

MSF ACADEMY FOR HEALTHCARE



**MOVING PROFESSIONAL
MEDICAL LEARNING AT THE
HEART OF THE FIELD REALITY**



MSF ACADEMY FOR HEALTHCARE

TABLE OF CONTENT

ACRONYMS.....	3
EXECUTIVE SUMMARY.....	4
INTRODUCTION.....	6
A TAILOR-MADE PEDAGOGICAL APPROACH.....	7
Competency-based curricula and assessment.....	7
Learner-centred learning.....	7
Work-based learning.....	7
Clinical mentoring.....	9
Flexible delivery strategies.....	9
ACTIVITIES: NEEDS-DRIVEN, COLLABORATIVE AND SCALABLE.....	10
Hospital Nursing Initiative: growing with agility.....	10
Past experiences as source of inspiration.....	10
The hospital nursing strategy.....	11
Central African Republic.....	16
South Sudan.....	22
Sierra Leone.....	25
Democratic Republic of Congo.....	29
Anaesthetics scholarship for certified nurses.....	30
English Speaking Students - Ridge School of Anaesthesia.....	30
French Speaking Students - Institut National de Formation des Agents de Santé (INFAS).....	31
Master in Medical Humanitarian Action (MHA).....	33
Post-Graduate Diploma course in Infectious Diseases (PG Dip ID).....	35
Out-Patient Department's (OPD) Consultations.....	37
Incubators and future developments.....	39
MAIN LESSONS LEARNED IN 2019.....	40
Lesson learned: We cannot take for granted the capacity of clinical mentors, including expats.....	40
Lesson learned: Collaboration between country team, HR and Operations is key.....	41
Lesson learned: Academic institutions work on a different timeframe.....	42
THE PEOPLE BEHIND THE MSF ACADEMY.....	43
The Executive team.....	43
Governance.....	44
THE FINANCIALS BEHIND THE ACTIVITIES.....	45
CONCLUSION.....	47

ACRONYMS

ABR	Antibiotic Resistance
BCNC	Basic Clinical Nursing Care
BeMU	Berlin Medical Unit, part of the Operational Centre of Geneva
CA	Compagnon d'Apprentissage or Learning Companion
CAR	Central African Republic
CPD	Continuing Professional Development
GCA	Competencies gap Assessment
IDE	Infirmier diplômé d'état (12 years of school followed by 3 years of study)
L&D	Learning & Development unit, part of the Human Resources department of OCs
MOH	Ministry of Health
MOPH	Ministry of Public Health
NMC	National Midwifery Council of Ghana
OC	Operational Centre
OCB	Operational Centre of Brussels
OCBA	Operational Centre of Barcelona
OCG	Operational Centre of Geneva
OPD	Out-Patient Consultations Department
SAMU	South African Medical Unit, part of the medical department of OCB
TOF	Training of Facilitator
TOM	Training of Mentor

EXECUTIVE SUMMARY

The MSF Academy for Healthcare is an intersectional training initiative, designed to improve the quality of healthcare provided in MSF projects and to strengthen the local health systems where healthcare human resources are weak

- through continuous professional development and targeted on-the-job and bedside training
- by working with local health and education ministries, schools and all 5 Operational Centers
- counting, to date, 5 separate projects, with each a specific priority of MSF operational needs

This Activity Report is the first ever elaborated by the MSF Academy, and thus aims to capitalize on the first steps and historic developments leading to 2019, when field activities really started blooming:

- our pedagogical approach and content were refined: work-based learning, development of our own nursing care curriculum, flexible delivery strategies in the field and use of innovative tools;
- The Hospital Nursing Initiative was launched in 3 countries, with tailor-made strategies and new field teams:
 - **162 healthcare workers were trained** for the Kenema hospital in **Sierra Leone**;
 - **22 nurses and 25 midwives** from Sierra Leone graduated from a two-year scholarship programme in nursing care in Ghana;
 - **68 learning companions trained and 115 learners** enrolled in the **Central African Republic**
 - all **43 Pibor nursing staff (South Sudan)** followed a curriculum classroom training
- We entirely organized, with external schools, **two Scholarship programmes in anaesthesia** for a total of 35 MSF or Ministry of Health staff originating from mission countries;
- Both the **Master in Medical Humanitarian Action and Post-Graduate Diploma in Infectious Diseases** moved on to securing strong partnerships and development;
- The **Out-Patient Department's Consultations** project saw the light and its competency framework and training curriculum were designed, in interaction with initiatives such as eCare;
- The global team went from **3 to 8** members and from **1** field staff in **1** country to **12** (expatriates and nationals) across three mission countries.

The year 2019 has also been rich in learning as we progressed and in adapting our approaches accordingly, in our ambition to instill a culture of learning and continuous improvement within MSF. The lessons learnt encompass the importance of continuously building the capacity of clinical mentorship, closely collaborating and interacting with MSF Operations to create ownership and ensure implementation space, or also what it entails and how to adapt when working with academic institutions.

Knowledge belongs to all: only by making it relevant, accessible and adaptable, will we see the difference in the field and on the care provided to the patients. In that spirit, the MSF Academy for Healthcare has been contributing to laying the grounds for a significant change of paradigm in MSF medical learning approach and better quality of care.

I really witnessed the impact of the training on technical competencies for the nursing staff in Pibor: the use of vital sign chart, (...) dating catheters, documenting administrated meds, and, mainly the staff motivation and their interest in doing things right, thirsty for learning.¹

Bedside Teaching in Pibor, as a nursing staff is taking care of a patient with the supervision of a tutor, in the back



¹ Elena Butta, Nursing Activity Manager in Pibor, February 2020, during her post-mission debriefing

INTRODUCTION

MSF has been confronted, from its early days up to date, with enormous challenges to provide health services of good and adapted quality in all projects that aim to provide access to healthcare in humanitarian crises. A cornerstone of this quality of care is the knowledge, skills and professional attitude of the healthcare workforce. In many countries where MSF is active, healthcare staff with minimal qualifications are severely lacking and for most other health professionals, their training did not provide them with the required competencies to fulfil their role effectively.

MSF is a medical humanitarian organization focusing on providing quality care to populations in need in countries affected by conflict and public health crises. These countries are often also suffering from severe shortages of qualified health professionals, with failing health systems and/or very limited investment in the development of healthcare workers; which brings about a high dependency on external expertise. Drawing from this, the decision was taken in 2016 by MSF to invest in the professionalizing of learning for healthcare staff through the creation of the MSF Academy for Healthcare.

This initiative has been designed to improve the quality of healthcare provided in MSF projects and to strengthen the local health system in countries where healthcare human resources are weak. The MSF Academy for Healthcare aims to invest in the training and upskilling of medical and paramedical professionals through continuous professional development and targeted on-the-job and bedside training.

Started effectively in 2017, with assessments in field nursing care and development of competencies profiles, by the end of 2019, the MSF Academy counts **5 separate projects**, each targeting a specific priority of MSF operational needs for the whole MSF Movement:

- **hospital nursing**
- **anaesthetic nursing**
- **strategic medical management and analysis**
- **infectious diseases**
- **and outpatient care.**

Investing in training and upskilling of medical and paramedical professionals, all training programmes are heavily supported with professional mentors or tutors and are based on **three pedagogical pillars: up-to-date adult learning practices, work-based learning, and competency-based curricula.**

The MSF Academy is rapidly building up an exciting network with learning institutions and national or regional health authorities. It also links with other initiatives in the MSF Movement that work on learning for healthcare staff and aims to become a strong platform to bring medical learning in MSF to a higher level.

Through this work, not only will **the quality of care** provided in MSF projects **improve**; this will also **create more career paths** for key health workers and – through them – **help strengthen more countries' health systems** and to quality of care in their country after MSF has departed.

A TAILOR-MADE PEDAGOGICAL APPROACH

In the course of 2019, the MSF Academy refined its pedagogical approach. This approach aims at developing staff's competencies and enabling better transfer of training to the workplace, via the following key components:

Competency-based curricula and assessment

Whether the context is an academic training leading to a diploma or a continuous professional development programme, competencies form the backbone of the curriculum. We work with medical referents from the various MSF medical departments to identify and describe the relevant competencies for each curriculum. This ensures that the training is relevant to our audience's context and professional tasks. Learning activities and assessment are then aligned to these competencies. For assessment, we use a portfolio including a range of methods depending on the objectives: direct performance observation checklists for technical and procedural skills, quizzes for knowledge testing, case-based discussion checklists for clinical reasoning, and self-assessment grids. We also encourage learners to reflect on their learning and to set their own objectives and action plans through the learning journal (see below "The Learning Tools").

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 in one's learning process. Trainers and mentors need to be in a facilitation role ("guide on the side" rather than "sage on the stage"). Our Training of Facilitators programme allows mentors and learning companions to become familiar with a range of learner-centred training activities, such as facilitating brainstorming, group discussions or games based on cases, exercises to apply knowledge, role plays and simulations, or using videos. This also includes working on good facilitation practices such as building on the learners' experience, input and feedback to co-construct knowledge.

Work-based learning

We know that a crucial step to translate training into performance improvement is supporting the transfer of training into work. We have taken on board lessons

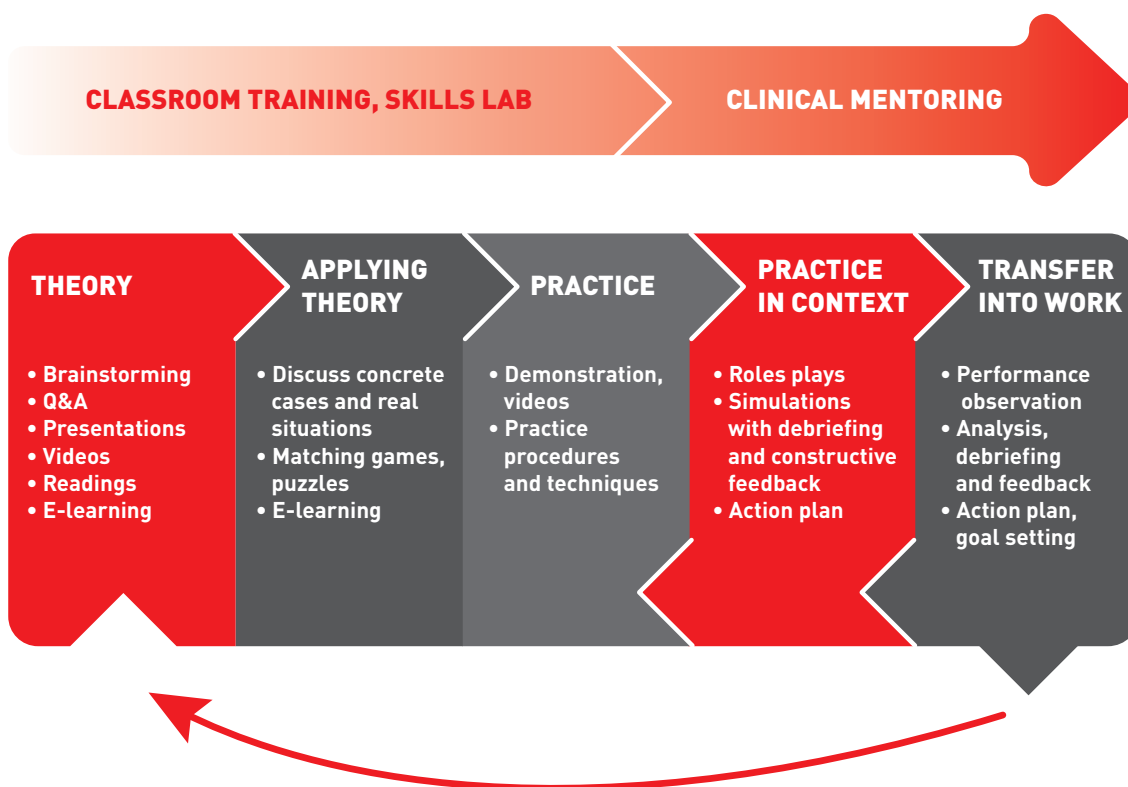


A learner providing care to a patient under the mentoring of a Learning Companion - Sica Hospital, OCP Project, Bangui, CAR

learned from “traditional” training initiatives (e.g. a two-week training session on a specific topic), which often results in little learning from the training being applied to work:

In a review of evaluation benchmarking data conducted by Knowledge Advisors, a human capital metrics firm, organizations reported that trainees had applied less than 40% of their knowledge and skills from training experiences when measured 90 days after training. The remaining 60% is considered “scrap learning”.²

A cornerstone of our approach is work-based learning. Whether for continuous professional development within MSF, or for degrees created with academic partners, we have developed a structured approach to on-the-job training, which links competency-based curriculum objectives with on-the-job training activities from the start. For example, in the nursing care training, bedside practice with a clinical mentor is a central part of the learning activities. In the Post-graduate diploma in Infectious Diseases, some of the assignments and assessments will be real cases written and analyzed by the students. In this way, we build transfer of learning as part of the learning experience, instead of leaving it for after the training, as the sole responsibility of the learner or the project.



