

MSF ACADEMY FOR HEALTHCARE



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2023 ACTIVITY REPORT



MSF ACADEMY FOR HEALTHCARE

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Cover picture :

A participant in the Postgraduate Diploma in Infectious Diseases checking on a patient at the hospital in Kano, Nigeria.

ACRONYMS

AMR	Antimicrobial Resistance	JCONAM	Juba College of Nursing and Midwifery
AMS	Antimicrobial Stewardship	L&D	Learning & Development
ART	Antiretroviral Therapy	LMS	Learning Management System
BCNC	Basic Clinical Nursing Care	LuxOR	Luxembourg Operational Research
BeMU	Berlin Medical Unit	M&E	Monitoring & Evaluation
CAR	Central African Republic	MedCo	Medical Coordinator
CCU	Critical Care Unit	MoH	Ministry of Health
CGA	Competency Gap Assessment	OC	Operational Centre
CHEW	Community Health Extension Worker	OCA	Operational Centre of Amsterdam
CHO	Community Health Officer	OCB	Operational Centre of Brussels
CHUC	Community University Hospital	OCBA	Operational Centre of Barcelona
CPD	Continuous Professional Development	OCG	Operational Centre of Geneva
eTOF	Online Training on clinical Facilitation	OCP	Operational Centre of Paris
eTOM	Online Training on clinical Mentoring	OPD	Outpatient Department
FMHA	Fellowship in Medical Humanitarian Action	OT	Operating Theatre
HAI	Healthcare Associated Infection	PGDip ID	Postgraduate Diploma in Infectious Diseases
HIV	Human Immunodeficiency Virus	SRH	Sexual and Reproductive Health
HR	Human Resources	TB	Tuberculosis
ICU	Intensive Care Unit	TIC	Transformational Investment Capacity
IMCI	Integrated Management of Childhood Illness	TOF	Training on clinical Facilitation
IPC	Infection Prevention & Control	TOM	Training on clinical Mentoring
IPPC	International Projects Portfolio Committee	WaCA	MSF's West and Central Africa Office
ISTP	Intersectional Surgical Training Programme		

EXECUTIVE SUMMARY

In 2023, the MSF Academy for Healthcare continued making solid progress across its training initiatives. Our field teams in the Central African Republic, Mali, Nigeria, Sierra Leone, South Sudan and Yemen carried on with the implementation of the in-person programmes, and we prepared to also start up in Burkina Faso. Beyond the growing number of completed programmes and graduates, a noteworthy addition to our field-based programmes was the first roll-out of the Operating Theatre nursing care training programme.

Additionally, new cohorts of learners were welcomed into our hybrid and online training initiatives. The Fellowship in Medical Humanitarian Action secured a very valuable partnership with Wits University in South Africa, by which the programme will become the Postgraduate Diploma in Medical Humanitarian Leadership as of beginning 2024. The Postgraduate Diploma in Infectious Diseases saw its first graduates since the start of the programme, and the Antimicrobial Resistance learning programme witnessed continual participation of numerous learners, as well as a graduation.

Across initiatives, 2023 also marked substantial progress in our evaluation of the impact of our implemented projects, a critical step toward comprehensively understanding the changes brought by our training programmes in the quality of care provided at the hospitals, and toward continuous improvement.

The MSF Academy for Healthcare focuses on strengthening the skills and competencies of healthcare workers in MSF projects, with the will to have a long-term impact on the quality of care in the countries where MSF intervenes. It does this by developing and providing specific work-based learning programmes to medical and paramedical workers in the targeted health structures.

The countries where MSF operates are affected by conflict and humanitarian crises. As a result, they also suffer from severe shortages of qualified health professionals. With the MSF Academy for Healthcare, MSF aims to contribute to long-lasting improvements to the quality of care available in the most hard-hit countries, and to progressively diminish the footprint of international presence.

The main novelty brought through the MSF Academy for Healthcare is to have created comprehensive programmes to accompany the development of nursing, midwifery and clinical health workers, as well as coordinators of medical strategies, while on the job. The Academy develops and implements competency-based curriculums that are tailor-made to MSF's needs, using a learning cycle based on theoretical knowledge and workplace practice, accompanied by clinical mentoring and tutoring.

HIGHLIGHTS OF THE YEAR

Hospital Nursing and Midwifery care initiative

- In 2023, 230 learners working in six hospitals in three different countries successfully completed the Basic Clinical Nursing Care (BCNC) programme. The graduation ceremonies counted with the participation and support of relevant authorities, including the Ministries of Health.
- Learning activities carried on in the ongoing structures and we started implementing in four additional hospitals in Central African Republic (CAR), Mali, South Sudan and Yemen, totalling eight hospitals with ongoing programmes at year end.
- The Operating Theatre (OT) nursing care programme was implemented for the first time in the Kenema Mother & Child hospital in Sierra Leone.
- The roll-out of the Midwifery clinical care programme carried on in Kenema and preparations took place to start up the programme in Burkina Faso and South Sudan.
- The first follow-up assessment was performed in a project where the first BCNC learners graduated in 2022.

Outpatient care initiative

- In 2023, 64 learners in three different countries finished the programme and graduated.
- We started a new project in Nigeria to provide the training programme to Ministry of Health personnel in health centres not supported by MSF.
- In South Sudan, a new strategy was implemented to address the basic competencies that learners needed to improve.

Fellowship in Medical Humanitarian Action

- We worked with the different MSF Operational Centres (OC) to establish an agreement for staff enrolled in extended-length trainings, in order to find solutions for them to better balance their workload with the study time.
- The Fellowship programme will become a Postgraduate Diploma in 2024, as in 2023 we concluded a partnership with Wits University in Johannesburg, South Africa.

Postgraduate Diploma in Infectious Diseases

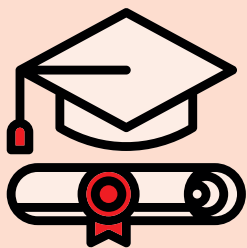
- The first graduation ceremony of the programme took place in 2023, for six participants from the first group of learners enrolled in 2021 who successfully completed all assignments.
- The profile of the learners participating in this programme continues to move to a large majority of locally hired staff from countries in Africa and Asia.
- An external evaluation of the programme led to some adaptations in the programme implementation and content.

Antimicrobial Resistance (AMR) Learning initiative

- Early 2023, 56 learners of the second cohort of participants graduated, which brings the total number of MSF staff who completed the training to 85 since the start of the programme.
- A new cohort of 69 learners were enrolled in May, due to complete the programme early 2024.
- We conducted a study to evaluate the effectiveness of the programme. The results showed great improvement in some of the areas measured, such as an increased confidence in implementing Antimicrobial Stewardship (AMS) and Infection Prevention and Control (IPC) interventions in the hospitals.

The MSF Academy for Healthcare in numbers - situation end 2023

A total of **2.361 learners** have ever participated in one of the training programmes



A total of
804 graduates

- › **336** competence certificates for the full BCNC
- › **105** participation certificates for partial BCNC
- › **82** certified nurses or midwives
- › **29** competence certificates for community health officers
- › **129** competence certificates for the full outpatient care programme
- › **35** certificates for partial or adapted outpatient care programme
- › **6** postgraduate diplomas in infectious diseases
- › **82** diplomas for the AMR learning initiative



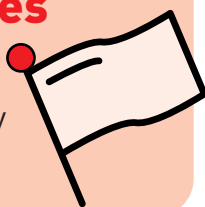
885 active learners
at the end of 2023

- › **604** in the Basic Clinical Nursing Care programme
- › **14** in the Operating Theatre nursing care programme
- › **36** in the Midwifery clinical care programme
- › **5** in the JCONAM scholarship
- › **36** in the Community Health Officers programme
- › **68** in the Outpatient care initiative
- › **32** in the Fellowship in Medical Humanitarian Action
- › **21** in the Postgraduate Diploma in Infectious Diseases
- › **69** in the Antimicrobial Resistance Learning initiative

In-person programmes implemented in

6 countries

by MSF Academy field teams



Participants of online and hybrid programmes in

36 countries



Staff from

all MSF Operational Centres participating



61 clinical mentors and tutors support the learners

PEDAGOGICAL ACTIVITIES

Every learning programme of the MSF Academy' is based on three pedagogical pillars: **competency-based approach, learner-centred learning and structured work-based learning** (more information is available in Annex 1). The specificity of the approach lays in focusing on the support of the learners while on the job: guided practical training, provided directly in the work environment.

Structured work-based learning requires on-the-job trainers who can link the theoretical aspects of training with the daily professional practice. Therefore, our clinical mentors and tutors play a crucial role in this approach as they help the learner set their own goals and action plans to develop and improve individual competencies, aligned with the course curriculum. The clinical mentor or the tutor observes or follows up the learner's progress at work, offers individual support and facilitates the reflection on their performance through self-assessments, debriefings and feedback.

Exchanges and discussions

The year 2023 was marked with interesting developments for the MSF Academy clinical mentors. The teams (both at global level and in the various fields) worked together through **online monthly meetings, ad hoc discussions and field visits** to continue developing our facilitation and mentoring competencies. The clinical mentors came forth with discussion topics stemming out of their daily practice and needs for improvement. Examples of these topics are quality improvement, professionalism in our role as clinical mentors, creating psychologically safe learning environments, and unpacking comments to gain further learning. The clinical mentors have also been involved in root-cause analysis workshops, lessons learnt workshops and simulation trainings. Overall, through groups discussions and continued sharing of successes, challenges and lessons learnt, we are creating a community of practice within the MSF Academy field implementation teams.

The tutors of the Fellowship in Medical Humanitarian Action and the mentors of the AMR learning programme have come together to establish a platform for discussions, aimed at facilitating the exchange of knowledge and experience between them.

Training on virtual facilitation

The tutors and mentors of the MSF Academy hybrid and online training programmes regularly facilitate virtual sessions for the participants. Given the specific skills required for virtual facilitation, we organised an online course on this topic in November to support them on this activity.

Training on clinical Mentoring and Training on clinical Facilitation

As in 2022, in-person and online trainings on clinical mentoring (TOM) and facilitation (TOF) were delivered as part of the induction of any new clinical mentor, but also to onboard learning companions. Throughout the year, our field teams organised three in-person TOMs: in Yemen, South Sudan and Central African Republic.

We delivered three online TOM (eTOM) in English and one in French, as well as one online TOF (eTOF) in French, for a total of 77 participants. The tutors and mentors of our hybrid and online training programmes participated in these online TOM and TOF to enhance their ability to provide effective online support to the learners.

Following the request from the group who participated in the September eTOM to keep in touch afterwards, we piloted an additional **follow-up virtual session**. While it was deemed very useful by the participants, only five out of 19 attended the session. The challenges shared by the attendees included balancing clinical duties with online training commitments and receiving adequate support from their management to implement mentoring activities in their project. Participants reiterated their positive feedback regarding the TOM contents, emphasizing their practical applicability to real-world scenarios. They particularly highlighted the sessions on clinical reasoning, feedback provision, and various methodologies employed in healthcare settings, such as the one-minute preceptor and active observation to improve the level of learners in physical examination. The follow-up virtual session was also used to practice more on giving feedback, which was a request from participants. Based on this experience, we are planning to offer other follow-up sessions for all TOM alumni.

Seeing that there is a growing desire within MSF to develop such competencies, we decided to invest in developing a self-paced version of the eTOF and eTOM. A preliminary analysis of what that entailed was carried out in 2023, and at the end of the year, we started work on the design and development of self-paced versions of the trainings. The idea is that the participants of the self-paced courses also be invited to the follow-up virtual sessions, to allow for exchanges on practice.

Field Acadays

The *Acadays* are an internal workshop for the MSF Academy clinical mentors and healthcare trainers from one specific country, supported by the pedagogical manager and the country representative. It enables the clinical mentors, who

are working in different projects, to spend time together to discuss and share experiences. According to the identified needs, a programme is elaborated with different interlocutors, depending on the needs, for example: with the Human Resources (HR) to discuss the new evaluation forms, or the role of the Academy in terms of personal development for mentors; or with the nursing referent to work on the quality-of-care assessment.

While *Acadays* were already taking place in the Central African Republic in 2022, this year they were also organised in South Sudan and Mali. We also encourage project clinical mentors or nurse educators working within operational teams to participate to our *Acadays*, if relevant for them.

Mentoring toolkit

In 2023, we have captured the learnings from our experiences in clinical mentoring in a toolkit. This toolkit was finalised for the BCNC mentors in French and in English and will be adapted for the Midwifery and Outpatient care mentors. It is composed of three parts:

- Tools to follow-up on mentees' progress;
- a *Frequently asked questions* sheet about clinical mentoring practical issues, and
- tools for the clinical mentors' professional development.

The toolkit was revised and improved based on return of experiences so far and on the feedback received from the clinical mentors. All clinical mentors providing face-to-face clinical mentoring now have a portfolio to evidence the development of their own clinical mentoring competencies; the portfolio also serve as a reference when the mentors apply to obtain the certificate of competence in clinical mentoring. This process will be further implemented in 2024.

New Mentee's logbook

The learning journal that we use for each participant to reflect and follow up their progression throughout the programmes was adjusted in 2023. We went from a binary approach of validation of skills (sun-cloud), which was used in the BCNC programme, to a more elaborated **feedback process based on three levels of attained competencies**:

1. "I still need to review and practice this skill".
2. "I am able to apply this skill but need support to practice competently".
3. "I am able to apply this skill in my practice competently and independently."



A mentor and a learner collaborate to fill out the mentee's learning journal during a debriefing session following their mentoring session at the patient's bedside

TRAINING INITIATIVES

HOSPITAL NURSING & MIDWIFERY CARE INITIATIVE

The Hospital Nursing and Midwifery Care learning programmes are designed for nurses, nursing assistants, midwives, and midwife assistants working in the hospital setting, and they aim to cover the competencies required for general nursing and midwifery care. For these programmes, we develop specific curriculums designed to meet MSF's needs and guidelines, incorporating interactive learning tools. We then implement these programmes in the target countries.

As part of this initiative, we have developed the Basic Clinical Nursing Care (BCNC) programme, two specialised programmes, one focusing on Operating Theatre nursing care and the other on Neonatology nursing care, the Midwifery Clinical Care programme and targeted scholarship programmes.

Basic Clinical Nursing Care

In an effort to **maintain our training programmes up to date** with the latest MSF medical guidelines, some BCNC units had to be adapted as per new nursing protocols. For example, as MSF's nutrition guidelines were revised, we added new content to the programme on screening, assessment, prescription and follow-up of nutrition.

As part of the contextualisation of the BCNC implementation for the Aden hospital in Yemen, we adapted the content and the learning material to apply a **case-based approach** in the provision of the programme's content (this adapted curriculum can be found in Annex 2). This was driven by the will to adapt the content to the higher nursing competency levels of the staff and their training needs, identified during the initial assessment. The units of the BCNC were reorganised into a systemic approach, which structures the patient assessment process to comprehensively cover different human systems. This enables learners to link knowledge and skills in a practical way, from the beginning, in their work. As this is being implemented in a trauma hospital, the systemic approach is familiar to most staff members, which allowed us to contextualise the implementation focusing on improving current practices and building on existing knowledge.

The approach relies on unfolding case studies. Participants are introduced to patient stories that evolve over time in an unpredictable manner. By making the learning topic central with an unfolding case, the mentor transforms participatory lecture-based content into a narrative. This connects theory and practice, and the learners engage in essential discussions and decisions for patient care. Rather than using a regular case study where they simply explore or analyse a situation, unfolding case studies provide the opportunity to reflect on patient's stories, how decisions impact their quality of care, and the consequences of actions throughout an unpredicted healthcare situation.

BASIC CLINICAL NURSING CARE

The Basic Clinical Nursing Care (BCNC) training programme is designed for nurses, nursing assistants, midwives and midwife assistants working in the hospital setting. It aims to cover all competencies required for general nursing care. The BCNC is organised into 41 units that are grouped into five modules. These modules cover the knowledge and skills needed for: the complete assessment of a patient; infection prevention & control; nursing care to support human functions; supporting the patient through diagnostic process; and supporting the patient through treatment.

The BCNC curriculum was validated by the MSF intersectional Nursing Care Working Group and other working groups when applicable, including Laboratory, IPC and Pharmacy. All the material is aligned with the MSF Intersectional Manual for Nursing Care procedures and Standard Operating Procedures.

In 2023, the development of **e-learning version of the BCNC** training programme (eBCNC) was finalised and is now available in both English and French. The eBCNC continued to successfully be used for catch-up sessions in Koutiala, Mali, which proved to be a great way to make the most out of the mentors' time, while still being available for the learners to confirm the learnings. The insights gained from this experience prompted us to explore how to expand this offer of blended learning. The challenge for 2024 will be to find alternate way to palliate the extremely poor internet connection of most of our projects.

In 2023, the MSF Academy for Healthcare participated for the first time in the **International Council of Nurses** (ICN), organised in Montreal in July. The ICN Congress is a four-day scientific programme, during which nurses and nurse academics share their experiences and present their research with the intention of disseminating best practices around the world. The main theme for 2023 was "Nurses together: a force for global health". We presented two posters in this event:

- Theoretical and practical competency assessments pre and post implementation of a Continuous Professional Development (CPD) programme to measure learning outcomes.
- Bedside clinical mentoring in MSF projects: how to introduce this learning method in a humanitarian setting.

“ You may be in college for years, but you may not get some of the skills the way we have gotten them in the Academy.”

Jimmy Loku Olimpia, nurse in Malakal, South Sudan



To watch the full interview with Jimmy, scan the QR code



Operating Theatre nursing care

In 2023, the last preparations took place to roll out the Operating Theatre nursing care programme for the first time. The content development had already started in 2022, and additional content was finalised in 2023 and validated by OT nursing referents in different MSF OCs, in parallel to the actual provision of the learning programme in the field.

The OT nursing care clinical mentor developed two workbooks based on the curriculum content. These workbooks aim to provide additional support for learners to study and practice outside of training sessions and to create a shared learning environment where participants learned from each other. They include theoretical questions and case studies reflecting the programme's content. After working on their own, learners then share results that are reviewed and discussed collaboratively with the mentor. Additionally, learners engage in group presentations and projects covering various topics to reinforce and refresh concepts already covered.

The Operating Theatre (OT) nursing care programme is designed to support the continuous professional development of scrub nurses and circulating nurses. The curriculum is designed in a similar format to the BCNC, with supporting documents for the theoretical and mentoring sessions. The content is organised in four modules, complemented by 48 skills to guide bedside mentorship sessions. It covers Preparation for surgery, OT-specific IPC, OT nursing care and Diagnostics processes in the OT.



The OT nursing care clinical mentor and two of the participants during a training session on how to fold a sterile reusable surgical gown

Neonatal nursing care

The Neonatal nursing care curriculum was almost finalised by the end of 2023. Sixteen units of the BCNC curriculum were identified as pre-requisites, as well as another unit from the Midwifery clinical care curriculum.

The Neonatal nursing care curriculum was designed following a systemic approach², meant to guide learners through the steps of patient assessment. For instance, within 'airway,' the curriculum first addresses the characteristics of a normal airway in neonates, followed by potential complications and characteristics specific to unstable neonates, and the corresponding intervention strategies.

The Neonatal nursing care programme started to be developed at the end of 2022, after conducting a needs assessment. The curriculum is based on MSF Neonatal Care guidelines. It complements the existing trainings available for MSF staff, adapting the level of the content to nursing staff with less prior background in the field.

The content is organised in four modules and 26 learning units. It covers the well neonate (term and premature), the airway-disability in unstable neonates, the exposure/infection in unstable neonates, and the discharge & end of life care (see curriculum in Annex 3).

²A to I approach: Airway, Breathing, Circulation, Disability, Exposure, Fluids, Gastro, Haematology, Infection.

Midwifery clinical care

In 2023 we continued validating the different documents that make up the curriculum in English and it is now finished. The content is currently being translated to French as well. We also developed, jointly with the MSF Field Simulation team, simulation scenarios on sexual and reproductive health. The Point of Care Ultrasound (POCUS) project in MSF also participated in the review of the programme content, giving indications on where to include the use of ultrasound, in accordance with international and MSF recommendations.

A **competency framework by level** was established for the entire programme in order to empower the staff and allow for an individual learning plan for each participant. This framework allows each participant to know at which level they are starting in each defined competency, and to understand the scope of improvement. At the end of the programme, learners will be awarded a certificate for the level of competencies acquired, the minimum being the target level, which can then be exceeded.

Women's health being a cross-cutting area of activity in MSF, we have collaborated with different projects and teams within the organisation on different projects and activities. The MSF Academy has participated in the discussions to update the MSF guidelines on Essential obstetric and newborn care. We also participated in the development of a module on sexual health. This was done with the Sexually transmitted infections (STI) group, the LGBTQI+ inclusion MSF project, the Southern Africa Medical Unit and the SRHSV intersectional working group. This training module can be used and integrated into any of these initiatives depending on training needs, as it has been validated and thought through jointly with the input of all relevant expertise.

The Midwifery clinical care training programme aims to cover all competencies required for the profession. It is based on a global curriculum which can then be used for three adapted programmes according to the learning needs: Comprehensive Emergency Obstetrical and Neonatal Care (CEmONC), Basic Emergency Obstetrical and Neonatal Care (BEmONC) or Outreach programme. The full curriculum consists of 33 units grouped into five modules. These cover general competencies, supporting the woman in sexual health and contraception, supporting the woman during pregnancy, supporting the woman during labour and delivery, and post-natal care.

All the content of the Midwifery clinical care curriculum was reviewed and validated by the MSF working group on Sexual and reproductive health and sexual violence (SRHSV) and the working group on Paediatrics, when applicable.

Ward supervisor training

The MSF medical directors approached the Academy to map and explore the need for reinforcing the Ward supervisors' competencies through a training programme. As part of the overall needs assessment, groups discussions were held at different levels in HQs to understand what the needs were and whether there were training needs that could be met by the MSF Academy for Healthcare.

Stemming out of these discussions, a survey was then built and sent to various stakeholders across all MSF OCs to quantify a bit more the understanding of the perceived gaps in ward supervisions and how to best go about to tackle them: 96 answers were received and analysed. The results highlighted the need to reinforce and autonomise wards supervisors in different areas, including coaching and mentoring, IPC or data management and analysis.

A second survey will follow suit beginning of 2024, this time targeting the ward supervisors themselves.



Two midwives, who are participating in the Midwifery clinical care programme, assisting a new mother during breastfeeding

Field Implementation of the Hospital Nursing & Midwifery Care initiative

The field implementation of the BCNC learning programme continued in Central African Republic, Mali, Sierra Leone and South Sudan, and started in Yemen. In 2023 we started rolling out, for the first time, the Operating Theatre nursing care programme, in Sierra Leone. The Midwifery clinical care programme continued in Sierra Leone, and preparations to start in Burkina Faso and in a new hospital in South Sudan took place during the year. At the end of the year, we had field teams implementing our Nursing & Midwifery care training programmes in eight hospitals.

In 2023, there was a shift in the proportion of learners between MoH and MSF staff. The proportion of MoH staff participating in our programmes increased, which had an impact on the contextualisation and adaptation of the trainings.

CENTRAL AFRICAN REPUBLIC

We started the year in the Central African Republic with 125 active learners enrolled in the BCNC programme from four hospitals: the University Regional hospital (*Hôpital régional universitaire* in French) in Bangassou, Bambari Regional University Hospital, Bossangoa Regional University Hospital and the Bangui Community University Hospital (CHUC - *Centre hospitalier universitaire communautaire* in French) where we focused on the neonatal ward. During the year, the learners from the first three hospitals completed the full BCNC programme, and we started up two new hospital cohorts, closing the year with a total of 204 active learners in three projects: the Bangui CHUC neonatal ward, the Bangui CHUC internal medicine ward, and a new cohort in Bangassou.



One of the biggest successes in the Central African Republic in 2023 was that all the projects now fully fit the identified pre-conditions to enable effective implementation and greater impact: all have now allocated learning time for the learners and organised for replacement staff; the adequate number of clinical mentors is able to be present throughout the programme within the project site; and all new projects have enrolled all staff providing nursing care in entire wards or in the entire hospital.

The year 2023 marked the full completion of our BCNC programme by a total of 65 learners in three of our projects: **32 in Bangassou, 15 in Bambari** and **18 in Bossangoa** (the results of the Competency Gap Assessments (CGA) are available in Annex 4). It was therefore also the year of our first graduation ceremonies in the country. Despite implementation conditions that were not set favourably from the onset (no clinical mentor full time on site, no learning time in rosters, learners scattered throughout the hospital with no full ward covered, etc.), a general improvement in the learners' competencies (both knowledge and technical skills) was clearly noted. This improvement and the impact of the overall quality of nursing care in the hospital may however be fragile as only a part of the staff providing nursing care benefitted from the programme.

The BCNC programme in the **CHUC's neonatal ward in Bangui** that started in November 2022 continued with its 49 learners and is expected to end in November 2024. The learning was put on hold for six weeks following a Klebsiella outbreak at the end of November; yet even though facilitations were suspended, mentoring carried on with a specific focus on IPC procedures.

In April we assessed the possibility of implementing the BCNC programme **in CHUC's internal medicine** ward (intensive care unit, emergency and triage) as well. The approach needed to be well understood as this ward is fully managed and run by the Ministry of Health. Two vulnerabilities were identified: staff absenteeism and the difference in treatment between HIV patients, who are financially covered by MSF, and the others. The first issue is continuously addressed via close communication circuits with the hospital leaderships team and the supervisors. The second one (different categories of patients within the ward) is still being discussed and worked on at various levels to identify ways forward. In May, the learning with the BCNC programme effectively started with 83 learners.



Learners and mentors during a Competency Gap Assessment at the skills lab in Bangui, CAR.

Regarding the University Regional hospital in **Bangassou**, as all the relevant actors continued sharing the objective to improve the quality of hospital nursing care, a second cohort of 81 learners started the BCNC programme in November. This time, all staff providing nursing care in the identified wards³ were enrolled. The learners will be supported by three clinical mentors based in Bangassou, with allocated learning time within working hours and replacement staff.

Lessons learnt from previous projects have prompted us to strengthen our project assessment phase, aiming to pre-identify and potentially mitigate any vulnerabilities. In the case of Bangassou, where most of the nursing care is provided by staff with limited education level and who do not necessarily feel comfortable reading or writing in French, we adapted the approach and now most of the theoretical sessions are conducted in Sango, the local language.

³ The identified wards are: ER, ICU, Isolation, ITFC, Neonatology, Paediatric & Surgery.

A fact worth noting is that, at the end of the year, 95% of our learners in CAR were Ministry of Health personnel. This fact also explains the attention we pay to the project assessment phases as described above. Our agreements now typically include an addendum on roles and responsibilities which cover the pre-identified vulnerabilities and everyone's role in mitigating these.

In 2024 we will train more staff providing nursing care in the country with the BCNC programme, potentially in Bambari, Bossangoa and Batangafo.

The challenges have evolved since last year; we are now focusing on our ability to adapt our programmes to ensure the best possible uptake by our learners. We will do this via case-based approach, facilitation in Sango when required, adapting some of our tools to specific reading or writing skills, etc. Another continuous priority will be to continuously develop the competencies of our local staff members and maintain stability within our team.

