



# **Quality Assurance Evaluation for LeDeG Midwifery College Charity Organization in Ethiopia**

**Final Report – Validated**

**Date: June 2021**

## ACRONYMS

<b>FMOH</b>	Federal Ministry of Health
<b>MDG</b>	Millennium Development Goals
<b>WHO</b>	World Health Organization
<b>CoE</b>	Centre of Excellence
<b>HERQA</b>	Higher Education Regulatory Quality Agency
<b>KPI</b>	Key Performance Indicators
<b>M&amp;E</b>	Monitoring & Evaluation
<b>HR</b>	Human Resources
<b>SWOT</b>	Strengths, Weakness, Opportunities and Threats
<b>BSc</b>	Bachelor of Science
<b>KII</b>	Key Informant Interviews
<b>IT</b>	Information Technology
<b>CO</b>	Country Office
<b>CEO</b>	Chief Executive Officer
<b>NGO</b>	Non-Governmental Organization

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## EXECUTIVE SUMMARY

### BACKGROUND

The following report documents findings for an externally commissioned education quality assurance evaluation of one of the very few bachelors' degree (BSc) granting private midwifery training institutions in Ethiopia. LeDeG Midwifery College, established in 2018, is a non-governmental, non-profit organization in Addis Ababa, with a commendable vision for a center of excellence (CoE) in midwifery bachelor's curriculum, that dedicates all its income to sponsoring the education of girls from rural areas of Ethiopia. LeDeG has long recognised that providing skilled attendance for every birth is an essential component for reducing maternal morbidity and mortality and that a key component of graduating competent and well-engaged midwives is the quality of pre-service education. But quality, and especially quality in education is complex, spans several domains and includes a range of stakeholders with varying influence. Some quality domains or factors are internal and controllable by institutions such as LeDeG - e.g., facilities, equipment, faculty/staff; while others are less directly controllable and are intrinsic to the country's enabling and regulatory environment – e.g., level of motivation of students, HR policies and availability of research among other things.

Globally, there are no agreed standards for quality of midwifery education and even less so for a CoE in midwifery education. In Ethiopia, like most other countries, midwifery educational quality standards remain under-developed although significant focus is being given to pre-service education and building a sound regulatory environment incorporating licensing examinations and continuing medical education under the national policy and accreditation systems of the country's priorities for improved quality workforce and education.

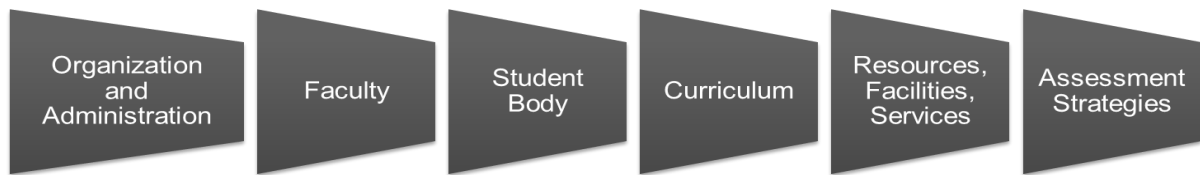
### METHODS

Since there are no standard parameters for what a CoE in midwifery education looks like, the evaluation was first informed across a comprehensive document review supplemented by key informant interviews to identify frameworks for CoE in other countries but also in other sectors. The selected CoE framework and relevant domains was then adapted to the Ethiopian context, overlaying local, regional quality standards for education as well as other process and system domains identified as being relevant to the vision of a CoE for LeDeG. Validation of this framework within LeDeG's institutional context was conducted and presented at a roundtable stakeholder-workshop on April 21<sup>st</sup>, 2020. The framework was subsequently enriched with context-relevant inputs from the workshop and re-applied to evaluate LeDeG against it to subsequently propose key recommendations and a roadmap for the institution's vision of CoE supplemented with the development of realistic and achievable Key Performance Indicators and a Monitoring & Evaluation process.

### KEY FINDINGS

*Phase 1:* Global review of documents ascertained the existing gaps in the research and education literature on elements of pre-service midwifery academic excellence. Similarly, regulatory driven quality assurance standards for midwifery education lag behind many other professions in the medical field. Nonetheless, the review identified relevant definition of a CoE and key external CoE pillars including *national requirements; International/regional standards; available workforce and resources as well as other enabling policies around Health workforce, research and socio-cultural and*

*economic factor*. Specific to Quality midwifery education, 5 key domains were identified as below and supplemented with a domain for **Clinical practice facilities** identified as important in Africa.



**Phase 2 and 3:** After analysis and compilation of this global review, a CoE framework was adapted to Ethiopian context across several key informant interviews and stakeholder mapping. Key relevant stakeholders such as HERQA, MOSHE, EMWA, MOH and others were identified and interviewed to ensure other CoE and quality standards are included and adapted to the select framework. The framework and standards were selected and subsequently validated with stakeholders for the purposes of LeDeG's QA evaluation and CoE roadmap development. An assessment tool was then derived from this framework and developed for the purposes of piloting and evaluating LeDeG's standing across these CoE pillars including relevant local quality standards. The analysis of the Ethiopian context revealed several external and difficult to influence factors in the overall enabling environment of a CoE from an organisation point of view. Some examples are *the level of basic education of grade 12 student entrants; motivation; the resource intense needs for the new PBL modular curriculum; access to high quality clinical attachment sites; material procurement and supply chain* among others. Most of the regulatory quality assurance standards put forth by HERQA focused on inputs and outputs but for the most part lack relevant internal organizational processes that are important for CoE and academic excellence.

**Phase 4:** Using the assessment tool derived from the five domains of the CoE framework for this project, LeDeG was used as a pilot site evaluation of the tool. Key findings and proposals for improvements were mapped across each of the five domains of 1) Service space design; 2) Personnel (HR); 3) Training services; 4) Marketing and 5) Finance. Overall LeDeG scored high on the inputs of facilities and space as well as the quality of training services and curriculum while it requires focus on the more internal organisational processes of creating a learning ambience and systems implementation across the key areas of HRH and finance. Another key area of improvement is marketing and creating a sustainable resource mobilization and human workforce development that will incentivize and retain key personnel. In turn these personnel will support and motivate incoming students to the field of midwifery.

## RECOMMENDATIONS

*1) Strengthen governance and organizational structure* by developing an advisory board, capacitate HR department, add a marketing/communications capacity that can also look into partnership and business development; add a volunteer program and build systems across HR and finance and integrate them vertically for effectiveness.

*2) Develop schemes to motivate and build faculty skills and incentivize them* to excel through activities such as teaching schedules; e-learning and speakership opportunities with regional or global affiliations; mentorship/coaching programs for faculty, and research opportunities and performance management of staff and faculty.

*3) Develop schemes to attract motivated students and build a learning environment* through more targeted and effective marketing for students and selection process; student councils, alumni and mentorship/coaching programs; e-learning modules for soft skills and basic science and suspend upgrade students for now until better systems in place for remedial programming.

*4) Strengthen training and curriculum* through careful selection of clinical placements until LeDeG establishes its own clinical place (under development), encourage e-learning and the use of library resources through visits and learning from other methods and organizations; instil 360 feedback mechanism and more effective and benchmarked teacher evaluation and training that is linked to professional development and end of year bonuses and benefits; start knowledge management and transfer models through global learning and adapt to Ethiopia context leveraging from social media; workshops and panel discussion organizing.

## **ROADMAP AND NEXT STEPS**

Based on the key findings and recommendations of LeDeG's CoE framework development and evaluation, it is evident that Ethiopia, as a context, has several external factors that institutions such as LeDeG cannot necessarily influence at this time to enable it to attain its vision of center of excellence. But findings from the evaluation showcase opportunities for LeDeG to focus on its internal processes and organizational functions related to governance and organisational restructure focused on human resource, finance and marketing that will push it ahead of many other learning institutions in Ethiopia.

We believe that within the next couple of years, LeDeG should aim to build itself into a model for midwifery training addressing internal factors that it can influence. Significant innovations and systems for knowledge management, learning environment building and Human resource recruitment and retention strategies can be developed and applied. We are cognizant that although evident, most of these internal processes and systems can only be implemented if there is sustainable resource to implement. We have proposed innovative models for developing volunteer programs for both students and faculty as well as affiliations with regional and global academic such as John Hopkins and others.

We believe a 5-year roadmap should be developed and internally agreed for LeDeG to work towards its vision of CoE. Whilst pursuing this roadmap, LeDeG is encouraged to regularly organise advocacy sessions and workshops with all its stakeholders and especially public sector actors to ensure that some of the external factors are addressed and worked out. A strong marketing and communication and branding are key components of successfully implementing the vision of a center of excellence.

Overall LeDeG is today strategically positioned with all the right ingredients to become a model for midwifery training in Ethiopia.

## PROJECT BACKGROUND

### About LeDeG Midwifery College in Ethiopia

LeDeG Midwifery College is a non-governmental, non-profit organization in Addis Ababa, Ethiopia that dedicates all its income to sponsoring midwifery education of girls from rural areas of Ethiopia. The College is founded on the philosophy that Midwifery care respects the unique physical, emotional, social, and cultural characteristics of each individual and recognizes the power of women. It also naturally aligns to the country's vision for creating a compassionate, Respectful and Caring (CRC) workforce. LeDeG's vision is to be a model and center of excellence in the delivery of high-quality midwifery education in Ethiopia. At the same time, its mission is to be committed to providing the highest quality midwifery education, supported by highly qualified and motivated staff, for future midwives to become competent, ethical and compassionate care providers and life partners to women.

Its core values are of: *Academic excellence, innovation, ethics, Integrity, accountability and transparent care; diversity and mutual respect; gender sensitivity; customer service.*

#### LeDeG's Objectives are:

- To *increase the number of midwives* in Ethiopia and to contribute to the reduction of maternal and infant mortality.
- To *enhance the quality of midwives* in Ethiopia and be a center for excellence that produces competent, compassionate and ethical midwives.
- To *experiment as a Social enterprise model* in Ethiopia to effectively reach, educate and empower the most vulnerable women and girls who live in hard-to-reach areas.

In the Ethiopian context, LeDeG is one of a handful of private training centres in midwifery bachelor's degree training program in Ethiopia. LeDeG is exemplary and provides a high-quality standard education for Bachelor of Science (BSc) degree in midwifery within its state-of-the-art facilities. The founder and promoter of this project, the pillar of the institution, has demonstrated tireless passion in ensuring the facility becomes an example for the country and region alike.

It is with that spirit and with the aim to be that centre of excellence, that upon its nearly four years of operations and beyond and on top of its own internal quality assurance processes that LeDeG sought out the technical assistance and advisory services of CHS/RDA associates for an external quality assurance evaluation of their BSc midwifery training program. The intention of the assessment was not only to evaluate strengths, weaknesses of current program but to leverage on opportunities for the development of a feasible and internationally benchmarked framework for a center of excellence framework that addresses country's required QA standards together with a sustainable monitoring and evaluation process of improvement.

In doing so, LeDeG aims to pave way towards its vision and to be an example and support other interested institutions and governmental agencies in instilling the education quality standards for Midwifery that can be used by all and for all.

## Project Rationale

The positive impact of quality midwifery education on maternal and newborn health is acknowledged globally and by the World Health Organisation. However, there is limited research identifying the issues faced in providing quality midwifery education as each regulatory and enabling environment in a specific country challenges the development of a standardized definition for what a centre of excellence could be when talking about midwifery education.

The global health community has paid critical attention over the past several decades to the identification of effective interventions and strategies that can improve pregnancy and childbirth outcomes. Recent evidence has shown that some progress is being made but the rate of progress is disproportionate among the various global regions, and nearly all the maternal and child deaths occur in developing countries. A clear consensus has emerged that providing skilled attendance for every birth is an essential component of approaches for reducing maternal morbidity, mortality, and promoting reproductive health. The availability of a health provider with specific midwifery skills and competencies, particularly life-saving skills (a skilled attendant) is acknowledged to be a key component of any safe motherhood strategy. Midwives, as a primary skilled attendant are acknowledged to have a key role toward achieving many of the Sustainable Development Goals (SDGs) related to the health of women, their children and their communities.