²Berk, J. (2008). The manager’s responsibility for employee learning. Chief Learning Officer, 7(7), 46–48.

Clinical mentoring

Structured work-based learning requires on-the-job trainers who link “classroom” and skills lab training with daily work. Indeed, even a relevant, practical training including simulations will not guarantee transfer of training into work. Learners need support to apply their new learning to their work. This is the role of clinical mentors. Clinical mentors help the learner set goals and action plans to develop and improve the competencies defined in the curriculum. The clinical mentor observes the learner at work and helps the learner reflect on their performance through debriefing and constructive feedback. Our Training of clinical mentors includes contents to help the mentors define their role, use portfolio tools, and develop attitude and clinical mentoring skills such as building trust, briefing and debriefing, action planning and giving feedback.

Flexible delivery strategies

One of the challenges the MSF Academy faces is training busy national staff who can rarely leave their project to be trained, or only for a limited period of time. The MSF Academy’s goal is to bring the training to them. This means having trainers/mentors who can travel to the various project sites, or who are already working in the project.

Depending on the context, we recruit tutors and clinical mentors who deliver the training in several projects, or we set up a cascade system whereby we train learning companions to become trainers for their colleagues, with the continuous support from MSF Academy clinical mentors. Using the skills right after the training is key, so having the training delivered in small chunks directly on the project fosters application of skills into work. It provides opportunities for the clinical mentors to make the learners fully grasp the links between theoretical sessions and practice at work.

To reinforce this bridge between theory and practice, we have been experimenting with electronic tablets containing all the training materials (videos, handouts etc.) and made available in the projects. This allows clinical mentors and learning companions to deliver the training with minimum equipment with small groups of learners, even in the wards if easiest. We are also developing e-learning for all our programmes. For the nursing care training project, where learners do not always have access to the internet, we are collaborating with Tembo (the Learning Management System developed by MSF-OCBA) on e-learning that will be accessible offline as well.



A learner checking on a patient with the support of her learning companion, Castors Maternity, OCB Project, Bangui, CAR

ACTIVITIES: NEEDS-DRIVEN, COLLABORATIVE AND SCALABLE

Hospital Nursing Initiative: growing with agility

The Hospital Nursing initiative is the first project implemented in the field, in collaboration with **all 5 Operational Centers (OC)**, and, to date, the largest MSF Academy project. This initiative aims to increase the quality of care in MSF hospitals through a practice-based training for nurses, with a special focus on countries with a lack of qualified nurses. A full curriculum designed to cover all the basic nursing skills serves as the backbone for the competency-based training approach, now carried out in three countries, namely the Central African Republic, South Sudan and Sierra Leone. The implementation strategy is to favour on-the-job learning as much as possible, while being tailored to each context and being readjusted progressively as we learn from the challenges and successes met on the way. While obtaining official academic certification at national level for our programmes has not been a precondition, it does remain an objective.

Past experiences as source of inspiration

The MSF Academy had, in 2017, academic actors carry out thorough competency assessments for all hospital staff performing nursing duties, both in Bangassou, Central African Republic (CAR)³ and in Doro, South Sudan⁴, based on the findings of a preliminary rapid assessment done in 2016. The results in both places confirmed the hypothesis that quality of care is poor due to serious gaps in transversal competency skills of all local nursing staff, regardless of their level. In all nurse levels, not only are there shortcomings in theoretical knowledge (especially in transversal categories 'Safety', 'Asepsis' and 'Hygiene'), but there is also a serious lack of practical skills, with severe consequences for the patients' wellbeing.

Based on this, decision was taken to develop a school in Bangassou, CAR, that could raise the lower levels of nursing staff up to the medium level, namely assistant nurses, which entailed the development of a two-year programme. The ambition was to have this programme recognized and accredited from the start by the relevant CAR authorities. Unfortunately, this school never saw the light of day, as insecurity rose sharply in 2017, and operations in Bangassou were reduced to a strict minimum; to date, there is still a limitation on the number of delocalized personnel MSF is ready to place in Bangassou. A similar scenario took place in Doro, South Sudan: Doro was chosen as a starting point to enroll Community health

³ Bangassou assessment was performed by Artevelde University, Ghent, Belgium

⁴ The Doro assessment was carried out by AMREF based in Nairobi, Kenya

workers, clinical officers, midwives, in a full-scale nursing schooling programme. With exams and diploma, this programme was to be based on an existing curriculum offered by MOH and other institutions. But then, security issues prevented the preparation to turn into implementation.

These experiences fed a founding realization: any new MSF Academy project would need to be agile to cater for the volatility of the context and should prioritize the immediate improvement of quality of care, and not on obtaining formal certification for the programme: while this remains of significant importance, it is no longer to be considered a pre-requisite. Another lesson learned from these past experiences that was taken into account when building the new nursing strategy was to avoid taking staff away from their jobs for long periods at a time, which would inevitably have created tension with Operations trying to run a hospital in contexts with already limited human resources.

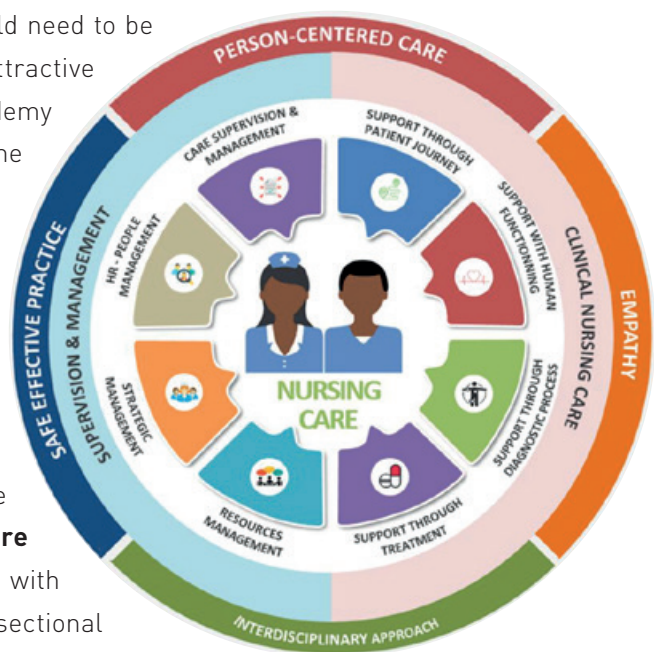
The hospital nursing strategy

The challenge was thus to develop a programme that would directly impact the provision of care in the projects tackling the key nursing care competencies, and that would be flexible enough to adapt to the various contexts to avoid creating too much disruption on the daily activities of the hospital – both elements contributing to the indispensable operational buy-in. The programme would need to be agile enough to cater for potential rises of insecurity, and be attractive enough to make staff members want to become MSF Academy learners. Indeed, without the building of a sound buy-in of the learners, the programme would have little chances of success...

The Curriculum and training material

End 2018, the MSF Academy started to develop a full curriculum to build all basic nursing competencies, encompassing all basic theoretical knowledge, technical knowledge and skills, as well as the nurse's attitude towards the art of nursing and the patients. This is the MSF Academy **Basic Clinical Nursing Care (BCNC) curriculum**, which has been developed in accordance with the MSF Nursing Care Framework⁵ and newly agreed intersectional nursing protocols. It builds onto the general assessment that the level of competences of all staff performing hospital nursing duties in these countries is generally low, and it remains relevant for all concerned, whether certified nurses or staff without real academic nursing training. What may vary is the speed at which the learners will be able to go through the whole curriculum.

The BCNC is composed of 5 modules, each subdivided into specific learning units: in total, there are 40 learning units, each composed of a theoretical dossier,

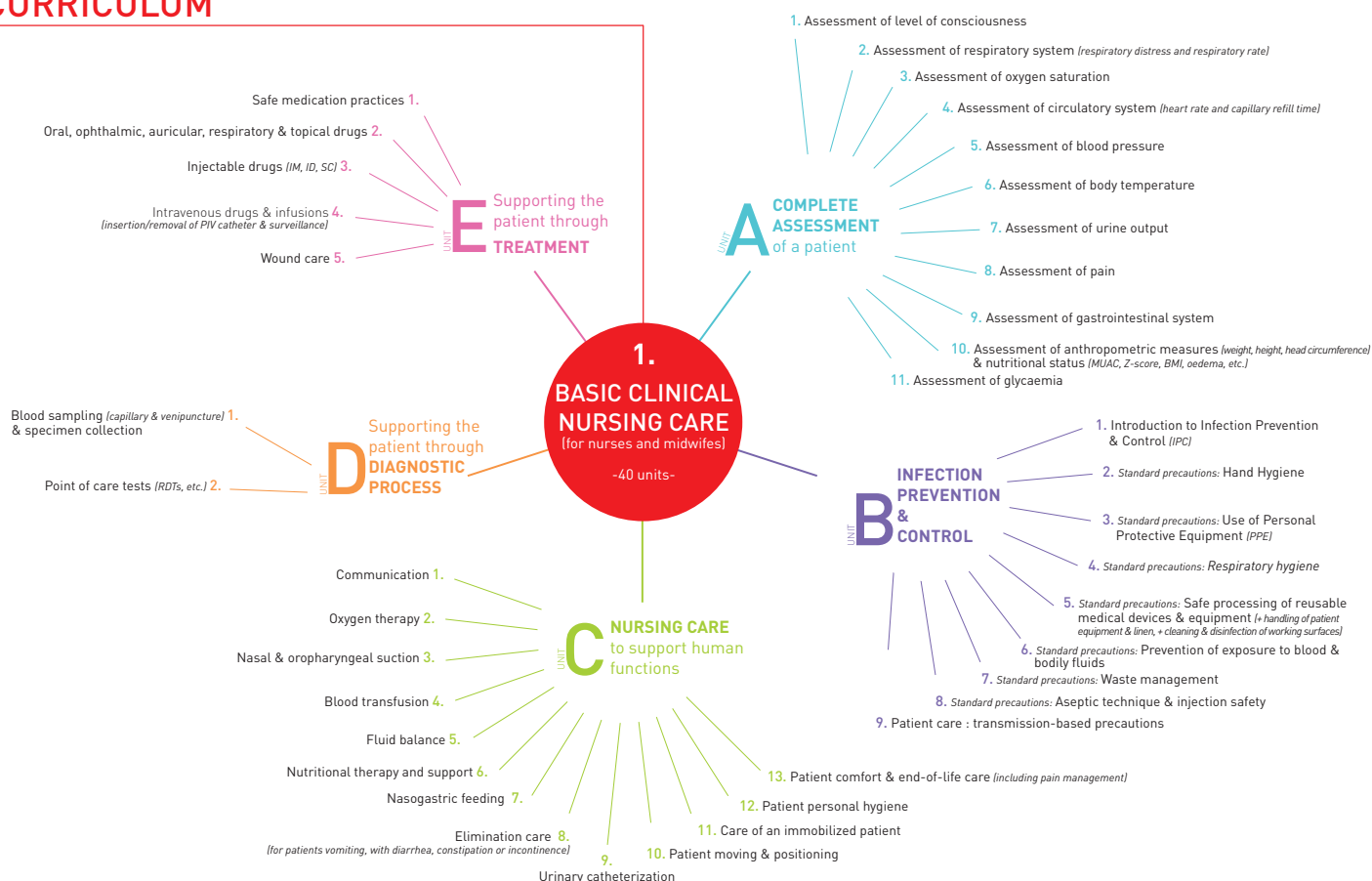


⁵ Document created in 2018 by the Intersectional Nursing Care Contact group, which is composed of the nursing referents of all MSF operational sections.