An overview of the profile of the active learners by the end of the year can be consulted in Annex 5.

“ The training opened my eyes about things that I wasn't doing out of unawareness. After this training I started taking care of the patients in a timely manner. For example, in the vital signs chart, if I see that the measures don't correspond to the normal ones, I quickly call the doctor so that we can take care of the patient on time and they can improve. Also, now I start the treatment always by asking the patient for their consent before the treatment, and doing the aseptic technique that I learnt in the training. ”



Béatrice Nakoungba Ngomet, nurse-aide in Bangassou, CAR

**Nursing & Midwifery initiative end 2023
in Central African Republic**

65

Total graduates

204

Active learners

MALI

This year 2023 witnessed the growth of our activities in Mali: adding on to the 89 active learners in Koutiala, an additional 61 learners enrolled in Niono where we started the BCNC programme in May (an overview of the profile of the participants is available in Annex 6). The Mali team of MSF Academy consequently increased to support our growing activities.

In the **Koutiala Reference Health Centre**, midway through the programme, we conducted an analysis of the progression and the lessons learnt until then and adapted our approach subsequently. Prior to the malaria peak (August - November at its high point), we prioritised theoretical sessions, to allow less theory and instead more bedside mentoring during the peak, when the workload is higher for the learners. This approach proved successful, as our implementation timeline and methodology adapted efficiently to the situation and the progression was not delayed during the peak season. By December 2023, all the regular theoretical sessions were finished, and the implementation focused on catch-up sessions and bedside clinical mentoring. The programme end is planned for February 2024.



“ I loved the methodology of the Academy, which allowed me to express myself freely in a safe learning environment. I’ve acquired new knowledge in areas such as patient comfort and end-of-life care, the use of PH test strips in gastric tube insertion and the rules for mobilising and handling a patient. ”

Cissé Boncane, nurse-aide in Koutiala



In 2023, we also started the BCNC programme in **Niono Hospital** (officially known as the Reference Health Centre of Niono or *Centre de Santé de Référence de Niono* in French). The initial CGA confirmed the need for learning and continuous training for the staff, and learning activities subsequently started in May, initially with 61 learners. The newly recruited MSF Academy staff for Niono first underwent an induction period with the team in Koutiala and attended a TOF and a TOM. The time spent in Koutiala, observing the experienced team, provided the new trainers with valuable knowledge and experience, greatly facilitating their initial facilitation and mentoring roles in Niono.

In March 2024, another cohort of learners from the Niono Hospital will join the programme, as MSF started to support its surgery ward and new nursing staff will be trained. A difference to note between Koutiala and Niono, is that in Koutiala, only one of our learners was a staff from the Ministry of Health, whereas in Niono, the ratio is totally opposite, with only 2 MSF staff out of the full cohort of learners.

One of the challenges faced at the beginning of the implementation in Niono was the low motivation of the learning companions, which was mitigated through strengthening their role. First, the clinical mentors closely followed the learning companions’ technical progress in terms of mentoring; regular meetings between the MSF Academy team and the learning companions ensured they remained active and supported in their tasks. Second, a new approach was put in place: one mentor was always present at the hospital to actively respond to spontaneous mentoring and observe and support the skills of the learning companions in their role with other participants. And third, each learning companion was made responsible for mentoring specific learners, which significantly increased their mentoring rates during the peak period.

Nursing & Midwifery initiative end 2023 in Mali

149

Active learners

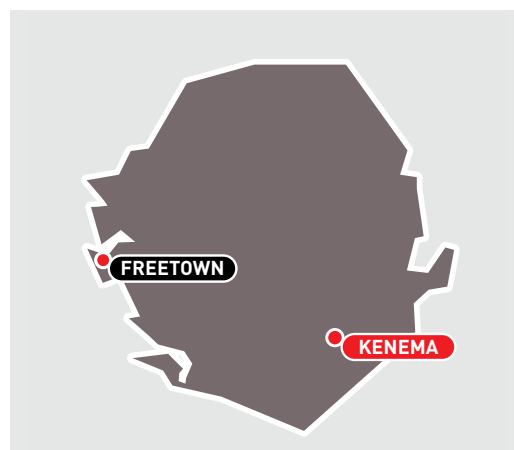
“ The BCNC programme was a great opportunity for us, given that the workload that we have as supervisors makes it difficult to provide individual support for the nurses. The Academy’s pedagogical approach enables adult learning and has a direct impact on the quality of care. ”

Abdoul Aziz Kané, Nursing supervisor in Niono

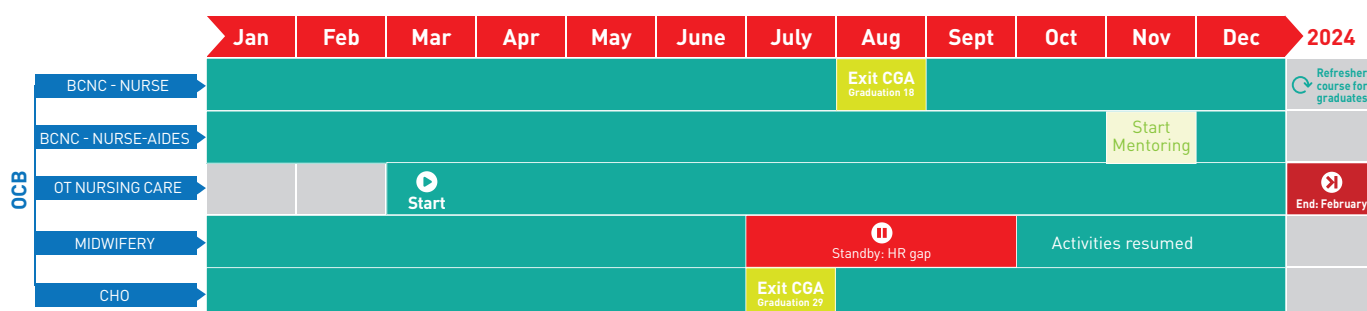


SIERRA LEONE

In the **Kenema Mother & Child Hospital**, 2023 was synonym of challenges, adaptations, successes and changes throughout. On the operational front, significant restructuring efforts took place at the project level, also impacting the staff, hence MSF Academy learners and programmes. As regards the MSF Academy specifically, we had learners complete both the BCNC (18) and the CHO programmes (29), we launched two new learning programmes (OT nursing care and a reduced BCNC for nurse-aides) and the Midwifery programme carried on. The results of the CGAs of the graduates can be found in Annex 7, and the profile of the active learners in Annex 8.



The year started with 151 learners enrolled in the **BCNC programme**, including nurses and nurse-aides, which by the end of the year was reduced to 101 – this significant reduction was mainly due to operational staff restructuring, but also resignations or changes within the operational role, and also included some data cleaning.



For the 57 nurse-aides enrolled in the programme mainly for the theoretical sessions, mentoring at the bedside started to be organised within the hospital for a specific set of skills (44 out of 85) relevant to the tasks they are expected to perform. In August, 18 learners graduated from the BCNC programme, bringing the total number of graduates in the country to 80. Discussions held with the project on how to provide ongoing CPD to those having finalised the programme led to draw up a 24-unit refresher course based on the needs identified by the graduates and the medical staff in the project; the content definition also considered the results obtained from the CGAs of these graduates performed a year after their programme completion and the yearly obligatory training requirements. This refresher course is to begin in 2024 with the Learning & Development (L&D) department and with the participation of one or more of the clinical mentors trained by the Academy.



A learner practices wound dressing on a manikin in Kenema, Sierra Leone

The **Operating Theatre (OT) nursing care programme** started in May with 16 OT nurses, 14 of which are still active at year end and are due to graduate in February 2024. Prior to the programme's delivery, the OT clinical mentor spent two weeks in the OT which enabled her to identify immediate needs and address these within the roll-out. This programme was a great success, both in terms of motivation of the learners and of impact on the quality of care. The most striking illustration

of the impact on care is the significant drop surgical site infection, from 16% in February to 3,4% in December, with zero cases since October. In preparation for the follow-up after the completion of the OT programme expected in February 2024, two participants were identified as focal points; they are being trained in facilitation and mentoring by the MSF Academy with the objective to become go-to-people when refresher trainings are required.

The **Midwifery programme** carried on but faced some hurdles along the way, mainly due to HR gaps. These different factors led to a suspension of our activities from July to October. The learning programme resumed in October, with a decrease in the number of staff targeted by the training, through re-shuffling and restructuring, thereby going from 44 learners in January to 36 at year end, including midwives and Maternity and Critical Care Unit (CCU) nurses.

As it is planned that the Academy departs fully from Kenema by mid-2025 and that CPD activities carry on after that under the umbrella of the project's operational team, time was also invested in reflecting on and planning the next steps once all the programmes are finished. Beyond the already mentioned design of a refresher programme for BCNC graduates jointly with the L&D department, further skills to work on with the clinical mentors are being identified (for example simulation or clinical case-based discussions). The overall objective is to support the continuous use of our developed content within and by the project after our direct implementation.

The midwives' work in the Maternity ward was recognised by the OCB SRH mobile implementation officer after her two-month field visit:

“ I found a team of midwives who is very well trained and has a good baseline knowledge... Their level is comparable or higher than what we see in most MSF projects, especially such young projects. The team is particularly good in communicating with the patients in non-medical language” – a competence that is developed within the Midwifery programme.

Ann Van Haver, OCB SRH Mobile Implementation Officer, Kenema Field Visit Report, December 2023

Nursing & Midwifery initiative end 2023 in Sierra Leone



Total graduates
CHO: 29 - BCNC: 80



Active BCNC learners



Active OT learners



Active Midwifery learners



Active CHO learners

Community Health Officers (CHO) training

The MSF Academy for Healthcare developed and is implementing a training programme for Community Health Officers in Kenema, Sierra Leone. In Sierra Leone CHOs carry out much of the clinical work after going through three years of basic clinical training.

The first graduation ceremony of this programme took place in July 2023, with 29 graduates.

The programme, which was developed specifically for the Kenema Mother & Child Hospital, is supported in terms of content by OCB's paediatric referent and was managed quite autonomously by the various paediatricians taking over the role of CHO L&D manager over the past three years. The identification within the MSF Academy team of a referent assigned to this programme and the arrival of the Pedagogical Manager contributed to reinforce the support provided to our CHO team.

The year ended with a two-month gap in the CHO L&D manager position. This did not however affect the roll-out of the programme as the two CHO clinical mentors managed the continuation of the activities. By the end of the year there were 36 remaining active learners.



A clinical mentoring session for one of the CHOs participating in the training programme

SOUTH SUDAN

In South Sudan, 2023 was a year of graduation of large numbers of BCNC participants, with the completion of the programme in two hospitals, namely in Lankien and Malakal. The implementation of the BCNC in Boma continued throughout the year and it started in Ulang. In 2023 we also started preparations to implement the Midwifery clinical care programme for the first time in the country.



In March, **89 learners graduated from the BCNC in Lankien**, out of the 94 active participants. The drop in numbers is attributed to resignations, the Covid-19 pandemic and context evolution changes following insecurity, which prevented some staff to be present at the project. A graduation ceremony was held, with the support of the director General for Nurses and Midwives of the MoH and representatives from State level, County officials and MSF. This group of graduates was the largest ever to graduate from an MSF Academy programme. The ceremony counted with the participation of some of the families of the graduates and was a very important and celebrated event in the community.



After the end of the programme, a project clinical mentor stayed on for some time, to continue facilitating theory and clinical mentoring sessions to the learners who did not graduate and to the newly recruited staff joining the project, with remote support by the MSF Academy team.

“ I learnt a lot of skills that I never practised before. With this training, I am a step closer to my dream of saving lives in my community and providing them with dignified quality of care. ”
 Changkuoth Yoal, nurse in Lankien, South Sudan



[Read the full article](#)

In May, **68 learners graduated from the BCNC in Malakal**. In this case, a steady project clinical mentor who had been part of the implementation phase has carried on afterwards, supporting new learners and learners who did not complete the programme yet. The aim of this position is to promote a culture of learning even after the MSF Academy leaves the project and to ensure that quality of care remains a priority among the staff. The MSF Academy continues to support him remotely and in-person when needed.

In both Malakal and Lankien, the learners demonstrated an overall improvement in competency, both through their level of knowledge and that of technical skills, and the assessment carried out in the hospital after the end of the programme showed an increase in the quality of care provided. In the survey conducted six months after the end of the implementation, learners expressed an increased confidence in their competence to perform their nursing duties. The comparative results of the CGAs of the graduates can be found in Annex 9.



Graduation ceremony in Malakal, South Sudan

In **Boma**, the implementation of the BCNC programme, initiated in 2022, continued throughout the year. In this project, MSF collaborates with other NGOs in a hospital managed by the MoH. This collaboration proved challenging in ensuring the availability of necessary preconditions for implementation and for guaranteeing participants' attendance: e.g. changes in ward management by other NGOs led to difficulties in tracking enrolled staff, causing delays in mentoring sessions. Additionally, some learners, initially intended to rotate between inpatient and outpatient care settings, were unable to do so, resulting in their being taken out of the programme as the focus of the BCNC is on inpatient nursing care.

Another challenge in Boma was the limited opportunities for learners to practice specific nursing skills in their day-to-day work at the MoH-managed hospital. To address this, we decided to validate these skills in the skills lab through simulation and to provide attendance certificates instead of competency ones for the learners, as they could not master the technical skills at the bedside. Graduation for the learners is scheduled for early 2024.

In October, the roll-out of the BCNC programme began in **Ulang**, involving 55 learners. A project clinical mentor joined the team from the beginning to ensure continuity post-implementation. Gap fillers were identified to allocate learning time

for the learners without disrupting patient care services. The primary challenge in Ulang stems from limited space for Academy staff due to security-related constraints on the number of international staff allowed in the project. As a result, we were unable to have a senior clinical mentor or pedagogical manager present at the beginning of the implementation to support the clinical mentors during those first moments. This limitation also impacts visits by Academy staff to the project.

In **Old Fangak** we started the preparations to **implement the Midwifery clinical care** training programme in 2024. This will be the first time for this programme to be rolled out in South Sudan. A clinical mentor has already been identified and will join the project.

One of the main challenges faced this year in South Sudan was to establish the role of the project clinical mentor, in order to ensure continuation of the learning and a maintained focus on improving the quality of care provided. As this position needs to be integrated by the operational activities and given the various priorities in resources allocation, in some cases it has proven difficult to include this role in the long term.

An overview of the profile of the active learners by the end of the year can be consulted in Annex 10.

Nursing & Midwifery initiative end 2023 in South Sudan



Total graduates



Active BCNC learners



Active JCONAM learners

JCONAM Scholarship programme

The five students from the pilot group completed their first year with ease and started the second year in September. They also started internships in MSF hospitals close to their home locations, which was one of the main objectives of this programme. We introduced a new skills lab in the school to allow for real time mentoring sessions for all the learners, and a clinical mentor provides support to the students and offers mentoring sessions to them. A face-to-face training on clinical mentoring was delivered for 24 school tutors and workplace preceptors: it included the regular TOM course contents as well as a practice in Juba teaching hospital and a reflection on how to maintain good mentoring practices in a resource-limited hospital. Follow-up support will be needed to help the tutors and preceptors apply those practices in their daily work.

2023 was a challenging year for JCONAM as there were unexpected changes in the governance of the school. We worked together with the school to find solutions for the issues, and by the end of the year there was a stable leadership in place. A management board with different entities (Amref University in Nairobi, MoH, JCONAM, Juba teaching hospital, MSF Academy and a community representative) was established to steer the college into proper governance.

The five students of JCONAM who participate in the scholarship programme.



YEMEN

The year started with the preparations for the implementation of the BCNC programme in **Aden Trauma Centre**, in the South of Yemen. This was followed by the recruitment of the mentoring and training staff, who participated in an in-person TOM organised in Yemen.



Nursing & Midwifery initiative end 2023 in Yemen

65

Active learners



The entry CGAs took place in June. The results showed a higher level of competencies compared to our usual projects, which led to reviewing the pedagogical approach used for the BCNC and the decision to use a contextualised case-based approach in Aden. The MSF Academy’s pedagogical officer went to Aden in July to train the staff on this new pedagogical approach. The programme was launched in July for 64 learners (an overview of the profile of the learners can be found in Annex 11).

Discussions to launch the BCNC programme in either Kilo project in Al Qaeda hospital or in AdDahi hospital were ongoing throughout the second half of the year and led to field visits in both locations to carry out assessments. The launch of the BCNC programme should take place in one of the two locations in 2024.

The over-arching challenge in Yemen remains security. This affects recruitments in terms of nationalities authorised to come to Yemen, the arrival of additional international staff and the field visits that can be planned to support our staff.



Learners playing a didactic game on signs of infection in Aden, Yemen

BURKINA FASO

In 2023, the MSF Academy launched the discussion to roll out the **midwifery programme** in Burkina Faso, in the MSF-supported hospital in **Bobo-Dioulasso**. The aim of the MSF presence in this new operational project is twofold: to give support to health structures and communities identified to contribute improving the conditions of access and quality of care on the one hand; and to participate in research, training and expertise programmes on the other hand. The MSF Academy is to support the operational team by rolling out some of its learning programmes, starting with midwifery.

Due to delays in the construction of the maternity, the implementation will only start in 2024, but preparatory work took place in 2023. The curriculum has been revised and adapted specifically for Bobo, in concertation with the Field Simulation and POCUS programmes, which will be implemented simultaneously with ours in Bobo. This resulted in a fully integrated curriculum.



Monitoring and evaluation of the Nursing & Midwifery initiative

The MSF Academy has adopted the Kirkpatrick Model to evaluate the quality of the training programmes. The model is structured across four levels of evaluation: reaction, learning, behaviour and results. Evaluation tools and indicators have been defined to follow the progression in each one of these levels throughout programme implementation, and up to 12 months after its end.

The table below shows the different tools that are now being used for each level and at the various steps of the programme. The sum of all these elements is key to allow us to evaluate the impact of the programme implementation in each project.

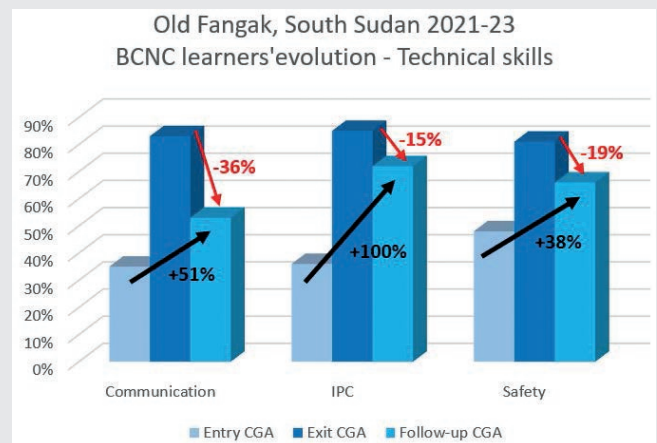
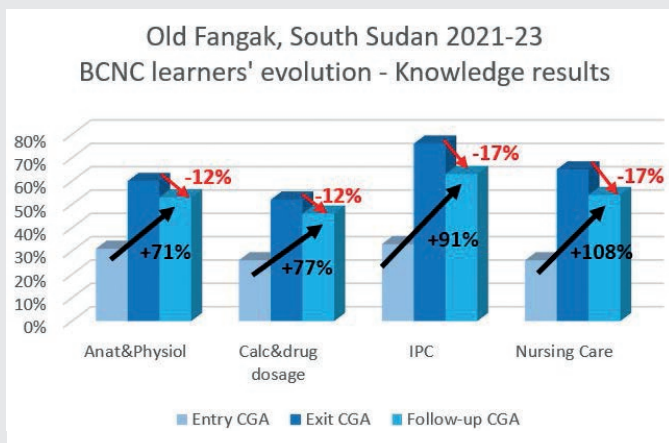
	BEFORE > PRE (0-3 months prior)	DURING + END (12-24 months)	AFTER > FOLLOW-UP (12 months after)
L1: Reaction	Self-assessment surveys	Training satisfaction survey	Post-training survey
L2: Learning	Entry CGAs (both theoretical & technical parts)	<ul style="list-style-type: none"> ■ Regular formative assessments ■ Monthly strategic discussions ■ Mid-term & End reports ■ End CGAs 	Follow-up CGA
L3: Behaviour	Assessment on Quality of hospital Nursing Care	<ul style="list-style-type: none"> ■ Monthly strategic discussions ■ End Assessment on Quality of hospital Nursing Care 	Assessment on Quality of hospital Nursing Care
L4: Results	<ul style="list-style-type: none"> ■ Initial preparatory report (following field visit) ■ Entry Assessment on Quality of hospital Nursing Care 	<ul style="list-style-type: none"> ■ End Assessment on Quality of hospital Nursing Care ■ Mid-term & End reports 	<ul style="list-style-type: none"> ■ Assessment on Quality of hospital Nursing Care ■ Follow-up report

Evaluation of a programme implementation from beginning up to 12 months after its end.

The first complete evaluation of a project implementation of the BCNC programme from beginning up to a year later was carried out in November 2023 for Old Fangak, South Sudan.

The BCNC programme in Old Fangak began in March 2021 and ended in June 2022. Following completion, an end evaluation was conducted (including exit CGAs and quality-of-care assessment) and documented in an exit report, regrouping the obtained results and tracing the different implementation steps, challenges and lessons learnt. To evaluate the sustainability of the training's impact, a follow-up evaluation was conducted in November 2023 with the aim **to assess the retention of learning among the graduates and the status of the quality of nursing care provided at the hospital**. A comparative analysis was drawn between the findings of this follow-up evaluation and those documented at the programme's end, 18 months earlier. Additionally, a survey was carried out with the graduated learners still present in the project, to understand how much the knowledge, skills and other resources acquired during the programme helped them in their daily work.

The CGA revealed that a significant increase in the learners' knowledge and technical skills was still effective 18 months after the end of the programme, even if there was a decrease between the exit and the follow-up CGA, so during these 18 months. The assessment on quality of nursing care between the end of the implementation and the follow-up assessment showed an overall improvement across the observed categories: medical material, vital signs monitoring and nursing care procedures. Most learners expressed confidence in performing the nursing skills.



The full Completion Report on the BCNC implementation in Old Fangak is available in bit.ly/44opxsk



The results of the **external evaluation of the BCNC programme**, launched in 2022 with the Stockholm Evaluation Unit (SEU), were published. This evaluation focused on the first implementations of the BCNC programme: in Kenema, Sierra Leone, since 2020, and in Old Fangak, South Sudan, since 2021. Overall, the results indicated positive changes in nurses' skills and behaviours attributable to the BCNC training. The learners reported that the training was relevant and well-adjusted to the context, and the bedside mentoring approach was identified as key in translating theory into behavioural change. A series of recommendations were issued, prompting the MSF Academy team to translate these into action points, among others:

- Include gender and diversity aspects during the needs analysis phase.
- Assess learners' motivation and potential barriers during the design process, via a pre-training questionnaire to develop mitigation strategies.
- Ensure that the BCNC objectives are well communicated and understood in the projects for more collective ownership.
- Have clearer Monitoring & Evaluation (M&E) frameworks and exit plans.
- Create systems to capture more feedback during the delivery of the programme.
- Consider additional learning techniques, such as group discussions at the bedside, which will be piloted especially for skills that are not performed so regularly within the specific hospital setting.
- Include indications of level of competencies within assessment tools.
- Continue improving the collaboration with Ministries of Health and nurse associations.

These action points are progressively being addressed.

OUTPATIENT CARE INITIATIVE



In 2023 we worked on an extra module for the Outpatient Care curriculum following the identification of the need in the field and feedback received from the projects. As general consultation providers are often not requested to carry out HIV diagnosis or management of Antiretroviral Therapy (ART) or HIV-related complications, but they have an essential role in the linkage to care of their patients to the HIV services, we decided to include this in the content of the training programme. The **new module is focused on HIV linkage to care in general consultations**, and it has been developed together with MSF's South African Medical Unit (SAMU). The main objective of this new module is to guide healthcare providers on health promotion and prevention of HIV transmission, early suspicion, and referral for diagnosis; it can also contribute to ensure that the HIV positive patients from the community are successfully linked with the ART clinic and HIV services. The module is now available in English and was piloted in our projects in South Sudan.

All training materials for the Outpatient Care programme have been reviewed and updated according to new guidance when needed. An **e-learning** version of the curriculum is being developed together with Tembo, and it is planned to have two delivery modalities: self-paced learning, available to everyone who wishes to follow the theoretical component of the course, and a blended version to be implemented in selected projects.

**OPD CARE
MSF ACADEMY**

MODULE 1.
PART A. INTRODUCTION TO GENERAL ASPECTS
PART B. INTRODUCTION TO GENERAL ASPECTS
INTRO IPC

MODULE 2.
TRIAGE, ABCDE, PAIN

MODULE 3.
SERIOUSLY ILL PATIENT WITH FEVER

MODULE 4.
DIARRHOEA, VOMITING AND DEHYDRATION

MODULE 5.
COUGH AND DIFFICULTY BREATHING

MODULE 6.
SMALL, WEAK AND PALE

MODULE 7.
MALARIA

MODULE 8.
GENITOURINARY PROBLEMS

MODULE 9.
SKIN PROBLEMS

Physical exam

Click on the different elements of this standard doll.
Try to follow the head-to-toe sequence.

OPD e-learning course

The Outpatient Care Initiative aims at strengthening the competencies and skills of consultations providers in patient assessment, clinical reasoning and clinical decision-making, using a person-centred model of care, with the goal of improving the quality of outpatient consultations in MSF projects.

The programme is based on a transversal competency framework that was developed based on the key elements of a primary care consultation and the main aspects for improvement identified following a feasibility study and a consultancy between MSF and the Institute of Tropical Medicine in Antwerp, Belgium. All content has been validated by a panel of MSF subject-matter experts appointed jointly for that purpose by the Medical Directors of all MSF Operational Centres. The programme is composed of nine syndromic-based modules.

The learning activities are organised daily in the health centre for groups of learners, and mentoring sessions are delivered individually during working hours and in consultations with patients. The programme is structured into a three-month 'intensive phase' of daily learning activities and mentoring sessions, followed by a three-month 'continuation phase' of mentoring sessions and continuous personal development activities.



Participants watching a learning video on dehydration

Field implementation of the Outpatient Care initiative NIGERIA



Graduation in Kano, Nigeria



This year started with the successful completion of the programme in Unguwa Uku and Tudun Fulani health centres, which was followed with great interest by the MoH authorities (the results of the entry and exit CGAs are available in Annex 12). As a follow-up of this experience in the first two centres, we contributed to the development of a three-year project to implement the programme in other non-MSF supported health centres in the city of Kano, in collaboration with the Kano State Primary Health Care Management Board and MSF WaCA.

This joint project aims to strengthen the capacity building of Community Health Extension Workers (CHEWs) working in other primary healthcare centres in Kano, and it has been planned in three phases.

Phase 1 (2023-2024): in-person delivery of the programme to three MoH's centres. The focus will be to strengthen the current implementation model by having peer CHEWs become trainers and clinical mentors for their colleagues.