Many countries have responded to the shortage of midwives by increasing the number of midwife education programmes and available student places. However, increasing the size of the midwifery workforce only addresses the availability of midwives and not necessarily the quality. Quality of care is a multi-dimensional concept, which demands a fit-for-purpose workforce operating within an enabling environment. Pre-service education is one of the foundations but across many countries, poor quality of education has been identified as a barrier to high quality midwifery care. This has resulted in significant variation of midwifery education both within and between countries and poor education identified as a barrier to quality midwifery care in general.<sup>1</sup>

In Ethiopia, several contextual and macro level factors influence the provision of quality of education. Ethiopia like other countries in sub-Saharan Africa has put the issue of maternal and infant health as a priority and has taken great initiatives at reducing the burden through an aggressive health human resource strategy 2009-2020 to avail access to health services, including skilled birth attendance as indeed, according to the Demographic and Health Survey and other national statistics, most deliveries still take place at home and in the absence of trained personnel. But despite significant efforts to increase supply, there remains today a critical shortage of midwives across the country, signalling to several system market constraints that discourage the establishment of new training centers (public and private) as well as lack of motivation and enrolment of students in this line of work and programs due to reported poor working conditions, low salaries in addition to other factors hindering access such as to inequitable access to education for rural populations.

A number of studies conducted between 2000-2018 have reported the low competency rate and students' perception of their teachers as less than desirable. Cognizant of this fact, the more recent

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<sup>1</sup>Castro Lopes S, Nove A, Ten Hoop-Bender P, et al. A descriptive analysis of midwifery education, regulation and association in 73 countries: the baseline for a post-2015 pathway. *Hum Resour Health*. 2016;14.

And Filby A, McConville F, Portela A. What prevents quality midwifery care? A systematic mapping of barriers in low and middle income countries from the provider perspective. *PLoS One*. 2016;11:e0153391

HRH strategic plan of FMOH stipulates the higher need to strengthen midwives training at BSc and master's Levels.

Today, there are around 50 midwifery schools in Ethiopia with only 10% private institution and the remaining government. At the moment, these institutions are tightly controlled by the government and direct entry to this course is limited to individuals employed in government settings and nominated by government officials. There are three levels of qualification, bachelor, diploma and accelerated midwifery courses. About a third of the students are trained at degree level while the majority train at diploma level. The national standard approved by HERQA meets the minimum standard for colleges, whether private or public. But key challenges and system gaps remain; some are around:

- Shortages despite accelerated training plan
- Midwifery quality standards,
- Lack of motivation and retention of these midwives due to poor working conditions, low Salaries among others impede and discourage enrolment.
- Lack of medical ethics and skill upkeep and upgrade of those midwives,
- Others are around unequitable distribution of skills across the country;
- Gender disparities and access - a fair and equitable access and empowerment of rural women to accessing quality education;
- Overcrowded classrooms, poor learning materials are some of the concerns in pre-service education.
- Anecdotal evidence of lack of teaching staff to deliver the curriculum and access issues for students in midwifery colleges throughout the country.

Behind all these challenges is an under-resourced country where public sectors lack funds for basic tools and infrastructure in general and where service delivery models are dependent on donor funding that are not sustainable in the future due to the continuing decline of donor money globally.

It is with this backdrop that LeDeG's own ambition and leadership for a self-improvement and a vision for academic excellence is commendable and to be encouraged. Under such resource-challenged environment, private sector is most amenable to innovation and efficiency and can support national priorities and be models for quality service delivery. LeDeG, by seeking to develop a framework for quality academic excellence can be a model to replicate for other private and/or public institutions.

## **Project Objectives**

The main objective of CHS-RDA's engagement and scope is to provide LeDeG with an independent quality assurance evaluation and support, at the same time, the development of a "self-accreditation" center of excellence (CoE) framework including the development of relevant benchmarked quality assurance standards (with clear KPIs and M&E process) upon which LeDeG can continuously monitor and improve its education level but can also be a model to other similar institutions in Ethiopia (or other countries) that want to scale their academic quality standards.

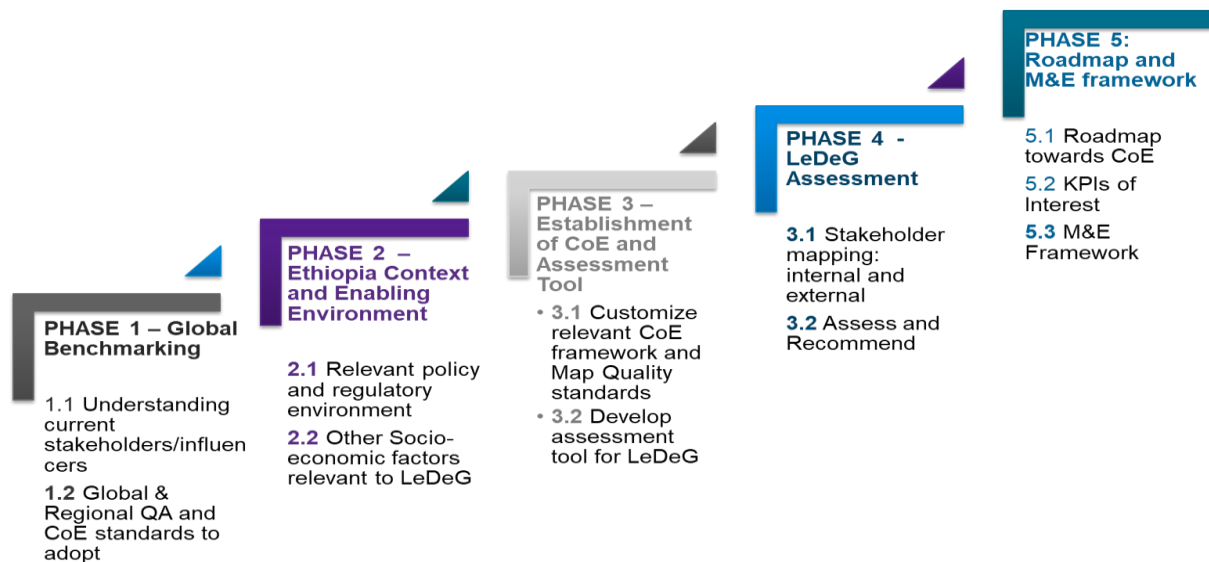
### **Specific objectives are to:**

- Develop framework and standard for center-of-excellence in BSc Midwifery education
- Evaluate LeDeG against CoE framework and recommend a roadmap for improvement
- Set milestones based on the suggested actions

- Design action/execution across select KPIs and M&E plan
- Present the findings in the dissemination workshop

## Project Approach

The assessment used a **5-phased approach** (as depicted below), that includes various approaches for data collection, benchmarking and analysis to produce the most applicable recommendations that are highly suited to LeDeG's specific needs.



The development of the relevant CoE standards to evaluate LeDeG against was based on desktop reviews and benchmarking of relevant regional and international midwifery colleges and midwifery councils. It also includes informal key informant interviews and validation workshop with experts in the area across Ethiopia to ensure context-relevance and adaptation of the CoE framework and standards to the specific environment. In Phase 3 and 4, the framework and standards were used to establish an assessment tool for LeDeG institution and was used to the conduct are view of LeDeG's current operations against these standards. Finally, in phase 5, results of LeDeG assessment were compiled into a roadmap that prioritized recommendation emanating from the evaluations. The roadmap was enriched with a monitoring and evaluation and relevant KPIs identified to internal support progress assessment.

The methods used across all 5 phases included:

- Desk reviews of national (government mandated and private-educational-institute adopted) and international standards for creating a centre of excellence.
- Internal and external stakeholder mapping in Ethiopia
- On-site observations (this includes scheduled and unscheduled visits)
- Key informant interviews of key management personnel, faculty and students of LeDeG.
- Benchmarking review of documents to verify gaps in the research and education literature on the elements for what makes a pre-service midwifery institution like LeDeG a centre of excellence.

The final deliverables of this assessment is a report that describes the entire assessment and roadmap for LeDeG's mission of a centre of excellence as well as a presentation for framework validation to key relevant stakeholders during a workshop that was held on April 21<sup>st</sup> 2021.

## PHASE 1: GLOBAL BENCHMARKING

### 1.1 Conceptual and QA Framework for Educational Quality Standards

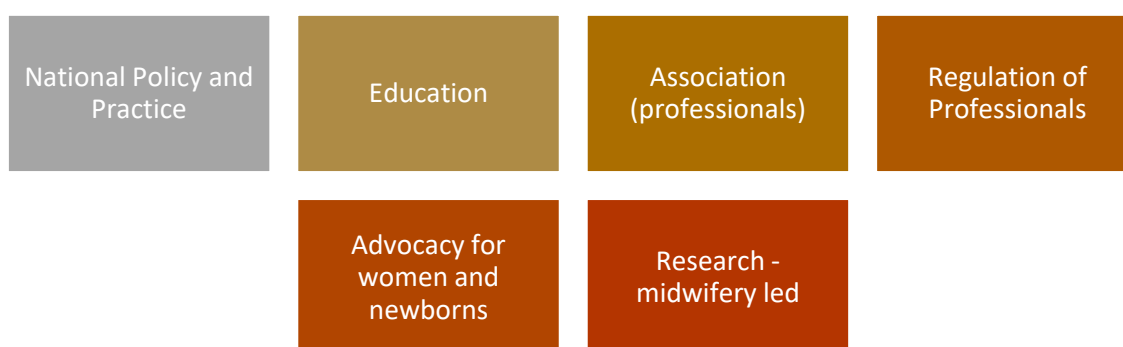
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*A Supportive Enabling Environment is Important*

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Literature and conceptual frameworks for education quality standards are not as well developed as quality for healthcare service delivery. And it is even less developed for midwifery education. Midwifery education is the foundation for preparing competent midwives to provide a high standard of safe but is only one pillar across a supportive and enabling environment. Besides educational elements, a supportive environment across the entire value chain is needed to ensure enforcement as well as monitoring and evaluation. The International Confederation of Midwives (ICM) is the “gold standard” globally and identified the below key pillars of the full value chain of a midwifery profession, of which education is a key pillar but **Education, Regulation and Associations (ERA)** are the supporting environment for midwives to provide care.

**Figure 1: Conceptual elements for the full value chain of midwifery profession**



Accreditation and recognition are two examples of quality assurance (QA) processes in education sector. In most countries, educational accreditation agencies exist but they are overall targeted to educational sector without much adaptation to specific areas such as midwifery or only refer to inputs and minimum requirements and not on processes that are critical elements to quality delivery overall. The establishment of a global or recognition process (such as the ICM minimum requirements) may assist in promoting quality of midwifery education programs world-wide but cannot take the place of formal national accreditation or internal organisational quality assurance mechanisms and processes. In addition, a recognition process will not be feasible for many institutions without additional resources, such as financial support or competent evaluators leaving many to less standardized “self-accreditation” processes.

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*Education Quality Standards Show Wide Variations*

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Global competencies and standards for midwifery education have been defined as benchmarks for establishing quality midwifery education and practice worldwide. However, wide variations in type and nature of midwifery education programs exist because of the resources and abilities or countries to put forth the required enabling environment above.

Quality framework of a program of education or healthcare service of a facilities is usually developed along the below process of domains or pillar identification and identified sub-domains and standards that are measures of these domains. There is significant literature around quality domains that are relevant to education quality – such as *the faculty and their level of education*; a sub domain of faculty would be *years of experience* etc. For example, as a domain of quality, **clinical education** is regarded as an essential component of midwifery education. Clinical skills underpin professional practice in midwifery which are fundamentally dependent on the knowledge, attitudes and skills acquired through clinical education during training. Other domains of quality are the **facilities for training** and as sub-domains could be the *medical equipment and simulation lab availabilities* etc. The below figure depicts how “domains or pillars” of quality are identified for each context such as the example of LeDeG. Sub-domains and standards and criteria to evaluate against are then identified (ideally standards pre-tested and validated in other settings) and compiled to develop a quality assurance framework that is feasible, achievable and provides a roadmap for the institution’s vision.