facilitator's notes, various learning activities and a self-evaluation test; the learning progressively increases in complexity as the learner evolves in the programme. Below, the full description of the curriculum, divided in 5 main module:

- A. COMPLETE ASSESSMENT of a patient**
- B. INFECTION PREVENTION AND CONTROL**
- C. NURSING CARE to support the human functions**
- D. Supporting the patient through DIAGNOSTIC PROCESS**
- E. Supporting the patient through TREATMENT**

CURRICULUM



In 2019, the whole module A was developed and finalized, and an initial outline of the units' content for module B was established. In 2020, we intend to carry on elaborating the content of the remainder of the BCNC. A next step will also be for the MSF Academy to develop advanced modules which will

enable the learners to care for complicated cases and to carry out complicated technical skills. The idea is to tackle various nursing specialties existing and necessary in any hospital, such as operational theatre nursing. In 2019, together with the Intersectional Midwifery referents⁶, agreement has already been reached on the competencies required to work (equivalent to the nursing care framework), and the structure for specific midwifery elements to complete the BCNC curriculum has already been established.

The learning strategy

The learning strategy is innovative and adapted to the situation of running MSF hospitals, where functioning staff need to acquire essential competencies while not having the luxury of distancing themselves from the wards for long periods at a time. The strategy mixes theoretical and practical sessions with bedside teaching. As explained in the pedagogical chapter above, the MSF Academy nursing initiative favours flexible delivery strategies ensuring work-based learning and providing learners with personalized clinical mentorship support and individual follow-up of their competencies' development throughout the programme.

The delivery of the BCNC has been based on a **cascade system** whereby the MSF Academy clinical mentors will train learning companions, that will in turn become trainers/tutors for their peers (the learners). The mentors thus accompany the learning companions as learners and in their role as trainer/tutors, and the learning companions do the same for their assigned learners. The specific modalities of this strategy and the speed at which the learning programme is being implemented vary somewhat from project to project to cater for different contextual realities.

Outcome assessment

From the onset, it is important to set up the right methodology to properly evaluate the impact of our programme on the learners, in a standardized manner. We wanted to develop a tool that would allow to measure the learners' knowledge and performance when entering the programme, and be able to compare this with the results obtained with the same measuring method once the BCNC programme had been completed: this is what we call the **'Competencies Gap Assessment' (CGA)**.

In June 2019, the MSF Academy organized a workshop in Nairobi, in partnership with AMREF, to build the CGA, taking into account the experiences of past assessments done for nursing care (Artevelde University in Bangassou and AMREF in Doro, see above "Past experience as source of inspiration"), but also in accordance with the content of the BCNC programme itself. Participants of the workshop were the MSF Academy nursing referents from the global team, but also the first field clinical mentors and pedagogical managers, the deputy medical coordinator from the South Sudan OCB mission and a representative from the South Sudan nursing school.



A nursing staff during her practical CGA in South Sudan

⁶ The Advanced/Specific units of care, still under development, including in Midwifery

The CGA is composed of a profiling section (information about the learner), a theoretical assessment (composed of 40 questions), and a practical assessment via the performance of 3 nursing techniques. In July, it was first tested in CAR and in South Sudan; it is now being applied in all projects at the start.

The learners

The learners of the MSF Academy nursing initiative can be any staff performing nursing duties in the structures supported by the participating MSF projects, whether MSF or MOH staff, and be it with no previous formal training or fully-certified nurses, but also anyone performing midwifery duties, as the basic nursing skills are essential as well for this profession in order to improve quality of care.

The Learning tools

Each learning unit is composed of a

- **theoretical hand-out**, visuals facilitating the theoretical learning (posters, videos),
- **learning activities** such as games, case studies, and quizzes,
- **practical learning material** for the mentor/learning companion to use, such as simulation sessions, role-plays, skill-based exercises and actual bedside guided practice.

Because they learn by doing, all these activities are supported with well-organized tutorship, mentorship and clinical supervision and completed by a guidebook for the training facilitators. Once a unit has been completed and practiced, the learner is invited to take a **post-unit test**, which is to allow self-evaluation of the integration of the concepts covered.

What I preferred was the module on the respiratory function, because it was a module I had never understood, and here, we were able to go into details, with videos and games: it is now clearer for me. ”

Yannick Agnès Arone-Kossoko, IDE, SICA OCP project, Bangui - Training to Learning Companions July 2019, Bangui, Central African Republic



Various nursing learning tools developed to facilitate understanding and implementation of the concepts

The **Learning Journal for Learners** (and Companions, who are learners as well) serves to self-evaluate and follow-up individual progresses. Indeed, following the delivery of a learning unit or clinical training session, the skills will be assessed / evaluated through observations of practice in the clinical areas (validation of competencies), which will be documented by the learner and mentor collaboratively within the learning journal. The journal will also serve as a record of validation of competencies.

Dictaphones, to compensate for the distance with some projects while the Mentors are not on site; the learning companions can record the learning sessions they dispense and share the recorded content with their mentor, to get feedback on their delivery, even when they are not together in the project, because practice is key.

Tablets as support to the learning activities, contain all the developed material, classified per learning unit. They are stationed in the hospital, used for the learning activities, even in the wards, to allow the learners to visualize videos, perform learning activities or other, in an autonomous manner. The rationale for providing tablets is three-fold: (1) the learners need access to the electronic resources and the MSF Academy did not want to put an extra logistical burden on operations; (2) all learners should have access to quality, flexible resources, and this, while taking into account the field realities, and the staff situation (little to no access to smartphone or computer); and finally, (3) the MSF Academy ambitions to tool its nursing programme with a Learning Management System (LMS), to optimize learning on tablets with quality resources. It was decided to partner with Tembo, and to launch a pilot test in Bangui, CAR by the end of 2019.



Two learners and their Learning Companion watching a video on hand hygiene on one of the tablets available for them at the hospital during their breaks, Bangui, CAR

Country implementation

In the spirit of impacting the quality of care rapidly and effectively, the MSF Academy has invested in building field teams based in the countries of activities, according to the needs and contexts. While Sierra Leone already had an in-country presence since end 2018, teams were created progressively in both CAR and South Sudan, with activities starting in the latter two countries, based on the BCNC programme, respectively in July and August 2019.

Central African Republic

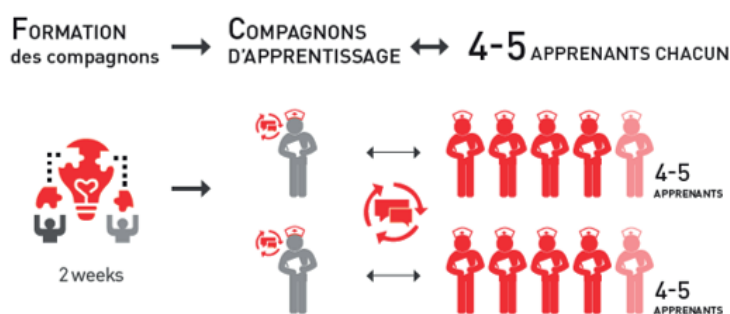
The Central African Republic has been facing an endless crisis, with frequent acute phases. Due to this general high insecurity combined to the heavy burden of diseases and poverty, the health system largely depends on the outside. The very large deficit in the supply of health services, linked to a lack of qualified human resources (on top of a non-existent supply chain and lack of governance) resulted in low quality healthcare provision and high reliance on humanitarian medical intervention.

It therefore seemed vital to implement an alternative approach, where the current intervention could be combined to having a longer-term impact on the health care situation, all over the country.

Strategy

MSF Academy : Concept stratégique pour la RCA

MSF ACADEMY - Octobre 2019



Formation des compagnons qui transmettront ensuite à un groupe d'apprenants



Pour tous les compagnons d'apprentissage et les apprenants



BANGUI



Taking stock of the experience in Bangassou (see above), and after thorough discussions held in Bangui with the 4 OCs' coordination teams⁷, the adopted strategy was to start small and on a voluntary basis, as much for the participating operational projects, as for the learners themselves, with the goal to progressively instill a learning culture which would potentially inspire others to participate. The number of interested projects willing to eventually participate (a total of 13 across the country),

⁷ The operational sections present in CAR are OCB, OCP, OCBA and OCA – OCG having left the country a few years back.

coupled with the desire to keep an agile and light structure, motivated the setting up of a cascade system to dispense the training: MSF Academy clinical mentors train learning companions to become trainers for their colleagues, and provide regular support in their taking on this new role. As the participating projects are in different locations, the clinical mentors are moving regularly from one project to the other.

The learning companions are identified per a set of criteria by the project teams among the hospital's certified nursing and midwifery staff, but remain in their operational function, only taking on this additional task for which the project agreed to freeing up a good half-day per working week per companion – no extra financial incentive was provided. The learning companions remain 100% OC staff. Each learning companion, once trained, will take on a group of four to six colleagues as learners.

The Training of Trainers (TOT)

The goal of the TOT is two-fold: training on the basic care skills, and training on facilitation skills. Participants start by attending some of the basic care learning units as learners, then practice facilitating those learning units as facilitators. The training takes two full weeks and includes many participatory and learner-centred activities aiming at defining role and attitudes of a facilitator through brainstorming and experience-sharing, and practicing and reflecting on facilitation through role plays and debriefings.

The first training of future learning companions took place in July 2019 in CAR and was facilitated by two members of the global MSF Academy team – the nursing science and the pedagogical referents – as the CAR team arrived in the field in July, in time to participate to the TOT. In total, 15 people participated, out of which 13 future learning companions from 4 different projects, and the training coordinator from OCP, as well as the director of paramedical studies from the Faculté des Sciences de la Santé (FACSS) from the Bangui University.

After the course, the companions returned to their project in their usual function, while also taking on the additional role of learning companion. Once their group of learners identified, the plan was for them to hold weekly sessions to pass on their new knowledge, and to support the learners in their day-to-day work at the patient's bedside. The reality ended up being a bit slower, as it took some working-out to factor this new activity into the operational planning, and other implementation aspects needed to be put in place and fine-tuned.