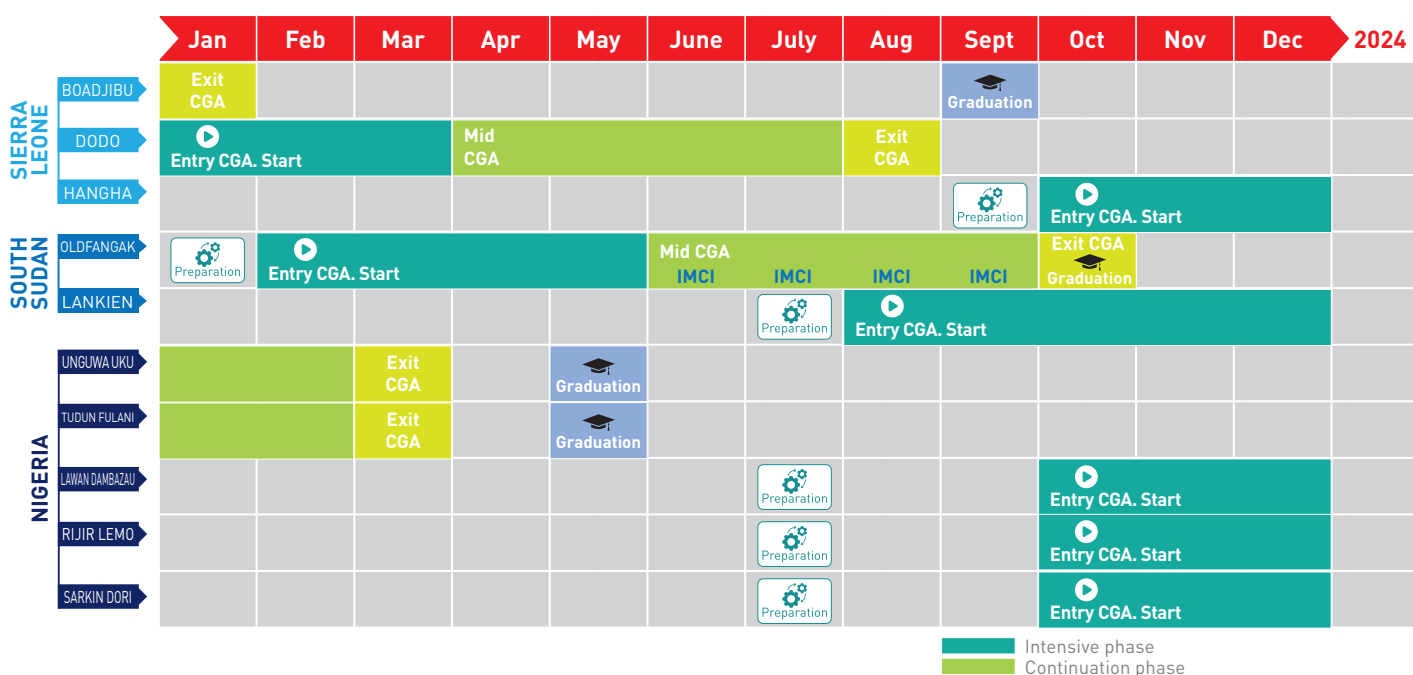
Phase 2 (2024-2025): consolidation of the CHEWs as mentors and transition to a blended delivery model with the introduction of e-learning for the theoretical parts. This model will simplify the implementation for a larger number of health centres and facilitate the transmission of know-how to the MoH, who will take over the project.

Phase 3 (2025-2026): consolidation of the blended learning delivery model and support to the MoH for the implementation at a larger number of centres until the complete handover.

The IMCI adapted training programme

The IMCI programme is based on WHO training materials with the addition of some Outpatient Care curriculum elements, such as introduction to IPC, nutrition assessment, effective communication and person-centredness. It is delivered by clinical mentors via interactive sessions, and it is composed of eight modules. The theoretical learning activities are scheduled based on the health facilities' dynamics. Mentoring sessions during patients' consultations are delivered individually during working hours.

Phase 1 of this new project started in Lawan Dambazau, Rijir Lemo and Sarkin Dori health centres in October.



SIERRA LEONE

From the start of the implementation of the Outpatient Care programme in Sierra Leone in 2020 up to end 2023, 44 healthcare workers from six health centres in the Nongowa district have been trained. This year, the programme was completed in **Boadjibu** and **Dodo health centres**, with 16 graduates in total (the results of the entry and exit CGAs are available in Annex 13) and started in **Hangha** for a second

cohort of 13 participants due to staff turnover and upon request of the health centre. This year also marked the full inclusion of the Outpatient Care programme into the operational activities of the MSF project.

SOUTH SUDAN

Throughout the year, we consolidated the contextualised implementation strategy that was developed for South Sudan, with the successful implementation of both the Outpatient Care programme and the adapted Integrated Management of Childhood Illness (IMCI) training. This adapted IMCI training was created to cover the needs of some learners to develop more basic competencies that were not covered by the general Outpatient Care programme.

In **Maruwa**, the new IMCI adapted strategy was carried out and completed with a good level of improvement observed in the post-training assessments, and we received positive feedback from the field coordination. After completion, a needs assessment was carried out in cooperation with the project, and a post-training plan was developed. By the end of the year, the project recruited a clinical mentor tasked with supporting the learning activities.

In **Old Fangak**, the Outpatient Care programme was implemented throughout the year, as well as the adapted IMCI training for learners from the NGO South Sudan Medical Relief (SSMR). In total, 19 learners completed the training in October, of whom 13 graduated from Outpatient Care and six graduated from the adapted IMCI (the results of the entry and exit CGAs are available in Annex 14).

The implementation of the programme started as well in **Lankien**, in September, with the largest cohort so far: 25 learners.

It is also important to celebrate that, this year, the Outpatient Care programme also received official recognition from the MoH in South Sudan as a CPD programme.



A graduate in Old Fangak, South Sudan, right after receiving his certificate.

Outpatient care in 2023 in Sierra Leone

31

Participants

44

Total graduates end 2023

13

Active learners end 2023

Outpatient Care in 2023 in South Sudan

53

Participants

57

Total graduates end 2023

Outpatient Care: 22

Partial: 20

Adapted IMCI: 15

25

Active learners end 2023

Monitoring and evaluation of the Outpatient care initiative

Alongside clinical reasoning, a **person-centred model of consultation** is the cornerstone of our programme, considering that most of the learners have typically been trained in a more disease-centred model. As a part of the evaluation of the impact of our programme, we wanted to explore how the graduates feel and what is their experience when providing a consultation using this new model. We also wanted to better understand what advantages or disadvantages they see to patient-centred care.

Focus groups were therefore organised, in the format of a debate following an open questionnaire, specially developed for this purpose with the collaboration of experts in qualitative research from MSF Luxembourg's Operational Research unit (LuxOR). Nine discussions were organised in Sierra Leone, Guinea, South Sudan and Nigeria, with groups of minimum seven learners. Although learners spoke either English or French, the discussions were held in their mother languages.

Results from the focus groups:

Transversally across all the discussions, there was a general agreement that person-centred care is an ensemble of acts that the care provider performs, and not a single thing. It goes from the reception of the patient to the discharge and the subsequent follow-up to meet the needs of the patient. All groups coincidentally manifested that this model allows **better information-gathering for their clinical reasoning**, making it possible to propose better treatments. Another aspect mentioned is that, by using this model, they put more emphasis on the **patient's education and counselling** aspects.

Several participants mentioned instances where they could see beyond what the patient or caregiver was saying and thus find **underlying social issues**, for example in relation to domestic violence, sexually transmitted diseases, use of traditional medicine, family compositions, stigmatised diseases such as tuberculosis. It also gave them tools to be able to deal with these situations successfully with patients and caregivers and feel more confident about it.

Learning **how to explain things to patients and ask them for relevant information** was difficult at first because patients and caretakers were not used to it. At first, it was not easy to combine this whole model of consultation with their workload; nevertheless, they found several ways to allow for more patient time, and now most respondents manifest that they have adopted this way of working on a daily basis.

What is the most important aspect about person-centred care?

you sit with the patient
time for their needs
friendly manner
teamwork
proud
trust
listening
confidentiality
good rapport
self confidence
patients are happy



How one must behave towards the patient, empathy, that is to say how one must share the patient's pain, meaning his suffering: you must consider as if it is you who suffers. We did not know that, but thanks to MSF training, we experienced these small problems. ”
One of the learners in Guinea

OPD graduate during a consultation in Kano, Nigeria.

FELLOWSHIP IN MEDICAL HUMANITARIAN ACTION



A participant of the Fellowship in Medical Humanitarian Action at work in the hospital in Kano, Nigeria

The content of the programme:

- Epidemiology and statistics
- Design of operational strategies
- Operational management of medical interventions
- Leading and managing the medical team
- Coordination of emergency preparedness and response
- Coordination of pharmacy management
- Organisation's positioning (networking, representation, communication, advocacy)
- Facilitation of operational research
- Definition of a staff health policy and coordination of its implementation

In 2023, we kick-started our partnership with the University of Witwatersrand (Wits University) in Johannesburg, South Africa, and the former Fellowship in Medical Humanitarian Action became the Postgraduate Diploma (PGDip) in Medical Humanitarian Leadership (MHL), as of the 2024 cohort. While the content and methodology of the programme remains the same, the learners now have the opportunity to obtain a PGDip after successful completion. The programme still covers nine competencies over two academic years, and it has some extra content developed by the university.

Concretely, this means that the students will now be enrolled via the university's online learning platform, Ulwazi, which will give them access to some of the university's resources, such as the library. The tutoring will still be provided by our team of three professional tutors. The live and in-person sessions will also be organised by the MSF Academy, with some input and content given by Wits' professors. This partnership was the most significant achievement for this programme throughout the year.

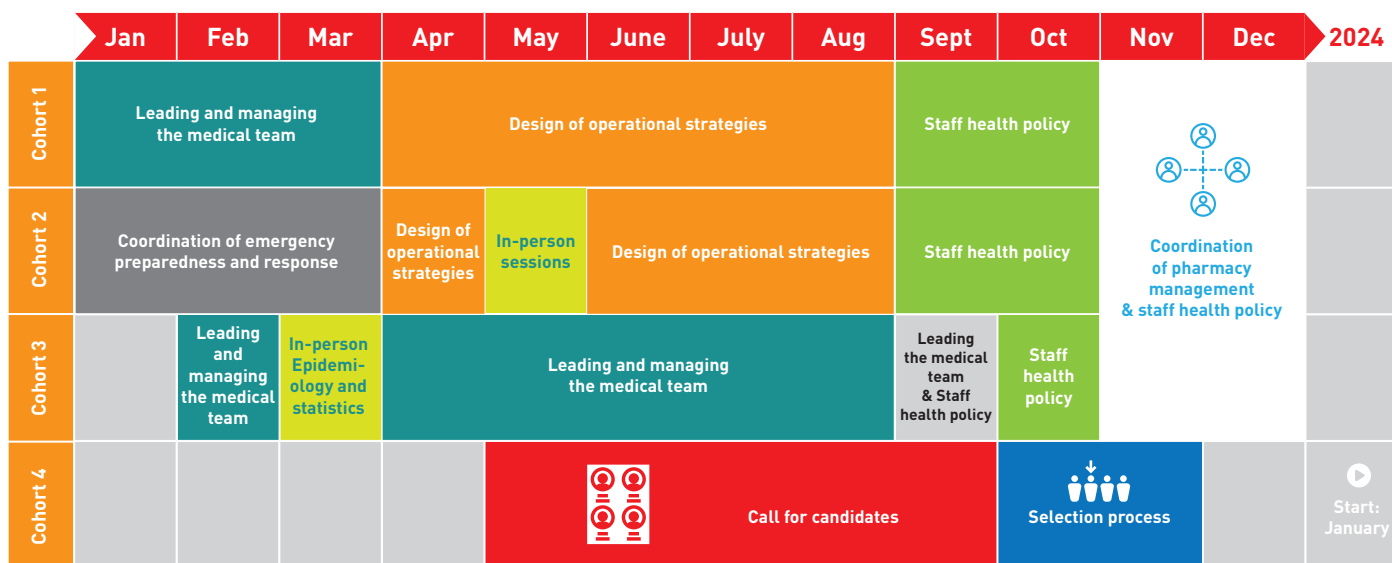
The Fellowship in Medical Humanitarian Action, now Postgraduate Diploma in Medical Humanitarian Leadership, is a 24-month practice-based diploma course that is tailor-made to strengthen the key competencies of MSF's future or junior medical coordinators (MedCos).

The programme is a hybrid learning course with distance learning, live sessions and yearly face-to-face sessions of one to two weeks. A team of MSF professional tutors provide close individual support for the learners throughout the programme, to assure optimal work-based learning. The course is in English.

The MSF Academy established a partnership with Wits University, in South Africa, to accredit the programme as a Postgraduate Diploma in Public Health from 2024. Epicentre is also a partner of this course, to establish the teaching on biostatistics and epidemiology.

Take a look at our video on the programme.





The participants of the current cohorts (2021, 2022 and 2023) have been given the choice of continuing with the Fellowship programme or opting for the PGDip. The majority has opted for the latter. The programme will be adapted to their progression in the past years. This will give them the opportunity to graduate with a PGDip from Wits University at the end of 2025, together with the 2024 cohort.

This training has greatly influenced my career. I started when I was deputy medical coordinator and currently I am medical coordinator. Interacting with fellow students and tutors has made me learn a lot through sharing of experiences, live sessions as well as buddy discussions. This has allowed me to progress well, and I have improved my strategic planning, prioritisation of needs, and emergency response and preparedness. This training is important for Project Medical Referents, Deputy Medco and Medco positions, I always advise them to apply through MSF pool managers.

Florence Achieng Okatch, Medical coordinator in Nigeria



Activities and achievements in 2023

By the end of 2023, three cohorts of participants were active in the programme:

- one that started in 2021 (10 active learners),
- the 2022 cohort (10 active learners), and
- the 2023 cohort (13 active learners).

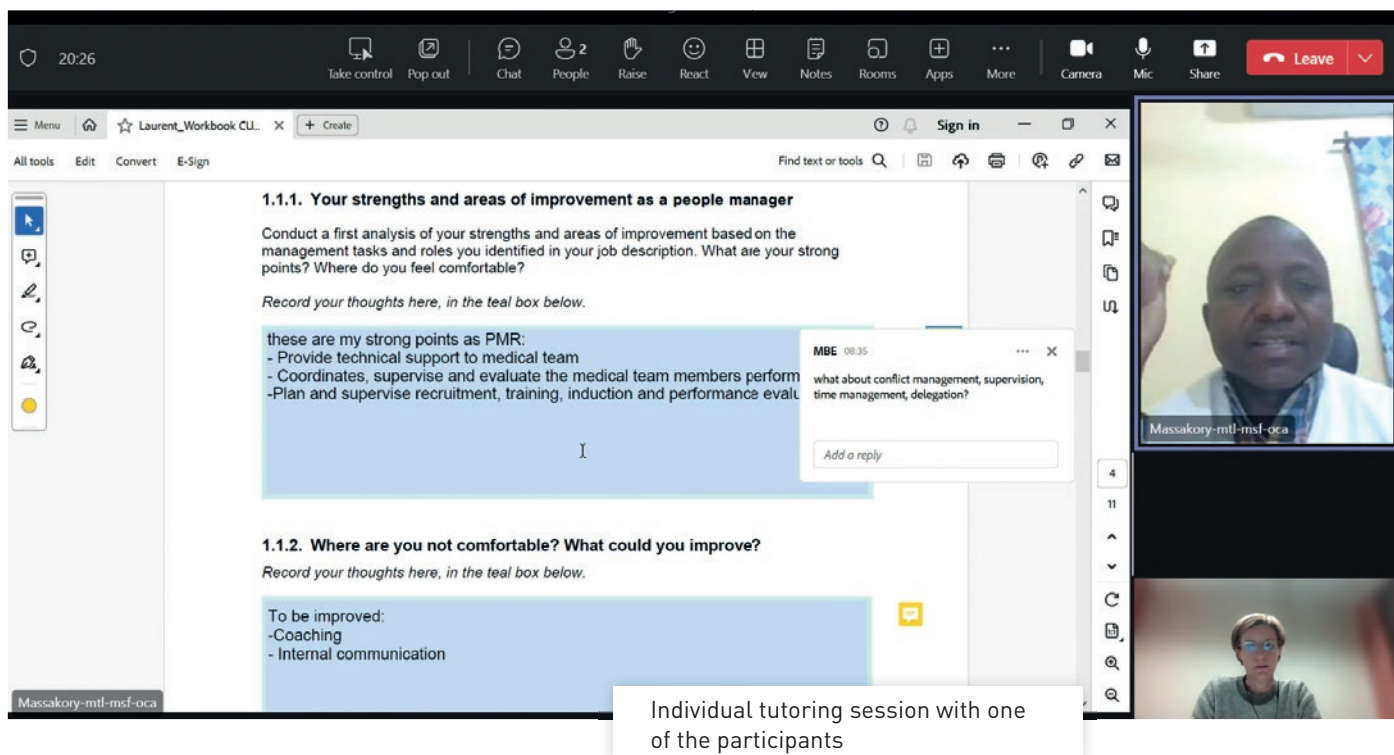
In 2023, we organised two in-person training sessions in Brussels.

- A nine-day intensive training organised by Epicentre in March, which served as a launch of the programme for our 2023 cohort. The sessions covered the first unit of our curriculum, on statistics and epidemiology.
- A five-day training for our 2022 cohort in May. These sessions were facilitated by MSF experts and allowed learners to engage in debates and discussions around 21 topics related to the key competencies covered in the programme.

In May, we launched the call for application from all OCs for the 4th cohort, to be enrolled in the PGDip MHL in 2024. The selection was finalised in November, with 22 enrolled participants originating from all continents (an overview of the profile of the learners is available in Annex 15). All 6 OCs enrolled participants.

The content and methodology are continuously adapted and improved, based on the experience and feedback from our participants. We also started in 2023 to gradually transfer the online learning content from Tembo, the MSF learning platform, to Wits' learning platform, Ulwazi. The collaboration also started between Epicentre and Wits university to prepare the 2024 Epidemiology and statistics module, which is to be held in Brussels, as in previous years, this time with in-person facilitation by trainers from both Wits university and Epicentre.

Finally, at the end of the year we organised the first field visit by one of our tutors. The main goal was to provide a targeted support to the participant, in the workplace, following predefined objectives. This type of visit needs to stem out of a participant's request and have a clear added value compared to online support. In this first visit, the tutor worked with the participant on the project's strategic (re)orientation (to be discussed in what the OC calls a "roundtable"), identifying priorities and tools for quality healthcare, emergency preparedness and constructive feedback. She provided support through shadowing, daily feedback and workshop preparation, using work situations in which the learner could put learnt knowledge and skills into practice.



Challenges and lessons learnt

By analysing the learners' progress and gathering their feedback, we identified their challenges and the ways in which we can improve the programme's methodology and content.

One of the main challenges faced by many learners is balancing their workload with their participation in the programme, which directly impacts their timely progression. Several measures were put in place to tackle this, such as:

- Allow more flexibility when the situation requires it (for example, a sudden emergency declared in the country), to support more study time, and adapt the course to make it lighter whenever possible. We already see how these measures had an impact on the more recent cohorts, when comparing their progression.
- We discussed with every OC's HR department to come up with an agreement for staff enrolled in extended-length trainings that not only describes each party's commitments, but also includes a study leave policy. At year end, this type of agreement was finalised with three OCs and ongoing for the three others. This will help supporting our participants to complete the programme on time.

“ The programme really meets my needs in terms of learning because it really applies to what I'm doing every day. It is a tailored programme to what a medical coordinator should do, or is doing, or what is expected from a medical coordinator in the field. ”

Jean Doman Soro, Medical coordinator in Burundi



***Watch the full interview
with Jean.***

POSTGRADUATE DIPLOMA IN INFECTIOUS DISEASES



A learner of the Postgraduate Diploma in Infectious Diseases in the ICU at Unguwa Uku facility, Kano, Nigeria

All in all, at the end of 2023, we had a total of 21 active learners in the Postgraduate Diploma in Infectious Diseases (PGDip ID):

In January 2023, the PGDip ID welcomed its third group of participants in the course: 13 in total this time, the biggest intake so far.

By April, the first six participants of the pilot group completed the course. Since it concerned a pilot group, they could not yet formally graduate at the University before March 2024.

The second cohort, which started in January 2022, completed the full course in December 2023, and they are due to graduate in March 2024. Of the 2022 cohort of participants, one has dropped out, and three have encountered difficulties to complete some of the modules, primarily due to work overload due to emergency interventions in their project, like the diphtheria outbreak in Nigeria. The PGDip ID programme committee has discussed their cases and has accepted that all three of them are allowed to repeat the modules and assessments at the next occasion these modules are run.

The Postgraduate Diploma in Infectious Diseases is the product of a partnership between the Stellenbosch University (SU) from South Africa and the MSF Academy. The objectives of this diploma are to significantly strengthen the clinical skills of MSF medical doctors in the field of clinical infectious diseases to correspond to the needs of MSF's various projects.

The course aims to enable the clinicians to function more autonomously and with increased clinical confidence. It is a work-based hybrid learning course that participants follow while working in clinical assignments with MSF. In collaboration with the hybrid-learning team of SU, a state-of-the-art e-learning course has been created that is complemented with yearly in-person sessions at the University and regular live online sessions throughout the programme. The programme takes 24 months and contains five main modules that integrate five transversal competencies. The learning is strongly based on clinical cases that the participants see in their practice in the field. As a postgraduate diploma, it will offer 120 CATS. As part of the partnership, Stellenbosch University also offers the course to participants that directly enrol through the University.

Take a look at our video on the Postgraduate Diploma in Infectious Diseases

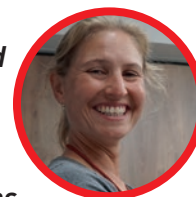


The course now also welcomes around 10 additional participants every year that are enrolled directly through SU. Most of them are South African, but some participants come from other African countries.

In January 2023, the **in-person sessions** were organised for the second time at the Stellenbosch University, two weeks for the starting participants, and one week for the participants that start their second year. The sessions combine lectures and practical clinical exercises with visits to the different laboratories and hospital ward rounds. As in 2022, these in-person sessions were strongly appreciated by all the learners. Unfortunately, it proved again not possible to obtain a visa for all participants to allow them to enter South Africa.

The **selection process of the participants** in collaboration with the OCs is now running smoothly. The profile of the participants continues to move to a large majority of locally hired staff from countries in Africa and Asia. For the selection of the candidates for the 2024 course, the number of female participants has now increased to five out of 12 participants (an overview of the profile of the learners is available in Annex 16).

“ Although the individuals enrolled in the PGDip are from diverse backgrounds and work settings, they all have one thing in common which is a strong drive to produce a positive impact on the lives of the communities they care for. The tutorship has made it possible to have a closer relationship with my students, with greater insight into the barriers and challenges they face both professionally and personally. This connection has made tutoring on the course a very fulfilling experience, assisting learners to translate their newly acquired or refined knowledge into real-world clinical skills that benefit patients directly. ”



Tamsin Lovelock, MD infectious diseases specialist at Stellenbosch University and tutor of the PGDip ID

External evaluation of the programme

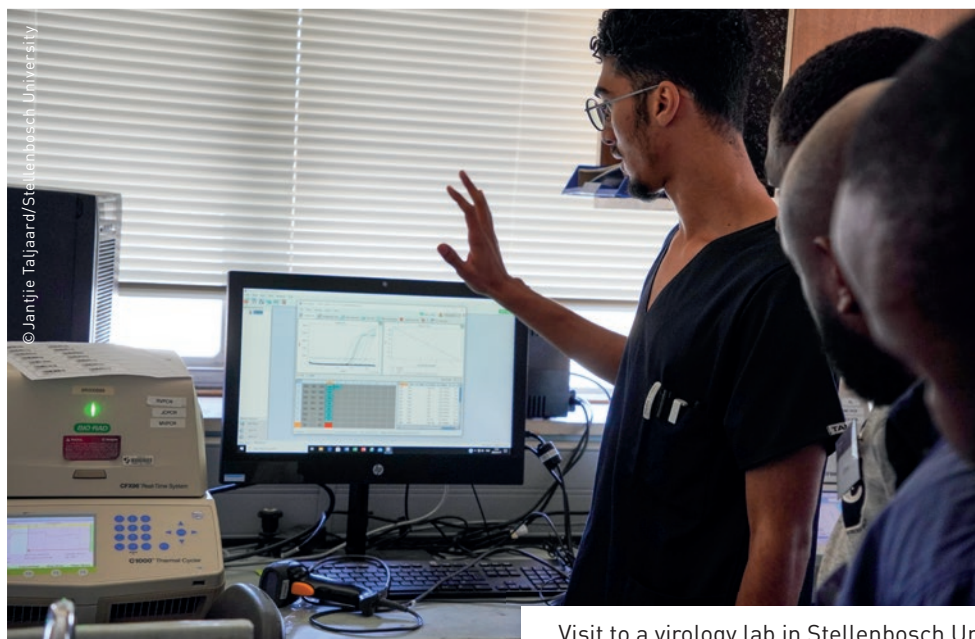
An independent researcher designated by the Centre of Health Professions Education at the Stellenbosch University carried out an evaluation of the programme based on a review of documents and a survey among all key stakeholders including all six of the graduates from the pilot group. The key conclusions of the evaluation were that the course was seen as very valuable by all participants, and that it contributed significantly to the clinical confidence of medical doctors in the management of infectious diseases.

This evaluation was instrumental to gather relevant information and feedback, which is already being used to guide the adaptations for the programme. For example, it was noted that tutors could not always fully commit to the sessions because of their unpredictable schedules. However, it is key to the success of the programme **to ensure that tutorship be continuous throughout the course**, as well as ensuring individualised tutor contact for each learner. This is why the number of tutors was increased so tutorship can be offered to all participants in all the modules, following the example of the tutorship organised for the HIV and Tuberculosis (TB) module which was considered very useful. It was also recommended to further increase the use of peer-learning among the participants.

Some modules proved to be too theoretical and should be further complemented with clinical learning, in line with the pedagogical intention of the course. Indeed, one of the challenges is that sometimes, the programme seems to be evolving into a more theoretical one because of the lack of resources at the clinical sites. The learners, however, would prefer for it to remain more practical, as the clinical aspect of the learning approach was seen as very beneficial. This is also why all modules were adapted after the pilot implementation.

Another highlighted issue was how the learners need to **balance work responsibilities with study commitments**. The learners often lack sufficient time to complete assignments or participate in discussions. It was therefore recommended that weekly assessments are reconsidered, as they hampered the learners' already demanding routines.

As the aim is to scale up the PGDip ID programme, and with the increasing number of accepted learners in the years following the initial group, maintaining practical interaction and quality learning needs to be kept a priority. This growth could not only strain administrative resources but also could lead to overlapping cohorts, complicating scheduling and teaching logistics. In consequence, this will be monitored with care by the programme's management.



Visit to a virology lab in Stellenbosch University, with a demonstration of some of the DNA amplification equipment used for PCR tests

The content of the programme:

Module 1: Adult infectious diseases

Module 2: Paediatric infectious diseases

Module 3: Diagnosis and clinical management of TB and HIV-related conditions

Module 4: Surgical infections

Module 5: Community health for infectious diseases

I love the fact that the delivery model takes into account low-resource settings. It introduces very practical components of how to see patients with very low diagnostic possibilities. I love the fact that most of us come from very different countries and contexts. The lecturers also, some of them, have worked in the context that you work in and that gives a very interest perspective into the learning.

