts to implement the process in the future;
- Two pilot missions (Comorès and Trinidad & Tobago) to test the tools and processes and inform revision of processes and documents where necessary;
- Flowcharts outlining respective responsibilities and steps.

All deliverables together, result in a complete accreditation package. The ICM's MEAP is divided into six phases as follows:

1. Expression of Interest
2. Application
3. Assessment
4. Accreditation
5. Post accreditation
6. Reaccreditation

Institutions can apply for accreditation of one pre-service programme at a time. Information and requirements for all phases are accessed through an online platform. The applying institution, ICM and accreditation experts receive individual log-in data and have different access rights.

Interested midwifery institutions make an initial application by submitting an expression of interest form; a more rigorous application phase follows. Once the institution passes the application phase, having provided the necessary information and documentation, the accreditation phase begins. The faculty of the midwifery programme undertake a self-assessment over several months and using provided templates that set out the evidence required from the school to support their self-assessment. The self-assessment information is then assessed by the accreditation experts through a desk review and triangulated through an on-site assessment visit. An evaluation report is written by the accreditation experts and validated for accuracy with the midwifery programme faculty. The accreditation experts make a recommendation to the ICM Board as to whether accreditation should be granted or not or granted provisionally with evidence of further changes within a set time frame. The ICM Board makes the final decision regarding accreditation - approved, approved under certain conditions or not approved - and the applying institution is informed.

⁹ The pre-service midwifery education programmes are those that prepare students for entry to the midwifery register. Programmes may be for students with no previous health registration (direct entry) or in some cases for registered nurses who intend to gain midwifery registration.

All phases are administratively managed by ICM and closely followed-up by assigned accreditation experts. Document templates and guidance documents have been developed for all phases, including an in-country visit handbook, that details the assessment criteria and evidence to be sought by accreditation experts during the in-country visit. All information collected through each phase informs the evaluation report prepared by accreditation experts after the in-country visit. A draft evaluation report is shared with the applying institution directly after the in-country visit to allow for feedback prior to finalisation and the formulation of recommendations to the ICM Board regarding the final accreditation decision.

b. MEAP Training

Swiss TPH together with ICM representatives and four international accreditation experts carried out a training of a larger group of accreditation experts during 27 – 28 July 2017. During the first day, participants were given an introduction to the MEAP (see annex 2). Following the first day of training a case scenario prepared by Swiss TPH was tested by future accreditation experts. During this case scenario feedback was provided to Swiss TPH relating to the feasibility of templates provided and deliverables requested. Further, all accreditation phases were introduced to the experts, as well as flowcharts and the stages established on the Moodle online platform.

Vivid discussions among accreditation experts, ICM and Swiss TPH took place. Despite all experts having very strong backgrounds in midwifery education and/or regulation, views and experiences, as well as interpretation of terms in use differed, depending on the geographical background (and educational system) of experts' origin or work location, was important input to the further development of MEAP. The draft Expression of Interest (EoI) template, as well as the draft Self-Evaluation Report template, were carefully revised during the workshop.

Two French-speaking accreditation experts - Atf Gherissi, Isabelle Derrenderinger - attended the workshop. A third French-speaking accreditation expert, Luc de Bernis, was unable to attend in person and was orientated to the MEAP through virtual meetings. The Project Manager, Liliane Ingabire, was also trained as an accreditation expert. All finalised MEAP documents were translated into French for use during the pilot process in Comorès.

Following the two in-country pilot processes a further accreditation training workshop took place in The Hague in October 2019, funded by BMGF. Atf Gherissi and Isabelle Derrenderinger participated along with a third French-speaking accreditation expert – Margriet Pluymaekers (see annex 2). All MEAP materials were further revised as a result of feedback from the pilot processes.