In October, a second cohort of 15 learning companions were trained, originating from 3 of the projects that already participated in the first TOT, and another 3 projects, totaling to 6 participating projects, with each OC having at least one project included. In December, a third cohort of 20 learning companions were trained,

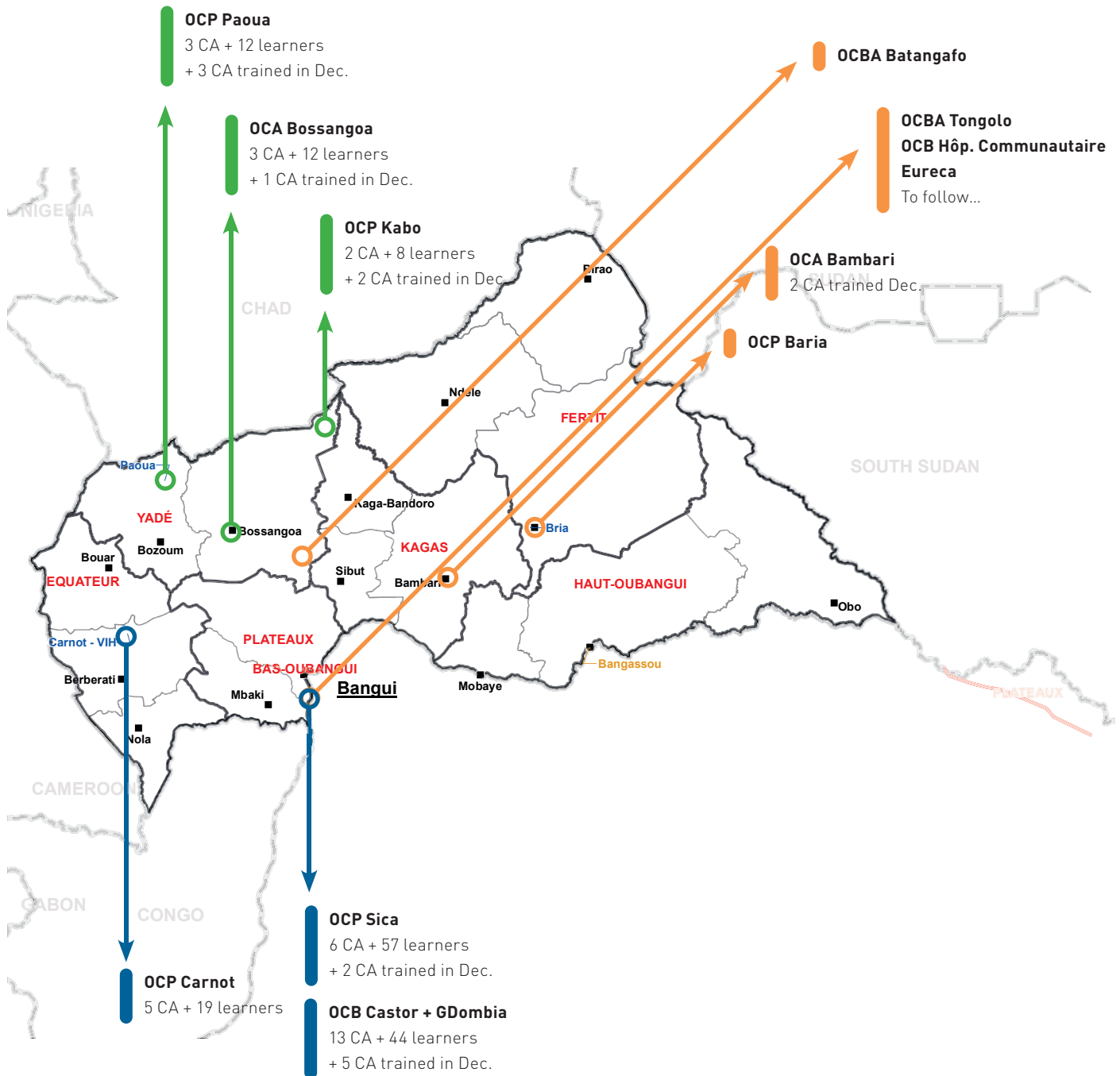


During the Training of Trainers in July 2019 in Bangui, a future Learning Companion is performing a nursing care act on a manikin from the MSF Academy



A learner performing a nursing care act under the attentive eye of his Learning Companion, Sica OCP Project, Bangui, CAR

adding companions in the 6 previous projects and adding 1 new one to the list, thus totaling 7. Each TOT was adapted, building on the experience of the previous one, on that from South Sudan, and on feedback from field implementation.



By the end of 2019, we had 48 active learning companions with 115 assigned learners, and 20 learning companions yet to become active and have assigned learners. The MSF Academy in CAR had, by then end of the year, a total of 183 staff members enrolled in its BCNC programme, from 7 different project sites of all 4 present OCs.

Implementing the BCNC curriculum

Overall in 2019, the pace of progression of the learners through the curriculum was much slower than what was initially hoped. Indeed, out of the 115 learners, 36 completed 6 learning units, 11 completed 4 units, 4 completed 2, 38 completed 1 and 31 did not completed any. However, some learning companions worked on several units consecutively without having the learners complete their post-unit test, so these numbers do not reflect what was actually done in terms of learning activities. A more systematized progression and reporting mechanism is being implemented early 2020.

It is also to note that the emphasis during the fall was in fact not on completing a set number of learning units in a specific amount of time, but much more on ensuring that all ingredients were put in place to instill a sustainable learning culture in the projects, and to make sure the learning was geared towards bringing an actual change in the daily nursing care provided by the learners.

As explained before, this was a first for the MSF Academy, and we have been learning and adapting our approach and tools as we progressed in time and in the different projects. A lot of time and energy was also required to ensure the continuous buy-in of the coordination and project teams of all OCs.

In total by the end of 2019:

- 68 learning companions were trained
- 115 learners were enrolled and started learning activities in the programme
- 181 theoretical CGAs were performed
- 61 practical CGA were performed⁸
- 12 number of field visits by the clinical mentors



A simulation exercise during the training of learning companions, Bangui July 2019

⁸ The manikins required to perform the CGA took much longer than foreseen to arrive into the field. At the end of the year, there is still a backlog of practical CGAs to be performed

The CAR team

The field team foreseen for this programme was one representative, one pedagogical manager and two clinical mentors. Seeing the rapid buy-in of the various OCs and the growing number of participating projects, it was decided at the end of the summer to add another two flying clinical mentoring positions, which were filled by end October.


The pedagogical manager position proved very hard to fill: it was initially opened end April, and we did not succeed in finding the right candidate in the course of 2019. First, we favored outside recruitment in French-speaking African countries, but after a few fruitless attempts, it was opened in Western French-speaking contexts, and also within the existing MSF pools of expatriates. The required profile is clearly out of the traditional MSF scope, and the sought competencies are not usually evaluated upon MSF recruitment or through MSF evaluation processes. Similarly, for the clinical mentors, it was challenging to find candidates with both MSF and pedagogical experience, especially in the French-speaking pools.

Assumption was made at the start of the implementation that, once shown the way, our expatriate mentors would know how to facilitate learning sessions, provide constructive feedback or carry out on-the-job learning and bedside training. We soon realized that we had potentially presumed too much and that we needed to incorporate in our project training and coaching sessions for our clinical mentors, in order to improve their knowledge, skills and confidence to be better prepared for fulfilling their role. We thus adapted our approach.

One step was to have global MSF Academy team referents supporting the field team in facilitating both the second and third TOT of learning companions. In December, a training on how to facilitate simulation was co-organised in Bangui with OCBA Field Simulation Project. All CAR clinical mentors were trained on facilitating simulations scenarios of level 0 and 1⁹. This training enabled the mentors to facilitate simulation scenarios on ABCDE and reinforced their skills in facilitating briefing, debriefing, and giving different types of feedback according to the different levels of simulations. Further steps and measures to reinforce clinical mentors' skills and boost their confidence in bedside training have been planned for 2020. In 2020, the MSF Academy also ambitions to grow at least two current learning companions into the clinical mentorship positions.

Building towards recognition of the BCNC programme

In the course of 2019, the MSF Academy has been developing relations and updating both the Ministry of Health, responsible for all continuous training of healthcare workers, and the Ministry of Higher Education, through its administration, but more so through the Faculté des Sciences de la Santé (FACSS) of the University of Bangui. The official recognition of the BCNC continuous training programme has already been discussed but we have not yet made any formal request; the current focus of

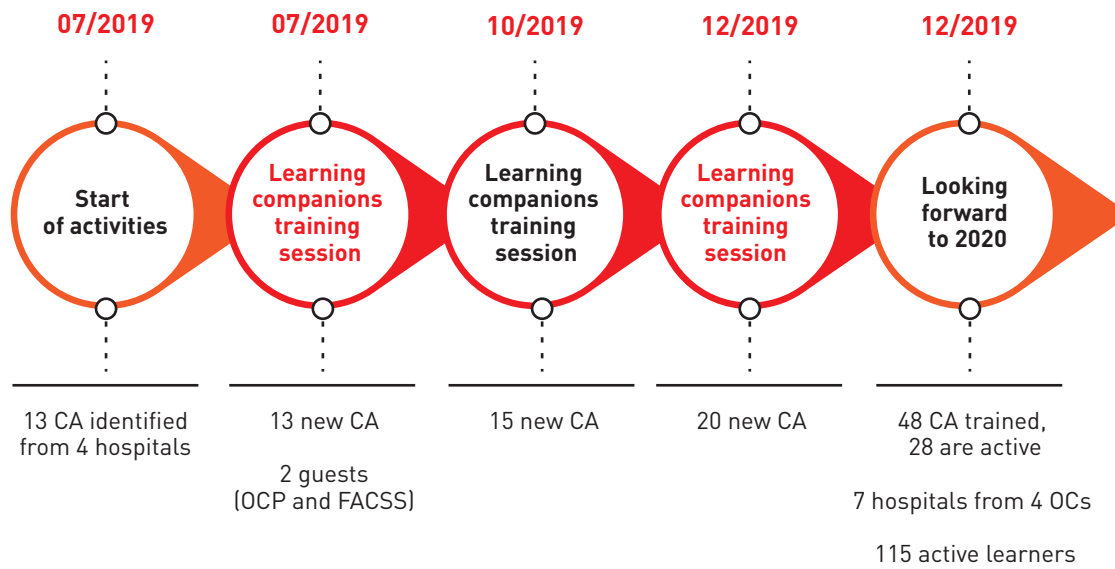


«This training has been enlightening for me, in the sense that, here, with the teaching methods, videos, games, tablets,, we were really able to understand things in a more didactic and explicit manner.»

Christelle IDE, Carnot, OCP, Bangui (formation aux CA, Juillet 2019, Bangui)

⁹ The scenarios developed by OCBA's Field Simulation Lab project are based on the SimZones approach initially developed in the context of the Boston Children's Hospital Simulator Programme.

the FACSS and Ministry of Higher Education is to transform their current nursing academic programme into a competency-based one. The MSF Academy's focus was to start activities in the various MSF projects.



© Zaza Bambo

At a patient's bedside, a learning companion and a learner are reviewing hand hygiene practice, Castor Project, OCB, Bangui, CAR



© Sarah Murphy

South Sudan

South Sudan is yet another country where the necessity of the MSF Academy's presence is obvious. The situation of qualified human resources is tragic in South Sudan, seeing the severe disruption of the education system due to the long period of conflict and the very low level of formal governmental investment in this field¹⁰.