**Figure 2: Components of a quality assurance framework (to be adapted to specific sector)**



## 1.2 Benchmarking: International Midwifery Education Quality Standards

As part of LeDeG’s assessment and the development of this report, the team conducted a thorough review of international quality standards for midwifery BSc degree education to better understand some of the domains, sub-domains and standards proposed for a bachelor’s degree in midwifery.

In most countries, national regulatory organisations (like midwifery associations and councils) and mechanisms that exist to license and/or register midwives but education accreditation mechanisms do not necessarily exist in all countries, and where they exist, they are often weak because of lack of resources and for the most part the education standards to which they work are out-of-date or do not align to global standards or even to local barriers to quality of care. In Africa, there are wide discrepancies between midwifery education programmes; not only in length and content, but also in the competence of the midwifery educators, and other essential resources such as physical location and the teaching and learning materials needed to deliver a quality education programme to produce midwifery graduates with adequate theoretical and practical knowledge.

In 2013, WHO recommended that there should be international efforts to ensure health worker education in all countries is properly regulated and guided by global standards.<sup>2</sup> While much of the efforts were done for medical education, international efforts to improve midwifery education were only made since 2016. While global standards were developed for midwifery education, there was no standard global accreditation system designed around them (Despite some varying regional and local standards being applied across and within countries).

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### *The ICM MEAP Global Midwifery Education Accreditation Programme*

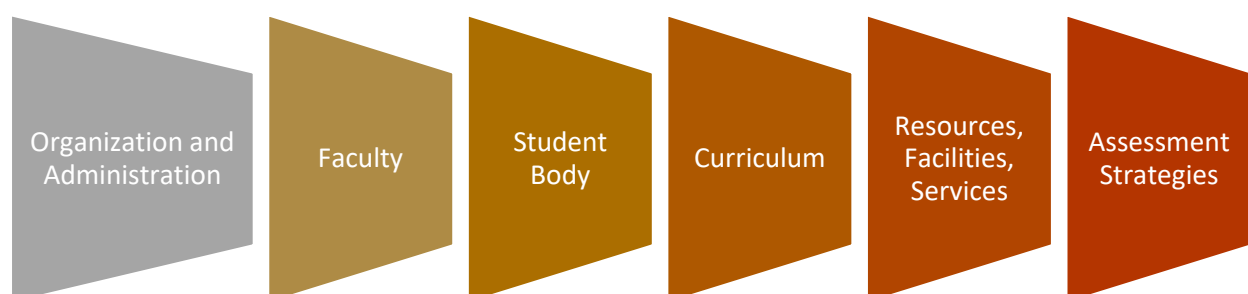
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In response to this gap in global standards for midwifery education, the International Confederation of Midwives (ICM) developed a global midwifery education accreditation programme (MEAP) in collaboration with the Swiss Tropical and Public Health Institute (Swiss TPH). In 2017, the ICM MEAP was designed, and pilot tested in Comoros and Trinidad and Tobago.<sup>3</sup> Some of the founding values of this global midwifery education Standards are:

- Fostering **trust** in midwifery education processes
- Stimulating and supporting **continuous quality improvement** and outcomes
- Maintaining **integrity** through consistent, fair, and honest education process
- Fostering an education climate that supports students, graduates and faculty in their pursuit of **life-long-learning**.
- Promoting **autonomy** of the profession of midwifery

The ICM Global standards cover the following **5 domains or pillars for quality** depicted in Figure 3 below. Detailed sub-domains and standards across each pillar is available in *Annex 1* below as well as some links to ICME minimum requirements for competencies and definitions that are part of the criteria for meeting the intended standards.

**Figure 3 – The 5 Domains of Quality Midwifery Education identified by the ICM (2017)**



As detailed in **Annex 1**, within each of these broader pillars lie sub-domains, standards and educational minimum requirements for the faculty and other. In the context of this assessment, these boarder pillars were included/adopted as part of the assessment tool for LeDeG although more contextually and regional standards and sub-domains might have been removed or added to ensure feasibility and that context specific factors do not impede the achievement of these domains.

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<sup>2</sup> WHO. Transforming and scaling up health professional education and training. Geneva: WHO, 2013

<sup>3</sup> Most recent global standards are accessible under <https://www.internationalmidwives.org/>.

Apart from the ICM, we saw relevance to seeking learnings from the region, especially as Ethiopia today sits strategically considering the Africa Continental Trade Agreements and models of regionalization and exchange of core competence and skills across countries.

The **WHO Regional Guidelines on Evaluation of Basic Nursing and Midwifery Education** focus on good practices and quality assurance that will enable nursing and midwifery education in the WHO African Region to not only meet the international standards at basic level in each broad area, but also to develop further the quality of programmes in line with international consensus about best practices. The WHO Regional Standards have been adapted from the **World Federation for Medical Education (WFME) Quality Improvement in Basic Medical Education**, which were adopted by the WFME Executive Council in June 2001. The WFME educational standards were adopted and modified to meet the international and regional nursing and midwifery educational standards. The WFME standards for medical education have been adapted by the WHO African Region for two main reasons:

- (i) to provide more details on the “basic standards” that define the minimum content that must appear in every health sciences education programme, and
- (ii) to define the “quality development standard” that indicates that the performance of an educational institution is in accordance with international consensus about the best practices in health sciences education.

The **WHO/AFRO Regional Standards** have been field-tested in Malawi, Tanzania, Ghana, Ethiopia, South Africa and Rwanda. The Regional Standards have also been reviewed several times by nursing and midwifery experts from the African Region (WHO 2007). The Regional standards are designed to enable schools of nursing and midwifery at various stages of development and with different educational, socio-economic and cultural conditions to use the standards at a level appropriate to themselves. Notwithstanding variations, there is an equivalence of structure, process and product of nursing and midwifery schools worldwide. The Regional Standards for nursing and midwifery education are not to be equated with a regional core curriculum, thus there is a need to provide separate, specific detailed guidelines to assess content and quantity of nursing and midwifery curricula.

**Regional benchmarking (WHO, Kenya, Uganda) revealed similar domains save for one additional:**

- ❖ Teaching curriculum
- ❖ Physical Training facility and space
- ❖ Staffing profile
- ❖ **Hospital and facilities involved in clinical practice**

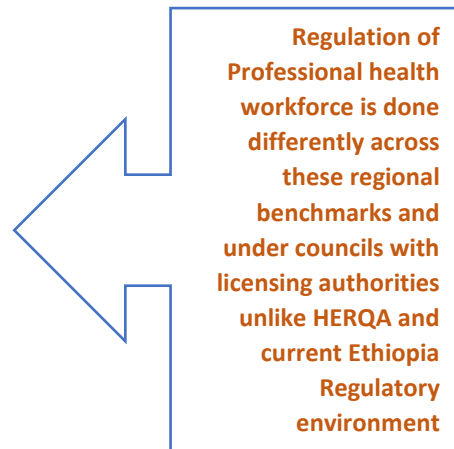
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### Case Study: Kenya Midwifery Education Quality Standards

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Experience from Ethiopia's neighbouring country Kenya shows that the **Kenyan Nursing and Midwifery Council** has a mandated role in the accreditation of training and educational institutes for nurses and midwives based on the following areas:

- The teaching curriculum
- Physical training facility and space
- Staffing profile
- Hospital and facilities involved in the provision of clinical practice



The practical application of educational standards is regulated and monitored in various settings through either purposefully set up or generic regulatory bodies. For example, in the **Nursing Council of Kenya and south African Nursing Council** have the authority backed by national legislation in each country to autonomously accredit nursing and midwifery education institutions and the training programs presented by those institutions. Such accreditation, unlike what is happening in Ethiopia, happens across both private and public programs to ensure inclusive quality assurance processes. In Kenya, *institutions desiring to conduct training of nurses/midwives are required to apply in writing to the Nursing Council of Kenya and provide documented evidence in line* with the guidelines pertaining to the programme they intend to offer, the physical training facility in place, the main teaching hospital and any other health facilities affiliated to the training institution which will be used for provision of additional clinical/practical experience if need arises. If these additional training institutions will be used, then there should be a signed memorandum of understanding indicating the terms of agreement, staffing profile and any other information that deemed necessary or that may be requested by the Council.

## PHASE 2: ETHIOPIA CONTEXT AND ENABLING ENVIRONMENT

### 2.1 Ethiopia Midwifery Education Context and Regulatory Environment

Ethiopia like other countries in Sub-Saharan Africa has put the issue of maternal and infant health as a priority and has taken great initiatives at reducing the burden through an aggressive health human resource strategy 2009-2020 to avail access to health services, including skilled birth attendance. Recognizing that midwives are at the frontline workers of maternal and infant health reduction, Ethiopia has initiated the Accelerated Midwifery Training Program (AMWTP) with a target of close to 10,000 midwives to be trained and deployed by 2020. But despite significant efforts to increase supply, there remains today a critical shortage of midwives across the country, signalling to several system market constraints that discourage the establishment of new training centers (public and private) as well as lack of motivation and enrolment of students in this line of work and programs due to reported poor working conditions, low salaries in addition to other factors hindering access such as to inequitable access to education for rural populations.

The national standard approved by the main regulatory agency, the Higher Education Requirement and Quality Agency (HERQA) sets the minimum standard for colleges, whether private or public. But key challenges and system gaps remain; some are around: Shortages despite accelerated training plan; Midwifery quality standards; Lack of motivation and retention of these midwives due to poor working conditions, low salaries among others impede and discourage enrolment; Lack of medical ethics and skill upkeep and upgrade of those midwives etc. These factors impact private institutions such as LeDeG especially as incoming students graduating from Grade 12 have very low Language skills and girls coming from the region's rural areas have varying ethics and culture that sometimes make it difficult to standardize across the students as a foundational basis. Grade 12 students also have very low basic science skills and critical thinking, adding extra pressure and need for private institutions such as LeDeG to "remedy" these gaps and get the students start in the program.

As per the conceptual framework for educational quality standards described in **Figure 1** above, several policies, agencies and associations have an influence on a country's or institution's application of educational quality standards. Standards set by regulatory/accreditation agencies in a country, region as well as standards abided by other educational institutions can serve as a guide of standards overall. But much of these standards have no organizational quality processes such as systems for human resource management and other. For the purposes of LeDeG in Ethiopia, we first reviewed and benchmarked key policies, regulations and even examples of educational institutions and their quality standards and framework used as key principles in guiding the future QA framework to be adopted for LeDeG but these were supplemented with "center of excellence" quality processes that internally organisations should adopt.

### 2.2 Ethiopia Midwifery Education - Stakeholder Mapping

We conducted a stakeholder mapping of key agencies/institutions that are relevant to setting quality standards for education institutions such as LeDeG. We reviewed current QA standards and practices under the following institutions in Ethiopia:

- HERQA – The Higher Education Relevance and Accreditation Agency

- Ethiopia’s Midwifery Association (EMWA)
- Other educational institutions: Hamlin Midwifery College as being the most relevant
- MOH and the HRH department and requirements for pre-service and In-service

Other stakeholders for improving midwifery education are:

- Jhpiego – Development partners having worked hand in hand with MOH and the USAID funded HRH program did tremendous impact on midwifery education programs and quality<sup>4</sup>
- Public midwifery program such as the one in Jimma and Debre Tabor Universities
- UN and WHO agencies such as UNFPA with relevance in setting regional and International standards but also as potential donors and resource mobilization partners

The following provides some description or the role of the agency in Ethiopia’s midwifery education quality framework and includes insights from key informant interviews with senior management or personnel working with those agencies.