ICM, with funding from BMGF, is delivering the MEAP in 2020 and this includes adaptation of the process to include virtual site-visits, necessary as a response to travel and other restrictions due to the Covid-19 pandemic.

c. Online platform

An online mechanism was developed to support the MEAP process. This online platform enables the management of all documentation and a secure space for midwifery programme faculty to upload self-assessment documents and for accreditation experts to download for review and also to upload reports. The functionality of the online platform supports each aspect of the MEAP, as described in flowcharts below.

The platform is based on the open source software, "Moodle", and hosted by a service provider in the Netherlands, with identity authentication and encrypted data transmission ("https://"). The provider performs daily backups of the platform. The platform is available at the web

address “meap.internationalmidwives.org”, with a test platform (replicating the structure of the live platform) at “meap.returnontalent.nl”. It is password protected.

The platform is structured according to three Application Stages. These are essentially different sections on the platform to which the applying institutions are given access depending on their application status. These Application Stages are different from the Accreditation Phases, as the former are rather focused on logically grouping the functionality of the platform in sections, as per Moodle constraints (e.g. the Accreditation Stage must be separate from the evaluation procedures, in order to easily extract a list of accredited institutions from the platform). An institution can be granted access to the following phases in the platform:

- Expression of Interest
- Application phase
- Assessment phase
- Accreditation phase
- Post accreditation phase
- Reaccreditation phase

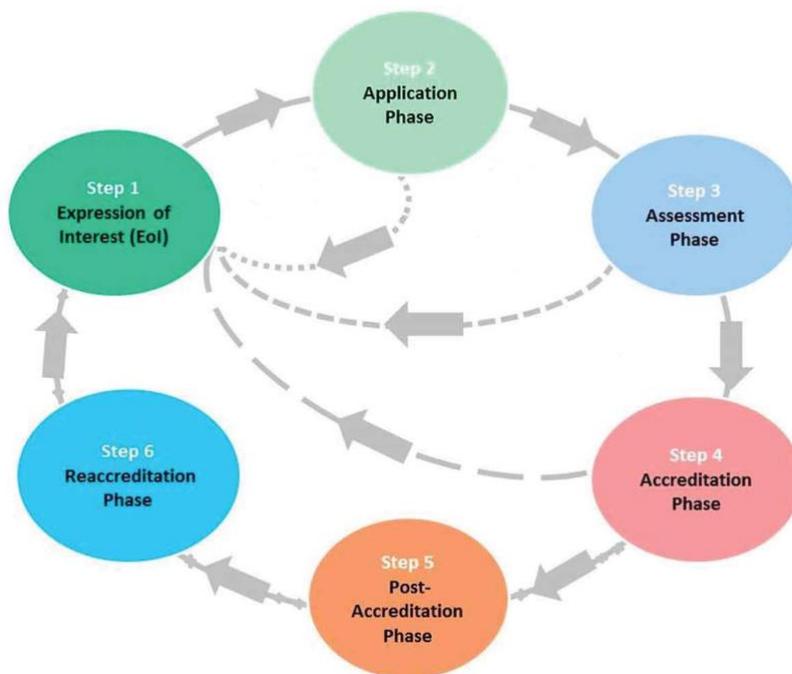


Figure 2 MEAP phases

All phases are created for a given period, e.g., Expression of Interest 2017 or Accreditation 2017-2022. Three user interface languages (English, French, Spanish) are possible on the platform and it is responsive to mobile devices (it can be run from the browser of a tablet or smartphone).

Training on managing the platform has been provided to the ICM MEAP Coordinator and to ICM Platform Administrators. Trainee accreditation experts also received user guidelines, developed to support the day-to-day utilization of the platform. Flowcharts were created to illustrate in detail the different stages, phases and responsibilities, tasks and workflows.

c. Pilot of MEAP

After receiving information about the MEAP from ICM, midwifery schools in Comorès and Trinidad & Tobago volunteered to act as pilot sites. In Trinidad & Tobago, the pilot took place in September 2017 at the San Fernando School of Midwifery, (this was funded by BMGF). In Comorès the pilot, funded by SEF, took place in October 2017 at l'École de Médecine et de Santé Publique (EMSP) in Moroni.