Adapted strategy to operational needs

Following in-country discussions with the different operational teams, it was decided to first start in the summer with an intensive investment in one specific project, Pibor (OCB), to then move onto another project in the course of the fall. All 5 OCs have expressed clear interest in having the MSF Academy deploy its BCNC programme in their projects in the course of 2020, with Maban and Old Fangak potentially ready to start end 2019. The major floods that hit the country end October forced us to revisit the initial planning developed by the MSF Academy field team with the various OCs.

The Pibor project

Preliminary field visits took place in June, to plan together with the operational team the future implementation of the BCNC programme. As the request was to dispense the whole BCNC curriculum to the whole nursing staff in a limited time span, a specific roster had to be planned to free staff from their operational duties to undergo the theoretical sessions and have time to perform the various learning activities: an additional 7 nursing staff were recruited by the operational project to enable the nursing staff to take turns between learning activities and hospital duties, without disrupting activities too much.

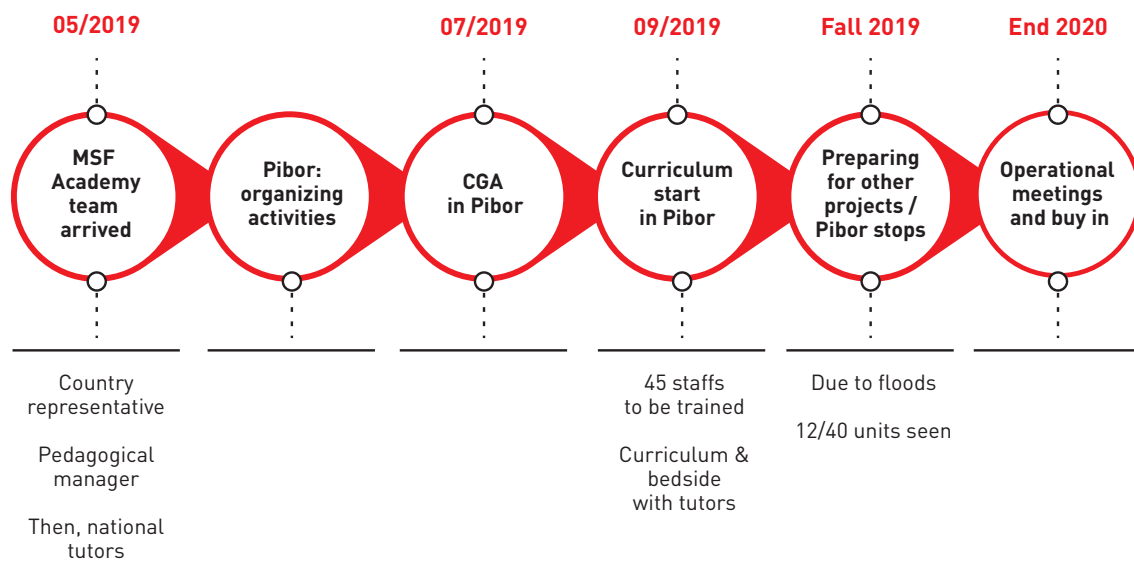
In July, the recruitment of the new staff members took place, and all staff underwent both the theoretical and practical CGA (43 in total) that would serve as a baseline to later evaluate the impact of the programme. In August, the MSF Academy recruited two South Sudanese tutors from the Juba College of Nursing and Midwifery to join the team, for the trainings to be conducted in a language the nursing staff fully understands; they were both trained by the pedagogical referents (global and South Sudan one) and nursing referent in Juba, before heading to Pibor. A specific classroom with a skills lab was also built in Pibor for the theoretical sessions and learning activities.

The training activities started in September 2019, targeting a total of 45 nursing staff, which include 17 midwives. Only 4 learners are certified nurses and one has a nurse diploma; the acting midwives have no official qualification. The learners were divided into 4 cohorts, and each month, two cohorts were trained, alternating

In Pibor, South Sudan, a nursing staff is performing a practical act during his CGA

¹⁰ 2010 data show that South Sudan only counts 248 medical doctors, or 0.03/1000 population, 1193 qualified nurses (0.13/1000) and 151 qualified midwives (0.02/1000)

in the mornings and in the afternoons. The sessions were dispensed by the two South Sudanese tutors under the close supervision of the pedagogical manager to ensure quality. Each session was composed of 3 hours of theory in the classroom and 1 hour of practice in the skills lab or at the patient’s bedside. During the other part of the day, more bedside follow-up was provided in the wards. Having the tutors dispensing the training in the local language has a significant impact on the understanding of the learners, and it also creates a real connection, as they see that one of their own is empowered into such role; it gives them extra motivation to learn and grow.



Unfortunately, the measles outbreak combined to political instability and the heavy rainfall, which turned into massive floods mid-October, led not only to the suspension of the BCNC programme in Pibor, but to drastic reduction of the operational activities as well – the hospital was eventually totally under water, as was most of the town. It is uncertain whether the MSF Academy will be able to resume activities, as the MSF operational presence is being reassessed and a potential new project site needs to be identified.

What was achieved from early September to mid-October in Pibor is as follows:

- All 43 nursing staff undertook the theoretical and practical CGAs, which served as a baseline
- All 43 learners had undergone the complete classroom training for the first 12 learning units (module A and one unit of module B)

While the implementing strategy for Pibor had been condensed to cater for the operational request to complete all learning by March 2020, it did show its limits.

Indeed, the intensive training sessions did put a major strain on the hospital medical team, already overloaded with their routine work, made harder with the use of numerous unqualified gap-fillers, notwithstanding the hiring of 4 additional staff, and thus did not enable the medical team to get involved in mentoring and coaching the staff in their bedside training. This was an activity the newly hired MSF Academy tutors were not yet tooled to perform.

Notwithstanding, it seems that the one-and-a-half month programme roll-out in Pibor did manage to leave a somewhat lasting impression.

Reviewing the approach and planning for the next projects

The heavy floods that affected most of South Sudan from mid-October through to December eventually led to the team's evacuation to Nairobi and to the suspension of the MSF Academy activities in the country.

These circumstances generated a momentum to reflect on challenges and lessons learned, and to define the strategy to adopt for rolling out the BCNC programme in the next projects. For 2020, the first projects in which the MSF Academy will be active are the OCP project in Old Fangak and the OCB project in Maban, following which the intention is to also start in OCA's Lankien project, OCG's Agok project and OCBA's Malakal project, the order being yet to determine.

While planning for carrying out the CGA to all nursing staff in Old Fangak and Maban early 2020, the team will also start discussion with the various operational teams on adapting the strategy, taking stock of the lessons learned from Pibor and CAR experiences.

Recognition of the BCNC programme by the relevant South Sudanese authorities

In parallel, the intention of the MSF Academy is to eventually obtain accreditation by the Ministry of Health (MOH) of the certificates that the Academy will issue to all staff completing the BCNC programme, the MOH being the custodian of health and overseer of all related training curriculum. This has already been discussed with the training directorate general, but formal proceedings have yet to be taken, as the team's energy was first focused on getting the activities running.

Close collaboration has been established with the Juba College of Nurses and Midwives (JCONAM), with one of their senior staff joining the CGA workshop in Nairobi, with the recruitment of two of their tutors for the Pibor project, and continued interaction. JCONAM is the main 'producer' of trained nurses and midwives in the country, but may well be facing serious financial situation as their traditional international institutional donor has announced that it would put an end to its contribution as of September 2020. The MSF Academy team in Juba will further investigate, as the end of the JCONAM activities would seriously affect even further the provision of healthcare, notwithstanding of quality, in the country in the future.



A theoretical session in nursing care, in Pibor, South Sudan

Sierra Leone

Sierra Leone has been hard hit by disease outbreaks and other humanitarian crises for decades. The country's already weak health system was further crushed by the largest-ever Ebola epidemic that started in mid-2014 and lasted until June 2016, which also heavily affected a healthcare workforce that was already in deficit. The current capacity of the country to train a new generation of health staff is nowhere near what would be required capacity to catch up after the devastating effects of the epidemic, with an important impact, i.e. a severe lack of fully qualified nurses.

In 2017, MSF OCB started to build a new hospital specialising in paediatric and maternity care in Kenema, one of the regions hardest hit by Ebola. The construction is still ongoing to date, but it has opened in phases: the paediatric ward in the beginning of 2019; a second phase is planned for beginning 2020; and a third for beginning of 2021.

The MSF Academy was, from the start, involved in finding solutions to ensure that the hospital could benefit from quality staff without significantly impacting healthcare workforce from other running structures. One solution was to boost the 'production' of new certified nurses by training candidates abroad, others entailed the development of specific training programmes to respond to the needs for the nurses in the future Kenema hospital project, such as a competency-refresher and onboarding training of all staff prior to the opening of Phase 1, the implementation of specific CPD trainings and finally the roll-out of the BCNC programme.

Nursing Scholarship Programme

In anticipation of the need for certified nurses and midwives to staff the future Kenema hospital, 50 Sierra Leonean health workers were selected to travel to Ghana in January 2018 and enrol on a two-year scholarship programme. Based on their past experiences and how they did in their selection tests, 25 were sent to study nursing in Korle Bu school, and 25 to study midwifery in Koforidu. The MSF Academy covered all costs, bursary, travels, visa and administration, books and other learning support, allowing those selected students to access a higher education level. Each student signed a sponsorship agreement before embarking on the program with certain responsibilities and obligations.

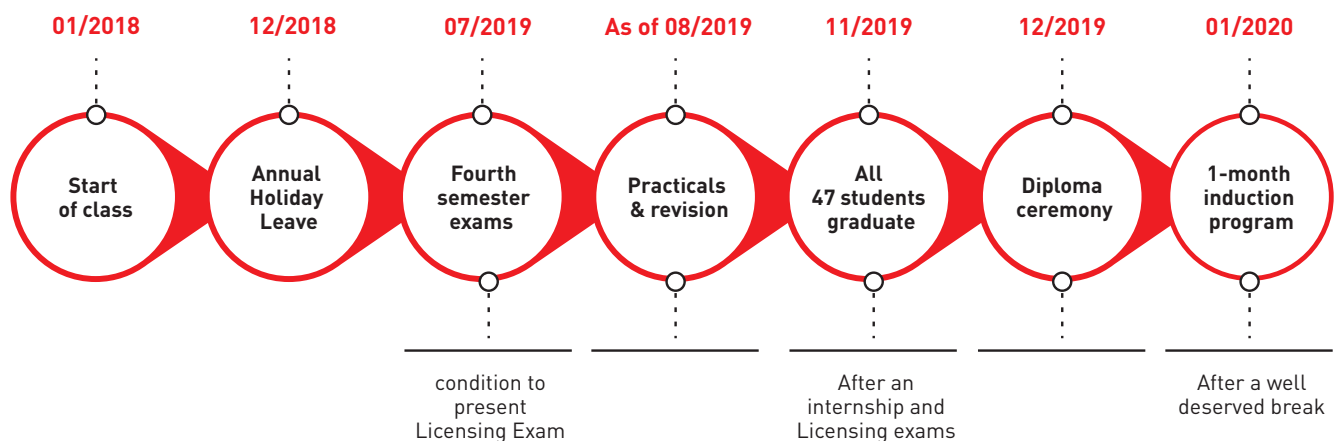
Throughout 2018 and 2019, the MSF Academy ensured regular follow-up of this project, academically via on-going discussions with the two Nursing schools and with the National Midwifer Council (NMC), or with the students themselves, generally ensuring their well-being as well as identifying any academic support that may be required to ensure their success. After each semester, both schools organized exams, culminating with the NMC Licensing Exam, at the end of the cursus.