### **HERQA – Higher Education Relevance and Quality Agency**

The Higher Education Relevance and Quality Agency (HERQA) is the main regulatory body for higher education in Ethiopia and has set out ten basic assessment criteria as a minimum standard that is used in the auditing process as depicted in **Table 1** below. Newer and updated standards more focused on Midwifery participatory based learning modules and other have been developed and recently released. The National Accreditation and Quality Improvement Standard for the Ethiopian Midwifery Degree Program was developed by the Higher Education Relevance and Quality Agency (HERQA) in collaboration with the Federal Ministry of Health (FMOH), and the Strengthening Human Resources for Health Project. **HERQA’s** mission is to ensure a high quality and relevant higher education system in Ethiopia. To this end, the Agency will assure stakeholders that accredited HEIs are of an appropriate standard and that programs of study offered by these HEIs are of an appropriate quality and relevance to the world of work and the development needs of the country. In general, the main purpose of HERQA, through its accreditation, reaccreditation, institutional and program level quality audit reports and the dissemination of good practice, is to help to enhance the provision of higher education in Ethiopia.

**Table 1: HERQA’s 10 Basic Assessment Criteria**

<b>Criteria</b>	<b>Definition</b>
Program aim, goal and learning outcomes	Bachelor level programs aim at providing graduate with sufficient knowledge and skills for <ul style="list-style-type: none"> <li>• General employment</li> <li>• Entry into post-graduate studies, research and lifelong learning</li> <li>• Skills in professional decision making</li> </ul>
Governance, leadership and administration	Governance/leadership of academic organisation is expected to <ul style="list-style-type: none"> <li>• Demonstrate excellence and scholarship</li> <li>• Provide guidelines and direction</li> <li>• Build relationships with a range of stakeholders</li> <li>• Manage resources</li> <li>• Maintain transparent communication</li> </ul>

<sup>4</sup> FMOH, USAID, JHPIEGO – Expanding and Strengthening Midwifery workforce in Ethiopia – Learning brief

Resources and Infrastructure	Provide sufficient academic resources conducive to support teaching and learning including finance, expertise, physical infrastructure, IT and research facilities. Physical infrastructure includes – office, classrooms, lecture halls, lounge, cafeterias, sports facilities, learning resources, libraries, labs, workshop, IT labs, access to internet, student’s health care and accommodations. *infrastructure allows flexibility in the physical facilities of the program based on the needs of the specific field of the study but does not offer reference for details.
Education resources, academic and support staff	Adequate composition of appropriately qualified academic and support staff with sufficient knowledge and skills to provide quality and relevant education. The number of teaching and support staff need to match with the courses they teach and services they provide Performance management of staff should include appraisal policies conducive to staff productivity
Student admission and support services	Established transparent admission policy that complies with similar policies set by MoE The number of students should be within the capacity of the HEI Encourage ongoing student feedback through questionnaires and representations in the program committee for continuing improvement of the program
Program relevance and curriculum	Robust process in the design, development, approval and ongoing review. M&E of HEI structure, process, curriculum components, students’ performance and progress, feedback from students, staff and professional bodies for ongoing QA
Teaching, learning and assessment	Employ appropriate teaching and learning methods and assessment of learning outcomes using variety of methods and tools
Student progression and graduation outcomes	Gather information and documents regarding students’ progress, keep data on students’ attrition rate Track and document graduates success through monitoring workplace performance from employers and community perception
continual quality assurance	Established internal QA process to improve education Documents such as QI policies, institutional processes and methods in QA with delineated responsibilities and accountability for quality at all levels
Research, development and educational exchanges	Production of new knowledge through research and innovation to benefit society

**Overall influence for LeDeG assessment:** HERQA’s criteria for assessment are quite rigorous and mainly implemented across private education institutions in Ethiopia and are not specific to dimensions and pillars for a ‘centre of excellence” but focuses more on the training and curriculum standards. Although key relevant criteria for the physical asset, the faculty are set (somewhat like the broader categories of the ICM), they do not set minimum educational standards and do not lend a hand to delve into the internal organisational processes for quality of midwifery education standard and vision of Centre of Excellence. They focus, as per their regulatory scope, on key quality inputs and

outputs *without necessarily addressing processes and mechanisms* to ensure inputs result in the intended outputs such as in a theory of change framework.

**INPUT -----PROCESSES -----OUTPUT -----OUTCOME {Theory of Change}**

HERQA's minimum standards lack in-depth and detailed assessment points and mainly focus on teaching curriculum and touches on academic and teaching staff without taking the *college environment as an ecosystem for teaching, research and innovation*. While this is helpful in gaining local course accreditation it comes short in supporting organisations in the creation of a centre of excellence in terms of looking at instilling innovation, processes and ensuring ethics and discipline to the workforce.

### **The Ethiopian Midwifery Association (EMWA)**

Unlike regional midwifery councils such as in Kenya and Uganda where they are licensing health professionals' roles and the councils represent an umbrella and independent entity of private midwives in the countries, the Ethiopia Midwifery association does not have such regulatory authority and exists more as a technical assistance and capacity building entity for midwives in Ethiopia. With the support of the USAID HRH Project, EMWA developed a battery of competency-based learning and assessment tools to standardize midwifery training and assure student competence. These included revised curricula for three midwifery training tracks, a student logbook and mentoring tool to track clinical skills proficiency, and a national assessment tool to measure student competency. Innovative teaching and learning approaches, such as problem-based learning (PBL), were introduced to motivate students, improve problem solving skills and retention of learning, and reduce overcrowding in the classroom. EMWA also facilitates networking and consultative meetings for all midwifery teaching institutions, which created an opportunity – especially for newly established programs – to share experiences and best practices.

Insights from desktop review and key informant interview showcases that much of EMWA's support is through development partner and donor driven funding and focuses on public midwifery training institutions across the country. EMWA is said to lack the funding and capacity and only more recently are they more open to support private midwifery institutions such as LeDeG. EMWA could benefit from regional learnings on how private sector can be better engaged in quality service education as well as the benefits and barriers for becoming an independent council with more representation of the midwifery actors in the country and can equally harness and support quality across both public and private educational institutions.

### **Hamlin Midwifery College**

The Hamlin College of Midwives in Ethiopia recruits women from rural communities in Ethiopia to learn the Hamlin Model of Care during a four-year Bachelor of Science in Midwifery program. Since 2007, more than 170 students have graduated from the program. The full curriculum is certified under the International Confederation of Midwives, and it includes the precondition that students conduct at least 40 deliveries before they graduate. It is considered as the leading private midwifery school in Ethiopia and indeed key informant interviews have indicated that Hamlin students consistently score the highest at the national graduation examinations put forth by the government upon finishing the 4-year program. Discussions with administration from the school and other Hamlin stakeholder reveal

the country specific challenges in ensuring quality in education to the ICM standards. One is related to students very low skills in language and basic sciences as well as the varying socio-cultural factors that is a challenge as the school has to incur additional costs to ensure remedial courses for them. Another challenge is quality of faculty and the inability to retain quality teachers. Hamlin had to develop housing within its own campus as way to retain faculty as their campus is a little remote. In comparison, LeDeG will not have that challenge as the institution is central in town with enough public transportation access. It was evident that existing private midwifery training schools in Ethiopia do not have a strong advocating association where regular learnings from each other on how to address barriers are held.

### **Ministry of Health (HRH department) and Ministry of Science and Higher Education (Moshe)**

Other key stakeholders in the enabling environment of midwifery education in Ethiopia are of course the Ministry of health and Ministry of Education. Whilst the Ministry of Science and Higher Education helps develop new curriculum that includes the participatory learning modules, it is a major stakeholder in the value chain from students graduating from Grade 12 to seeking careers in Midwifery post national exams. The current link from career development and basic science readiness of Grade 12 for midwifery training is a little weak and the onus goes to private training institutions to remedy and provide almost a year of equivalent basic science support to students. The MOSHE since about 2 years and in conjunction with MOH has not mandates national examination upon graduation from midwifery training. Students that graduate must sit for those national exams before being licensed as midwives. This is implemented across all regional schools in Ethiopia.

The Ministry of Health and especially the Human resource department is a key stakeholder to midwifery education as within its new strategic plan it has now implemented CPD- continuing Professional development points whereby now every 2 years' midwives and other health workforce will need to renew their licenses. For renewal eligibility, the professionals will have to have accomplished some credit points across accredited courses and institutions. This ensures for progression but also better regulation, better data and follows up of health professionals across the country.

### PHASE 3: ESTABLISHMENT OF A CoE AND LEDEG's QA ASSESSMENT TOOL

As seen from the benchmarking results above, global, regional and national midwifery education standards vary across local context as well as the vision and mission of the educational institution. LeDeG management is one that aspires to meet a vision for Centre of excellence and produce skilled midwives. This section includes local contextual understanding of Ethiopia's environment and the methods used to develop an assessment tool to assess LeDeG against. Phase 4 of this report describes the assessment itself and recommendations for LeDeG while Phase 5 delineates future QA evaluation framework and M&E plan to adopt as part the institution's vision of a Centre of Excellence (CoE).

#### 3.1 Assessment Criteria and Tool Design

LeDeG quality education assessment criteria and tool were informed by the above international, regional and national education requirements and standards review as well as elements and domains of interest from LeDeG's vision for "centre of Excellence" and other contextual elements of Ethiopia in terms of employability of midwives, motivation and acceptance of midwives by communities etc. <sup>5</sup>



A QA assessment tool was compiled for LeDeG across the various information and benchmarks gathered but was also made "fit-for-purpose" in terms of its vision for Centre of Excellence that usually adopts elements beyond quality standards identified in accrediting requirements. While some of the elements were gathered through a template such as the one in Annex 1, other more qualitative information around innovation and marketing was gathered through key informant interviews with LeDeG's donors and other partners. A proposed tool for QA was then developed based on gaps and recommendations identified for LeDeG.

<sup>5</sup>Nove A, Pairman S, Bohle LF, et al. The development of a global Midwifery Education Accreditation Programme. Glob Health Action. 2018;11:1489604. [PMC free article] [PubMed] [Google Scholar]

## 3.2 LeDeG’s Vision for Centre of Excellence (CoE)- Guiding Principles

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### *What is a Centre of Excellence in Midwifery Training?*

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As stated in the objectives, LeDeG’s vision is to be a “Center of Excellence” (CoE) for midwifery training in Ethiopia and beyond. The college has developed and implemented a number of relevant standards and guidelines and conducts internal quality assurance reviews. In order to realise its vision of becoming a CoE, LeDeG Midwifery college needs to assess its current status against the set criteria and pillars of a vision for a CoE but at the same time ensure that relevant QA standards (including standards set by regulatory agencies such as HERQA) are identified across these CoE pillars and domains of interest.

As a first step and to enable the team to develop the assessment tool a thorough review of available documents and guidelines defining CoE in educational institutions locally (if relevant) as well as regionally and globally. Currently, there is no standard definition for what a CoE is in midwifery college either in Ethiopia or internationally. For this reason, RDA Associates Africa has had to develop the definition of a CoE in midwifery training. Different definitions and their distinguishing characteristics were assessed for the purpose of this project. The findings suggest that various organisations and sectors used the concept of CoE in various ways.

*A Center of Excellence in medicine is defined as an area of health care specialization in a medical training center that is recognized by the medical community as providing the most expert and highest level of care(University of Tennessee Medical Center, 2017).*

A centre of excellence in the education and capacity building sector is defined as:

*“Organisational environments that strive for and succeed in developing high standards of conduct in a field of research, innovation or learning” (Hellström 2018).*

CoE schemes tend to focus on capacity outcomes such as network stimulation, skills development, and transfer of expertise. Having said that, the most important outcome is the ‘meta-capacity’ involved in formulating and carrying out policy, education and research in new ways, developing professionalization in the academic workforce and enabling organizations such as universities to set their own priorities and engage in professional research governance (Hellström 2017).

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### *What is required for successful establishment of Centre of Excellence?*

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It is recommended that as a key to success, every CoE should have a set of clearly and concisely defined guiding principles that will provide its direction and focus with these five areas as a starting point for

establishing and successfully evolving a CoE - Standardization, leveraging assets, Measuring performance, Guidance and governance, Balance and subject matter experts<sup>6</sup>

Fekadu et al. (2021) identified three key, synergistic processes for academic CoEs. These are:

1. *Participatory leadership* that encourages innovation to originate from across the organisation facilitating ownership and culture of excellence;
2. *knowledge management* with future orientation constantly seeking to achieve best practice informed by most up to date research and information; and
3. *inter-disciplinary* collaboration from different disciplines to enhance creative problem-solving and innovation.