Cecilliah Gakii, Medical Coordinator in Kenya



[Watch the full interview](#)

ANTIMICROBIAL RESISTANCE LEARNING INITIATIVE



©Thomas Cytrynowitz/Jugaad

One of the participants of the AMR learning initiative, who is IPC supervisor at the hospital in Jahun, Nigeria, observing the process of emptying medical waste in designated areas

The Antimicrobial Resistance Learning initiative aims to reduce Antimicrobial Resistance (AMR) through better management in MSF-supported structures. The initiative currently targets the upskilling of the Infection Prevention & Control (IPC) supervisors and the Antimicrobial Stewardship (AMS) focal points.

For each profile, an e-learning course has been developed in partnership with the British Society of Antimicrobial Chemotherapy (BSAC), and its content also benefitted from the input and validation from the MSF subject matter experts. Both courses are remote, work-based, and use a hybrid-learning approach. The learners are given knowledge and practical skills and are asked to implement the learnings and adopt best practices within their hospital-settings. They are accompanied individually through the course duration by clinical mentors assigned to them. The learners obtain a formal diploma accredited by the UK Royal College of Pathologists upon graduation from the courses.

Take a look at our video on the Antimicrobial Resistance Learning initiative.



The Antimicrobial Resistance Learning initiative started in 2021 and already enrolled three cohorts of participants since, with a total of 160 learners across 85 projects in 26 countries.

In February 2023, **58 learners graduated** out of the 63 initially enrolled in the second cohort. In May, 24 graduates from the first cohort who rejoined the course to complete the newly developed microbiology and healthcare-associated infection (HAI) outbreak management modules graduated of the full programme as well. All in all, 82 learners had fully completed one of the two courses by the end of 2023.

		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2024
Cohort 1	IPC			Microbiology and HAI outbreak module. Graduation of 5 modules:		12								
	AMS			Microbiology and HAI outbreak module. Graduation of 5 modules:		12								
Cohort 2	IPC	Module 5	32											
	AMS	Module 5	26											
Cohort 3	IPC					35 ONBOARDING	Module 1	Module 2	Module 3	Module 4	Module 5		Graduation: March	
	AMS					34 ONBOARDING	Module 1	Module 2	Module 3	Module 4	Module 5		Graduation: March	

The content of the programme:

IPC Supervision & Management:

- Module 1:** Exploring the current antimicrobial resistance (AMR) & IPC situation in the healthcare facility
- Module 2:** Implementing & monitoring IPC in clinical practice: Standard and Transmission-based precautions
- Module 3:** Implementing and managing an IPC programme
- Module 4:** Optimizing built environment and IPC materials use
- Module 5:** Implementing HAI prevention & surveillance and contributing to outbreak management

Antimicrobial Stewardship

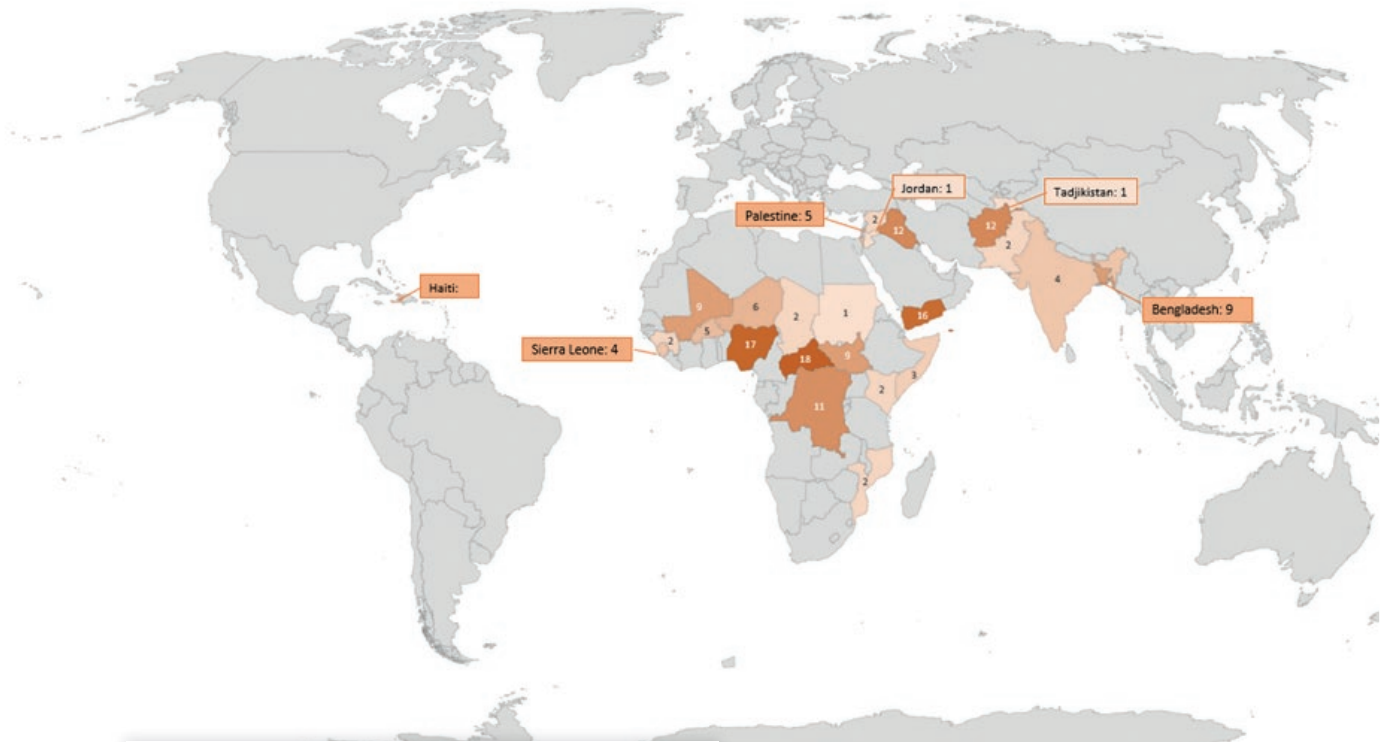
- Module 1:** Exploring the current antimicrobial resistance (AMR) & AMS situation in the healthcare facility
- Module 2:** Identifying micro-organisms and their resistance patterns
- Module 3:** Using antimicrobials appropriately
- Module 4:** Implementing an Antimicrobial Stewardship Programme
- Module 5:** Contributing to diagnostic stewardship, HAI surveillance & outbreak management

In May, a total of **69 participants from all OCs were enrolled in the third cohort** (an overview of the profile of the learners is available in Annex 17).

Course	AMS	IPC	Total
EN	21	20	41
FR	13	15	28
Grand Total	34	35	69

The two learners enrolled in this third cohort working in Sudan and Gaza have been strongly affected by the escalation of violence in their region and as such have stopped being active in the course. The remaining 67 active learners are expected to graduate from their course in March 2024, plus one from the second cohort that re-enrolled in the IPC course in November after the field workshop.

Participants IPC & AMS courses - Cohort 1 to 3 (Total: 160)



This map includes all participants ever enrolled in the AMR programme.

▀▀ The course enabled me to learn how to act upstream to tackle antimicrobial resistance. In my day-to-day work, it has helped me a lot to raise awareness among prescribers, so that they can make more rational use of the guides and protocols we have at MSF. But also the nursing colleagues who have to give the medicines in the prescribed doses.



Nadine Neema Mitutso, Medical Activities Manager of MSF in Masisi, DRC



[Read the full article](#)

Activities and achievements in 2023

As new tools are being developed and agreed upon intersectionally by the MSF advisors as regards AMR, our training content and material needs to be adapted.

- The module on implementing an AMS programme was revised completely, to better correspond to field reality and provide the learners with a step-by-step approach and it is referring to the corresponding newly developed toolkit; the module gained in fluidity and is way more practical.
- A new chapter on HAI surveillance was also added to both the IPC and the AMS courses, also in parallel to the development of intersectional tools. This had not been included initially in the course as a common approach was not yet defined, but it is a core element of both functions. We also developed a new tabletop HAI outbreak simulation, with a scenario and materials specifically designed for it. It will be shared and put in practice in 2024, and an e-learning course based on it will be produced.

In May, the programme finally gained **diploma-level accreditation from the UK Royal College of Pathologists**. This allowed to issue accredited diplomas to all the courses' graduates. The delay in obtaining this accreditation was mainly due to the volume of the course content and pedagogical activities and the fact that we included a fifth module (on microbiology), which had to be reviewed by the College.

Considering feedback received in the impact survey from participants of the first cohort who expressed difficulties in implementing the learnings, it was decided to organise **two intersectional IPC/AMS workshops regrouping participants from all cohorts**. Two countries were selected in 2023 to carry out these workshops: Central African Republic and Iraq. The Central African Republic was selected as we could regroup in Bangui the largest group of learners being in the same country (18 ever enrolled around the three cohorts). As for Iraq, one of our mentors was going to be present there so we used the opportunity to organise it; it focused mainly on AMS, and it allowed to pilot the AMS new chapter and tools (with five AMS learners in all).

AMR learning initiative end 2023

82

Graduates
38 AMS and 44 IPC

69

Active learners end 2023



Visit to the microbiology lab
during the field workshop in Iraq

All participants had the opportunity to visit a microbiology lab, discuss and learn about audits, IPC or AMS action plans at the hospitals, and HAI outbreak management. All also played Dawaa, a game on antibiotic choice for specific clinical syndromes associated with infectious diseases. The feedback received from all participants was very positive, and in CAR, a learner that had dropped out of the programme subsequently rejoined the programme and is to graduate in 2024. Based on these fruitful experiences, it was decided to renew the experience in several locations in the future, and a guide on how to organise such a workshop was compiled based on the lessons learnt and best practices of these two places.

In 2023, the **outcome of the initiative was shared in various events.**

- The European Society of Clinical Microbiology and Infectious Diseases invited the MSF Academy to present the AMR learning initiative during the “Antimicrobial stewardship in low and middle-income countries training” held in February, as an example of an innovative learning approach.
- In September, the AMR learning initiative team presented a poster at the International Conference on Infection Prevention & Control in Geneva. The poster focused on the effectiveness of a mentored e-learning course to develop competencies in IPC supervision and management.
- In September as well, one of the mentors delivered a presentation about MSF and the AMR learning initiative at the Lebanese Society of Infectious Diseases.

In December we began assessments to explore the possibility of developing a “spin-off” course for pharmacists, together in discussion with other MSF strategic stakeholders. These discussions followed the request to include clinical pharmacists and line managers in the AMR course since they could contribute to reduction of antimicrobial resistance. The assessment process to evaluate the feasibility to create this course is still ongoing.

Monitoring & evaluation

In 2023 we conducted a study to evaluate the effectiveness of these courses in building competencies in AMS and IPC management, and how empowered the participants were in applying these skills in their daily routines. The study focused on the 85 participants who completed the course from July 2021 to February 2023.

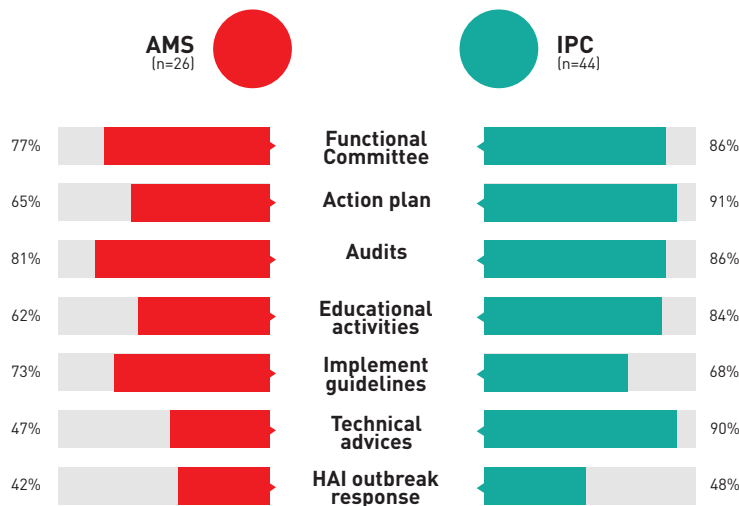
Different methods were used to gather data: pre- and post-course Competency Gap Assessments were conducted to evaluate knowledge and skills through confidence self-assessments. Participants feedback on the content and delivery was collected. Additional data on the implemented AMS or IPC actions, obstacles faced, and recommendations were gathered through online surveys sent six months after the graduation to the participants, to their line managers and to technical advisors in headquarters.

The results showed great improvement in some of the areas measured:

- Self-assessed confidence levels in implementing AMS and IPC interventions substantially increased, with averages going up from 41 to 94%, and 57 to 96% respectively.

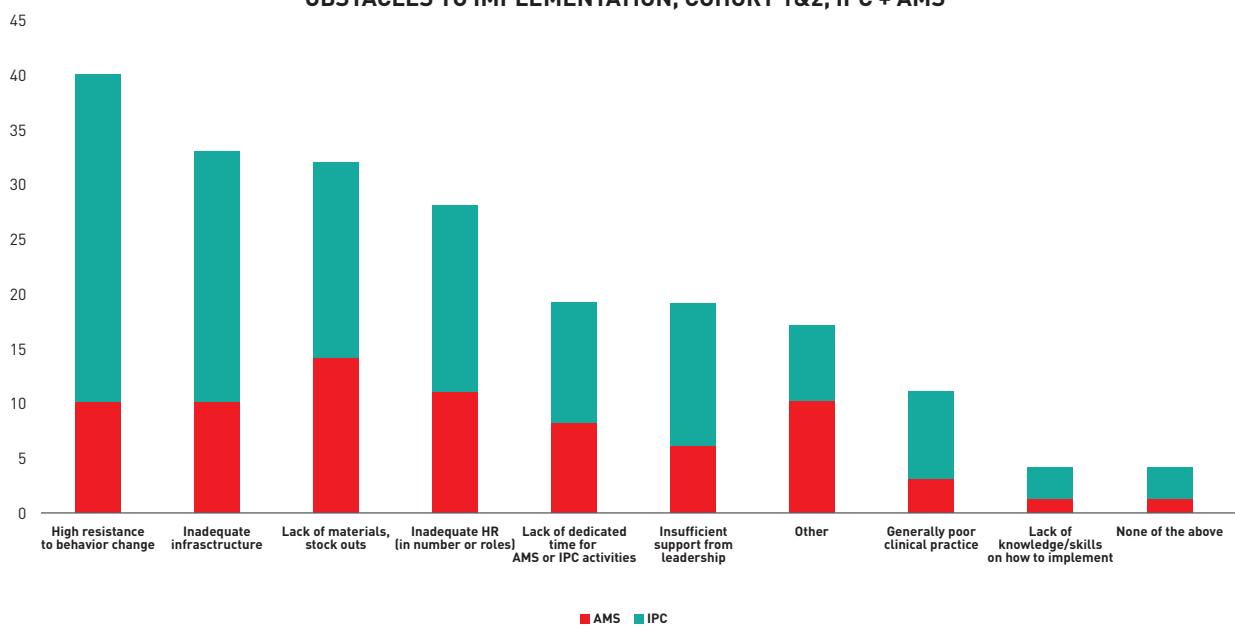
■ AMS and IPC interventions were successfully implemented, including technical advice, educational activities, facility-based improvement plans, functional committees and audits. For instance, 86% of respondent IPC supervisors now have functioning IPC committee meetings in place, and 77% of respondent AMS focal points.

PERCENTAGE OF PARTICIPANTS WHO IMPLEMENTED THE AMS/IPC ACTIVITIES FROM ENROLLMENT UP TO 6 MONTHS AFTER FINISHING THE COURSE



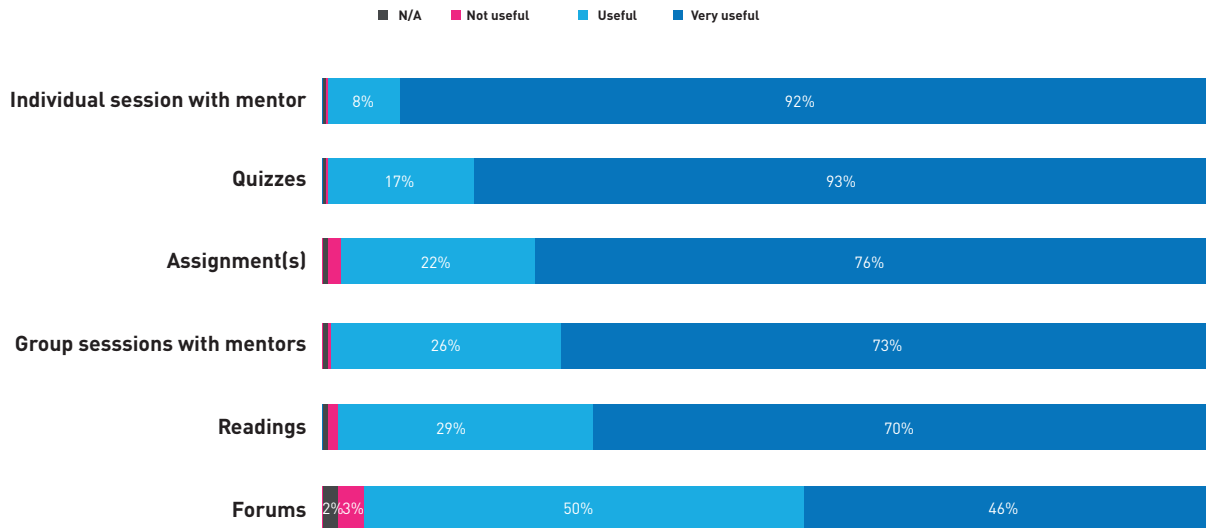
■ Insufficient medication and limited human resources were the main obstacles faced in AMS implementation, while IPC supervisors faced challenges due to resistance to behaviour change and inadequate infrastructure.

OBSTACLES TO IMPLEMENTATION, COHORT 1&2, IPC + AMS



- For the participants, the most impactful learning activity was the mentoring, either in individual or in group sessions (99% of them selected both of them as useful or very useful).

FEEDBACK FROM PARTICIPANTS ON LEARNING ACTIVITIES



As a conclusion, the evaluation showed that by combining e-learning content and activities with clinical mentorship, the courses effectively improve the theoretical knowledge of participants and the practical implementation of activities. The findings highlighted the pivotal role that the AMR learning initiative has in supporting and strengthening AMS and IPC capacity in MSF projects, as well as expertise on a global scale, therefore contributing to enhancing quality of care and reducing the risk of antimicrobial resistance.

Challenges faced

The learners still face challenges in securing learning time in the projects due to the turnover of line managers and a high workload, and this is especially the case for AMS focal points. This affects them in following the mentoring sessions as planned. Many of them also experience problems with having sufficient internet connection to access the course and the online calls, depending on the project location. The security context also affects many of the participants.

INTERSECTIONAL SURGICAL TRAINING PROGRAMME

The ISTP's main training programme is an **eight-week internship-based training** organised at the Tygerberg hospital in Cape Town, South Africa, in partnership with the Stellenbosch University. The clinical rotations are adapted to the specific learning needs of each of the surgeons and can comprise trauma care (four weeks), basic in orthopaedic surgery (two weeks), obstetrics (one week), reconstructive surgery (one week) and burns (one week). During the training, a senior surgeon at the University provides close support to ensure maximal exposure to clinical work. By the end of 2023, **15 participants had completed the training**. In 2023, the programme encountered serious challenges to complete the registration process required for foreign surgeons to come for a training programme in South Africa. Only for five surgeons the registration was achieved. By the end of the year, a new arrangement was found to solve this problem which should be applicable in the long run.

Given that the training in South Africa does not offer a solution for some of MSF's surgical staff in MSF (French-speakers and staff from countries that cannot obtain a visa for South Africa, like Afghan nationals), the ISTP started in 2023 the development of a complementary programme: a **five-day surgical workshop on cadavers in Abidjan**, Ivory Coast. This training should cover some of the needs for French-speaking surgical staff in Africa. The first workshop is scheduled in April 2024.

In parallel, the ISTP is preparing an on-site training programme in MSF hospitals in Afghanistan.

A BeMU initiative supported by the MSF Academy for Healthcare

The Intersectional Surgical Training Programme (ISTP) is a project that was initiated by the Berlin Medical Unit (BeMU) and was designed to enhance surgical skills and competencies for MSF surgeons in various disciplines covering the essential needs of the surgical patients seen in MSF hospitals. The MSF Academy is a partner to this initiative, primarily to support the learning approach and the internal and external networking.

MONITORING AND EVALUATION

Building upon the progress made in previous years, we continued this year to work on measuring, evaluating, and showing the contributions brought by the training programmes in improving the quality of care provided in the MSF projects. We started working towards a standardised **Monitoring and Evaluation Framework**. For this, the first step was to develop a Logical Framework, or logframe, per learning programme. These logframes are based on the MSF Academy Theory of Change, the different levels of the Kirkpatrick evaluation model, and the HPass standards (more information in Annex 17), and they include indicators for each programme. For the programmes that are implemented in the field, the programme logframes and indicators will be adapted to the specificities of each MSF project, taking into account implementation reality and contextualisation, and the project's own logframe and set of indicators.

The learning programme indicators measure impact on a qualitative and on a quantitative level. We not only measure different aspects of the delivery of a quality training programme, but we also take into account growth possibilities, the four levels of Kirkpatrick, and our most important indicators, the quality of care indicators. On the qualitative side, we organise focus groups, stakeholder interviews, and audits.

More information on the monitoring and evaluation of each programme can be found in the relevant sections of the Activities' chapter of this report.

External evaluations

As part of our all monitoring & evaluation system, we aim to regularly organise external evaluations of our programmes, to help us grow and improve further, and to benefit from an outside perspective on our ways of working.

In 2023, the results of the external evaluation on the first completed BCNC programme implementation were published (further details are provided in the 'Hospital Nursing & Midwifery care initiative' section of this report). The external evaluation for the Postgraduate Diploma in Infectious Diseases was finalised as well (further details are provided in the 'Postgraduate Diploma in Infectious Diseases' section). Additionally, in 2023, we started the external evaluation process on the Outpatient Care programme.

Tools

For the quantitative indicators, we mainly rely on our **database Acadata**. This database, that was implemented in 2021, is being used every single day, by more than a hundred different clinical mentors, trainers, and managers across our projects. This tool helps us to keep track of the implementation of our learning programmes in the various projects, and to capture the profile and progression of each individual learner.

Furthermore, to collect extra quantitative data, we use different tools. We ask learners to fill in surveys on **Kobo Toolbox**, during and after the training programmes. For the BCNC we now collect data through the End of Training Survey, the Midterm Satisfaction Survey, and the Self-Evaluation Tool for clinical mentors. For Outpatient Care, we are using the Post Training Survey, and the Feedback Survey. Kobo Toolbox is an application where one can create surveys, and these surveys can be filled offline, which is very useful in the field. Kobo Toolbox also helps us organize, understand and visualize our data much better. For other quantitative data, we use prescription analyses, and knowledge and skills assessments (CGAs).

For all this quantitative data, **dashboards in Power BI** were already developed in 2022. These dashboards visualise facts, numbers, and progression across the Academy programmes: how many people participate in the MSF Academy programmes, what are the demographic aspects of these participants, how do they progress on their CGAs, etc. For the next year, we want to go further in our visualisation of data on Power BI. We are developing new dashboards which will help us visualise the quality of care and Kirkpatrick indicators we have decided upon, to help us measure our impact.

LESSONS LEARNT

In past years, the Academy team has consistently conducted annual lessons learnt exercises to reflect on the past activities and extract lessons to guide future actions. They were carried out at different levels: within the countries where we implement field-based programmes, for each training initiative and transversally. These lessons learnt exercises, along with the insights gained from our daily activities, have significantly helped to adapt and improve our processes and achieve better results more efficiently. This year, our focus has been on examining the application of these lessons learnt across our activities, particularly in three key areas: clinical mentoring competencies, collaboration with partners and evaluation of impact.

Clinical mentoring competencies require specific attention and should not be taken for granted in experienced professional healthcare workers.

Since the beginning of our activities, we realised that it was of critical importance to invest in the development of clinical mentoring, tutoring and facilitation competencies among our staff. To address this, we designed specific training programmes and consistently organised them. The content of these trainings has regularly been updated and improved, based on feedback received from participants. Additionally, to broaden the accessibility of these training opportunities, we made them available in an online format.

Exchanges to share ideas and experiences among teams have been organised more regularly. These exchanges provide our mentoring teams and pedagogical managers with peer support and opportunities to apply lessons learnt by their colleagues. As developed in the pedagogical section of this report, these exchanges touched upon a variety of subjects, from concretely how to improve the bedside mentoring sessions (psychologically creating safe learning environments, unpacking comments for further learning, root-cause analysis, simulation trainings, etc.), to more broadly on how to contribute to quality improvement, how to best use personal development plans, feedback on tools, etc. In parallel to these discussions, support tools have been developed and/or adapted for mentoring.

For those having to carry out virtual facilitation and distance mentoring or tutoring, specific support and training were also organised.

Improved collaboration with partners, both within MSF and externally, is essential for a more efficient implementation.

Since 2019, we have been actively seeking ways to improve collaboration with all key stakeholders in MSF in the field and headquarters, in particular for our in-person programmes. Given the necessity for seamless integration of our training activities within hospital operations, and seeing the HR turnover in MSF operations teams due to the nature of the missions, it is imperative that all MSF staff engaged in medical,

HR, and operational roles linked to the project are well informed about our practices. To address this, we clearly lay out the basic implementation requirements and agree with operations on how to address these, giving support as well in setting the right conditions such as establishing learning time. We communicate more broadly across all MSF departments regarding our activities and results, and actively engage in general coordination meetings to ensure better integration into project operations.

We increased communication efforts about our programmes with the development of new communication materials and a publicly accessible website. Furthermore, recognising the demand within MSF for access to our training resources, we established a training material library open to all MSF staff. This includes resources from our field-based training programmes.

Partnerships with well-selected universities prove very valuable for the quality of the courses and for the learners' motivation to obtain academic accreditation. The two universities in South Africa, Stellenbosch in Cape Town and Wits in Johannesburg, are both world-class institutes well embedded in the African contexts. The Academy benefits from very valuable content and learning science support and can provide diplomas of high value that would otherwise be inaccessible for most of our learners. In the case of Stellenbosch, the collaboration around the PGDip ID generated another partnership with the surgery department for the ISTP. Finally, both universities strongly value what they learn from the field activities of MSF. Similarly, the partnership with BSAC for the AMR learning proved successful: BSAC offers a strong technical expertise and learning expertise in the field of AMR, and facilitated the accreditation of the course with the Royal College of Pathologists.

Monitoring and evaluating the impact of our activities is a transversal priority.

We recognise the critical importance of evaluating impact across all our activities, to provide information on the training outcomes and observed changes in the hospitals to our partners and donors, as well as for ourselves to adapt content, approaches and processes as necessary.