Registration and Induction Ceremony after the students in nursing and midwifery return from the Scholarship Programme in Ghana - Kenema Hospital, Sierra Leone

The year 2019 was marked by the following:

- 22 students graduated as certified nurses in December 2019 from Korle-Bu
- 25 students graduated as certified midwives in December 2019 from Koforidu
- All 47 students thus completed their 24-month curriculum with a strong focus on practical learning, including internships as organized by their respective Nursing schools
- The programme Retention Rate was 94%, which lets one believe that the highly prepared selection work of the candidates done jointly by the schools and MSF paid off
- The programme Success Rate was 100% students. Each school had a designated Tutor tasked to accompany the MSF students and both were strongly committed to making this programme a success, despite the difficulties of studying away from the families and abroad for so long.



The end of 2019 was also the time to prepare for the return home of the graduates, and to plan for their future induction into their new function as of February 2020. For the 22 certified nurses, this means integration within the Kenema hospital, but for the midwives, they will first be enlisted in a rotation programme in various health structures before integrating the Kenema hospital for its Phase 3 opening early 2020.

This experience demonstrated successful collaboration with the local schools and ministries in Ghana, and it also laid ground for fruitful endorsement by the MSF Operations, who directly benefit from the trainings results, with new professionally trained nurses and midwives in their project.

Competency-refresher training prior to the opening of the first phase of the new hospital

The first “hands-on” involvement of the MSF Academy in the training of staff in Kenema was to prepare the new national recruit before the start of activities of Phase 1 opening of the Kenema Paediatric hospital. The goal was to ensure all recruited staff had the minimum knowledge and skills required to start work in the hospital, and to train them on MSF ways of working and procedures. This led to the organisation of an intensive training organised by the MSF Academy.

In 2018, three different training programmes were developed for the four different professions:

- For the 60 nurses, a 6-week programme was developed, to be provided in three classes of 20.
- For the 30 Clinical Health Officers (CHOs), a 4-week programme was designed, to be provided in two classes of 15.
- For the 72 nurse aids and the nutritional assistants, they were split into three groups and provided with a three-week curriculum.

These trainings started in November 2018 but then carried on to February 2019, as the Christmas break interrupted the programme, and also because the opening of the Hospital was delayed of a few months, finally taking place on 6 March 2019. The training facilitators were composed of the future expatriates of the team, and they all participated in a tailored TOT organised by the MSF Academy beforehand. In addition, the MSF Academy nursing referent was there to accompany them at the start of the training, as well as 6 experienced Ghanaian tutors, recruited for the occasion. The facilitation of each group was thus carried out by a duo of MSF expatriate medical staff and experienced Ghanaian tutor. Once the programmes were complete, extra practical training sessions were also organised.

In total, 162 newly hired healthcare workers were trained in preparation for the hospital opening.

On-the-job training of nursing staff in the Kenema hospital

Starting in May 2019, the MSF Academy had a permanent field team member based in the Kenema hospital: a nurse Medical Learning Manager. A strategic workshop was organised in June, gathering Operations staff from both the mission coordination and hospital teams, representatives from the Hospital Management Unit in Brussels and from MSF Academy global and field teams. The objective was to define the way forward as regards nursing training. As this was unprecedented within MSF and involved many actors, it was important for all to reach common understanding of concepts at stake, such as the continuous professional development and tools developed by the MSF Academy team to respond to the needs.

Following this workshop, a series of short CPD courses were prepared and provided in the hospital, following specific requests from the medical teams. In the meantime, preparation was ongoing for the start of a full BCNC programme for all nursing staff within the hospital, tailoring some of the content to paediatric specificities.

In December, the nursing staff of the hospital started to undergo the CGA. By year end, 70 staff members had already completed the theoretical part, while 30 had performed all three techniques for the practical part. They will all finalise it beginning of 2020, when the roll-out of the BCNC programme will take place.

Clinical Health Officers (CHO) activities in Kenema

The health system of Sierra Leone is in serious shortage of medical doctors, leading Clinical Health Officers (CHOs) to take care of most of the clinical work, while they have not been adequately trained for this.

The OCB mission expressed the clear need for the MSF Academy to develop a training programme for the CHOs in hospital pediatrics. We agreed to work on a competency framework and tailored curriculum that would be delivered by a MSF Academy paediatric trainer. An experienced MSF pediatrician with training experience recruited by the MSF Academy spent a few months at the end of 2019 developing a curriculum and a programme to train the 33 CHOs to clinical pediatrics, encompassing on-the-job mentoring and accompanying. The entire training programme is scheduled to take about 10 months, but it will be depended on identifying the paediatrician mentor, which has proven to be a challenge.

The field team of Sierra Leone

The MSF Academy permanent presence in the field started in December 2018, first with a temporary Personnel Development Manager (PDM) based in Free Town, replaced in February 2019. In May, she was joined by a nurse learning manager based in Kenema; this person faced some difficulties adapting to MSF's ways, and was thus supported during the summer to develop the implementation strategy. In September, the person left, to then be replaced in November by someone coming for a one-year mission.

The paediatrician trainer position was opened for quite some time, but finding the right profile proved difficult. In the end, we sent an experienced short-term pediatrician to develop the curriculum, and we are still looking for someone to stay on longer term.

Ultimately recognized as very positive by all, the challenges revealed by this complex implementation generally lead the MSF Academy to continuously learn and adjust as we go, in terms of governance, recruitment and integration within ongoing operations. As testified by the agreement on the building of the training center at the Kenema hospital for 2020.



Clinical Health Officers during a training in Kenema, Sierra Leone

Democratic Republic of Congo

In 2019, The MSF Academy intended at minimum to lay the grounds to start nursing learning activities in the country. Following a request from OCB operations both in Brussels and in Kinshasa, an exploratory visit was conducted to the Kananga project, together with a midwife referent from the medical department. The conclusion was that it was premature for the MSF Academy to start defining a programme, as the operational objectives of the project required to be completely reviewed first. In the months to follow, discussions continued, until, in September, it became clear that the new project no longer required MSF Academy support.

While in DRC and passing by Kinshasa, the MSF Academy project manager took the opportunity to liaise with the various MSF sections present in the country¹² to present the MSF Academy's work and possible interventions in DRC. Time was also taken to visit and discuss with two nursing and midwifery schools, one private and one public (ISTEM).

End 2019, discussions started with OCBA to launch a BCNC programme in the Kalehe hospital, with the organisation of a field visit to define the project beginning 2020.

Anaesthetics scholarship for certified nurses

It has long been acknowledged that there is a gap in the number of trained nurse anaesthetists available to work within MSF projects. This is especially relevant for national staff where MSF is implementing surgical based activities. The MSF Academy was requested to explore the possibility of organising Diploma Nurse Anaesthesia trainings to help fill the gaps at project level, and this for both English and French speaking contexts. Seeing that this need is so specific and requires also different intership locations that would have been challenging to organise, the idea was not to develop the content and teaching competencies in-house, but to seek sound anaesthesia diploma courses for nurses in neighbouring countries that would be willing to accept an extra cohort of students.

A total of 35 state registered nurses are today enrolled in such academic programmes, respectively 15 in the English-speaking one (they started in 2018) and 20 in the French-speaking one (course started in 2019).

English Speaking Students - Ridge School of Anaesthesia

Ghana has been identified as the country where the MSF Academy could find a reliable partner, mainly motivated by the availability of quality medical trainings and by the expressed interest by the Ministry of Health to develop training partnerships. It was also motivated by the ongoing positive experience for the nurse and midwifery scholarship programmes.

The MSF Academy partnered with the Ridge School of Anaesthesia based in Accra, Ghana, that provides a 24-month Bachelor Anaesthesia Training. The facilities and curriculum of Ridge School have been assessed by the OCB Anaesthetist Referent and validated as complying with the standards expected by MSF. The course content was adapted to MSF needs with the input and verification of the OCB Anaesthesia Referent. The curriculum was organised into three semesters of 24 weeks¹¹, divided in classroom teaching, then clinical internship under tutorship.

The selection of the candidates was organised beginning of 2019. As minimum requirement for entry into the programme, applicants had to be certified General Nurse/ Midwife/ Mental Health Nurse and registered with their national board, plus have a minimum of 2 years' experience post-graduation. A basic entrance exam set by the Ridge school but administered by the MSF Academy was followed by an interview, with the final selection done by the relevant MSF project and the MSF Academy. All students then had to be validated by the Nursing and Midwifery Council of Ghana.

24 MONTH-DIPLOMA

March 2019
Start of class

December 2019
Holiday break

September 2020
Graduation
ACCRA

15 STUDENTS

12 **Sierra Leone** (6 MoH)
2 **South Sudan** (OCBA staff)
1 **Yemen** (OCBA staff)

¹¹ This includes 19 weeks teaching and clinical work, one week of revision, two weeks of exams and two weeks of annual leave. The students undertake clinical attachments between semesters.

French Speaking Students – Institut National de Formation des Agents de Santé (INFAS)

The operational need for professionally trained nurse anesthetists was acutely felt not only by OCB in CAR facing the retirement of most of its anaesthesia nurses, but also from other MSF sections, and even from the central African and Chadian Health authorities, the MSF Academy decided to organise another scholarship cohort, but in a French-speaking country.

Finding the right partner, that provided an adapted curriculum and that was ready to take a consequent number of students in one cohort in the course of 2019 was a challenge, but finally, a solid opportunity arose with the Institut National de Formation des Agents de Santé (INFAS) in Abidjan, Ivory Coast. At the specific request of the Ivorian Ministry of Health, the school was preparing to launch a one-off programme in July 2019 in order to increase capacities in Ivory Coast. The INFAS accepted our 20 foreign participants onto this additional programme as a special exception (18 from CAR and 2 additional students from Chad).

The course comprises four semesters and is equivalent to the diploma recognised in the Central African Republic and Chad. As an exceptional measure, it will be compressed (by significantly reducing holiday periods) into 18 months so that the course that started in July 2019 should end in December 2020.

Following on the identification of suitable candidates, a selection committee was set up with the Ministry of Health, the Ministry of Higher Education and the University of Bangui, to decide on who was to be accepted in the programme, based on the selection criteria, the results obtained in the selection tests and the interviews. Scholarship agreements were then signed with all selected candidates and an agreement protocol was elaborated with the two CAR ministries but end 2019 was still awaiting final ratification. Housing was identified in Abidjan and agreements were sealed with both the INFAS and the institution in charge of the housing facilities.

What was achieved by end 2019

Schools for both English and French cohorts were identified and validated by the MSF anaesthesia referent, agreements ratified and students currently undergoing the programme.

The selection and recruitment process of the future scholars was carried out with care in collaboration with our partners, and ensured serious and motivated candidates to be enrolled.

Teaching Method: With a few hours of classes per week and students on shifts every day and practicals in various hospitals¹².

18 MONTHS DIPLOMA

August 2019
Start of class

December 2019
Holiday break

December 2020
Graduation
ACCRA

20 STUDENTS

18 From CAR:
15 from OCB, OCP, OCA
and OCBA sections,
3 from a state-run hospital

2 Chadian MOH staff,
from an OCP supported facility

¹² Ridge Hospital, Trust Hospital & PML pediatric Hospital for Accra & CHU Treichville, CHU Cocody & CHU Angré + and 1 transfusion center for Abidjan

Investment was made in the induction of the students, from the kick off meeting to explain the process and requirement in their home country, to their settling in the study country, and continuous accompaniment during the transfer and the first days. Extra attention was paid to setting up the students in their new environments: arrival briefings on medical insurance, provision of local sim cards & local bank accounts (when feasible), adequate lodgings, visits of their new adoptive cities, etc.