Both pilot midwifery programmes were provided with a detailed evaluation report and the opportunity to discuss the content of the report with the ICM accreditation team. The report summarised the recent history of midwifery education in the country and at the pilot site, highlighted the specific strengths of the school and the challenges currently being faced in relation to the seven categories of assessment criteria, and made specific recommendations about how to address the identified challenges.

The pilot showed that the overall structure and content of the MEAP tools and documentation was sound, but in certain specific places there was a need for clarification of the wording used (e.g. some of the questions on the application form were misunderstood), and these improvements have now been made and the documentation finalised. In addition, a number of lessons were learned about applying the process, as outlined below.

The handbook issued to the ICM accreditation experts required restructuring to make it more user-friendly and easier to follow during the site visit, and the data collection tools used during the site visit needed more space in the handbook to describe overall findings for each criterion. This work has been completed, and revised versions of these documents are now available. Although the original documentation was available in both English and French to reflect the languages used in the pilot sites, the updated documentation is currently available only in English. Funding is being sought to provide translation into French, Spanish and possibly other languages.

The pilot process highlighted the difficulty in using a quantitative scoring scheme to assess programmes against the criteria, which led to the decision not to apply such a scoring scheme to the assessment. Because each programme was contextually different, the professional judgement of the accreditation experts was important in weighting the various factors and qualitative methods were judged to more appropriate than quantitative. Whilst it was possible to make a baseline assessment of whether or not a programme met each standard and thus whether or not accreditation should be granted, it was not possible to use a scoring system to identify standards of 'above average' or 'excellence'. Examples of excellence could be identified for some criteria, but these examples were not necessarily reflected across the whole programme.

Additional time should be set aside for the assessment team to understand better the local/country context; this was realised by including a 'country context' section in the MEAP Assessment Criteria Handbook and evaluation report to gather important information, and by building in an early meeting with government/regulatory stakeholders who are in a position to provide detail on the wider, systemic issues that may influence the performance of the school.

The pilot was designed to cover phases 1 to 3 of the process, i.e. up to and including the assessment phase. It did not include the accreditation, post-accreditation or reaccreditation phases because it aimed to test the processes and documents rather than to assess whether or not the pilot sites met the accreditation criteria. Furthermore, ICM MEAP documentation suggests allowing 3–6 months for a school to prepare all the self-assessment documentation and make arrangements for a site visit, whereas the pilot sites had only a few weeks.

To build on this early piloting work, in 2019-2020 ICM has reviewed the MEAP process with funding from BMGF. Further training of accreditation experts took place (as mentioned previously) and a call for interest to midwifery schools identified three eligible midwifery programmes to undertake the revised MEAP. One of these accreditation processes is now completed and two are still underway, although site visits are delayed because of Covid-19. Adaptations for virtual site visits are being trialled. The 'Expression of Interest' phase has been strengthened with inclusion of a shorter 'self-assessment' process to determine eligibility of the midwifery programme for the MEAP or whether there are obvious existing gaps that would need to be addressed before a programme is accepted in to the MEAP.

d. Dissemination of MEAP

ICM has taken advantage of various platforms to disseminate MEAP globally, this includes presentations at the ICM and FIGO congresses, presentations at regional conferences and stakeholder meetings and other events, details can be found in the knowledge sharing section of this report. An article was also published in '[Global Health Action](#)' in July 2018.

Objective 3 To improve and harmonize midwifery education in this region using the ICM global standards, competencies and tools.

Translation and dissemination of the ICM Essential Competencies for Midwifery Practice

ICM sets the global standard for midwifery competencies. ICM's 'Essential Competencies for Midwifery Practice' are dynamic in nature and need to be regularly updated. By incorporating the latest research evidence, techniques, emerging issues, opportunities and global trends, ICM ensures the competencies reflect current midwifery practices to address the ongoing wellbeing of the childbearing women, newborns and their families. The competencies were reviewed in 2016 – 2018 and finalised in 2019 with funding from the Bill and Melinda Gates Foundation. With generous funding of SEF, the revised competencies were translated in French.