In 2021, we emphasised our efforts to develop our monitoring and evaluation system. This included establishing our Theory of Change framework, developing the database to track learner progress, creating dashboards for data analysis, defining project-related indicators, and integrating qualitative analysis tools to measure the impact of our programmes, both in terms of the competencies of learners (through comparing entry and exit CGAs and learners' self-assessments), but also in terms of our contribution to improvements in the quality of care provided in the structures. The ways to address the latter vary per learning programme and the indicators used in the operational project to measure the quality of care (so as not to add additional burden); this still to be worked on further for the more managerial courses.

PRIORITIES FOR 2024

The priorities for 2024 linked to existing initiatives – notwithstanding the continuation of ongoing activities – can be summarised as follows.

- In terms of the Basic Clinical Nursing Care programme, we will apply a case-based approach in some new projects, and we will also put a big focus in the deployment and use of the e-learning version of BCNC to lighten the facilitation sessions in some projects, also testing offline solutions for the use of our LMS, together with Tembo.
- The newly developed Neonatal nursing care programme content needs to be tested in a specific project, and in parallel, the various tools and learning activities will need to be developed.
- The Operating Theatre nursing care content will be reviewed based on its first implementation and the French version will be finalised as well.
- The Midwifery programme will be rolled out in two new countries this year. In Burkina Faso, not only will it be rolled out in French for the first time, but it will also be jointly organised with the field simulation lab initiative of MSF and Pocus. The development of the e-learning version of the midwifery programme will also take place.
- The Outpatient Care programme will continue its deployment in Nigeria and South Sudan, also putting to use the e-learning version of the curriculum. In addition, the programme is also scheduled to start up in the Liwale project in Tanzania.
- This coming year will be the first year of effective partnership with the Wits University for the Medical Humanitarian Leadership programme, now recognised as a Postgraduate Diploma. In parallel to the new cohort enrolling in the PGDip, most learners from the former cohort will also be given the opportunity to obtain the PGDip recognition, adding on to the tasks of the team.
- For the Postgraduate Diploma in Infectious Diseases, the focus for 2024 will be on boosting the tutoring side of the programme, so that each learner can benefit from individual support throughout the programme as well.
- As for the AMR learning initiative, an external evaluation will be organised in 2024, in addition to the enrolment of a fourth cohort of learners.
- Finally, the online trainings on clinical facilitation and clinical mentoring (eTOF and eTOM) are to be developed in a self-paced e-learning format and tested this year.

Beyond existing initiatives, the MSF Academy has been asked to start working on several new programmes. As explained in our governance, priorities for the MSF Academy are to be identified by the Medical Directors' Platform (regrouping the medical directors of all OCs and the international medical coordinator), and then approved by our Programme Board. The following priorities thus stem out of a collective reflection on operational needs to strengthen specific competencies among staff working in MSF-supported structures.

- **Strengthening the competencies of hospital ward supervisors.** Work has started in 2023 to better identify the needs to improve ward supervision, whether a training programme could contribute efficiently to this goal, and if so, what would be pertinent to include in such a training. We will thus complete this needs assessment in 2024, define the competency framework together with the nursing and midwifery advisors in the various OCs and with their hospital management units. We also intend to commence the elaboration of the curriculum's content.
- **Developing paediatric competencies among French-speaking general practitioners in Africa.** In most French-speaking countries in Africa, MSF's hospital and health centred-based projects have a very large focus on paediatric care. In these projects, the clinical care is provided first and foremost by locally recruited generalist medical doctors, but it is widely recognised that their training has not prepared them well in clinical paediatrics. In total at present, over 150 generalists work with MSF in that region, mostly in West-Africa, but also in Central African countries such as the DRC and Central African Republic. An assessment was carried out and in 2024 we will be exploring how to go about with the development of a specific course tailor-made for these needs. The ambition is to create a comprehensive and accredited learning programme that can critically increase the clinical skills in paediatric care, adapted to the environment and the patients of the MSF health facilities in the region. We are also discussing potential partnership with universities in the region.

GOVERNANCE AND EXECUTIVE TEAMS

The Programme Board

March 2022 marked the first meeting of a truly intersectional Programme Board: each of the six MSF Operational Centres appointed a representative of their directors' committee, in addition to a representative mandated by the medical directors and another representative for the financial directors. The Programme Board is scheduled to meet twice yearly. During these meetings, the Board is updated on the activities, results and challenges and larger and longer-term decisions are debated and decided upon. It also offers a platform to reflect on key issues in the field of learning for healthcare staff.

In March, discussions were held on how to address with each OC the gender gap witnessed in the last enrolment for the Fellowship and Post-graduate diploma in infectious diseases more specifically. We also discussed the lessons learnt from the external BCNC evaluation, both in terms of findings as regards the learning programme per se and in terms of process for future evaluations. This also led to discussions on the perception about MSF Academy and ways to improve the sharing and communication about MSF Academy activities. Following the identification of new priorities by the DirMed Platform, the Board agreed to move forward with the development of new learning programmes, one targeting ward supervisors and the other the development of paediatric competencies among French-speaking general practitioners in Africa. Finally, the future place of the MSF Academy within the movement post-TIC funding mechanism was discussed, and the Board agreed with moving forward to present the initiative as a movement-wide collective investment through the International Project Portfolio Committee (IPPC) of MSF.

In September, the collaboration with MSF's Nursing Care Working Group was discussed and ways to reinforce collaboration were identified and agreed upon. Following the feedback from the IPPC on the Academy's application to be considered as collective investment in the movement, discussions focused on how to envisage benchmarking MSF Academy programmes in terms of cost effectiveness (or value for money), on how to measure potential impact of (some of) our programmes on retention, and on the need to reduce the proposed budget for 2024 – the final budget to be presented to the Full Excom was subsequently agreed upon via email. As a final point, it was decided to formally extend the Programme Board membership with one representative from the L&D units.

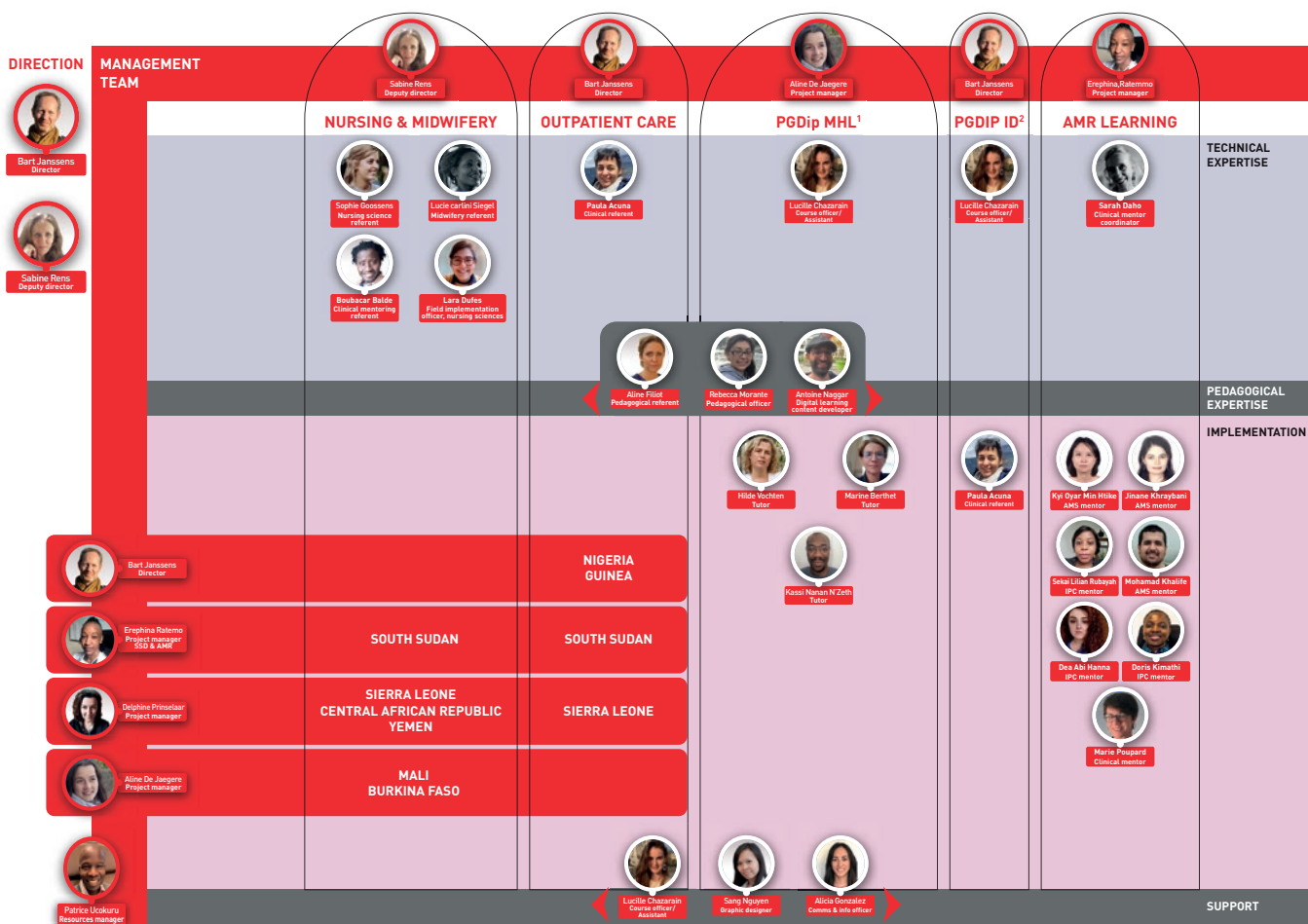
The Executive Team

In January 2023, two newly created positions were filled in the global team: Resource manager and Information and communications officer. Throughout 2023, the global team remained steady, keeping the exact same composition. Beginning of 2024, we added on an extra position to reinforce the support to the field implementation of our nursing programmes, with a specific focus on the quality of care.

In February 2023, we organised a one-week workshop regrouping the entire global team, the representatives and pedagogical managers from our field teams, and all tutors and mentors for both the Fellowship in Medical Humanitarian Action and the AMR learning initiative. The objective of the workshop was twofold: capitalise on exchanges of experiences across the programmes and define the way forward in alignment of both vision and ways of working. In addition, two of the five days concentrated on clinical mentoring strategies, approaches, best practices, and the development of specific skills. The discussions and exchanges were rich, the participation dynamic, and it was considered by most as a useful and unifying event. The field representatives and pedagogical managers then went back in their projects and shared elements of the discussions with their colleagues.

In June, the global team gathered for a one-day meeting to reflect on the progress, strengths and weaknesses of each programme, on the progression of the Academy as a whole towards business as usual, and on how to establish a more structural relationship with the L&D units of the OCs. The strategic team carried on for an extra half day to discuss among others: the findings of the BCNC external evaluation and define how we were going to concretely address the different elements of the resulting action plan; and on the ways forward towards quality Information Knowledge Management.

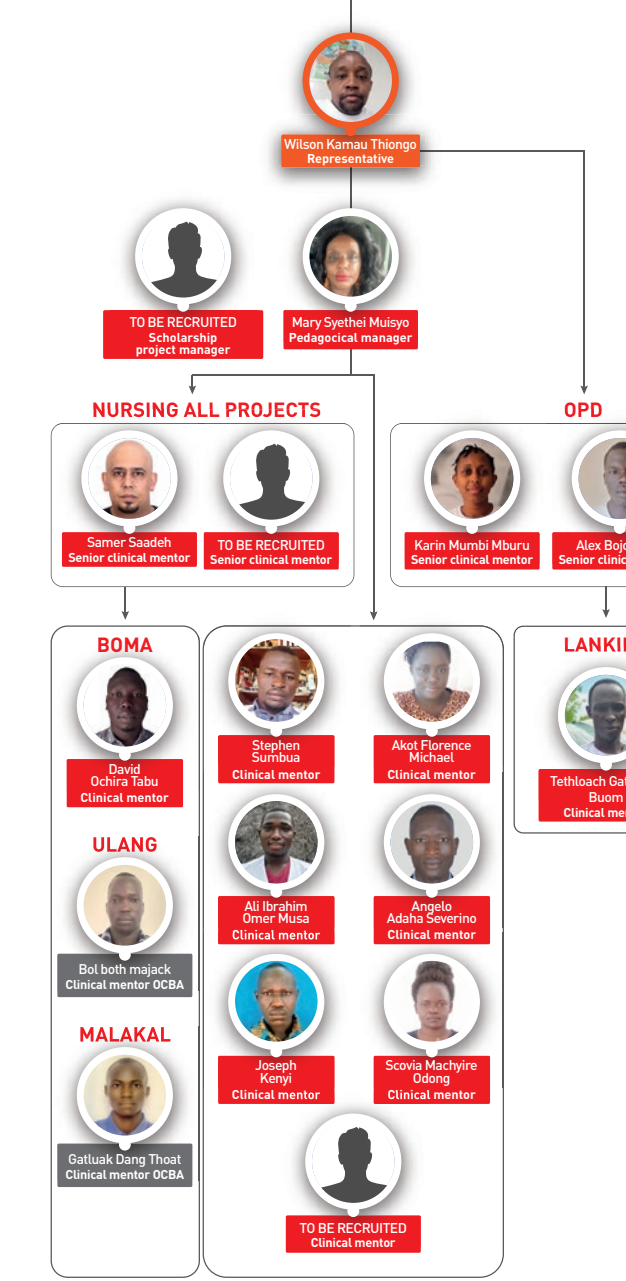
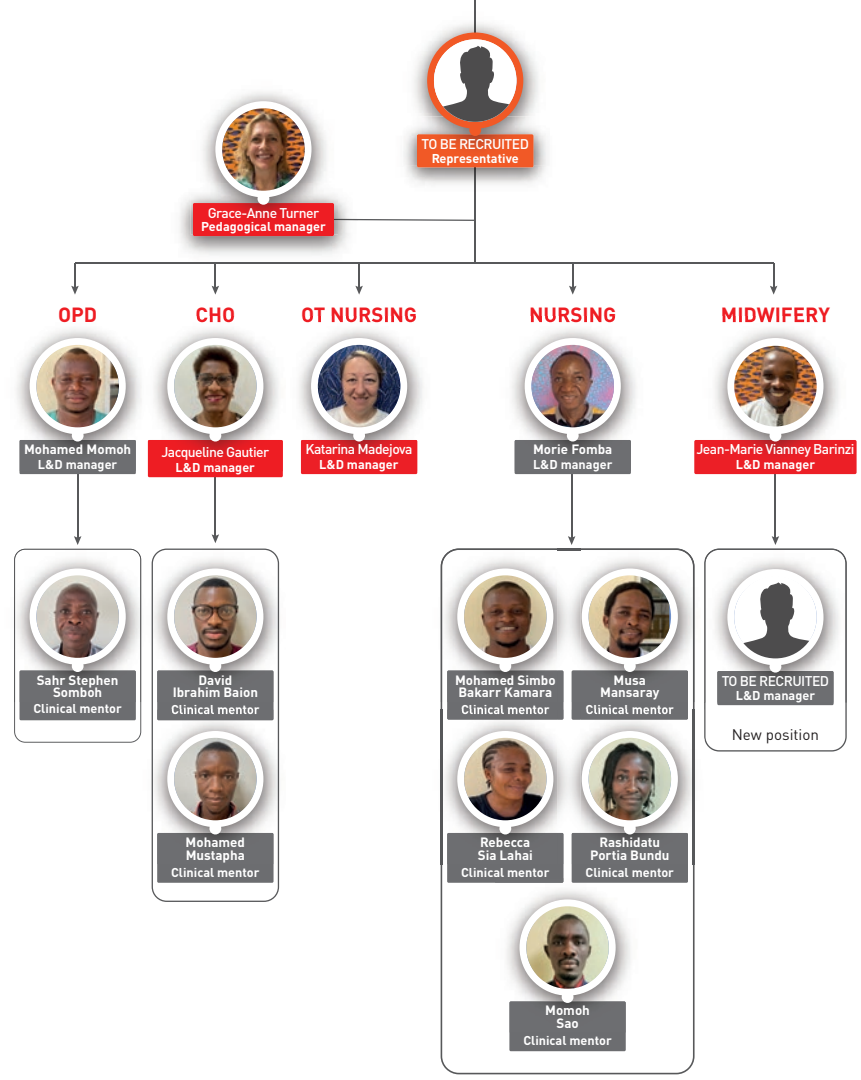
In December, the global team convened again to reflect more specifically on the contribution of our programmes to improved quality of care, whether the Academy has a role to play in career paths of our learners, on how to measure our impact on retention of our learners. We also addressed ways to develop the competencies of our own team members, and the role of every Academy staff in representing the Academy to the rest of MSF.



¹PGDip MHL stands for Postgraduate Diploma in Medical Humanitarian Leadership
²PGDip ID stands for Postgraduate Diploma in Infectious Diseases
^{*}Position contracted by Stellenbosch University

Sierra Leone

South Sudan

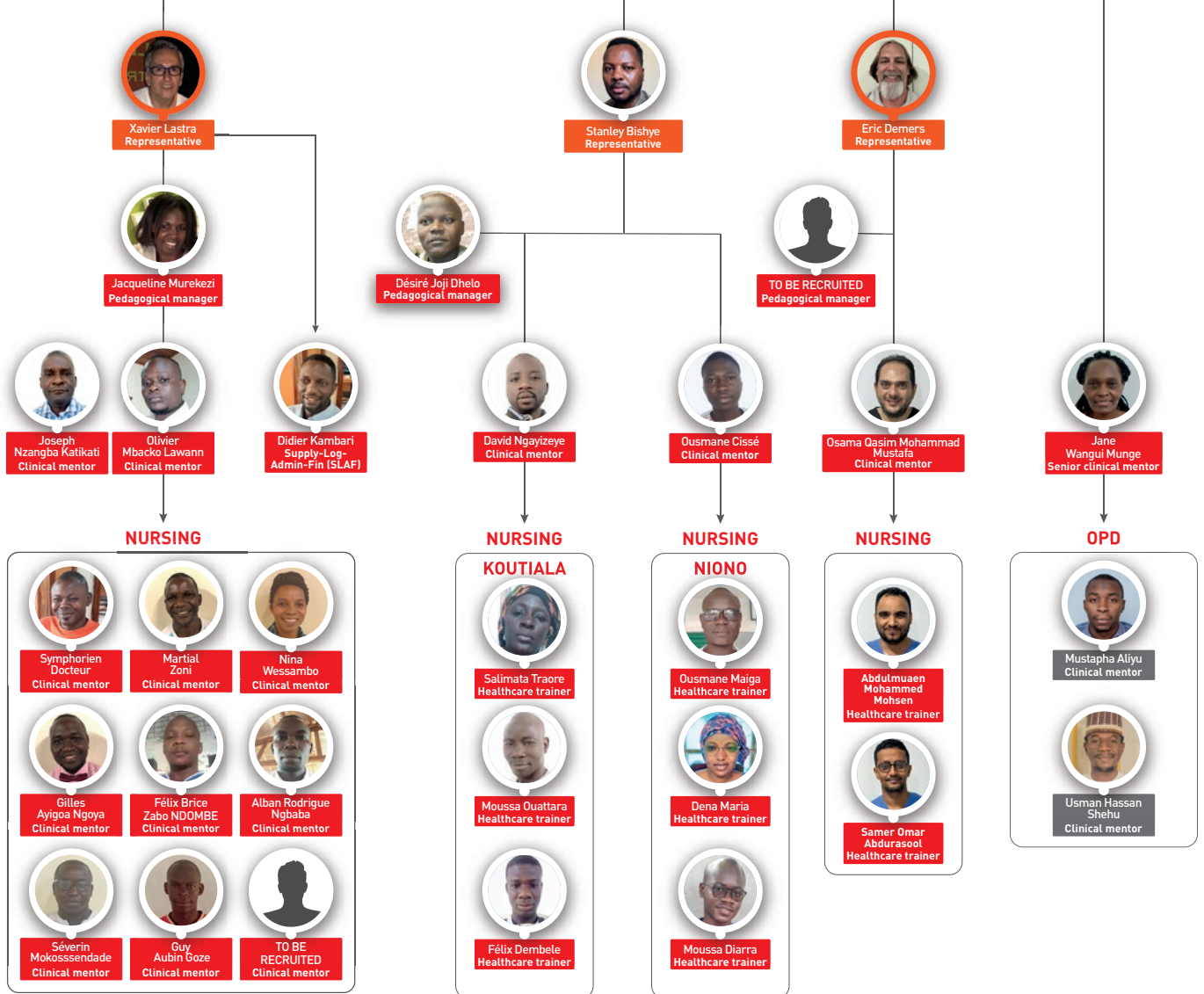


Central African Republic

Mali

Yemen

Nigeria

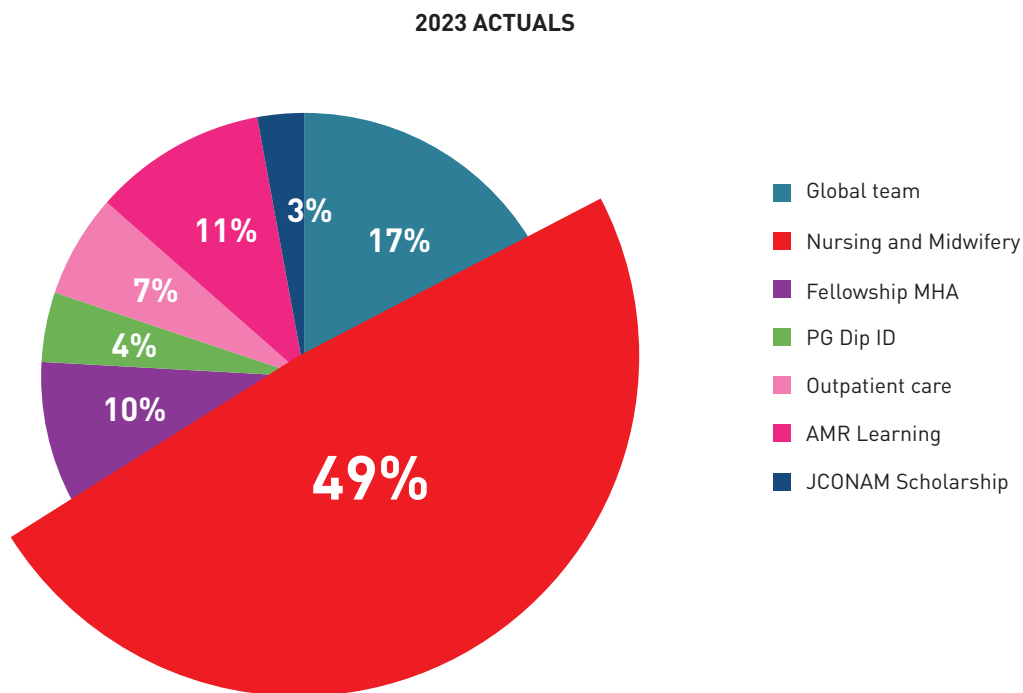


February 2024 MSF ACADEMY FOR HEALTHCARE

FINANCIALS

In 2023, a total amount of 5,289,525 euros has been spent across all initiatives, representing a 29% increase compared to 2022 expenses. This increase is lower than the last two years (30% in 2021, 40% in 2022).

The Hospital Nursing & Midwifery initiative remains our biggest training initiative in terms of financial costs. In 2023, it represented 49% of the total expenses, and the rest was shared between the other initiatives as represented in the graph below.



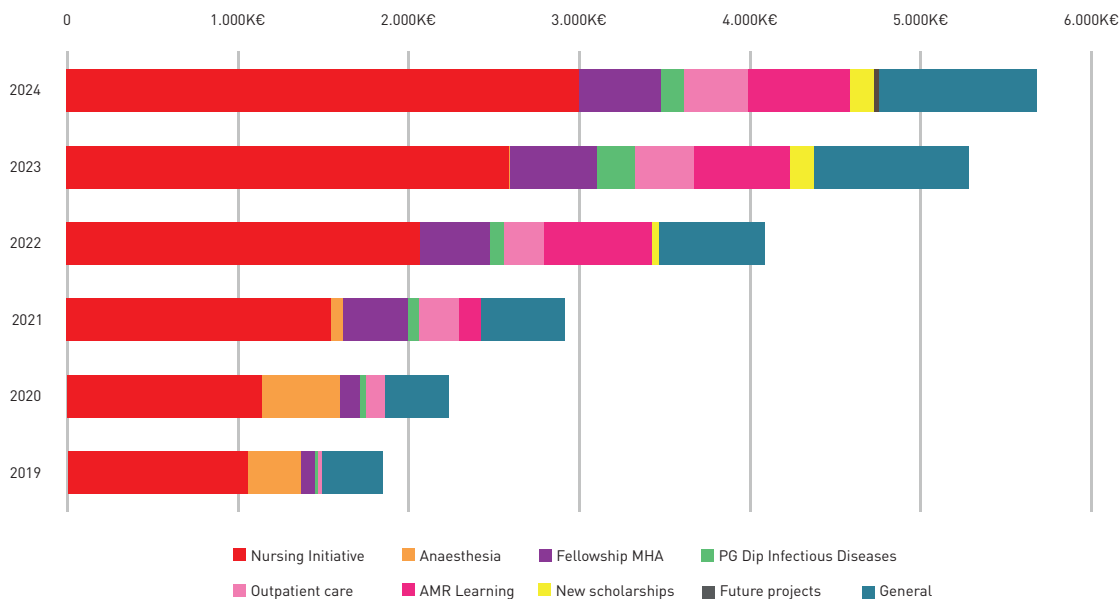
The year 2023 was the last year for the MSF Academy to be under the umbrella of MSF's Transformational Investment Capacity (TIC)⁴; as planned, the Academy was to 'graduate' from the TIC as it is considered to have reached a 'business as usual' level.

As of 2024 onward, the MSF Academy will be included in a collective investment budget line of MSF through another mechanism within the MSF movement, called the International Projects' Portfolio Committee (IPPC)⁵; this mechanism is used for projects that have matured and are seen as long-term initiatives that benefit to the MSF movement. To be considered a collective investment, the MSF Academy's action plan and budget for the coming two years had to be approved by the Full Executive Committee of MSF (Full ExCom - comprised of all executive directors of the 25 MSF sections).

⁴ <https://msf-transformation.org/aboutus/>
⁵ The International Projects' Portfolio Committee's (IPPC) purpose is to increase MSF's organisational project portfolio management maturity, which contributes to prioritising projects that deliver the most value for MSF.

The 2024 budget that was allotted to the Academy by the full ExCom amounts to 5.6 million euros. Seeing the overall fundraising projections for MSF, it was decided to limit the growth of the MSF Academy’s budget for the coming years. In this envelope, the proportion allocated to the various initiatives globally remains unchanged.

ACTUALS 2019-2023 AND BUDGET 2024



In terms of fundraising, the MSF Academy has received funds from donors, including private individuals, foundations and companies. Their contributions have made the work of the MSF Academy for Healthcare in 2023 possible. While some have made one-off donations, a growing number of donors have been supporting our activities for the past years and continue pledging multi-year commitments.

We would hereby like to thank each one of our donors for their generosity, continuous support and trust.

PARTNERSHIPS, RECOGNITION AND ACCREDITATION

The MSF Academy for Healthcare aims to interact with all relevant stakeholders and partners to deliver quality trainings in MSF projects. We are committed to establishing partnerships with local academic institutions and national ministries as an effective mean to strengthen local healthcare systems.