Regular and close academic and individual follow up is also provided via the MSF Academy team member based in Abidjan via regular meetings and discussions with the school directors and management teams, as well as looking after the day-to-day needs of the students (logistical issues, personal issues, academic issues, etc.)

The retention of this qualified staff once the programme has been completed has also been secured through scholarship agreements in which they commit to working with MSF or their Ministry of Health for five years after completing the course.

All scholars but one from both programmes have an average above 50% for the courses of the first semester.

A classroom session, in the training structure especially built in, in Pibor, South Sudan



Master in Medical Humanitarian Action (MHA)

Another recurring challenge faced by MSF's Operations and Human Resources is the difficulty to find the right profiles to fill the positions of Medical Coordinator (MedCo) and Project Medical Referents (PMR), which are key in defining and implementing the medical strategies of MSF's field projects. This difficulty either leads to gaps in strategic medical positions in the field, or even to appointing unprepared and uncoached staff. The MSF Academy has thus been working on the development of a Master's degree in Medical Humanitarian Action. This course aims to better prepare and tool our future medical coordinators, which we hope will also improve their retention within the organization.

The curriculum is based on the competencies needed in MSF projects, with a focus on strategic management, quality analysis and support of MSF medical activities – these competencies are based on a framework for the profession of a medical coordinator, which was developed in 2017-2018. In 2019, these learning outcomes were translated into a comprehensive academic model combining online classes, face-to-face sessions and on-the-job learning, allowing these key professionals to stay in post while studying.

This extensive work generated the definition of the target group, yearly cohort and the programme duration (36-month). The Master's programme will thus be divided into 2 parts: first a distance learning phase, for building the participants' basic knowledge (covering 2 modules of the course), followed by on-the-job working studies in MSF missions, for a minimum of 2 years, that will be under the regular guidance of an experienced tutor, and with a yearly face-to-face sessions.

Phase 1

Epidemiology and statistics, adapted to the needs of the medical coordinator.

Baseline general MedCo package: a tailor-made module with a summary of key baseline short components of theoretical knowledge for the role of the medical coordinator.

Phase 2

All the learning is organised around a competency framework of 7 competencies:

- Competency 1: To design operational strategies for the country considering context needs and policies
- Competency 2: To ensure optimal operational management of medical interventions
- Competency 3: To manage and support medical team
- Competency 4: To coordinate and or manage emergency preparedness and response
- Competency 5: To coordinate pharmacy management
- Competency 6: To be an active actor of the organisation's positioning contributing with medical humanitarian analysis (networking, representation, communication, advocacy)
- Competency 7: To facilitate operational research

From the start, we have always wanted to keep the MHA's participants as much as possible in the mission, working, while offering them the opportunity to be enrolled in a fully-recognized academic course, which would lead to an internationally-recognized accredited diploma. This is totally innovative in the academic world, and it required to find a partner ready to follow the unprecedented approach of attributing more academic credits to field work than to classical courses, leading to substantial discussions with regards to the credit value and competency-based approach.

2019 was thus marked by long discussions and negotiations with academic institutions. In the end, a common understanding was found with the Liverpool School of Tropical Medicine (LSTM) as regards this innovative approach: Out of the total 180 credits allocated to the Master, only 40 of them would be linked to the traditional online course – the remaining 140 credits are to be linked to the work performed in the field, while on the job, and under the supervision of their senior tutor.

This resulted in the finalization of the Partnership Agreement between the MSF Academy and LSTM in December 2019, with the signature in January 2020. This Memorandum of Understanding with LSTM covers the following topics:

- Role of MSF tutors
- Learning outcomes
- The format in respect of the Quality Assurance Agency for Higher Education (QAA) requirements
- Respective roles of LSTM and MSF
- Respective HR needs
- Minimal commitment in time
- Costs investment from MSF
- The commitment modalities (type of learning method, weekly investment, tutorship, credits, modules, etc.).

Building this Master in MHA also entailed collaboration with other MSF initiatives, and more specifically with the LEAP team, to ensure complementarity and coherence, especially as regards the admission criteria and target population of the programme. The next steps for 2020 involve the recruitment by LSTM of a course director, the development of the course contents starting with the first two modules that will be subject to the online traditional learning (statistics and epidemiology), the organisation of the selection of participants, and the start of the first cohort of approximately 20 participants in September 2020.

Post-Graduate Diploma course in Infectious Diseases (PG Dip ID)

In 2019, the Post-Graduate Diploma in Infectious Diseases (PGDip ID) moved from the feasibility analysis phase to a concrete initiative under development. Agreement was reached with MSF Operations and the governance body on the objectives of the course, the teaching methodology and the duration, and solid collaboration ground was set with a sound African academic partner showing great interest in jointly developing the diploma, namely, Stellenbosch University in Cape Town, Republic of South Africa.

The objectives of this diploma are to significantly strengthen the clinical skills of MSF clinicians to correspond to the needs of MSF's various African projects¹³ and to enable the clinicians to function more autonomously and with more confidence. With such trained professionals, we aim to have an impact on the quality of care offered to MSF patients and to increase the emphasis on clinical medicine within MSF.

Motivated not only by previous fruitful experience and collaboration with MSF teams, the partnership with Stellenbosch University (SU) was also motivated by SU's long-lasting wish to develop a similar course for years but lacking potentially the field expertise. Even though a formal agreement or Memorandum of Understanding is yet to be established and signed, collaboration has started and is proving productive and interactive, despite the objective constraint of the actors' limited availability.

Six important meetings took place in 2019, reuniting key players from the MSF Academy and SU, securing in-depth planning for content development, practical aspects of the field-based learning and the timeframe for the next two years:

- A significant step in July, when a two-day workshop at the SU focused on the overall design, construction and content of the course, the pedagogical strategy, assessment method and organizational points.
- It has been agreed that the learning will focus on commonly encountered

¹³ Most pathologies encountered in MSF hospitals today are infectious diseases, and both antibiotic resistance and surgical infections pose new and complex challenges

MSF field needs and conditions, with a blended approach, face-to-face intensive trainings, e-learning and individual tutoring and placements on the 4 types of MSF projects relevant to the different modules, to achieve a balanced clinical portfolio

- It was agreed that the curriculum would be composed of 5 transversal themes¹⁴ and composed of 5 large modules¹⁵ with their respective credits
- This curriculum was submitted in August for validation, to obtain official accreditation, first within the University and then the higher educational authorities, which take about 18 months. It is to note that this diploma will be 120 CATS and will be approximately a full two-years course with the vast majority of the learning happening while on mission for the MSF participants, with e-learning and online courses, and under the guidance of a senior tutor; SU will also have some additional participants in the course.
- A specific workshop on the content of the adult module was organized in December by our primary contact – the infectious diseases referent in SU – where several infectious diseases’ specialists in South Africa participated, joined by an MSF representative.

What has been decided for 2020 is to have the senior academic staff managing this project be freed from his other academic duties, and thus being full time on the development of the PGDip ID course content, planning and accreditation process.

¹⁴ Sexual and Reproductive Health, Infection Prevention and Control, Antimicrobial stewardship, Infection related imaging, Basic biology and laboratory diagnosis

¹⁵ Adult infections, Paediatrics infections, HIV and TB, Surgical/trauma infections, Community Health

Out-Patient Department's (OPD) Consultations

Across the MSF operations, over 10 million consultations are carried out per year in out-patients departments of health structures supported by MSF. The vast majority of these consultations are in fact not carried out by medical doctors, but instead by staff without the adequate qualifications and training for such clinical work. MSF has over time developed clinical guidelines to follow, with targeted protocols for specific diseases, and it has provided nurses with tools mainly based on algorithms (ICMI, IAMI, etc.). Some progress has also been made over the years with a growing availability of rapid diagnostic tests, but there is still a long way to go to reach quality and effective OPD consultations.

Early 2019, following a clear request from Operations to act in this field, which is in line with MSF Academy's mission and priorities, a two-months feasibility study was conducted to identify the main components that have an impact on the effectiveness of the consultations, to explore potential partnerships, to define a potential project concept and objectives and also initial potential pilot sites.

Following the feasibility study, which also confirmed the appetite of MSF Operations and Medical departments, decision was taken to launch the OPD Consultations Initiative. A Clinical doctor thus joined the team in August and started to develop further how we would go about with this project.

The concept that stemmed out of the study, and which was subsequently adopted and fleshed out, is a 4-pronged intervention in pilot sites, focusing on:

- Efficient training of the healthcare workers;
 - This will entail the development of content and methodology (first an intensive foundation training phase with on-the-job sessions, followed by CPD)
 - The training will be competency-based with a syndromic approach

- Solid and continuous OPD supervision and support model in place
 - Reinforcement of the traditional operational structure with clinical mentoring skills, or even a mentor on site
 - Evaluation of the HR set-up, in terms of number & qualifications of the HCW

- The use of tools to support clinical decision-making
 - Paper-based (algorithms, guidelines and protocols, SOPs...)
 - Electronic clinical decision support systems (eCDSS), such as e-Care (OCG's ongoing initiative) or ePoCT
 - Point of care tests (PoC) and Point of care ultrasound (PoCUS)

- Adapted Monitoring & Evaluation system towards quality of care, Including Iterative formative 'performance evaluation and discussion (dashboards):
 - Through selected quality of-care indicators (probably process indicators)
 - Used for formative purposes rather than managerial evaluation

These interventions will have to be tailored to the specific targeted healthcare workers, taking into account their level of education and the context they work in.

The competency framework was designed with the main focus on clinical decision-making, patient assessment skills and the therapeutic aspects; but also including preventive actions and environmental and supportive components in line with a patient-centered model of care.

The training curriculum was designed taking in consideration the field needs among MSF projects on Primary Health Care with regards to the most common syndromes seen in outpatient settings as well as the training needs already identified by the field and by the feasibility study. On the same line, discussions and suggestions were taken from different referents from the Medical Department as well as others like the ABR Taskforce, for example.

Thanks to the SAMU L&D department collaboration, the Project Coordinator attended the Advanced HIV Clinical Course to learn from their broad experience on different methodologies for clinical learning in the field as well as for the teaching of specific clinical-infectious syndromes which is also of particular interest for the PGDip Program.

A collaboration with the School of Nursing Sciences of the Nairobi University was started in the last quarter of 2019, with the objective of developing a specific OPD Training Curriculum and competency-based training for the Pibor project. The specific challenges in Pibor not allowing to carry out a broad on-job intervention, the University was asked to develop a 10 days training that could be carried out by few facilitators. The goal was also for the OPD project to network and learn from African academic institutions with experience on competency-based health care education as is the Nairobi University.

A collaboration with the OCG eCARE program was started to include the use of this clinical decision tool. A meeting within MSF OCG eCARE and L&D team and the OPD team took place in Geneva to define the areas of collaboration and a work plan that is being followed.

During 2019 conversations with Operations and the Field started to define possible pilot sites within various OC's. The plan is to start the project in three pilot sites during 2020.

It is worthwhile to note that the project faced some delays at the end of the year, as the project coordinator went to support the MSF Palestine Mission as ABR Stewardship medical doctor for 6 weeks.