The term “center of excellence” has no legal precedent, nor are there prescribed standards and associated certifications for an organization to label itself a CoE (Sugerman, 2013). The definition and associated characteristics of a CoE are even more fluid in healthcare, especially within the field of midwifery.

### 3.3 Adapting a CoE Guiding Principles for LeDeG’s Midwifery QA Framework

Due to the lack of uniformity and application of CoE principles, the assessment team, for the purpose of this project, has adopted the most applicable working domains by Elrod et al. (2017). These five domains focus on qualities and processes across which an organization should be assessed and achieved to be considered a CoE.

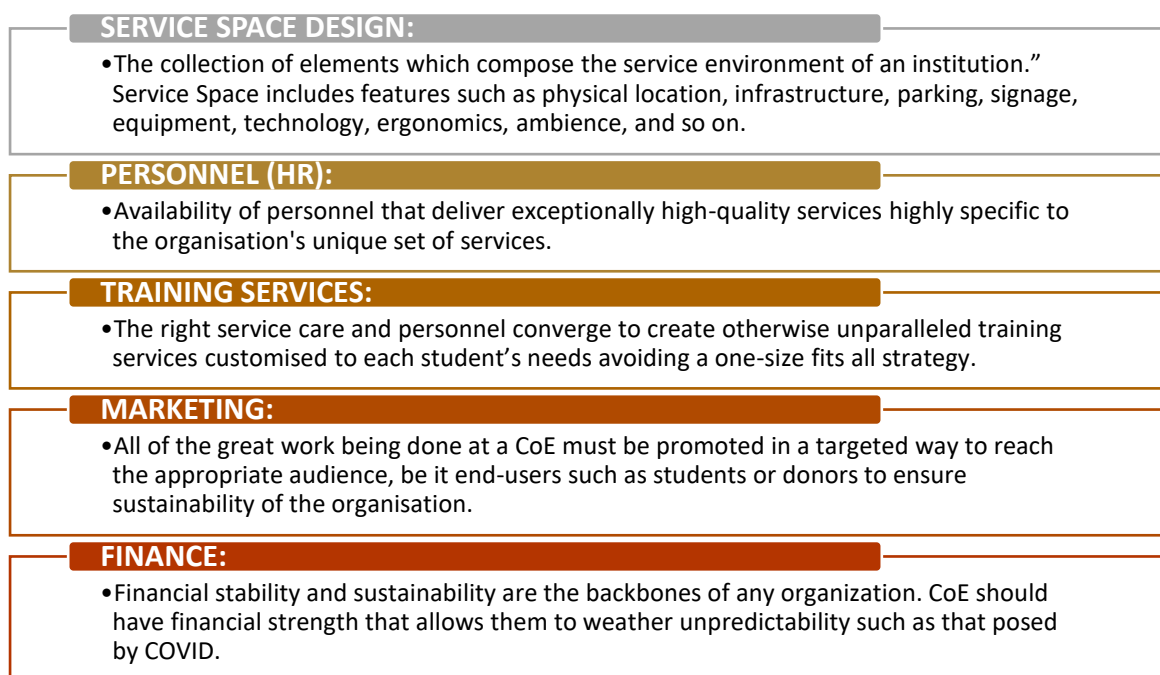
These five domains are: service space design, personnel (HR), medical care, marketing and finance. In the context of LeDeG Midwifery College, since the third domain, “medical care,” does not apply, it was replaced by “training services” within each of these domains, standards of quality relevant to Ethiopia and guided by the national HERQA requirements as well as minimum requirements set by global and regional standards (See Section above) were extracted and mapped across each of these domains for applicability and relevance.

The assessment tool as described in **Annex 2** depicts the various standards selected and used for LeDeG assessment. Additional domains identified for CoE were also identified through key Informant Interviews. Certain standards may not be feasible and relevant for the context of Ethiopia today and the framework was re-adjusted.

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<sup>6</sup>([www.perficient.com/management-consulting](http://www.perficient.com/management-consulting))

Figure 3 – CoE domains of Interest for LeDeG



When the above CoE domains are mapped to ICM global standards and HERQA requirements, the following sub-domains are identified. Specific standards and criteria for evaluation are set once framework pilot tested with LeDeG assessment.

<b>SERVICE SPACE DESIGN:</b>	School Environment: safety, space, student/teacher ratio etc.
	Infrastructure and teaching resources: library, lab etc.
	Resources, policies and procedures
<b>PERSONNEL (HR):</b>	School organisation governance and Leadership: qualification, departments etc.
	Teaching Faculty: qualifications, ratio to students, scope of clinical/theory etc.
<b>TRAINING SERVICES:</b>	Program Relevance and Curriculum (to HERQA, ICM)
	partnerships and clinical placements /theory (min. 50% practice)
	Research/innovation opportunities/outreach activities
<b>MARKETING:</b>	Student body: applications,selection, induction, progression, Follow up after graduation
	Teaching and learning assessment strategies: QA audits, evaluations
	Marketing and comms
<b>FINANCE:</b>	Resource mobilization and budget allocation
	Management of finance and audits etc.

## PHASE 4: ASSESSEMENT OF CURRENT LeDeG

### 4.1 LeDeG Stakeholder Mapping and Assessment Tool Development

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#### *Assessment Process: Mixed Methods Design*

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Every effort was made to understand the current reality of LeDeG Midwifery College from multiple aspects. This effort included the following activities:

- **Stakeholder mapping:** Internal and external stakeholders for LeDeG were identified and influence and role understood for the team to do a comprehensive assessment
- **LeDeG Documents review:** Many internal documents such as the College's strategic plan, standard operating procedures, teaching curricula, student handbook, student and teacher assessments, and quality audit plans were thoroughly reviewed in addition to LeDeG's online presence to get a clear understanding of the workings of the College.
- **Onsite observation:** Announced and unannounced visits of LeDeG were conducted on several occasions to comprehend the day-to-day functioning of the College in reality. There were a total of 7 hours of unannounced visits and 12 hours of announced visits over the course of 4 different days. During observations, particular attention was given to taking stock of the student body, teaching and learning methodology, the teaching and non-academic staff and infrastructure.
- **Key Informant Interview (KII): Internal and External:** One on one interviews were conducted with six students (three upgrades and three generics), three teaching staff, two upper management members, and the founder and CEO of the College. Informal interviews were also conducted with support staff such as cleaning staff and the librarian.
- Additional informal interviews with student groups in different settings (in class, outside the College, in their dorms etc.) have also provided useful insight. During the key informant interviews (KIIs), responders were told the objective of the interviews, asked for verbal consent to conduct the interview, and reassured that they could choose to decline any question or end the interview at any point. Finally, they were told that all of the information they share with the interviewer would be completely anonymously included in the report. This was done to protect their privacy and to encourage them to share their thoughts without reservation.

### 4.2 LeDeG Stakeholder Mapping

LeDeG Midwifery College is a non-governmental, non-profit organization in Addis Ababa that dedicates all of its income to sponsoring the midwifery education of girls from rural areas of Ethiopia. The College is founded on the philosophy that Midwifery care respects the unique physical, emotional, social, and cultural characteristics of each individual and recognizes the power of women. Giving life to a newborn is based on a partnership with women, provided with compassion, and respectful communication that demonstrates cultural humility. Maternal care fosters the belief that pregnancy and birth are normal physiologic processes to be respected and supported. LeDeG Midwifery College trains paying and scholarship students in direct entry midwifery courses (Bachelor of Science) and

students upgrading from diploma of midwifery. These trained midwives are encouraged to return home and serve their respective communities.

**Vision of a Centre of Excellence:** Its vision is to be a center of excellence in the delivery of high-quality midwifery education. At the same time, its mission is to be committed to providing the highest quality midwifery education, supported by highly qualified and motivated staff, for future midwives to become competent, ethical and compassionate care providers and life partners to women.

**Target Population:** LeDeG seeks to train girls in remote and hard to reach areas who otherwise would not have had the opportunity for high quality training. The students mainly come from Afar, Somali, Benshangul-Gumuz, Gambela, Southern Nations, Amhara and Oromia regions, where the prevalence of maternal and child mortality is very high.

The following table describes the stakeholder mapping for LeDeG and their current influence and role.

	<b>Stakeholder Type</b>	<b>Influence/ Role</b>
<b>Internal Stakeholders</b>	<ol style="list-style-type: none"> <li>1. Students</li> <li>2. Staff/faculty</li> <li>3. Board/management</li> </ol>	<ol style="list-style-type: none"> <li>1. Recipients of training</li> <li>2. Run College and provide training</li> <li>3. Steer direction of College</li> </ol>
<b>External Stakeholders</b>	<b>Donors:</b> Foundation and Philanthropies such as NVF, Esperanza, wives of Ambassadors in Ethiopia, Enat Bank, Haile Selassie Foundation; Jhpiego; Personal donation from ET or overseas; Founder; Warren Buffet Foundation	Give grants, scholarships or in-kind donations
	<b>Partners</b> <ol style="list-style-type: none"> <li>1. UN Agencies</li> <li>2. Marie Stopes, Yekatit 12 and other health facilities, international fund for Africa</li> <li>3. Social Science Students at AAU</li> </ol> Other not-for-profit organisations 4. Center for Family Services	<ol style="list-style-type: none"> <li>1. Work collaboratively</li> <li>2. Students use these facilities for clinical attachment</li> <li>3. Have offered to give short trainings to students on soft skills (This hasn't happened yet)</li> <li>4. MOU signed for collaborative effort</li> </ol>
	HERQA	Quality control of academic institutions overall and not midwifery focused
	MOH	Quality improvement of academic institutions through national examination for graduates as well as quality of in-service workforce through CPE credit hours and re-licensing
	Midwives Association	Can provide training such as soft skills but also SPD for midwives and other technical support (not sure if LeDeG is taking advantage of it)
	Other midwifery colleges Hamlin Midwifery College Others	Collaboration and understanding of context and quality challenges  Potential collaboration for research and placements and mentorship are possible

### 4.3 Where is LeDeG across the Key Pillars of Centre of Excellence?

Overall, LeDeG provides a high-quality standard education for Bachelor of Science (BSc) degree in midwifery with its state-of-the-art facilities, including a simulation room, IT room, conference rooms, a library and living quarters for boarding students. Its curriculum is developed by an international steering committee and board and approved for its bachelor's program.

Below are the findings that show LeDeG's current standing based on the KIIs, internal document assessment and announced and unannounced visits according to the five CoE domains and sub-domains.

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#### SERVICE SPACE DESIGN

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##### SERVICESCPE DESIGN:

- School Environment: safety, space, student/teacher ratio etc.
- Infrastructure and teaching resources: library, lab etc.
- Resources, policies and procedures

#### LeDeG scores high on the inputs of the facilities and space but can improve on “ambience”

**Key Findings:** LeDeG Midwifery College is situated in a central part of Addis Ababa in 5 Kilo, with a major landmark, Yekatit 12 Hospital, nearby. The College is close to public transport and has a few dedicated parking spots at the basement level. This is essential since all non-boarding students interviewed said they use public transportation. The college is housed in a newly purpose built three storeys building which is clearly marked, well-lit and inviting. The classrooms are conducive to learning and include windows that let in natural light, a projector, chairs and attached desks for students, a desk and chair for teachers and enough room for unrestricted movement. The parking space has ramps for wheelchair use, but once on the ground floor, the only means of going up is to climb stairs (are there lifts).

The simulation room, skill lab is equipped with state-of-the-art learning aides, including posters, simulation mannequins, different corners for various procedures and a wide, ventilated open space. The IT lab consist of close to 30 desktop computers for students, while the library has subject-specific books and e-books to offer.