In the past years, we received the support and recognition of our Nursing and Midwifery continuous professional development programmes by the national authorities in Sierra Leone and South Sudan, and in 2023 we did as well from Mali's national authorities. The Outpatient care programme was as well officially recognised as Continuous Professional Development programme in South Sudan.

Furthermore, 2023 was the year when the partnerships with Wits University for the new Postgraduate Diploma in Medical Humanitarian Leadership started, and when the AMR learning programme gained diploma-level accreditation from the UK Royal College of Pathologists.

Main partnerships

British Society for Antimicrobial Chemotherapy (BSAC)	Partner of the AMR learning initiative
Institute of Tropical Medicine of Antwerp	Partner for the design of the Outpatient care initiative
Juba college of Nursing and Midwifery (JCONAM)	For the Scholarship programme in South Sudan
Ministry of Health of Mali	Joint recognition of CPD programmes' completion in Mali
Ministry of Health of South Sudan	Joint recognition of CPD programmes' completion in South Sudan
Ministry of Health of the Central African Republic	Partner for the Nursing & Midwifery initiative
Ministry of Health of Yemen	Partner for the Nursing & Midwifery initiative
Nurses and Midwives Board of Sierra Leone	Joint recognition of CPD programmes' completion in Sierra Leone
Royal College of Pathologists	Accreditation of the AMR learning initiative
Stellenbosch University	Partner of the Postgraduate Diploma in Infectious Diseases
University of the Witwatersrand	Partner of the Postgraduate Diploma in Medical Humanitarian Leadership

ANNEXES

Annex 1. Pedagogical approach

Competency-based curriculums and assessment

Whatever the certification granted at the end of the learning programme, whether it is a university degree, CPD credits or an internal MSF certificate, our curriculums are always based on a competency-based approach. We work with subject-matter experts from the various medical departments to identify and describe the relevant competencies for the priority medical profiles targeted. We also take into account internationally recognized competency-based curriculums. Learning and assessment activities are then aligned with these competencies. We use a variety of methods depending on the objectives, such as direct performance observation, quizzes, case-based discussions and work-related assignments. We also encourage learners to reflect on their learning and to set their own objectives and action plans with a clinical mentor or a remote tutor. Most of our learning programmes include a competency-gap assessment allowing to compare the competency level before and after the programme.

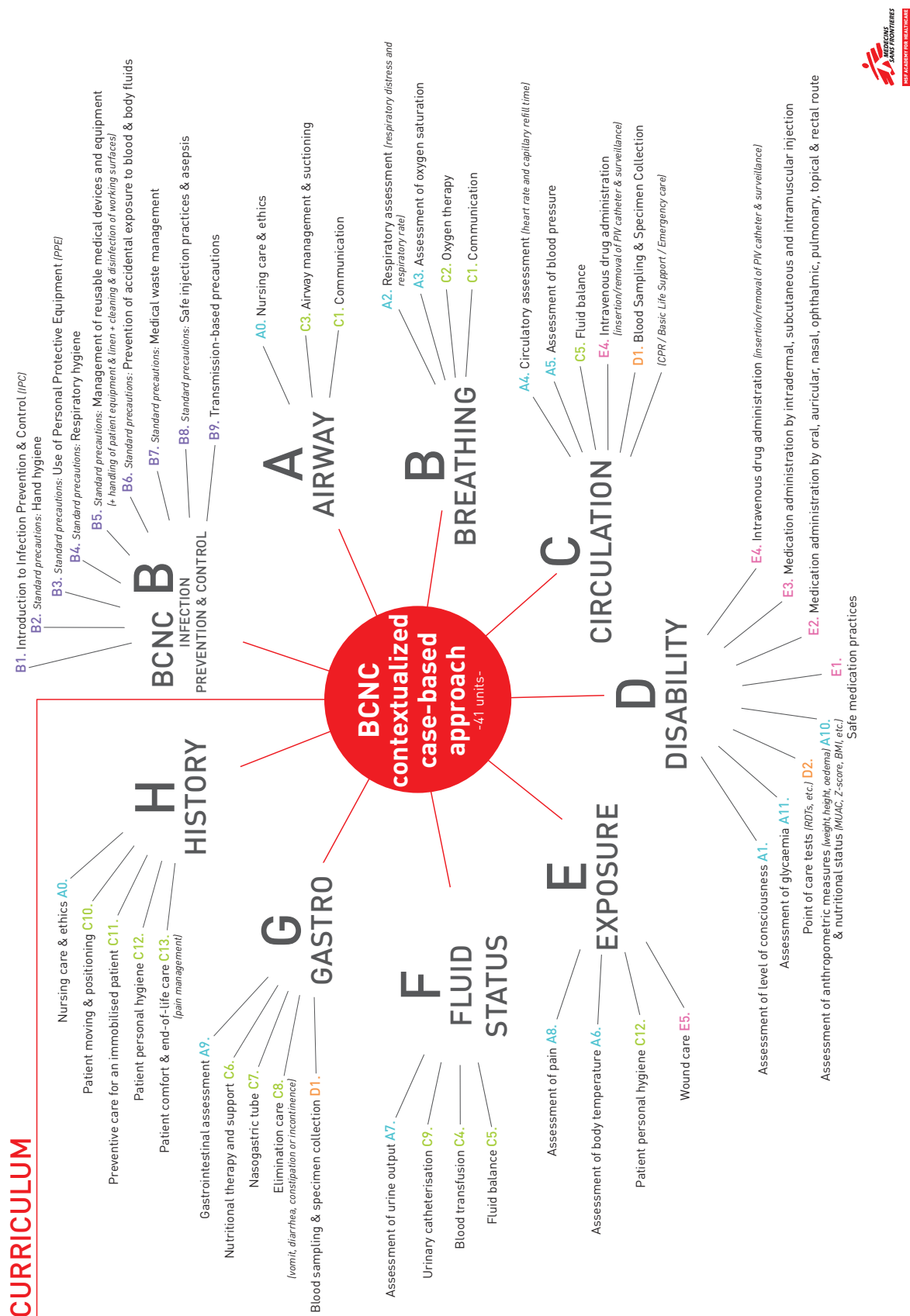
Learner-centred learning

Supporting the development of competencies requires a learner-centred training approach. Becoming competent implies being autonomous in one's work and taking responsibility for one's learning. Trainers and mentors therefore need to be facilitators more than lecturers. Our Training on clinical Facilitation (TOF) allows mentors and learning companions to become familiar with a range of learner-centred training activities. These can include facilitating brainstorming, group discussions, games, case-based discussions, role plays and simulations. We aim to build the capacity of our facilitators to the point where they are comfortable adjusting their facilitation to learners' experience, seeking and incorporating their input and feedback to co-construct their knowledge.

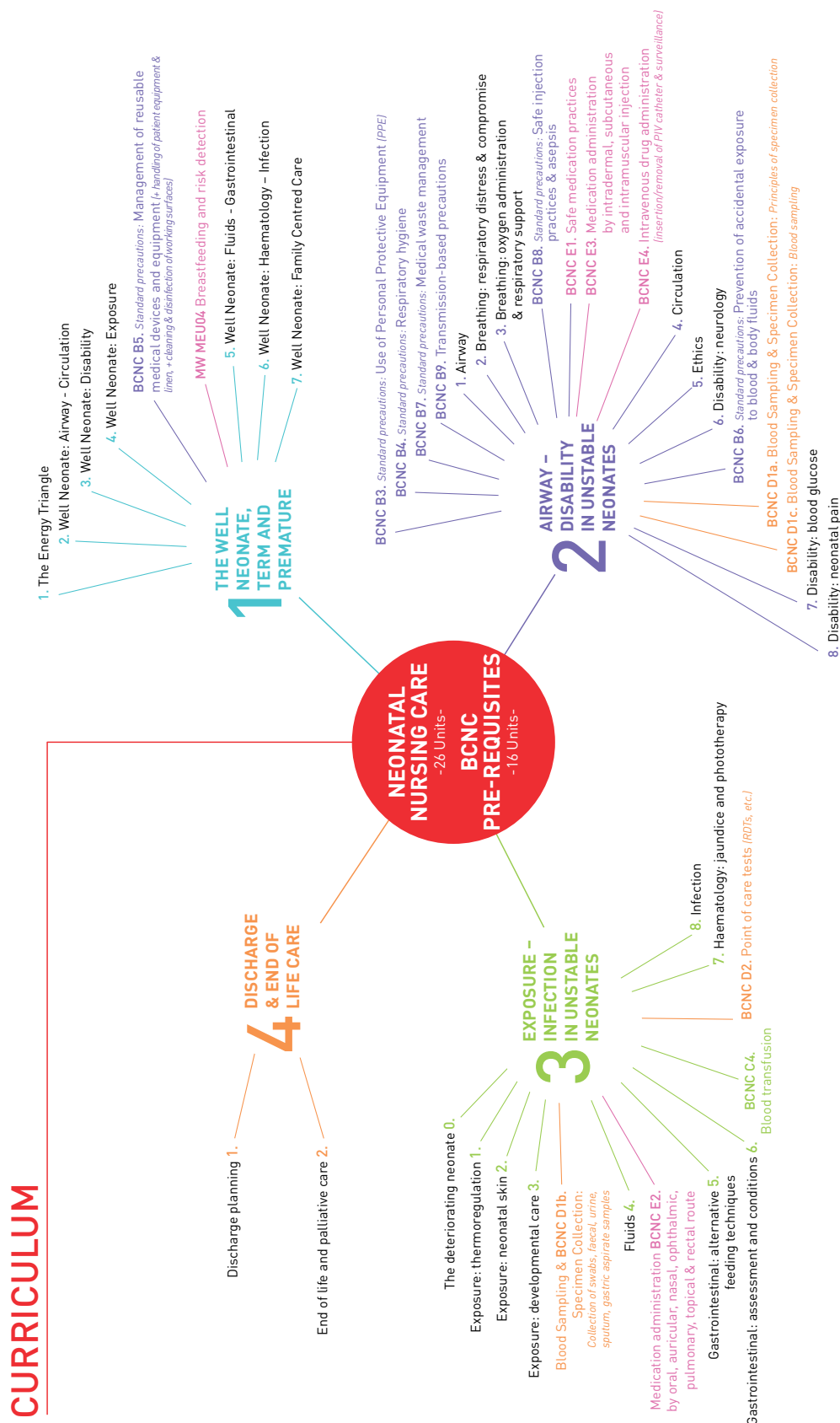
Structured work-based learning

We know that a crucial step to translate training into improved performance is supporting the transfer of learning into work. The cornerstone of our approach is therefore 'on-the-job training' where we provide guided practical training directly in the work environment. Whether the learning programme is delivered by MSF Academy staff or an academic partner, we have developed a structured approach which links competency-based curriculums with on-the-job learning activities. For example, in the nursing care training, learners undertake bedside practice with a clinical mentor. In the Post-graduate Diploma in Infectious Diseases, some of the assignments and assessments are real cases written and analysed by the students. In the Fellowship in Medical Humanitarian Action, assignments are professional tasks participants have to carry-out in their daily work. We build transfer of learning as part of the learning programme rather than leaving it to the participant to practice after the programme.

Annex 2. Basic Clinical Nursing Care curriculum – contextualised case-based approach



Annex 3. Neonatal care curriculum with BCNC prerequisites

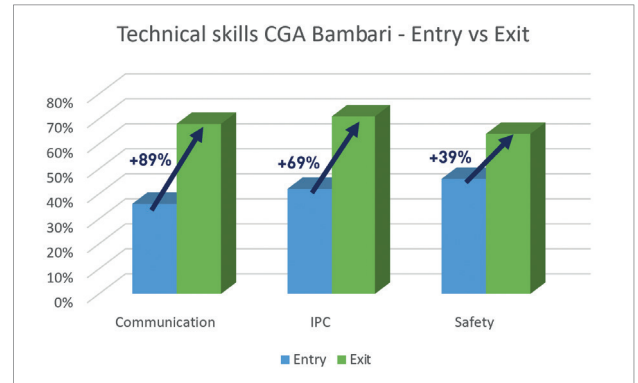
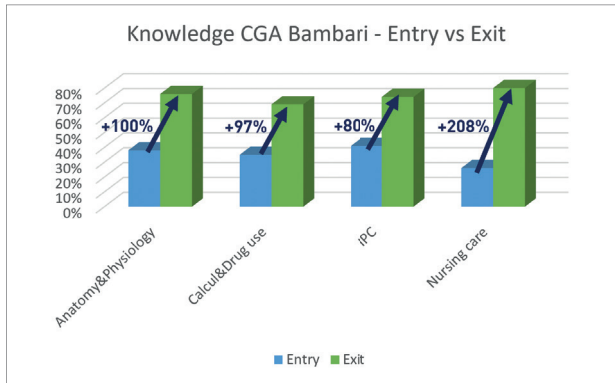


Annex 4. Nursing & Midwifery in Central African Republic: results of BCNC entry and exit CGAs of the graduates in 2023

These graphs show the results obtained by the learners that completed both the entry and exit CGA.

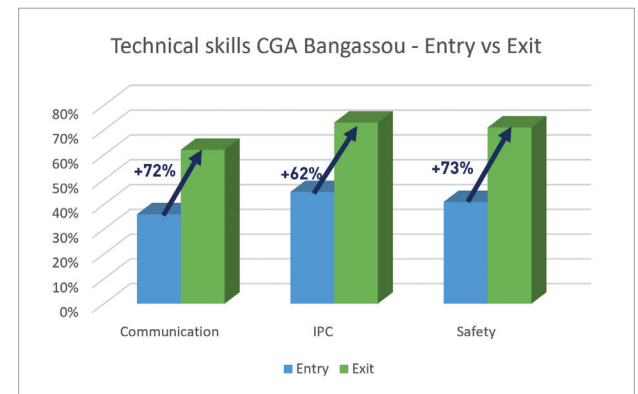
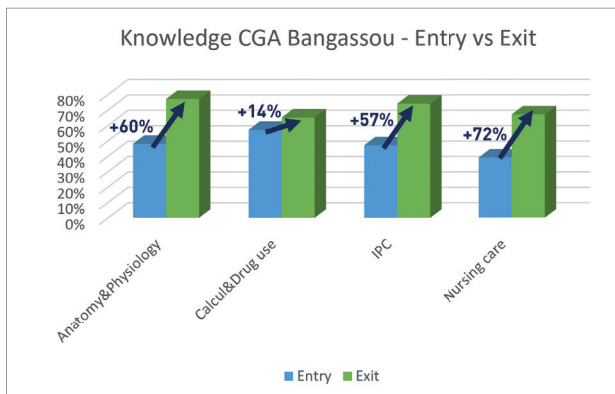
Bambari

N=13



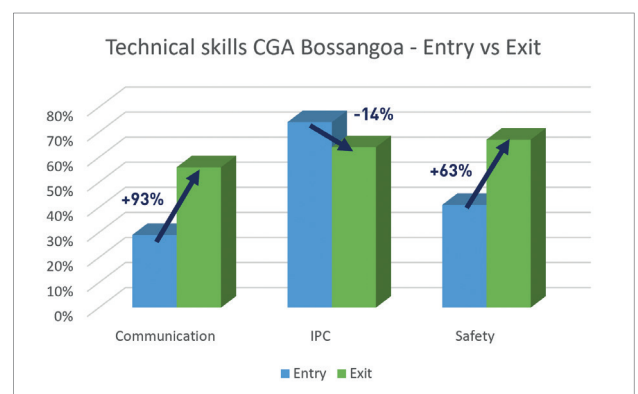
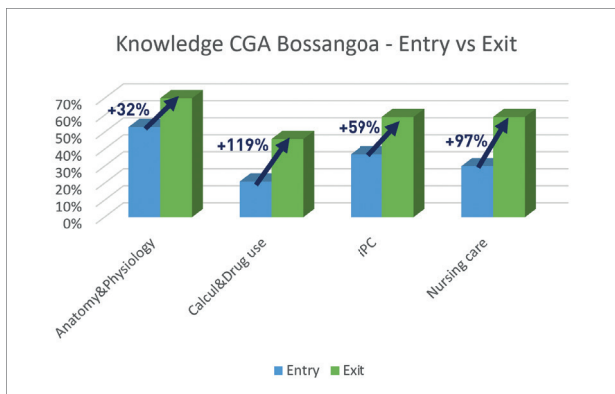
Bangassou

N=31



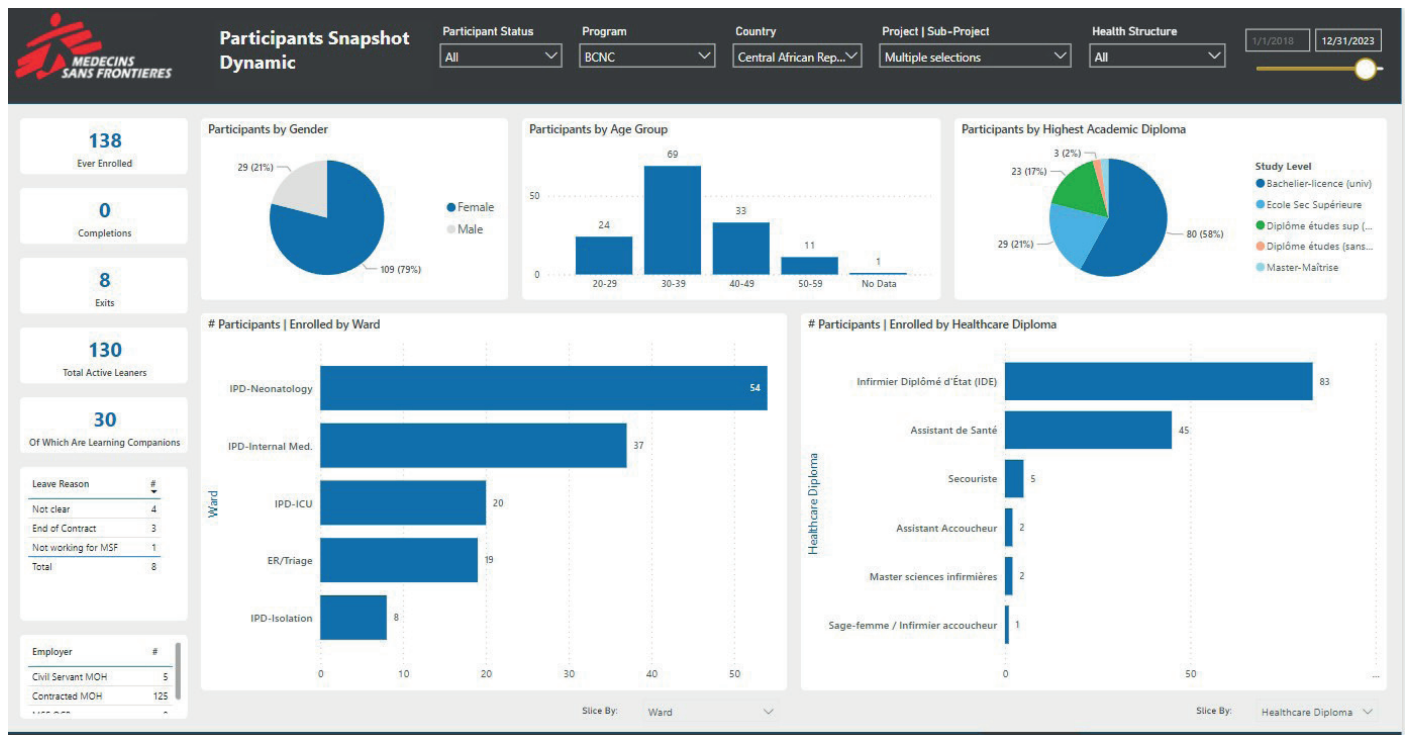
Bossangoa

N=18

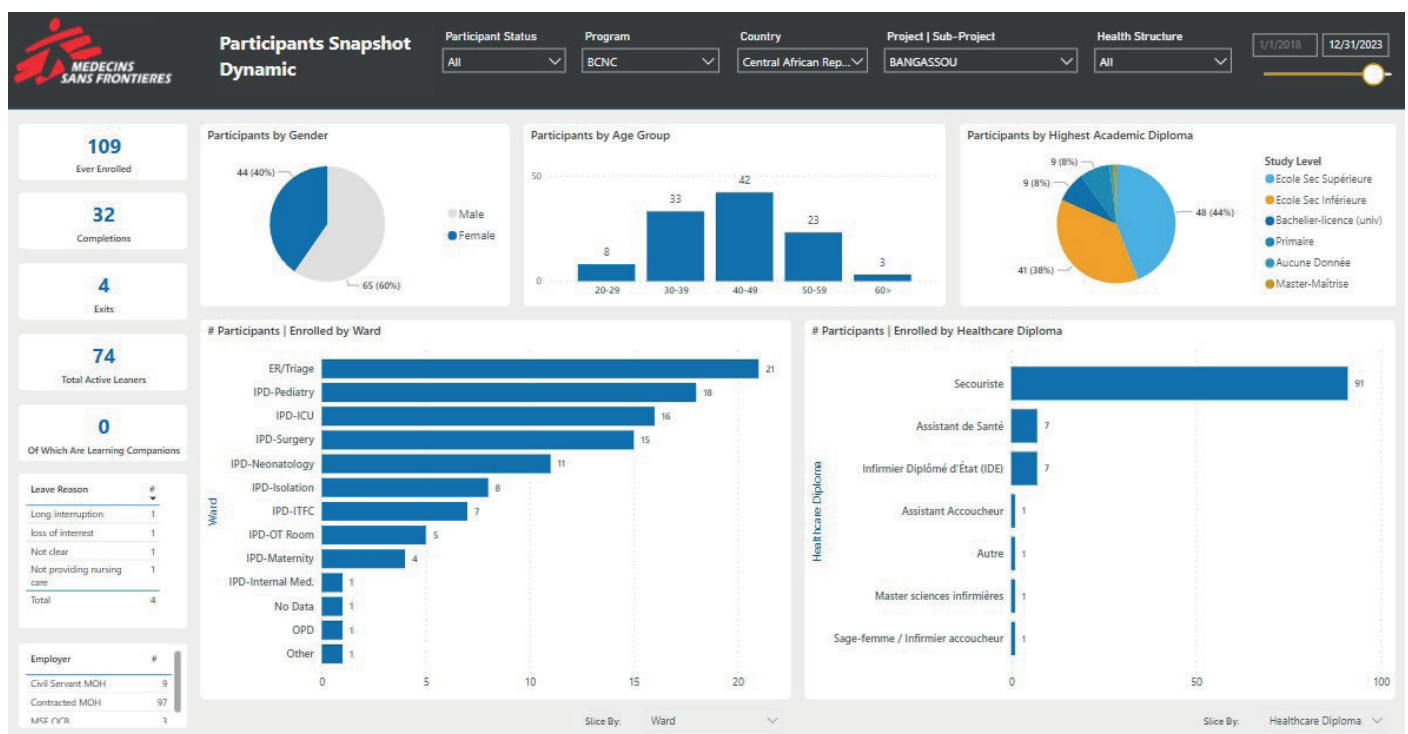


Annex 5. Nursing & Midwifery in Central African Republic: profile of the learners