Further, dissemination of the revised translated competencies was made possible through this project. ICM used its network to disseminate them widely including to all of our French-speaking members. Presentations on the revised competencies were given at several conferences and meetings including the FASFAF conference in Burkino Faso in 2018, the ICM conference for South East Asia, Eastern Mediterranean and Western Pacific regions in Dubai in 2018, the ICM America's regional conference in Paraguay in 2018 and the ICM Africa regional conference in Namibia in 2019.

Several knowledge transfer activities were also undertaken.

- During the ICM 2017 Triennial Congress in Toronto, Swiss TPH - represented by Leah F. Bohle and Michaela Michel-Schuldt, had the opportunity to present the status-quo of the Midwifery Education Accreditation Programme (MEAP) in collaboration with ICM's senior technical midwife, Nestor Moyo. The presentation outlined the project, its background, ICM's objectives, Swiss TPH's approach and the latest deliverables. The overview and presentation was live-streamed via twitter and the recording can be accessed through the following link: https://twitter.com/michel_schuldt/status/876819747232415746
- Three presentations were made at the second Congress of Federation of French-speaking African Midwifery Associations (FASFAF) from July 26-28, 2018 in Ouagadougou- Burkina Faso.
 - Liliane Ingabire presented on the CBE process in French-speaking countries

- Dr Atf Gherissi presented on the review of pre-service midwifery education curricula in French speaking countries in Africa,
- ICM's Chief Executive, Dr Sally Pairman, gave a keynote address on ICM and included the MEAP. She also met with representatives from WAHO to discuss the MEAP.
- Liliane Ingabire and Martha Bokosi presented a paper on Competency Based Education (CBE) as a strategy to strengthen midwifery at ICM's Africa regional conference in Namibia September 2019
- Sally Pairman, Liliane Ingabire and representatives from the three countries, shared their experience of the Sanofi Espoir Foundation Project with participants at ICM Africa Regional Conference in September 2019
- A paper on MEAP was published in Global Health Action <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1489604>

Achievements and impact

The Strengthening Midwifery Education in French-speaking Africa project has not only positively impacted midwifery education in the three focus countries, but also in the wider French-speaking African region, and midwifery globally. The project highlighted the importance of competency-based education methodologies in promoting learning amongst midwifery students and helping them to develop competence as midwives. The CBE process of active and hands-on learning is particularly suited for helping students to develop the knowledge, skills, behaviours and attitudes they need to meet the ICM Essential Competencies for Midwifery Practice.

The implementation of CBE also had a positive impact on midwifery educators, providing them with the opportunity to develop their teaching skills, to be more effective teachers and also to build their own competence as midwives. High quality midwifery education prepares competent midwife graduates and in turn these midwives can improve the quality of midwifery care provided to women and their newborns and families. Midwifery education is foundational to quality care.

The example of the Sanofi Espoir Foundation Midwifery project has informed midwifery education in other countries and, with its focus on developing the teaching and practice skills of midwife educators, mentoring educators as they apply their new learning in their teaching practice, making learning more interactive and practical for students and revising midwifery curricula to reflect new teaching and learning methodologies, the project has highlighted the importance of an integrated approach to strengthening midwifery education.

According to Sanofi Espoir Foundation's external evaluation, carried out in late 2018, *the project had a positive impact on the enhancement of the status and recognition of midwives' work at the national decision-making level, and addressed the underlying issues of the profession (such as respect for the patient) and identified other specific needs and gaps.*¹⁰ This project beyond midwifery education to a wider appreciation of the role and status of midwives and the midwifery profession.

Building capacity of teachers leads to improved quality of care by graduates

¹⁰ Philanthropy Advisors (2019), Mid-term Evaluation, Strengthening the training of midwives in French-speaking Africa, p.6.