All toilets were available, functional and clean. 3 water tanks already exist and cleaners maintain a barrel of water, based on our observations. However, the neighbourhood seems to suffer from frequent water shortages and power outages.

The college does not have standardised fire and emergency plan but has fire extinguishers on every floor of the building. The building does not have any fire hazard prevention such as emergency exit signs and emergency stairs.

The students have mostly been provided all the basic amenities necessary for maintaining personal hygiene such as functional bathrooms and showers. There is also a small area outside the building for students to hand wash their clothes which needs to be reassessed as the student body grows larger.

#### Area of Improvement:

- Ramp/lift needed for the 3 floors beyond entrance
- Although adequate for national standards, can improve fire and emergency plan.
- Dormitory adequate for current student size and other basic amenities but need to consider when expanding (cloth washing areas etc.); Need to increase security features with cameras/matron?
- Library and IT equipment there but hardly used and no “learning” environment created
- Need to facilitate communication and learning environment for diverse students: paying/non-paying; upgrade vs. 4 years.

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### HUMAN RESOURCES

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#### PERSONNEL (HR):

- School organisation governance and Leadership: qualification, departments etc.
- Teaching Faculty: qualifications, ratio to students, scope of clinical/theory etc.

#### This Domain should be LeDeG’s key area of focus and improvement towards a CoE Vision

**Key findings:** LeDeG’s governance and leadership can be improved. The owner embodies leadership with a management board but needs better institutionalization and governance with a global advisory board to support its vision.

In terms of faculty, the college has 4 FT and 33 PT (of which 3 are volunteers) and 6 FT instructors, and no teaching assistants. The full-time staff work 15 hours per week (very reasonable as compared to other institutions and law) and the part time staff work varying hours per week depending on their contract. All teaching staff have master’s as a minimum entry point and teaching experience. Teachers are expected to deliver 15 hours/week teaching or lab time. In addition, they are responsible for preparing for class and accompany their students to clinical attachment. Full time teachers have 4 hours/week allocated for consultation time. Although the institution overall meets the minimum requirements of teacher/student ratio and other, motivation, teaching delivery, knowledge management and transfer skills are limited. Although most of these factors are external to LeDeG, there are some opportunities for improvement, nonetheless.

In terms of administrative staff, the HR is the weakest link although LeDeG retains very highly skilled personnel overall. There is one Human Resources Officer with a bachelor’s degree unrelated to human resources management. The librarian needs to be better integrated and engaged in knowledge management and transfer. The school should consider TA as supportive learning environment; can consider 360-degree assessment tools and other more integrated Human resource management systems and program management for efficiency overall, especially as the school grows.

Key Informant Interview (KII) findings show that teaching staff were not initiating knowledge transfer or are not motivated to teach. While instructors were found to be qualified and competent in their knowledge of subject matters, teaching delivery was generally lacklustre and failed to engage students appropriately. Annual teaching and assessment plans are not developed in a standardized or benchmarked way (at least outside of local context). Currently all the below actions seem to rest on the dean of the school while the HR department should be part and parcel of the planning and assessment tool development and systemized. Furthermore, the only learning material given to students is the Power Point Slides' softcopies that are displayed in class based on what teachers and students communicated. In addition, the slides are extremely text heavy and completely lacked any graphics.

LeDeG has staff assessment tool for performance review of teaching staff, but this same tool was also used to assess for simulation lab coordinator questioning its appropriateness and most questions do not apply to this position. There were no assessment tools in place to measure the performance of the librarian. The assessment is thus far being delivered by the school dean and the academic affairs who sit on an ad-hoc basis in the classrooms. Teaching staff are also assessed by students at end of year and students are also empowered to report problems to admin staff should they see them. Even when the teaching staff has been assessed, it is not entirely clear what standard actions follow based on the assessment results and inadvertently, the school tend to use more “punitive” measures than incentives to encourage and provide growth and training opportunities for the faculty based on assessment.

Teachers are paid a monthly salary of 15,000- 20,000 ETB which is above the average Ethiopian standard pay for this position. This was interrupted during COVID for 3 months and reduced by 30%. They have now been paid the remaining full amount. But teachers and management staff reported being overworked and undercompensated. However, informal conversations have revealed that some full-time staff also take on additional employment, thereby limiting the time that they have to dedicate to teaching at LeDeG. Another HR challenge that was observed is that teaching staff and upper management alike rely on the CEO and founder for innovative ideas, guidance, and resource mobilization. In the same vein, all interviewed staff have reported the top-down management approach, unclear role division especially teaching subjects, the lack of clear and timely communication between upper management and teaching staff which contributes to a sense of being demotivated and not valued.

Teachers reported the lack of formal pathway in addressing teachers' complaints against students as well as being unable to address when being challenged by students who are upgrading from diploma. Key Informant Interviews (KII) from teachers asserted the need for more practice time for students but also revealed the conflict between what they teach at the college and what students observe during clinical attachment.

#### **Areas of Improvement:**

- HR Department: need better systems, capacity, professional development, performance assessment tools, JD with feasible incentives and sanction; Retention schemes, incl. salaries
- “Globalize” governance with affiliations with other midwifery schools and academics
- Personnel motivation schemes – PT teachers incentives schemes as majority; Volunteer programs and internships; mentorship programs to inculcate the “knowledge” transfer

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## TRAINING SERVICES

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### TRAINING SERVICES:

- Program Relevance and Curriculum (to HERQA, ICM)
- partnerships and clinical placements /theory (min. 50% practice)
- Research/innovation opportunities/outreach activities

### LeDeG scores high for quality of training but select internal, mainly external factors impede excellence

**Key Findings:** All interviewed agree that LeDeG offers a much higher quality of education when compared to most other midwifery schools. The program meets HERQA's requirements including working to fully adopt the modular PBL curriculum, although very resource intensive and while public facilities get donor funding to support this, private institutions have to bear the cost of it. Regularly at start of the school year, an annual orientation is given to all students and more for those that need with special attention to new commencement. Despite LeDeG's successful ESL courses, one of the major barriers to offering high quality training at the College is the foundational knowledge that students come in with. Teachers repeatedly reported being frustrated with the lack of English language skills that students possess and their general lack of basic natural science knowledge. This was especially true of upgrade students who according to all teaching staff interviewed come into the program with a sense of already knowing all about midwifery and therefore not being open to learning new things. Additionally, it was reported that upgrade students had already developed poor midwifery habits due to their prior work experience, so it was difficult to convince them to adopt proper protocol anew. Furthermore, some generic students have also reported being demotivated as a result of upgrade students' cynical attitude towards midwifery based on their work experience.

Even though there is an MOU between LeDeG and health facilities, it is reported that students are not supported and taught the right skills by health facilities' staff during clinical placement. This is from health facilities' staff feeling that it is not their responsibilities. But LeDeG's process of having its own teacher accompany students in the clinical placements mitigates this risk significantly. Furthermore, LeDeG is now applying more stringent selection process of these clinical placements and even supporting a training period to ensure quality meets its requirements. Another LeDeG initiative to mitigate this risk is its intention to develop its own maternal health center within its sites so it can better control quality of these practicums. Indeed, LeDeG has successfully raised the required resource and interest for a maternal Health center. We expect this center to be functional by the end of 2021.

Overall, for LeDeG, there is a significant effort to integrate research and critical thinking, but it needs to be enhanced if we are benchmarking regionally or globally. Select students reported their results not being given to them on time. Some said that certain teachers would give them their midterm exam results after the semester was over, nullifying any advantage of getting feedback on their performance. Based on observations of written assessments, exams generally tend to ask questions that test memorization and not critical thinking. Assessment types are multiple questions and short answers. The students are not guided to develop their critical thinking skills through projects, research and innovation and there is not enough linkage to community-based research (especially private to

public), regionally or globally through affiliations. This is also influenced by the overall country's fragmented policy that does not incentivize integration with public institutions and teaching institutions and limits employability and training of both faculty and graduate students.

Finally, although basic orientation package is available for students who join LeDeG and visit hours are available, these can be enhanced significantly with dedicated student services and mentorship opportunities for excellence.

**Much of the areas of improvement** for this domain rests mainly on external factors outside of LeDeG's internal functions. Nonetheless, several opportunities exist to address these innovatively and especially with affiliations, student services and mentorship but combined with strong advocacy to relevant stakeholders.

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## MARKETING

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### MARKETING:

- Student body: applications, selection, Follow up after graduation
- Marketing and comms

**This domain is a key pillar for CoE that offers areas of improvement that is not typically seen in accreditation.**

**Key Findings:** Based on discussions with stakeholders that work with LeDeG such as MOH and St. Paul Millennium Medical College, LeDeG is not widely known but the people who have heard about it almost always hold it in high regard. LeDeG has not implemented marketing and visibility strategy which is key to fundraising and sustainability.

The current students, especially the ones from the regions, had not heard of LeDeG before they were recruited to join. However, this does not seem to have had a major impact on their desire to enrol at LeDeG. In general, students from the regions were eager for educational opportunities regardless of the reputation of the school but the few students from Addis Ababa were more discerning. Having a more discerning selection of students can ensure that LeDeG attracts better motivated students in general. In order to mitigate risk of student not being placed back in community, better advocacy can be done to ensure public sector support placements from privately "self-selected" students. A better marketing and selection process can ensure attracting "high achievers" and in turn these can attract others as role models and champions. Follow up of students after graduation is equally important and this is not done with LeDeG at this moment because it is only in a few days that the first graduation will happen. Alumni body is critical and powerful for centers of excellence in general as they can support affiliations, marketing, resource mobilization and placements of students.

Marketing and communications should be integrated and capacitated as a department within the functions of LeDeG. LeDeG currently has social media presence but not a dedicated person to do more of that and consistently. Efforts across communications and marketing can be a full-time job in terms of identifying and targeting specific high schools and organising events; TV shows and radio and

ensuring other staff or students other than the CEO can be encouraged to ensure institutionalization and sustainability.

**Areas of Improvement:**

- Need a marketing and communications strategy with understanding of target audience; capacity from interns, alumni; volunteers can be tapped into;
- Need best practice sharing to MOH from other countries that integrate private placements in community

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*FINANCE*

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**FINANCE:**

- Resource mobilization and budget allocation
- Management of finance and audits etc.

**Strong financial planning and transparent accounting is there but LeDeG lacks integrated systems across pillars for resource mobilization**

LeDeG’s financial model recently changed from a social enterprise to an NGO. However, the college does not have fundraising and management plan to guide its fundraising efforts. The current fundraising, marketing and visibility is led and managed by the CEO and not at institution level. While the school is managing to remain financially afloat, the heavy reliance on donors to sponsor scholarship students and donate equipment, books and other supplies creates a potentially risky dependence. This was evidenced by the reduction in donor funding that LeDeG suffered from when the COVID pandemic hit.

LeDeG generally lacks financial planning and management – although it does the required audits and planning it does not have the resources or skills to develop and implement strong financial management system (digital) as it needs to have integrated systems and a better understanding of current costs and budgeting plans. Today LeDeG does not budget and allocate enough funds for resource mobilization – nor does it have a strategy today beyond a letter seeking support and grants and this is a threat for sustainability. Indeed, this is accentuated by the fact that the country overall lacks skills in such fundraising skills.

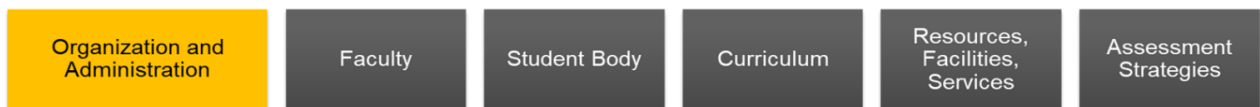
**Areas of Improvements:**

Resource mobilization is linked to marketing and communication as well as intentional reporting to current donors and database management of donors and systematic value add follow up. LeDeG needs a shift in its current practices.