Bangui-CHUC

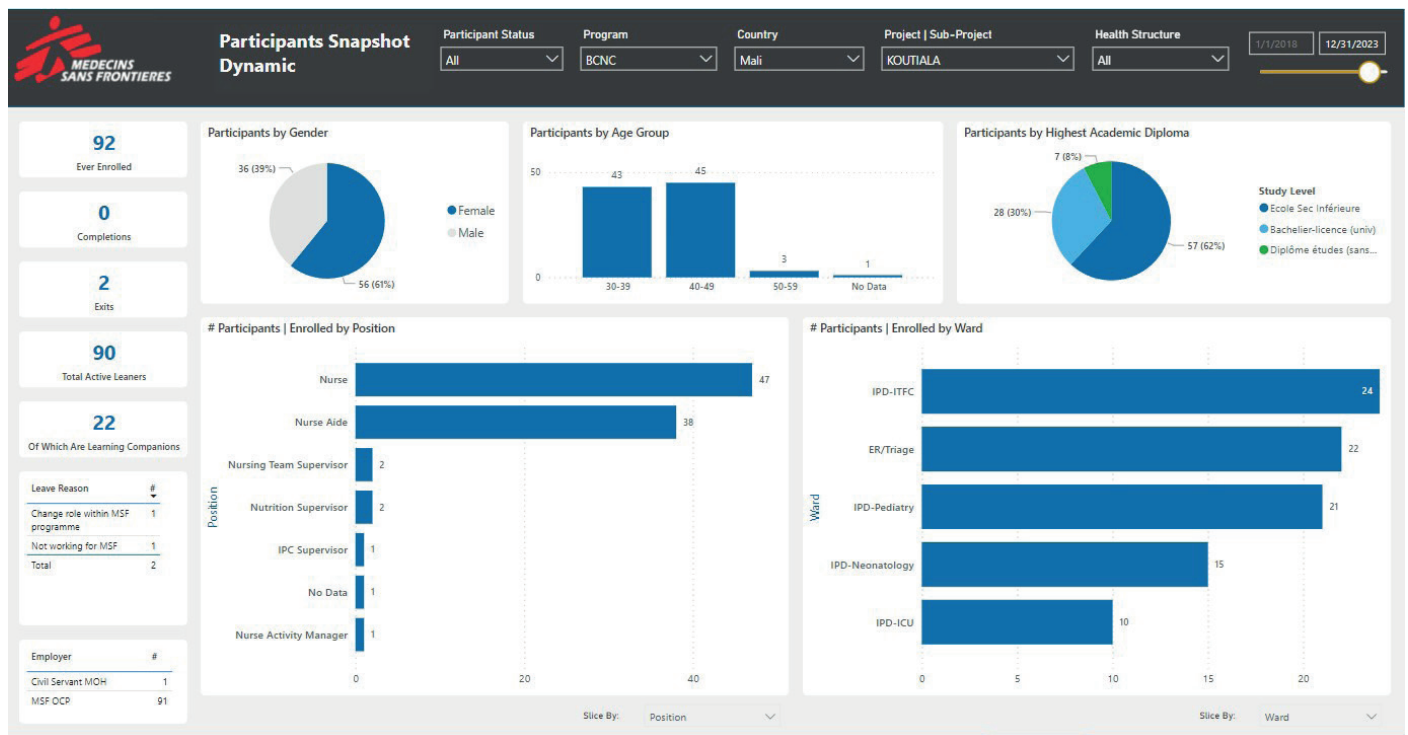


Bangassou

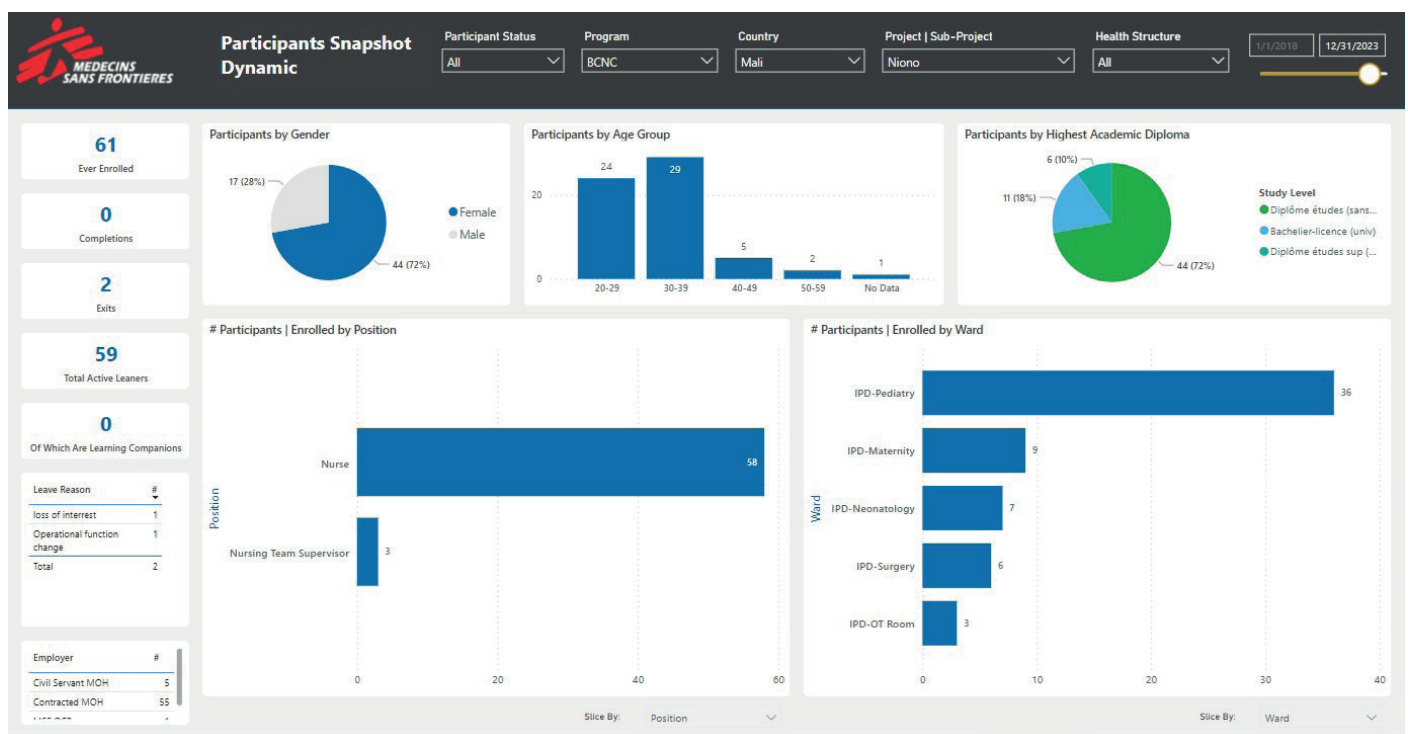


Annex 6. Nursing & Midwifery in Mali: profile of the learners

Koutiala



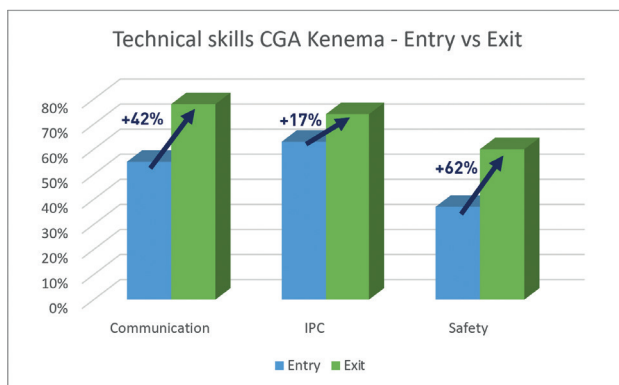
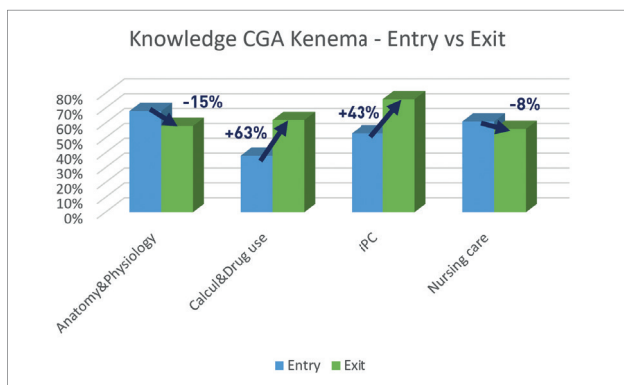
Niono



Annex 7. Nursing & Midwifery in Sierra Leone: results of BCNC entry and exit CGAs of the graduates in 2023

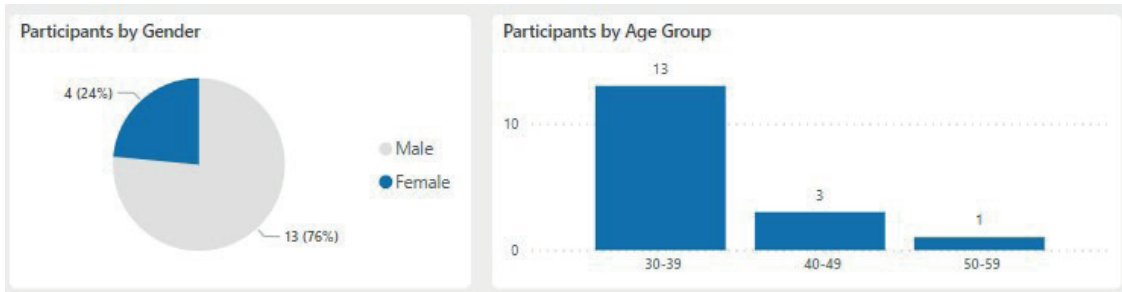
Kenema

N=18

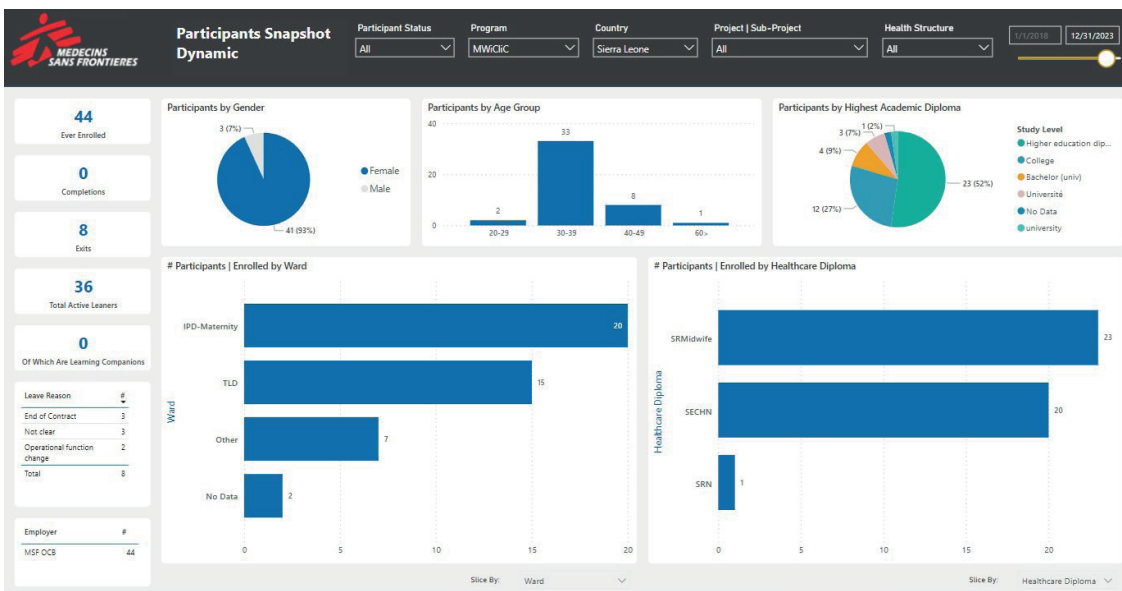


Annex 8. Nursing & Midwifery in Sierra Leone: profile of the learners

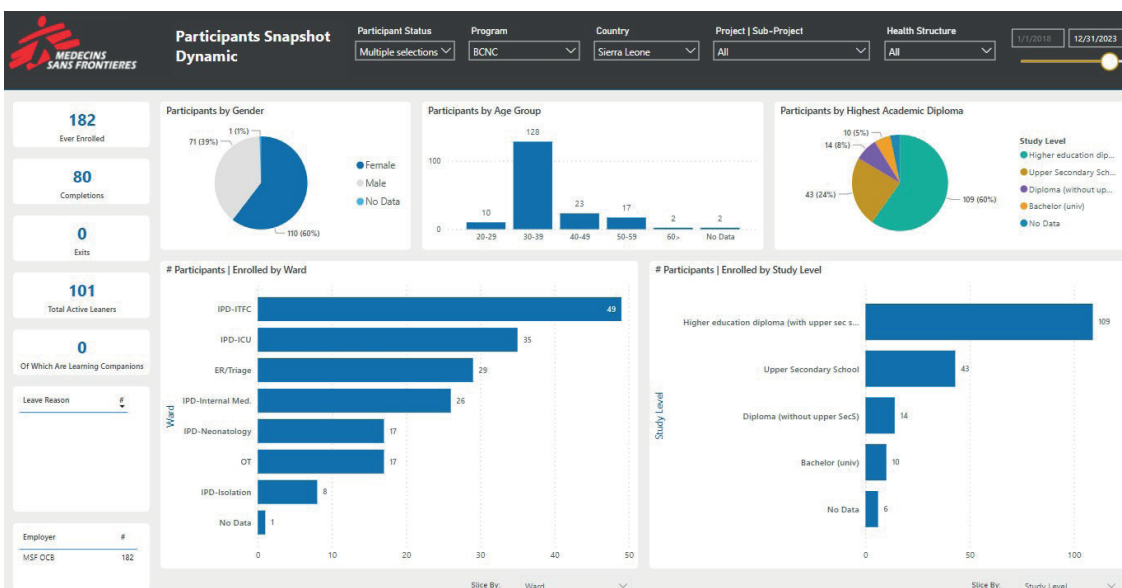
OT nursing care programme



Midwifery clinical care programme



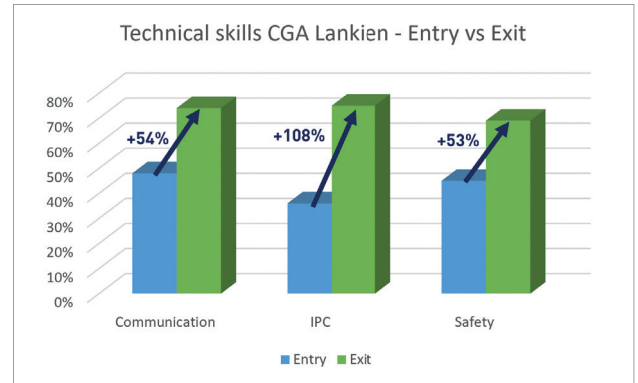
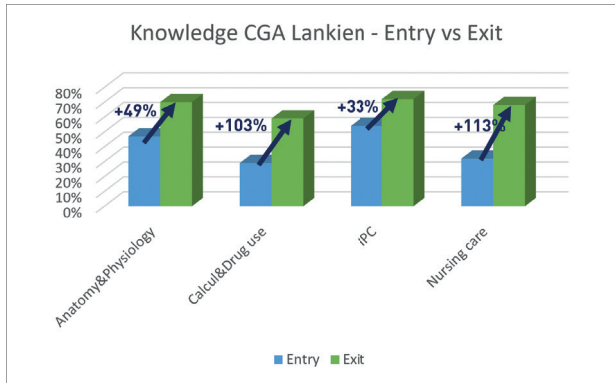
BCNC programme



Annex 9. Nursing & Midwifery in South Sudan: results of BCNC entry and exit CGAs of the graduates in 2023

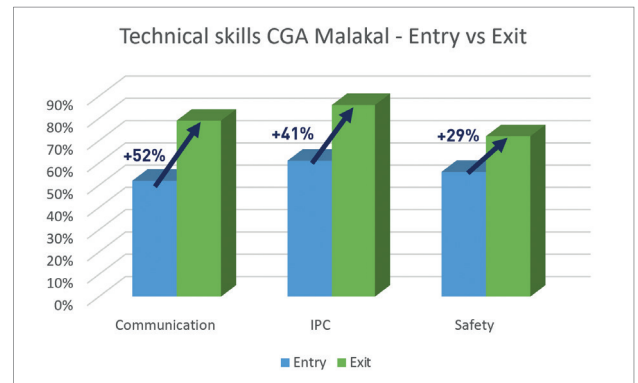
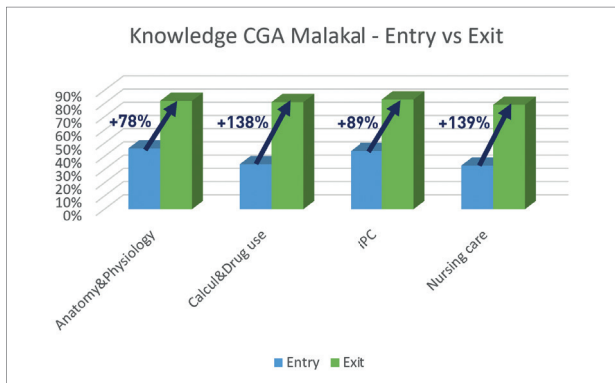
Lankien

N=92



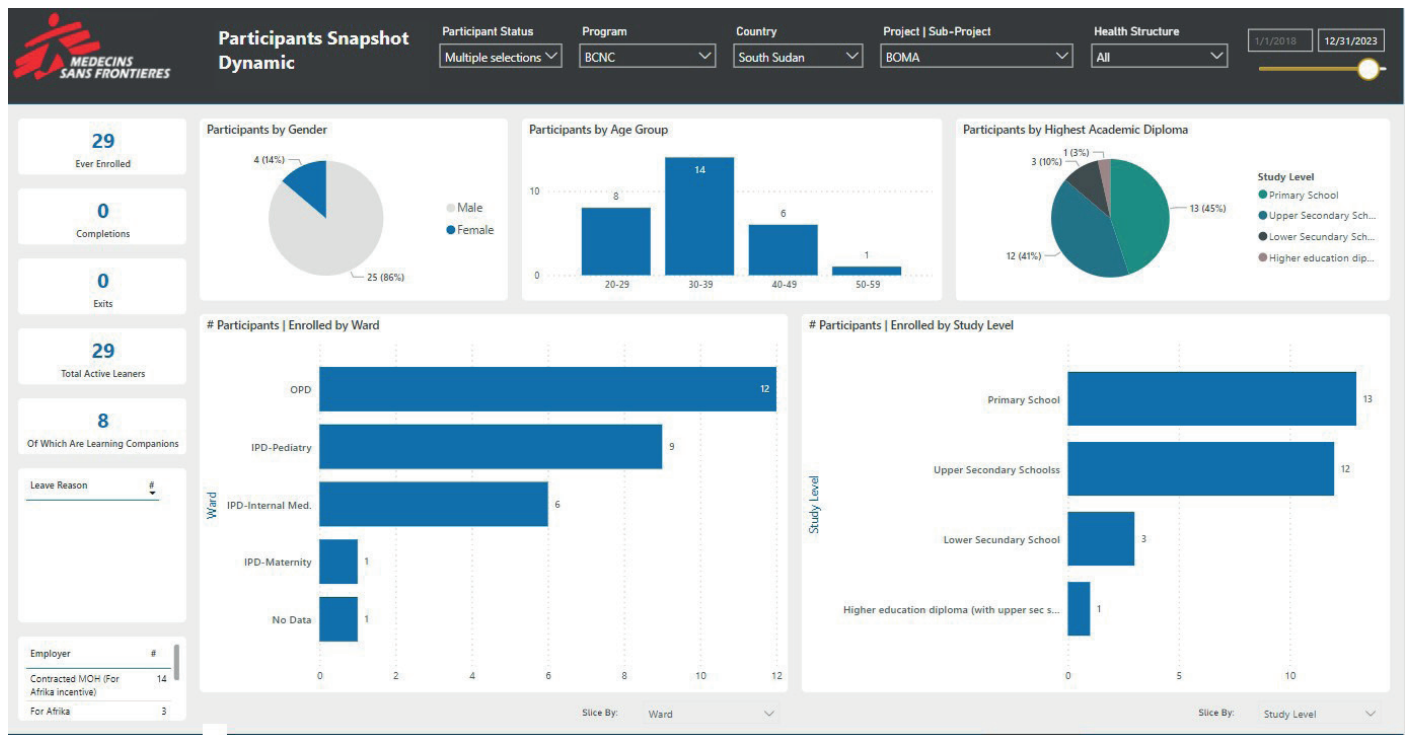
Malakal

N=68

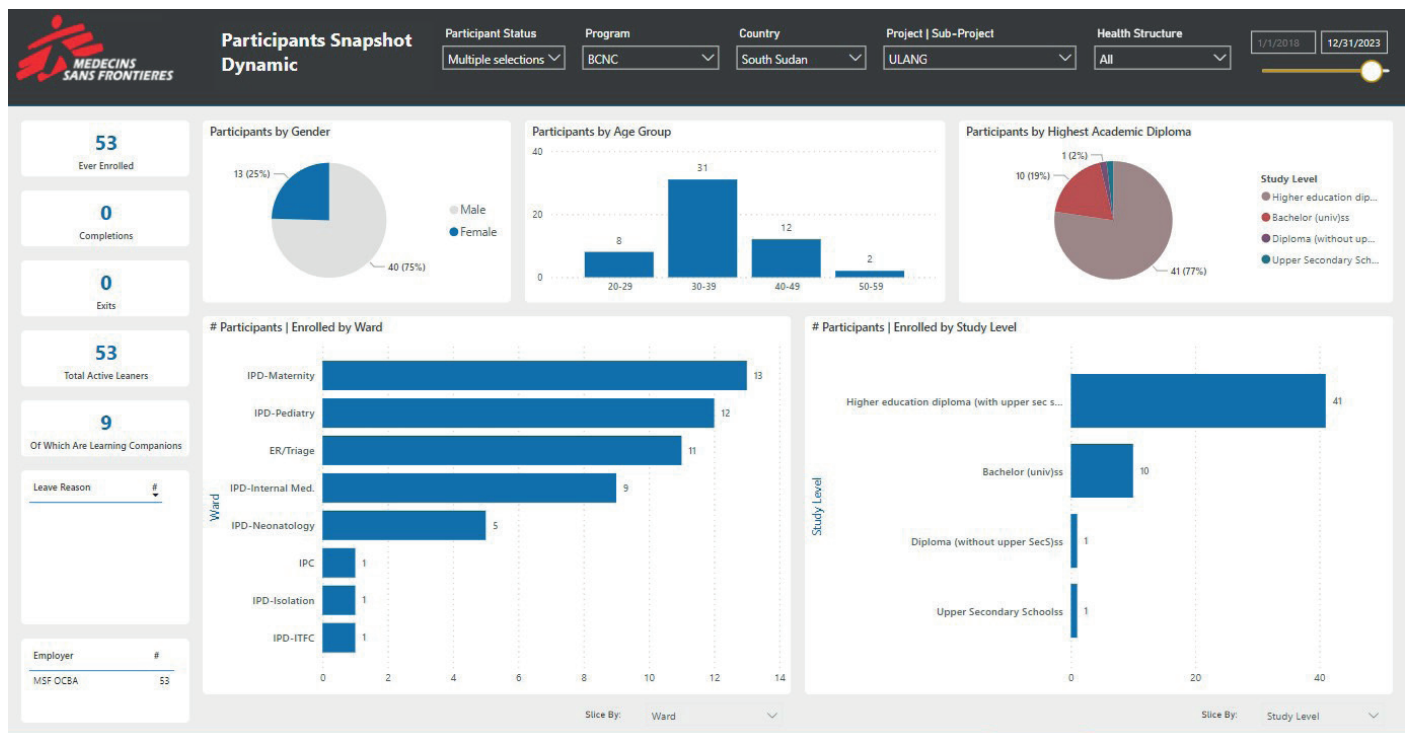


Annex 10. Nursing & Midwifery in South Sudan: profile of the learners

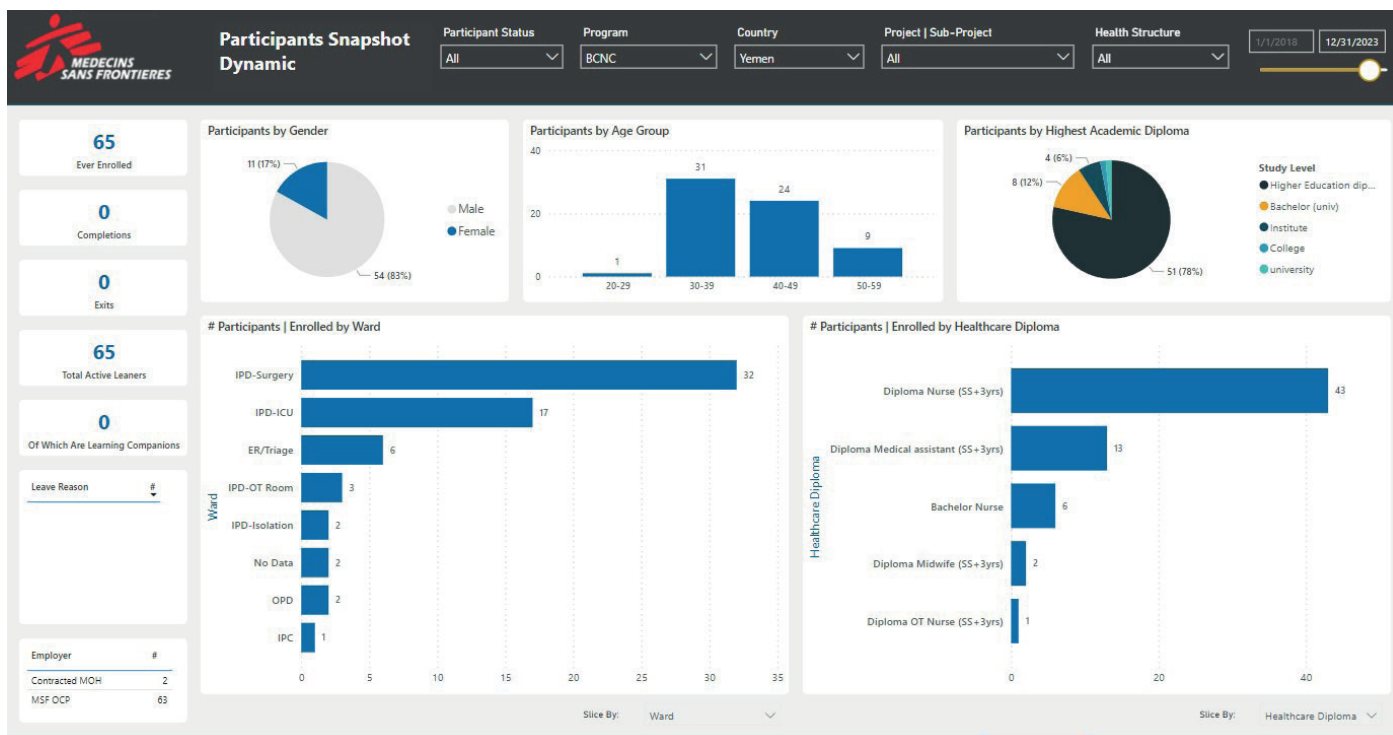
Boma



Ulang



Annex 11. Nursing & Midwifery in Yemen: profile of the learners

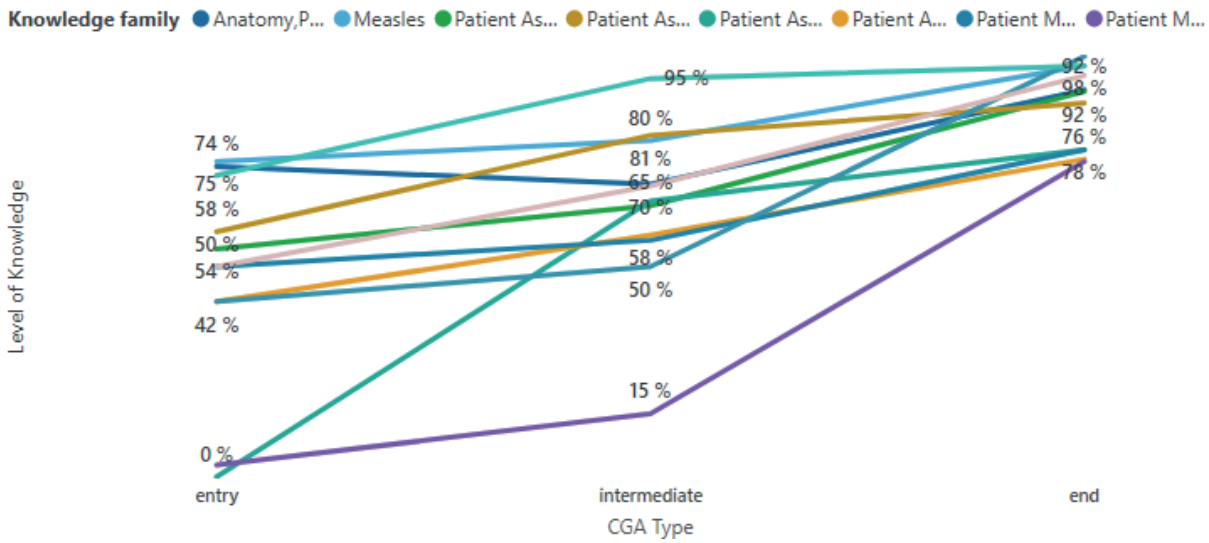


Annex 12. OPD in Nigeria: results of entry and exit CGAs of the graduates in 2023

Unguwa Uku

Knowledge

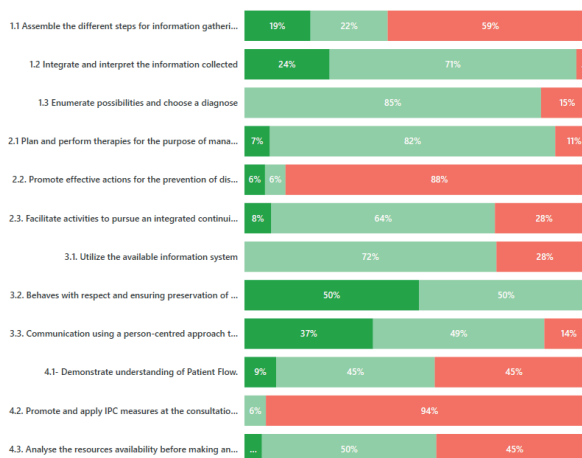
CGA Percentage Knowledge - Entry n=10 Exit n=9