As discussed in the beginning of this report, Competency-Based Education encourages the midwifery educator to incorporate different teaching strategies, learning activities and evaluation methods to ensure that their students are truly incorporating all of the skills necessary to be a safe, beginning practitioner at the time of their entry into practice. By removing the teacher from the role of expert who is transmitting information, CBE methodologies place the student at the centre of their own learning – this represents a radical change of perspective from how midwifery education has been delivered in the past in many countries who often have corresponding poor maternal and newborn outcomes. It also serves to recognize not only the complexity of midwifery care but also the complexity of midwifery education – i.e., while there is a baseline level of care in which all midwives need competence (what ICM defines as “the essential competencies”), each midwife brings their own strengths and challenges to their practice. In the same way, CBE aims to recognize the strengths that each midwifery student brings to their learning, as well as to individualize the strategies needed to address the learning challenges that each student inevitably faces. Finally, CBE serves to reinforce the concept that learning to be a competent midwife does not end upon graduation from midwifery school. Instead, it instils in midwives the ability to think critically and reinforces the necessity to continually self-evaluate and reflect on one’s practice in order to maintain one’s midwifery skills to the highest level long-term.

Mentoring is crucial to support midwifery educators as they begin to implement new CBE teaching skills in practice. Through the generosity of the Sanofi Espoir Foundation, each of the midwifery educators who participated in the ICM CBE Mentorship Programme began their CBE journey in 2017 with their participation in a 5-day CBE-Capacity Development workshop in which they were prepared to train others in the principles of CBE. In 2018, they organized and facilitated their own 3-day CBE-Continuing Education workshops for small groups of their fellow midwifery educators. Finally, in 2019, with the launch of the ICM CBE Mentorship Programme, these same midwifery educators, observed and certified as CBE trainers, were introduced to and encouraged to put into practice general Mentorship principles as they mentored individual midwifery educators and clinical preceptors in CBE knowledge, skills and behaviours.

Through the ‘Strengthening Midwifery Education in French-speaking Africa’ project, ICM believes the quality of midwifery education in the three focus countries, Comorès, Côte d’Ivoire and Madagascar, has been improved significantly. Having trained 276 midwife educators in the three countries will contribute to the teachers’ confidence and capacity to deliver competency-based education.

In the region over 300 midwife teachers have been trained, ensuring a base for expansion of CBE in the region. This will lead to the production of midwives who do not just have theoretical knowledge, but also the skill to deliver the care package they are expected to provide. Further, their ‘behaviour’, which is expressed in compassionate, respectful and woman-centred care will be improved. The combination of these factors produces a competent midwife who delivers quality of care that enhance the woman’s experience of care and improves health outcomes. Experience of care is, according to the WHO quality of care framework¹¹, an equally important element of quality of care.

Nevertheless, through the project we recognised the importance of mentorship in helping to embed new CBE teaching practices into the midwifery education programmes. Mentoring the graduates of CBE midwifery education programmes leads to more sustainable and long-term changes. Investment in mentoring CBE teachers is critical to increasing the capacity of midwife educators to assist students to develop essential competencies for midwifery practice, and thereby to improve the quality of midwifery care. Although mentorship was identified as an important component of the project, it was not until the mentoring training and support was

¹¹ WHO, Quality of Care Framework, 2015

undertaken that we realised how significant mentorship was to supporting CBE teachers to utilise their new skills in practice and to share these new skills with others.

Review of curricula has led to improved levels of education and to improved harmonisation within countries and within the region

The review of the curricula in the three countries has not only ensured they meet the ICM Global Standards for Midwifery Education, it has also created harmony between the countries. This has great impact on the mobility of midwives between countries. Because the midwives will have achieved the same basic competencies from similar educational pathways and experiences, integration into other health systems is easier. Harmonisation of education through curriculum reviews leads to increased mobility of midwives as well as increased reliability of assessment of education programmes against standards.

Improved skills laboratories and clinical practice facilities leads to better skill acquisition

The skills labs of the schools have been significantly upgraded through the addition of simulation training models (MamaNathalie and NeoNatalie), which allow students to gain competency in various Emergency Obstetric Care procedures that are lifesaving for mothers and babies. The midwife educators were taught how to use these simulations models effectively in their teaching to students.