## PHASE 5: PROPOSED RECOMMENDATIONS, ROADMAP AND M&E FRAMEWORK

### 5.1 Recommendations for LeDeG

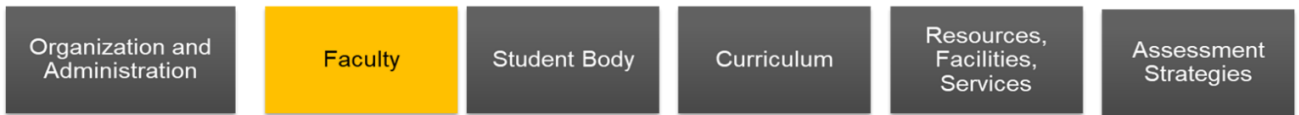
LeDeG is planning to be a CoE that offers quality life-long learning both in preservice and continuous professional development. This will require the design and development a unique specialised midwifery curriculum through a global/regional collaboration. The following lists the recommendations for LeDeG based on the 5 domains of interest as it relates to the CoE framework and in no particular order for implementation.



#### 1. STRENGTHEN GOVERNANCE AND ORGANIZATIONAL STRUCTURE

- **Develop an advisory board:** Expand with regional and international “champions” and include mentorship/internship opportunities for faculty and management team
- **HR department:** Strengthen current personnel to HRM systems: yearly assessment with training and research incentives for staff and faculty; professional career development and retention schemes
- **Add a marketing and communications or partnership/business dev department:** separate from HR and budget intentionally for this capacity to grow – seek volunteers/interns and youth organizations to develop targeted material
- **Add a volunteer program under HR department** with a volunteer program coordinator that will equally create and manage database of faculty volunteers and youth volunteers with interest to contribute. These volunteer programs can be with local volunteers or regional and with exchange/internship programs from diaspora
- **Finance department** needs to integrate to overall organization system set up so that resource mobilization can start to be institutionalized into planning, costing, incentives for HR
- **Build systems:** Consider purchase of HRM and finance management systems to train personnel operationally.

**LeDeG will increase in student capacity very soon and this is the right timing to establish the operational systems for scale and efficiency. Budget for the systems, the skills to ensure institutionalization.**



## 2. DEVELOP SCHEMES TO MOTIVATE AND BUILD FACULTY SKILLS TO EXCEL

- **Managing teaching scheduling:** LeDeG depends on a lot of PT teachers and does not have TA and needs better teaching scheduling and planning to include volunteer teachers from abroad.
- Consider **external e-learning and speakership** teaching from international affiliation. Allow PT to use IT space for their own private practice to incentive a learning environment for students and avoid transport difficulties.
- Allow possibly fee-for-service (**FFS**) **training and workshops for PT** using the space in a planned format (e. 3/year etc.)
- **Mentorship/Coaching for Faculty and other career:** Review, benchmark and develop career development plans as part of staff and faculty retention and motivation scheme: local and international mentorship and coaching opportunities as incentives.
- Identify linkages for senior teaching faculty such as Dean and academic affairs officer to research and paper writing and publications. LeDeG can budget bonuses (not only in \$ but in kind) such as offering faculty to travel to Kenya for a 3-day course etc.
- **Performance Management of Staff and faculty:** Job descriptions have to be intentional and ads to ensure best options are recruited. Consider recruiting foreign bodies for critical staffing such as marketing for example. Have benchmarked and validated performance management tools developed where KPI are set at start of year.

Currently there are no professional development opportunities for midwifery teachers which is another area LeDeG can tap into as a leader in the field.



## 3. DEVELOP SCHEMES TO ATTRACT MOTIVATED STUDENTS AND BUILD LEARNING ENVIRONMENT

- **Marketing for student selection:** Diversify away from relying mainly on regional health bureaus to identify students as these may not be as motivated. Increase marketing to target population to “pull” more relevant student body to attend and increase motivation. Schemes with LeDeG management or advisors can do awareness sessions in targeted high schools. This might also attract more “Paying” students for sustainability.
- **Mentorship/coaching, Student councils and Alumni:** Beyond initial interview and basic orientation package, LeDeG does not have processes for progression and student follow up upon graduation that is a KEY pillar for Centers of excellence. Need to ensure exchange programs (locally or out) as well as coaching (can be online) is established and with students for regular workshop and other global session attendance to increase their motivation. LeDeG can ensure zoom sessions and workshops are posted regularly for their attendance.

- **E-learning modules for soft skills and basic science:** Incoming students' skills are very low in language and critical thinking and need for learning but at the same time MoShe now mandates one year of basic science training. We propose for LeDeG to consider (maybe even some under FFS to be offered to others that want to come and take them)

**Upgrade students – consider not doing upgrade students for now until a more solid bachelor's degree and learning environment is created as skill level and motivation is quite different between the 2 groups. It has also been a challenge for faculty to deal with this difference.**



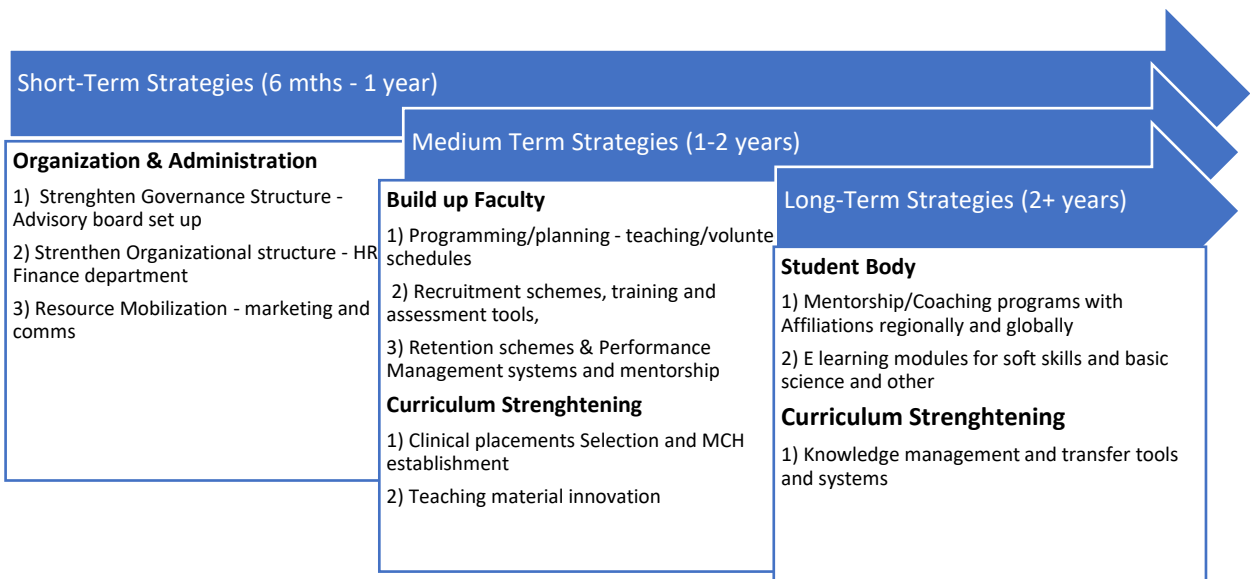
#### 4. STRENGTHEN TRAINING AND CURRICULUM AND DEVELOP A ROADMAP TO COE

- **Clinical Placements:** There needs to be careful selection and set up of partnerships and collaboration. Pre-evaluation of the sites needs to be done as well as feedback and M&E to ensure upgrade to quality
- **Teaching material and Innovations:** Teaching methods that are more innovating and encourage e-learning, use of library resources and critical thinking and communication needs to be further developed. Encourage learning visits to Jimma and other regional teaching methods (e.g. AMREF in Kenya) and train faculty.
- **Teacher evaluation and Training:** Select teachers are reported to be too PPT based and better evaluation and feedback methods need to be developed that is not punitive but encouraging and allowing faculty to train for other formats of teaching. These can be proposed as part of continuing Professional Development (CPD) and incentives for faculty.
- **Knowledge Management and Transfer:** There are global learnings for how specific knowledge management and transfer frameworks for institutions like LeDeG. This must be integrated with communication and marketing that plans certain social media events or workshops building or even panel discussions.
- We strongly encourage some benchmarking to establish this system together with strong program evaluation component of the training services

### 5.2 Proposed Roadmap and activities (Short, Medium and Long Term)

As mentioned in the assessment of LeDeG midwifery college, it is clear that the institution ranks relatively well in its facilities, equipment and curriculum (which are all the minimum required inputs as set by regulatory agency) but has weakness for strong internal processes and systems that can make It a model for excellence in academics.

Thus, we propose for a 5 -year roadmap for improvement for LeDeG, across the follow short, medium and long-term strategies that will help it achieve a CoE standing.



### 5.3 Developing a Logic Framework for LeDeG's COE domains of interest

The proposed roadmap above must be validated and accepted internally by LeDeG leadership and an implementation plan needs to be developed by LeDeG administration that will follow the logic framework (As an example).

It is against this logic framework that outlines inputs, activities and outputs that specific KPIs and an overall Monitoring and Evaluation framework can be established.

The following logic model also supported LeDeG in setting up required budget to implement such a roadmap.

Centre of Excellence	Centre of Excellence strategic orientation is to support the ultimate goal of educational institutes in furthering research, promoting innovation and facilitate economic and social development				
Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Resources needed to these activities efficiently are: <ul style="list-style-type: none"> <li>- <b>Leadership &amp; Governance</b></li> <li>- <b>Human Resources</b></li> <li>- <b>Curriculum</b></li> <li>- <b>Materials</b></li> <li>- <b>Technology</b></li> <li>- <b>Space and physical infrastructure</b></li> <li>- <b>Finances</b></li> <li>- <b>Visibility</b></li> </ul>	Identification of gaps between HERQA assessment & CoE domains Policy advocacy Operational process evaluation (students and staff) Review of learning activities and curriculum against national and regional benchmark Evaluation of current strategy in finance, marketing and HR against national and regional benchmark	Roadmap to CoE Development of KPIs Implementation plan Stakeholder buy-in Stakeholder open and transparent communication strategy Review and change policies and procedures as required	Changes in knowledge and awareness of current status Standardise current policies and procedures Testing of KPIs and feedback	Policy and process implementation Incorporate and integrate suggested changes Develop to become CPD centre Link with regional midwifery council Triangulate data from KPIs, HR and quality of education Review and change process as necessary	Increased capacity in continuous quality improvement through self-assessment and evaluation using KPIs and standardised documents at national and regional level Continuous assessment and accreditation through regional accreditation body Sustained changes in finance and visibility Development of sustained, competent, professional and capable person focused workforce

## 5.4 Examples of KPIs

As mentioned above, it is only after the approval of the findings and recommendations as well as proposed roadmap that a clear logic framework can be established as above. The logic framework allows to identify elements of inputs, process and outputs that will then be developed under key performance indicators and an M&E framework.

**Some examples of KIPs are:**

**HR department KPIs:**

- Yearly assessment and No. Training taken by faculty
- Number of days to Job filled - % vacancy rate
- Retention rate
- Drop out rates of Students

**Finance Department**

- Financial Planning and quarterly evaluation for financial KPIs: profitability; savings, cost
- Increase/decrease % in revenues
- Budget for marketing

The below is a proposed (to be gradually refined into the above logic model) starting KPIs for LeDeG's continuous quality assurance and improvement. Over the years, the set activities will be refined into more measurable and relevant KPIs and indicators.