Technical skills

Performance per Key criteria at Entry CGA N=10

status ● autonomous ● needs_support ● not_performed



Performance per Key criteria at Exit CGA N=8

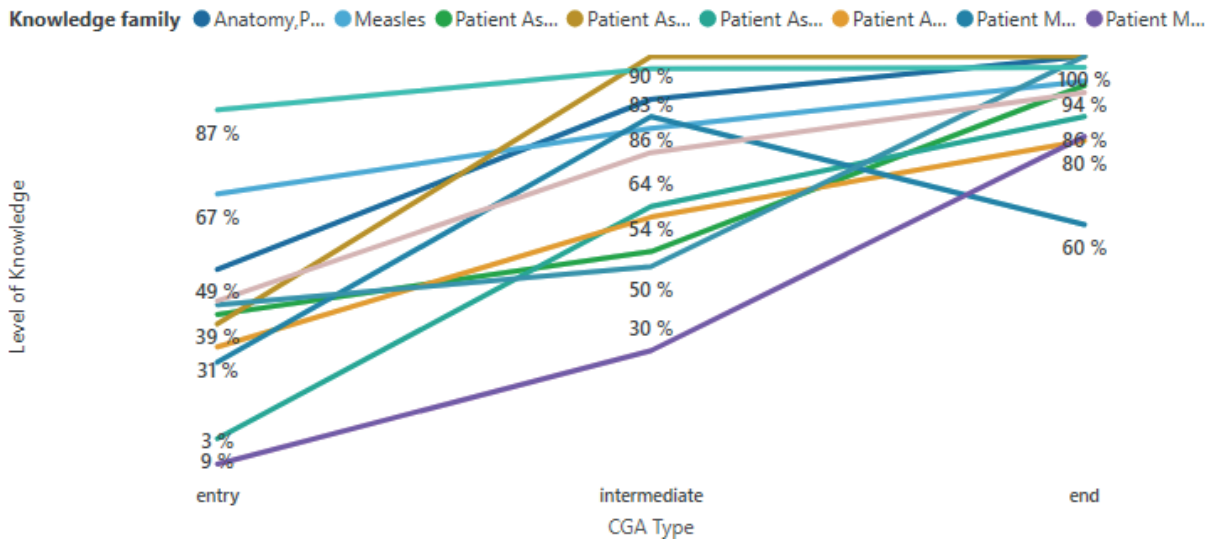
status ● autonomous ● needs_support ● not_performed



Tudun Fulani

Knowledge

CGA Percentage Knowledge - Entry n=10 Exit n=10



Technical skills

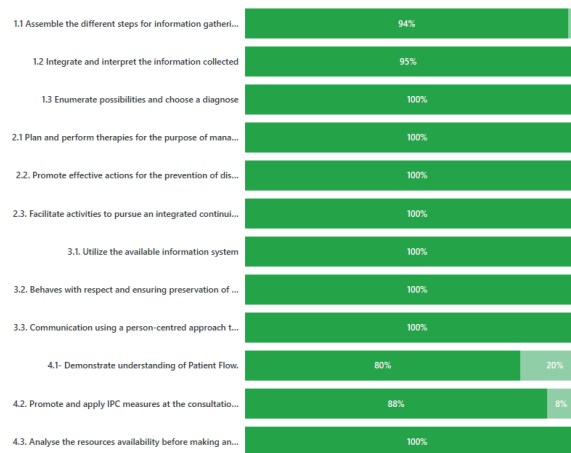
Performance per Key criteria at Entry CGA N=10

status ● autonomous ● needs_support ● not_performed



Performance per Key criteria at Exit CGA N=9

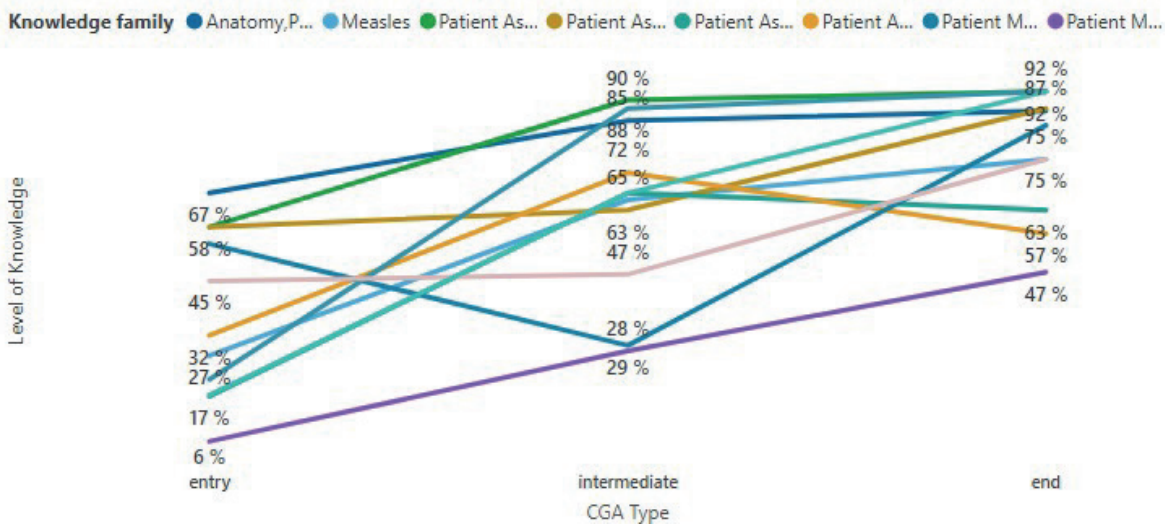
status ● autonomous ● needs_support ● not_performed



Annex 13. OPD in Sierra Leone: results of entry and exit CGAs of the graduates in 2023

Boadjibu Knowledge

CGA Percentage Knowledge - Entry n=12 Exit n=12



Technical skills

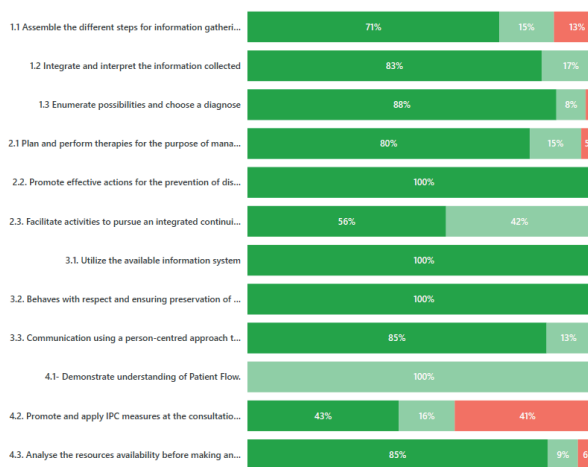
Performance per Key criteria at Entry CGA N=12

status ● autonomous ● needs_support ● not_performed



Performance per Key criteria at Exit CGA N=12

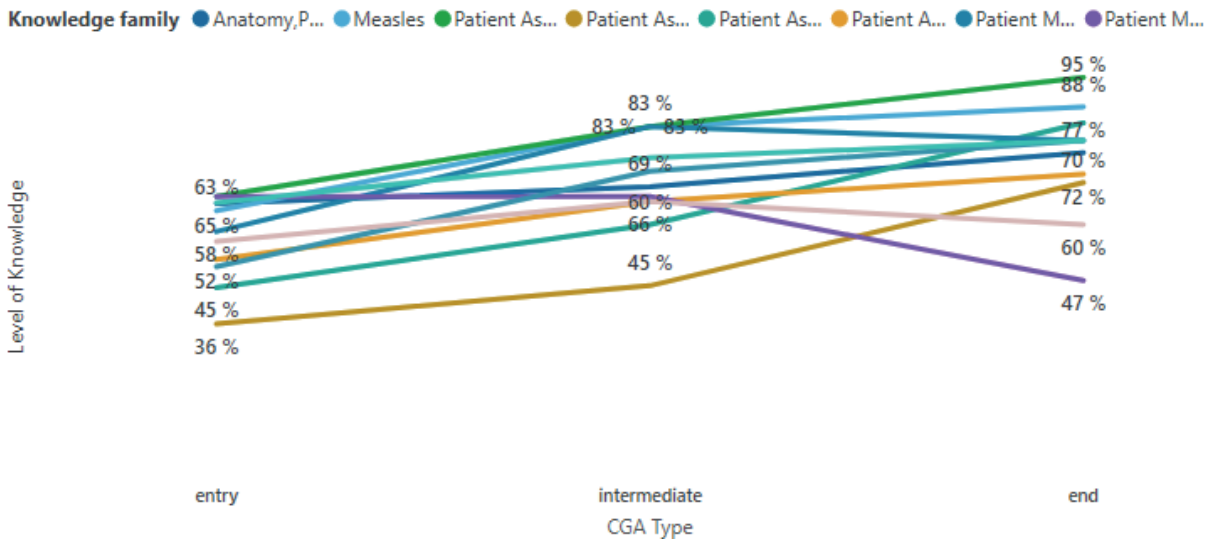
status ● autonomous ● needs_support ● not_performed



Dodo

Knowledge

CGA Percentage Knowledge - Entry n=6 Exit n=5



Technical skills

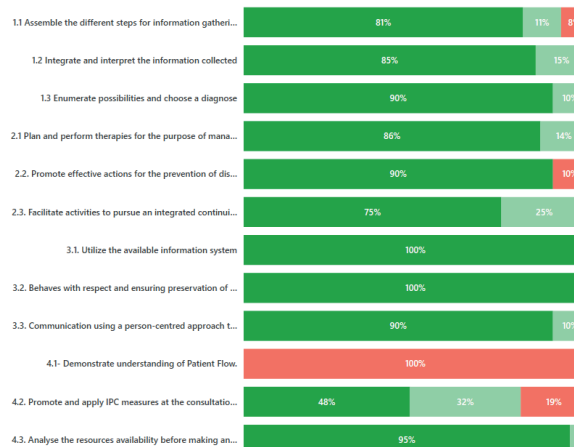
Performance per Key criteria at Entry CGA N=6

status ● autonomous @ needs_support ● not_performed



Performance per Key criteria at Exit CGA N=5

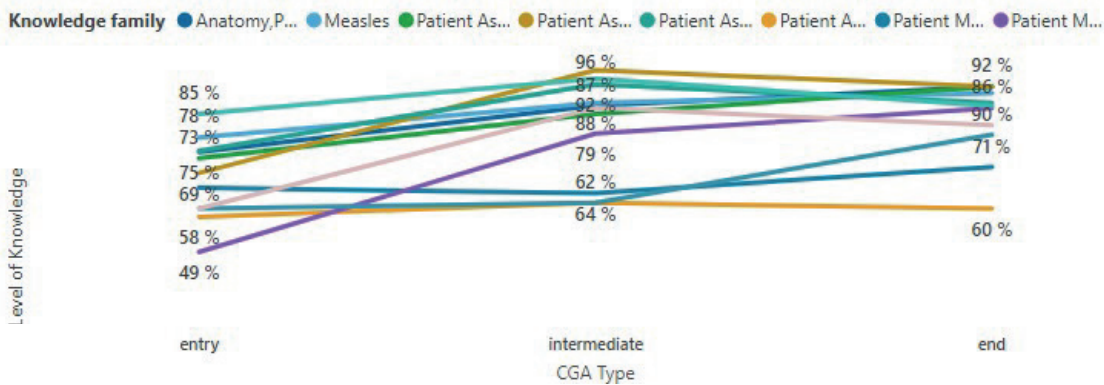
status ● autonomous @ needs_support ● not_performed



Annex 14. OPD in South Sudan: results of entry and exit CGAs of the graduates in 2023

Old Fangak Knowledge

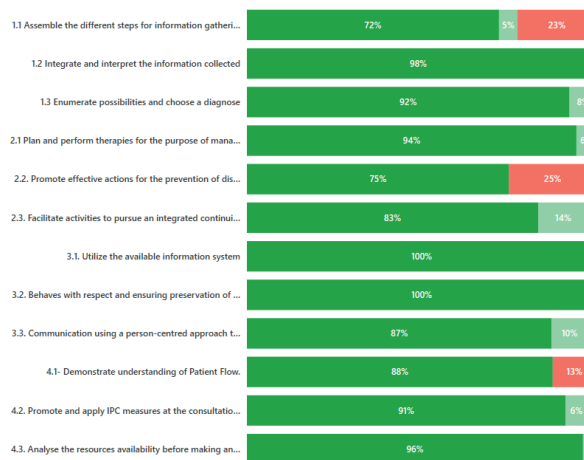
CGA Percentage Knowledge - Entry n=13 Exit n=12



Technical skills

Performance per Key criteria at Entry CGA N=13

status ● autonomous ● needs_support ● not_performed

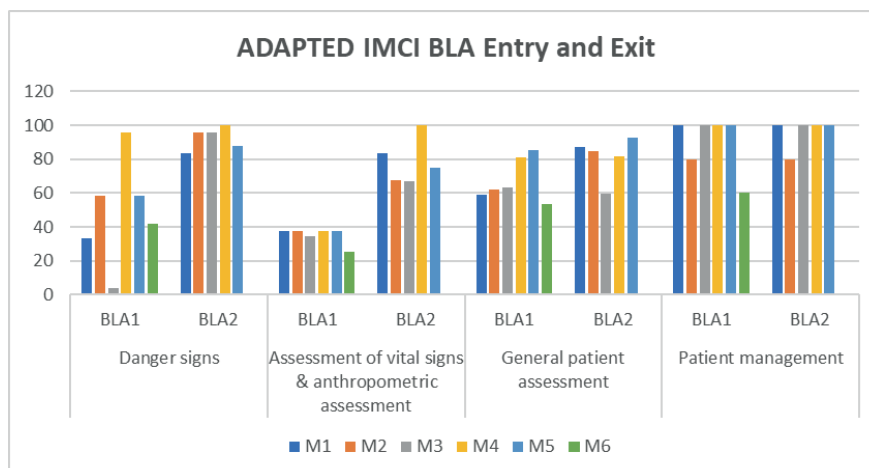


Performance per Key criteria at Exit CGA N=12

status ● autonomous ● not_performed

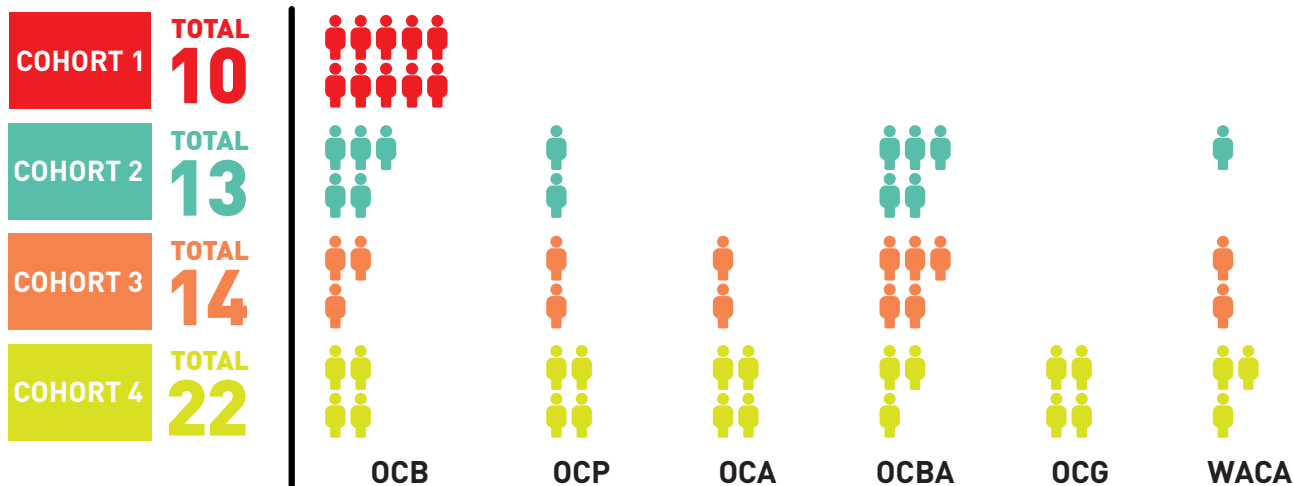


Adapted IMCI

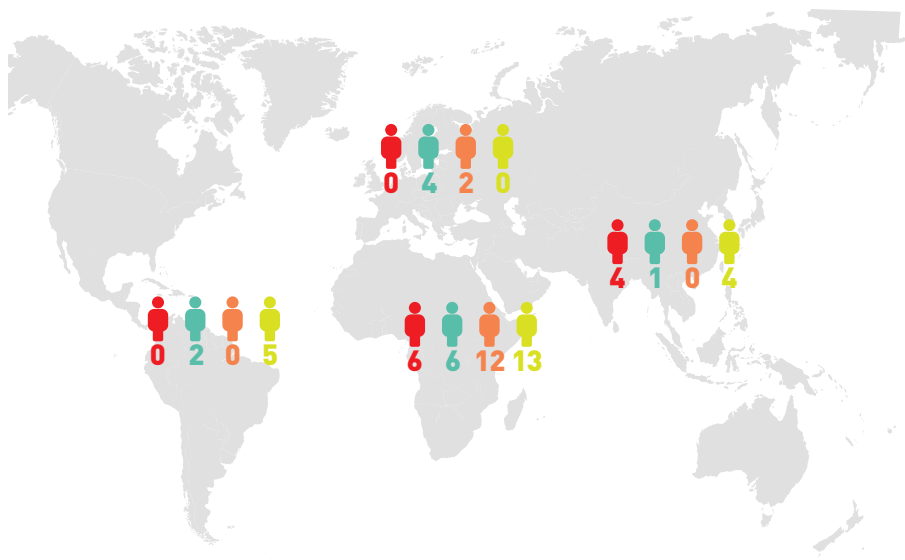


Annex 15. Fellowship in Medical Humanitarian Action: profile of the learners

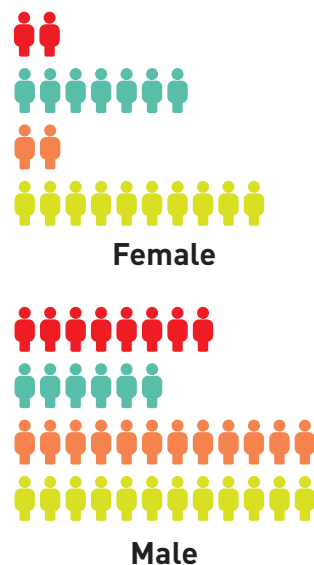
LEARNERS PER OPERATIONAL CENTRE



LEARNERS PER REGION



LEARNERS PER GENDER

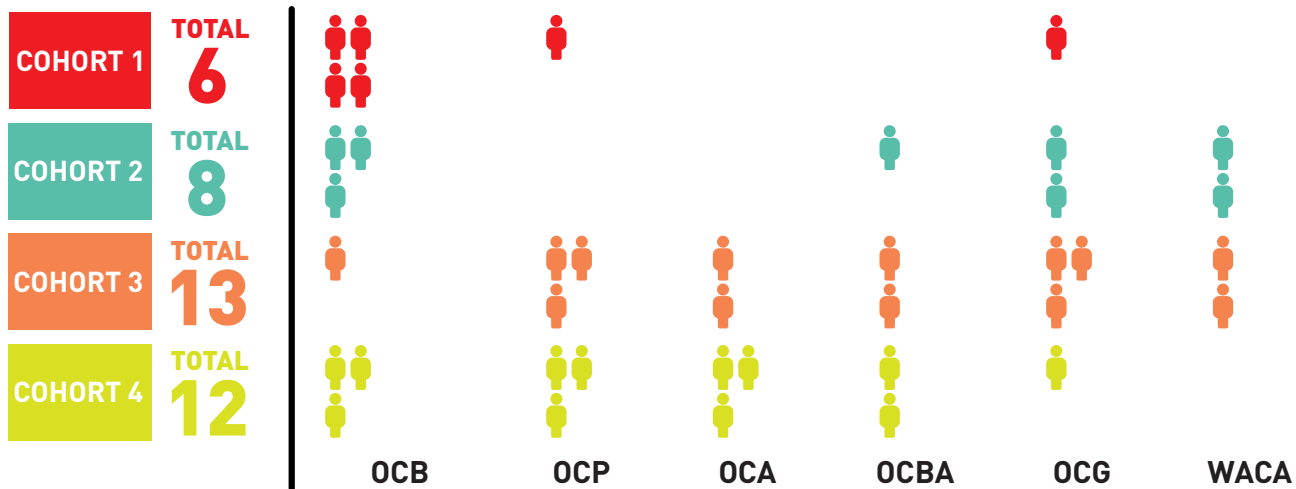


LOCALLY HIRED STAFF AND INTERNATIONAL STAFF

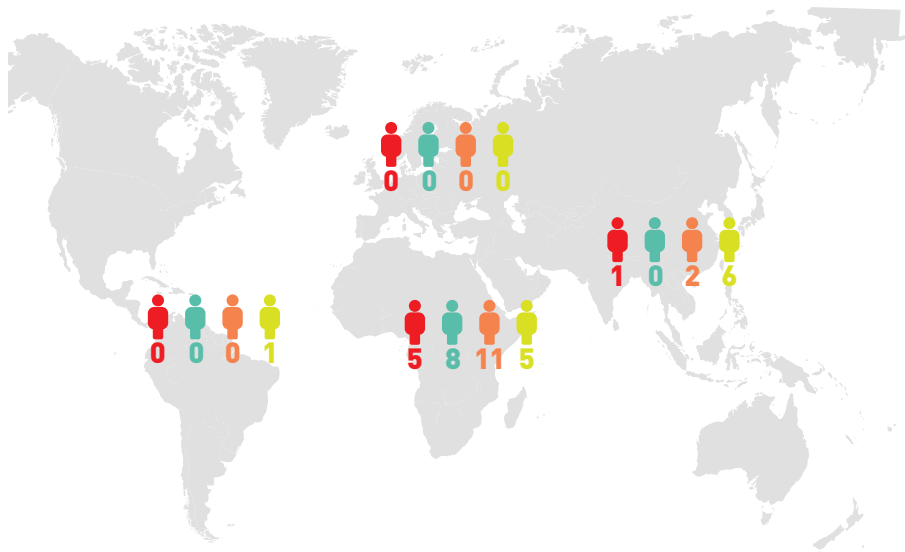


Annex 16. Postgraduate Diploma in Infectious Diseases: profile of the learners

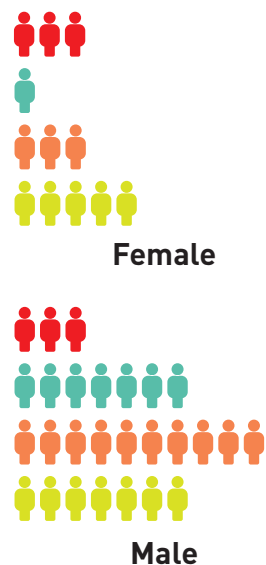
LEARNERS PER OPERATIONAL CENTRE



LEARNERS PER REGION



LEARNERS PER GENDER

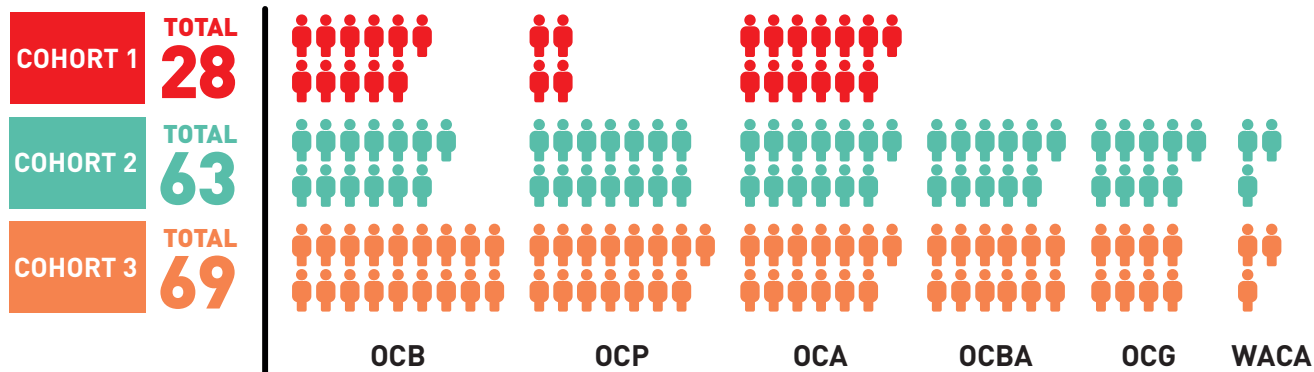


LOCALLY HIRED STAFF AND INTERNATIONAL STAFF

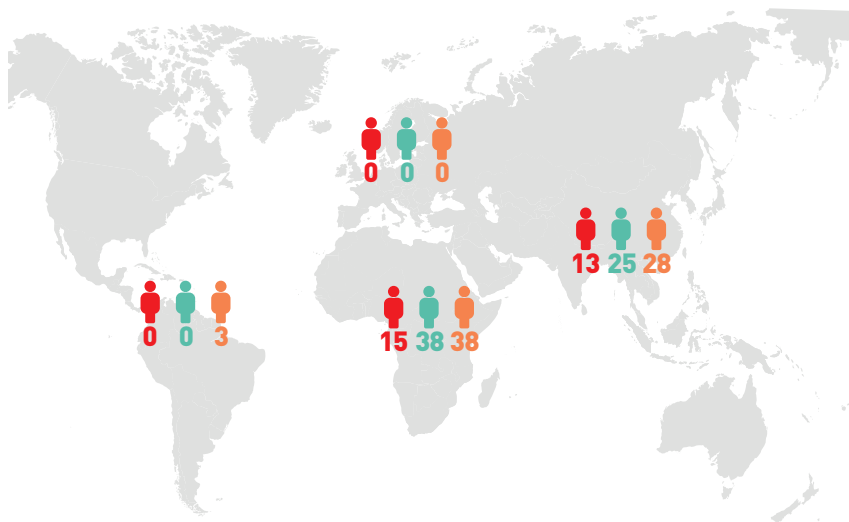


Annex 17. AMR Learning programme: profile of the learners

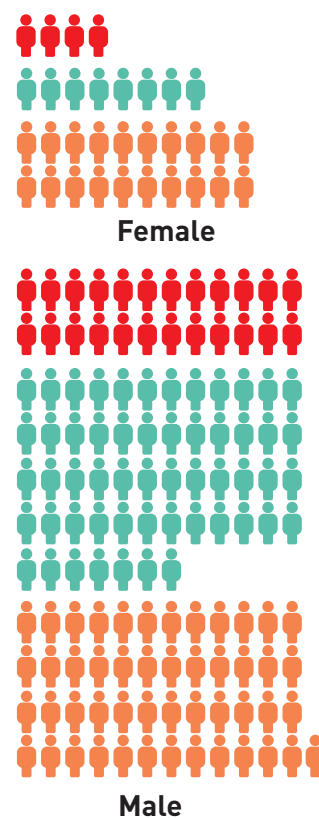
LEARNERS PER OPERATIONAL CENTRE



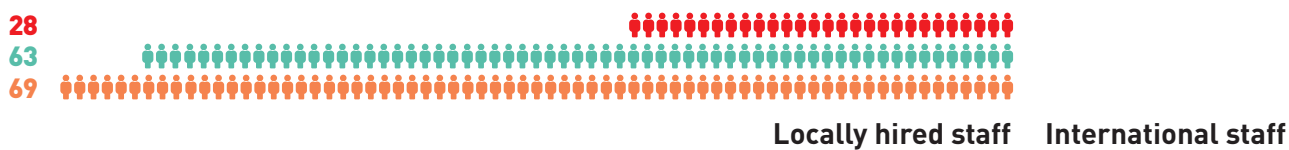
LEARNERS PER REGION



LEARNERS PER GENDER



LOCALLY HIRED STAFF AND INTERNATIONAL STAFF



Learners at their graduation ceremony in Lankien, South Sudan



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