When students are prepared with effective simulation prior to their clinical placement, they are more confident in applying the procedure in real-life situations and provide better care to the women and babies they care for (under the supervision of a qualified midwife).

Further, often midwives who supervise students in clinical practice areas are not prepared for teaching. This frequently leads to students just being an 'extra pair of hands', rather than being taught/precepted to be midwives. The assessments of the clinical settings, and the inclusion of clinical preceptors in the CBE training has led to a better understanding of the needs of students in those settings. It has also increased midwives' ability to transfer skills and knowledge to students and to make clinical placements more effective teaching and learning opportunities.

Increasing the quality of midwifery education through building capacity of teachers, improving skills labs and clinical sites and building the capacity of midwife preceptors will eventually lead to increased quality of midwifery care. In turn women will be more satisfied with their care and midwives will be more satisfied with their role, thereby enhancing retention of midwives in the workforce.

Midwifery Education Accreditation Programme provides a global measurement tool for the quality of midwifery education programmes.

The ICM MEAP has the potential to contribute to improving health outcomes for women and newborns globally. By assessing both the capacity of educational institutions and the quality of the midwifery education they provide against global standards, ICM will be able to identify those programmes that meet international standards and those that need further development.

The MEAP development process highlighted the need for a shorter self-assessment process for midwifery educational institutions to assess whether or not they are ready to undertake the MEAP or whether there are existing weaknesses that need to be addressed first. Consideration of the latter group has led to conception of the Midwifery Education Development Pathway (MPath), a supportive process that will focus on strengthening midwifery pre-service programmes regardless of the intent to become accredited by ICM.

MPath will be developed with support from BMGF and will itself be a valuable resource for future strengthening of midwifery education in French-speaking Africa.

Challenges

ICM faced several administrative challenges during the project.

- The project was ambitious and in hindsight we should have more clearly phased the critical steps or milestones and monitored their completion, including addressing delays more promptly.
- The project was broad, and a single Project Manager oversaw multiple activities in the three countries at the same time.
- Timing of the academic year meant activities scheduled for the later part of the year were often postponed as it was too hard to coordinate with end of the year academic activities.
- Better in-country coordination would have enabled earlier release of teaching resources from customs, lower customs costs and earlier access to the resources for students and teachers.

Lessons learned

The project was successful in improving the quality of midwifery education in the three project countries and thereby improving the quality of midwifery care for women, their newborns and families. However, there were several lessons learned that should be considered in future projects.

Breadth of project

The project was complex, ambitious and broad. A more focussed project would have made it easier to identify the impact that was achieved by way of improved education, more competent midwives and improved quality of care for mother and newborns. Changing education to achieve such outcomes is a long-term process because there are many factors that need to come together to make effective and sustainable change. These include curricula design, skilled teachers who are also competent midwives, close collaboration between educational programmes and clinical practice areas, consistent learning and teaching approaches across the academic programme and clinical practice areas, strong assessment processes, extensive opportunities for 'hands on' practice, institutional support, support from the midwifery profession, sufficient government funding and support from Ministries of Education, integration with midwifery regulators.

Not all of these aspects were addressed in the project design and planning and earlier identification of the key components of successful educational models as a guide to project activities would have ensured a more targeted approach. Nevertheless, the focus on CBE, mentoring, curricula revision and strengthening of skills labs are all important elements in strengthening the midwifery education programmes in the three project countries. The development of the MEAP is very useful for global midwifery strengthening but the midwifery schools in the project countries will not be eligible for the MEAP until they have delivered their revised midwifery programmes in a full cycle. This could not have been anticipated because the MEAP development was concurrent with the other activities. In future projects it will be important to ensure that any tools of processes that may be used to assess midwifery curricula and how they are delivered are fully developed and tested before the project commences.