### LeDeG Midwifery College Continuous Quality Improvement KPI

		Verification	Verification	Measurement
1	<b>ORGANIZATIONAL LEADERSHIP, GOVERNANCE AND ADMINISTRATION</b>		Met or Unmet	Met or Unmet
	<b>The college's organisational structure reflects its core functions and reporting line comprising management, faculty and other support staff responsible to execute the following core functions (Source: LeDeG strategic document).</b>			
1.1	The governing board chair and directors of LeDeG college meet to plan, support and regulate the college's financial and management activities	The college has an up-to-date organisational structure and organogram with clear reporting lines		
		The college has an established governing board		
		Governing board has developed annual strategic plan in areas of finance, marketing and fundraising		
		There is a record of meeting minutes and action plan		
1.2	Establishment of a professional advisory board	The advisory board is comprised of regional and international professional bodies		
		The advisory board has developed a TOR and strategic objectives that comprises professional development plans for management and faculty		
		There is a record of meeting minutes outlining action plans		
1.3	Management has annual plan outlining activities in student's recruitment plan, teaching and assessment plan and other college activities	Annual planning meeting is conducted in collaboration college staff		
		Record of planning meeting minutes and the annual plan is accessible to all staff		
		The plan is reviewed on a quarterly basis and progress evaluated		
		There is a record of quarterly review and evaluation		
1.4	The college has a system to support human resources and financial management	HR staff that coordinates HRM has the appropriate qualification		
		There is a documented HR strategy that is updated every two years and referred to regularly		
		There is document HRM process for each staff member kept with their record		
		There is a documented system of internal control and external auditing in place		
		There is documents reports and budget plans available and reviewed every quarter		
2	<b>FACULTY AND SUPPORT STAFF</b>		<b>Measurement</b>	
	<b>LeDeG Midwifery College's HR strategy reflects a well-developed schemes to motivate and build faculty skills to excel</b>			
2.1	Human resources management has a well described performance management plan for college faculty and other staff	The number of staff with clearly stated and current job description		
		% of performance reviewed completed according to the HRM strategy		
		% retention rate		
		The number of teaching faculty vacancies not filled in the last quarter		

2.3	The college has professional development plan and incentives for teaching and support staff including research and publication plan	The number of research and publication undertaken/quarter		
		The number of training faculty taken in the last quarter		
		The number of mentoring opportunities offered to staff through external speakers and experts quarterly		
2.4	Teaching and assessment plan that reflects comprehensive annual activity	% of teaching and assessment plan for each college year developed, documented and available for all teaching and support staff		
		% teaching and assessment plan adherence		
2.5	Teaching faculty and college management use other platforms such as e-learning	% teaching staff using e-learning platforms documented in their performance review record		
		% utilisation of e-learning in courses delivered by international colleges in teaching students		
<b>3</b>	<b>STUDENTS' BODY</b>			
	<b>LeDeG midwifery college has a well develop schemes to attract motivated students and build learning environment</b>			
3.1	Students are represented in the decision making process of teaching, assessment and continuum of learning through student body	An all-inclusive student body representatives		
		The number of meetings the student body planned and held quarterly		
		The number of mentoring and coaching offered through the student body quarterly		
<b>4</b>	<b>FINANCE</b>			
	<b>LeDeG midwifery college has a robust financial management system reflected by presence of budget planning, internal control and external audit</b>			
	Robust financial planning document outlining budget planning and review	Annual financial planning document		
		Detailed monthly/quarterly action plan with budget breakdown		
		Quarterly review of budget for financial KPIs, burn rate and over expenditure		
		Documentation of increase/decrease % in revenues		
<b>5</b>	<b>MARKETING</b>			
	<b>LeDeG midwifery college has a well-developed marketing and fund raising strategy to ensure sustainability of students intake and finance</b>			
	Robust marketing and fundraising strategy and donors database	Marketing and fundraising strategy developed and reviewed annually		
		% achieved of the required funds for the college		
		The number of donors committed to raise funds on annual basis		
		The number of fundraising activities per quarter		
		The number of marketing and advocacy to recruit students annually		

## 5.5 Immediate Next Steps from This report

### Stakeholder meeting:

- Get comments and include in final QA assessment report
- Consider revisions and inputs from stakeholders on CoE framework and standards
- Consider comments on LeDeG assessment based on CoE framework
- Consider follow up stakeholder workshops: government, private, other schools? Which ones?

### Government Level advocacy:

- This needs to be planned and how to mitigate impact of external factors on LeDeG vision for CoE
- Learnings from other countries for independent council
- Less fragmented support to private sector – HR employability integration
- How to increase level of entrants and mitigate soft skills and basic science gaps

### Internal Strategic planning

- based on this evaluation and inputs from stakeholder: Debrief on report and stakeholder meeting and decide on high level implementation plan
- Review and consider models for enhancing ambience of learning and innovation in the school
- Seek workshops and learnings from partners/donors as relevant and allocate tasks for each staff to progress on implementation plan

**Review and agree on Implementation plan** and develop a budget and resources for implementation of the M&E plan with KPIs (Phase 5)

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## Annex 1 – ICM Global Standards for Midwifery Education

<p><b>Organization &amp; administration</b></p>	<ul style="list-style-type: none"> <li>• Supports the philosophy, aims and objectives of the midwifery programme</li> <li>• Helps to ensure financial and policy support to the programme is sufficient to prepare competent midwives</li> <li>• Faculty is self-governing and responsible for developing policies and curriculum</li> <li>• Head of programme is a qualified midwife teacher with experience in management/administration</li> <li>• Programme takes into account national and international policies and standards</li> </ul>
<p><b>Midwifery Faculty</b></p>	<ul style="list-style-type: none"> <li>• Faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines</li> <li>• Midwife teacher has: formal preparation; demonstrates competency; holds a current license; formal preparation for teaching; maintains competency</li> <li>• Midwife clinical preceptor/teacher: is qualified; demonstrates competency; maintains competence and holds a current license</li> <li>• Individuals from other disciplines are competent</li> <li>• Teachers provide education, support and supervision of individual who teach in practical learning sites</li> <li>• Teachers and clinical teachers work together, directly observe and evaluate students</li> <li>• Ratio of students to teachers in meets national requirements</li> <li>• Effectiveness of faculty is assessed on regular basis</li> </ul>
<p><b>Student Body</b></p>	<ul style="list-style-type: none"> <li>• Programme has clearly written admission policies that are accessible to potential applications and include: entry requirements, recruitment process, selection process and mechanisms for taking account of prior learning</li> <li>• Eligible candidates are admitted without prejudice and discrimination</li> <li>• Eligible candidates are admitted in keeping with national policies and workforce plan</li> <li>• Programme has clearly written student policies that include: expectations of students in classroom and practical areas; students rights and responsibilities, mechanisms for students to provide feedback and ongoing evaluation of curriculum</li> <li>• Mechanisms exist for student's active participation in midwifery programme governance</li> <li>• Students have sufficient practical experience in a variety of settings</li> <li>• Students provide care primarily under supervision of a midwife teacher or clinical teacher/preceptor</li> </ul>
<p><b>Curriculum</b></p>	<ul style="list-style-type: none"> <li>• Philosophy of programme is consistent with ICM model of care: attain the min. ICM essential competencies; meet criteria of ICM midwife; eligible for advanced education; knowledgeable practitioner who adheres to ICM code of ethics</li> <li>• Curriculum enables student to acquire essential competencies in accord with ICME</li> <li>• Curriculum included both theory and practice elements: 40% min theory and 50% practice</li> <li>• Programme uses evidence-based approaches to teaching and learning</li> <li>• Programme offers opportunities for multidisciplinary content and learning</li> </ul>
<p><b>Resources, Facilities, Services</b></p>	<ul style="list-style-type: none"> <li>• Programme implements written policies that address student and teacher safety and wellbeing</li> <li>• Programme has sufficient teaching and learning resources to meet needs</li> <li>• Programme has adequate HR to support classroom and practical learning</li> <li>• Programme has access to sufficient practical experiences in a variety of settings</li> <li>• Selection criteria for practical learning sites are clearly written</li> </ul>
<p><b>Assessment Strategies</b></p>	<ul style="list-style-type: none"> <li>• Faculty uses valid and reliable formative and summative assessment methods to measure student progress across: knowledge, behaviors, practice skills, critical thinking/decision making; interpersonal and communication skills</li> <li>• Means and criteria for assessment are written and shared with students</li> <li>• Faculty conducts regular review of curriculum as part of quality improvement, incl. input from student, graduates, practitioners; clients and other stakeholders</li> <li>• Faculty conducts ongoing review of practical learning sites and suitability for learning experience</li> <li>• Periodic external review of programme effectiveness takes place</li> </ul>

**The following are additional ICM global minimum criteria and definitions to meet the above standards of education. International Confederation of Midwives (ICM) documents:**

ICM Essential Competencies for Basic Midwifery Practice (2002) Available at:  
<http://www.internationalmidwives.org/> (18 December 2009)

ICM Philosophy and Model of Care (2005) Available at: <http://www.internationalmidwives.org> (Core documents) (18 December 2009)

ICM International Code of Ethics for Midwives (2005) Available at:  
<http://www.internationalmidwives.org> (Core documents) (18 December 2009)

ICM Model Curriculum Outlines for Professional Midwifery Education (2012) Available at:  
<http://www.internationalmidwives.org>(Core documents) ICM.

Standard Equipment List for Competency-Based Skills Training in Midwifery Schools (2012). Available at: <http://www.internationalmidwives.org>(Core documents)

## ANNEX 2 – LeDeG Quality Assessment Tool Used

The following was the tool used to guide the key informant interviews as well as the observations.

### LeDeG Midwifery College - Quality Assessment Tool

Assessment	Description	Available - Y/N	Sighted - Y/N	Assessment Comments	Observation Comments
<b>School Governance, Leadership/ Policy and Procedure</b>					
Organizational Chart					
Governance structure					
Documented Meeting Minutes/committee levels?					
Academic Leadership of the program					
Organizational Strategy					
Administrative Staff and Management					
Vision and Mission					
Strategic Plan					
Action Plan for implementation of Strategic Plan					
Business Plan:Educational Budget and Resource allocation?					
Financial Management Procedure					
HR Management Strategy					
Student Recruitment Strategy					
Health and Safety Policy					
Ethical Behavior and Code of Conduct Policy					
Infection Control and Prevention Policy					
Procurement procedure manual					
Standard Organizational Operating Procedures					
Quality Assurance and M&E Activities/manual					
teaching/learning assessments?					
Safety and Security Procedures Manual					
Fundraising Plan and Management					
Internal control and external auditing processes					
<b>School Environment/Infrastructure</b>					
Fire Doors are clearly labelled and accessible					
Fire Escapes are clearly labelled and accessible					
Fire extinguishers clearly labelled					
Fire Blanket in kitchen areas					
No. Simulations and labs					
Anatomic Models/medical supplies/ consumables/wall charts					
Library services					

IT services					
Classroom equipment					
Office for staff					
Student Amenities					
All rooms have Windows and Doors					
Toilets available and functional					
Hand washing sink available and functional					
Smoke and Fire Alarms Installed and Functional					
Students private Washing and Selfcare Area in the Dorms					
Laundry services					
College Cafeteria Access and Who Runs it					
<b>Students</b>					
Individual students' records					
Recruitment and Selection Criteria Clear					
Induction					
Assessments frequency					
Assessments types					
Students Support					
Student representation					
Student Progression and Graduate Outcomes					
Research and Development and Educational Exchanges					
<b>Academic Staff</b>					
Teaching schedule					
Individual staff record					
Staff job description and workload document					
Management staff					
Number of teaching staff					
Number of full time teaching staff					
Number of part time teaching staff					
Number of casual staff					
Staff qualification					
Number of administrative staff					
IT services support					
Administrative support					
Student admission					
Finance staff					
HR staff					
Staff Recruitment and Development Policy					
Preceptors					
Other staff (list and describe)					

<b>Program Relevance and Curriculum</b>					
Program Relevance					
Curriculum Model and Instructional Methods					
Scientific Methods					
Basic Biomedical Sciences					
Curriculum structure, composition and duration					
Midwives Professional Sciences and Skills					
Behavioral and Social Sciences and Professional Ethics					
Program Management					
Linkage with midwife Practice and the Health sector					
Textbooks and references					

## **ANNEX 3 – List of LeDeG documents reviewed for Assessment**

- LeDeG Research Policy
- LeDeG Community Research Guideline
- LeDeG HR Policy
- LeDeG Legislation
- LeDeG Quality Assurance Policy
- LeDeG Students' Handbook
- LeDeG Students' Support Guidance and Counselling
- LeDeG Instructors' Evaluation by Students
- LeDeG Instructors' Teaching Evaluation
- FMOH Generic Harmonised curriculum BSc in Midwifery