Although the project was four years in length this is insufficient to be able to see the impact of major changes in midwifery education programmes across the various midwifery schools, especially considering the complex interrelationship of factors mentioned above. A more focussed project would have reduced the scope and made it easier to set more specific and measurable objectives.

Project planning, monitoring, evaluation and reporting

The objectives of the project were broad and needed more specific indicators to enable measurement of results. A stronger reporting framework needed to be designed early and utilised throughout the project. While some quantitative data was obtained and reported, processes to obtain qualitative data were not included. For example, data was not collected from midwifery students about their perception and experiences of the change to CBE methodologies. Nor was data collected from midwives in clinical practice areas about their perceptions of improved competence of graduate midwives who had experienced CBE during their pre-service midwifery education programme. A more specific set of results and indicators to measure progress would have strengthened the monitoring, evaluation and learning of this project.

Collaboration

ICM worked with Steering Committees in each country to ensure that project activities were implemented. However, the Midwives' Associations in each country could have been more centrally involved. ICM is currently developing a plan to assess needs and build capacity of her Member Associations. This will become an essential component of future projects for ICM. Had capacity building of the Midwives' Associations in Comorès, Côte d'Ivoire, and Madagascar been included in this project, the associations would have been in a stronger position to lead on and support the respective Ministries of Health and other stakeholders to continue strengthening midwifery education beyond the end of the project.

Future projects that focus on strengthening midwifery education in French-speaking Africa should include formal collaboration with the West African Health Organisation (WAHO). WAHO works to harmonise health policies of countries in West Africa and to enhance regional integration through various programmes of work, including Human Resources for Health. Alignment between WAHO's standards for midwifery education and processes for accreditation of educational institutions and ICM's Global Standard for Midwifery education and ICM's MEAP would help strengthen midwifery education in West Africa.

Sustainability

Project implementation took place in close collaboration with the respective country ministries of health, stakeholders and beneficiaries, to ensure activities were both contextualised and aimed at ongoing and long-term impact in the three focus countries. Establishment and effective support to the in-country steering groups has led to some level of 'institutional knowledge' and a sense of ownership.

Final meetings were held with steering committees and stakeholder groups to end the projects in each country, acknowledge all CBE trainers with awards, and to hand over ongoing activities. The government departments and stakeholders agreed to continue various activities after the project closure.

- In Côte d'Ivoire the MOH and UNFPA will continue with Midwifery Curriculum implementation and CBE training. Jhpiego will work with the Midwives' Association to continue to train midwifery teachers and preceptors how to use Mama Nathalie and Neonatalie simulation models.

- In Comoros UNFPA and WHO will continue to support the midwifery school to implement the revised curriculum. They will also work with the Midwives' Association and CBE trainers and mentors to strengthen the competence of midwives in managing postpartum haemorrhage (PPH) and infant resuscitation
- In Madagascar the Ministry of High Education and UNFPA will continue to implement the midwifery curriculum in all six public midwifery schools and continue CBE training.

The development of the CBE manual, the CBE mentorship programme and handbook, the global Midwifery Education Accreditation Programme, and the translation of the Essential Competencies for Basic Midwifery Practice in French means that the project's reach is far beyond the French-speaking African region. These tools are of immense value to midwifery (education) globally and will impact many women and babies who receive care from midwives who have been educated through a high-quality education programme that is competency based and meets international standards.

Competency based education and mentorship

While project funding for improving midwifery education in the 3 target countries of Comorès, Côte d'Ivoire and Madagascar has ended from the Sanofi Espoir Foundation, the CBE Mentors are now well placed with a variety of tools and expertise to continue their journey to grow other CBE Teachers. And in their turn, these CBE Teachers will continue to strengthen the quality of midwifery care received by mothers and infants as they help to grow competent midwives who enter clinical practice with the necessary skills. It will be the challenge of these new Mentors to seek out ways to continue to apply the unique interplay of their CBE and Mentorship skills to not only sustain the number of CBE midwifery educators but also to promote their expansion throughout their countries