Incubators and future developments

Beyond the above-mentioned initiatives currently being worked on by the MSF Academy team, it is important to remain informed and tuned into potential growing operational needs that would require a medium to longer term response from the MSF Academy, in line with our mission. The objective is to continuously contribute to increasing quality of clinical care within the MSF projects.

The OPD consultations illustrates this concept quite well, as it was first considered an incubator project for which we conducted a feasibility study, and in the course of 2019 became a full-fledged project of the MSF Academy portfolio.



Other thematics that the MSF Academy team has touched upon in 2019 include:

Training of Trainers, Kenema Hospital, Sierra Leone

- Better skilled staff in the field of Antibiotics Resistance (ABR), as this constitutes a major challenge for the coming years in all projects. The MSF Academy has been interacting with the MSF ABR taskforce, participating in workshops on the subject and also on input in strategic proposal elaboration.
- Improved surgical skills: The Berlin Medical Unit (BeMU) planned to develop surgical training, that focus on skills required in the field in MSF projects, targeting expat surgeons and surgical national staff. They have approached the MSF Academy and a partnership ended up being approved by OCG, the Boards of MSF-Germany and of the MSF Academy, so that the MSF Academy brings some assistance to the BeMU managed and financed project.
- Hospital management has also been set on the radar in 2018, but nothing has happened on that front in 2019.

MAIN LESSONS LEARNED IN 2019

While the MSF Academy emphasizes recognition and celebration of success, we equally underline the importance of reflecting on the challenges faced, especially in such a young initiative, and on how to move forward.

The year 2019 has been a steep learning curve for the MSF Academy for Healthcare, as from the onset, we opted for adapted and fine-tuning interventions as we learned from ongoing implementation. As explained in the previous sections, we have progressively adapted our approach, taking stock of what worked and what did not. Below, we will thus concentrate on the main lessons learned.

Lesson learned: We cannot take for granted the capacity of clinical mentors, including expats

As we progressed in the implementation of the trainings in 2019 we realized how important it was to **build the capacity of our clinical mentors** to facilitate learning, whether in classroom, skills lab or health-facility settings. Initially we did not train MSF Academy senior clinical mentors (who support the learning companions). But we realised they did not always have themselves the skills, methods and tools for mentoring or supporting the development of clinical skills. They also did not have a clear idea of what this role entailed and struggled with shifting from a hands-on role to a support role. We decided to strongly reinforce our induction process and to develop and implement training for clinical mentors.

In order to better define the scope and contents of such a training, in October, the MSF Academy team had a workshop with OCB medical department on clinical supervision. The workshop highlighted that the definition and scope of clinical supervision needs further discussion. We followed up with more meetings with members of the OCB L&D department and decided to narrow down the scope of our training and focus on clinical mentoring (TOM: Training of mentors). This training is now developed for the most part and is included in the induction of all MSF Academy clinical mentors before they leave for the field or as soon as they arrive. We are still honing the format and contents of this training and will continue to do so in 2020. It now includes a practical part in projects, during which participants can observe and practice clinical mentoring. We have decided to develop in 2020 an online version of the more theoretical part, so that we no longer need to have new mentors come to Brussels to attend this training. We will also organise follow-up workshops for clinical mentors to share experiences, reflections and lessons learned.

We will keep on reflecting on clinical supervision, particularly on aspects related to learning, such as action learning ('intervention' in French) and reflective practice. We are convinced that clinical mentoring and clinical supervision skills among all MSF staff with a management role are instrumental to achieve transfer of learning, but also more broadly to instill a culture of learning and continuous improvement. We have measured in 2019 how ambitious this change is and the level of investment it requires. We have also developed our ability to screen relevant skills and attitudes during the recruitment process.

Lesson learned: Collaboration between country team, HR and Operations is key

A direct line manager supporting learning or providing opportunities to apply the learning are among the key enablers of transfer of training¹⁶. To organise on-the-job continuous professional development or placements for learners and identify the most appropriate flexible set-up in a given context, we need to work in close collaboration with the projects, so they can facilitate the implementation of the training. This is an opportunity to strengthen their enabling role in the transfer of learning. The more a supervisor or a manager is aware of the contents of the training and of the clinical mentoring activities, the more they can encourage their staff in their learning and behavior changes.

We found that inviting supervisors to the Training of Clinical mentors was helpful to get them onboard. An important part of the MSF Academy field team's work is also to communicate regularly with the projects in order to ensure the continuity of training and sustain decisions made despite expats' turnover. Getting buy-in requires ongoing efforts and we should not consider that initial communications at the beginning of the training programme is sufficient. Project's evolution, staff turnover, new HR policies, etc., all have an impact on the continuity of the training and require regular conversations with the project so that training does not drop off the agenda.

Regular contacts also allow us to be aware of the project's priorities and needs and to adjust the pace of the training or put emphasis on certain learning units accordingly.

Finally, managers and supervisors help us monitor changes and measure the impact of the training and should be involved in doing so regularly. For example, debriefing of expat staff working on projects where MSF Academy has a training programme should systematically include a set of questions around the impact of training on staff motivation and performance.

¹⁶ Jack J. Phillips, Patricia Pulliam Phillips, Handbook of Training Evaluation and Measurement Methods, Routledge, 2016, p.180.

Lesson learned: Academic institutions work on a different timeframe

Working in partnership, let alone with universities, takes time. We found out for example that the mere validation of the curriculum for the PG diploma with Stellenbosch University would take 2 years. Even though we expected it, we experienced this slow pace as an obstacle to project progress and a loss of momentum. On the other hand, we were positively surprised by the openness and possibilities in accommodating MSF operational realities and recognising work-based learning with academic credits.

Furthermore, we realised that we are ourselves an academic institution of sort, with our own validation processes and curriculum development hurdles. Developing the BCNC curriculum and the corresponding didactic and pedagogical resources, for example, started in 2018 and is still on-going.

We now have a much better understanding of what it takes to develop a full curriculum and its associate learning resources, and have built our capacity to deliver this by:

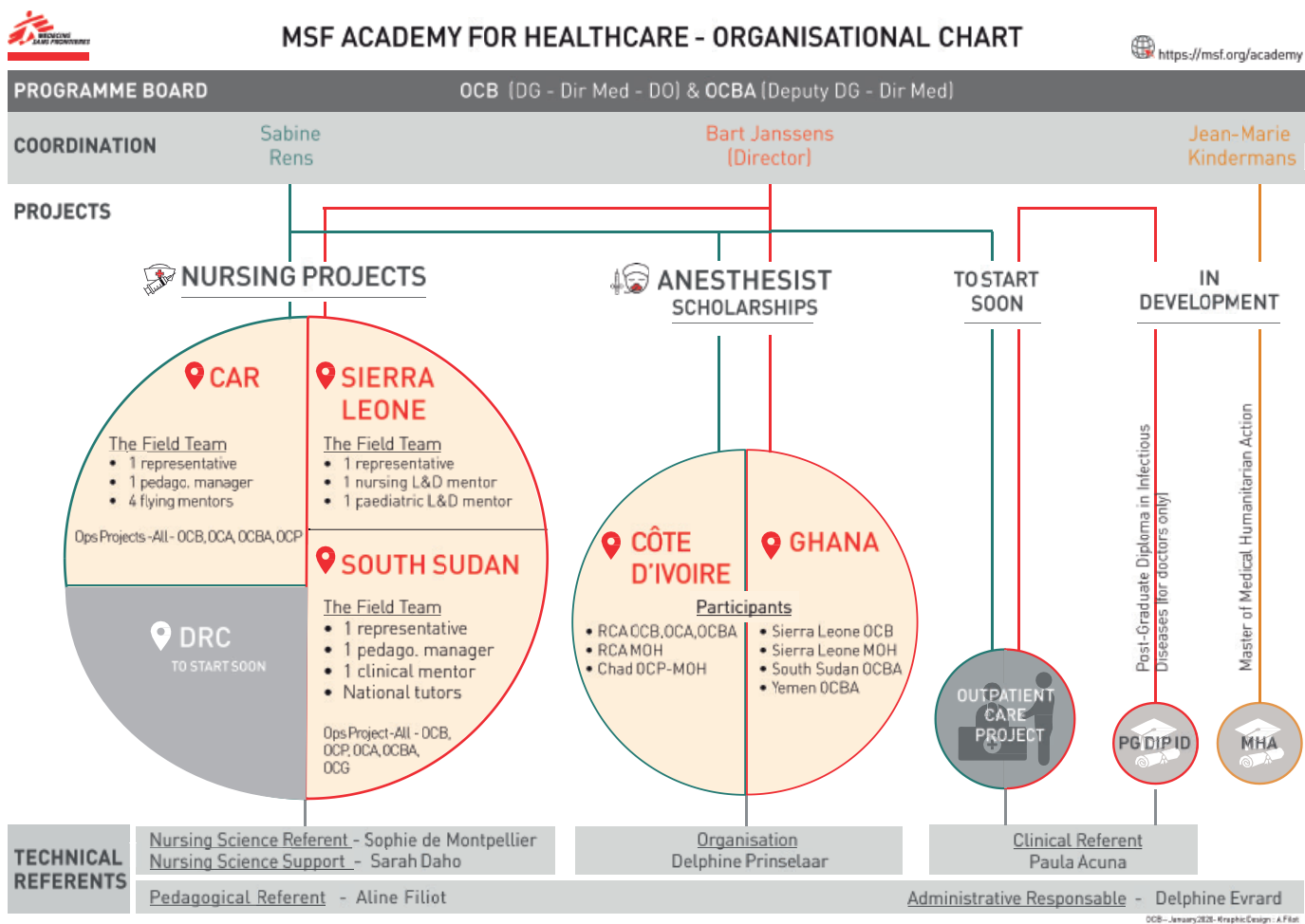
- Defining for each topic a validation process with the relevant medical referents
- Developing our network of MSF staff and consultants in instructional design, graphic design, e-learning and translation

While we have this understanding, we feel there is a need to raise awareness with all our stakeholders about the time it takes not only to develop and validate curriculums, but also to prepare and deliver quality training, develop the competencies of clinical mentors, support the application of learning into work, and change a learning culture. We would love it if we could improve practices and change mindsets with a powerpoint; however, our experience tells us that these processes require long-term investment and intensive efforts.

THE PEOPLE BEHIND THE MSF ACADEMY

The Executive team

End of 2018 and 2019 witnessed the building of a full-fledged global team for the MSF Academy, followed closely by the creation of field teams in the main countries of 2019 intervention, namely Sierra Leone, Central African Republic and South Sudan. In 2019 alone, the global team went from 3 to 8 members with 3 additional punctual support. In the field, the change is even more significant, going from one team member in one country to a total of 12 by the end of 2019 (10 expatriates and two nationals) across three mission countries.



Governance

In 2017 the MSF Academy became part of the OCB medical department, with the idea and that it would progressively evolve to become a more autonomous structure by 2019.

In November 2018, in the context of a Phase 2 submission of MSF Academy projects to MSF's Transformational Investment Capacity (TIC) that was sponsored by OCB and co-sponsored by OCBA, it was decided to design a more formal governance structure to ensure participation of OCBA in major decisions on strategies and orientations for the MSF Academy. A Steering Committee was created and was to meet twice a year, alternating between Brussels and Barcelona. In 2019, it took place in February and in September; the members of this body are

- The General Director of OCB, namely Meinie Nicolai
- The Medical Director of OCB, namely Sebastian Spencer
- The Operations Director of OCB, namely Marc Biot
- A Representative for the OCBA General Direction, the Innovation and transformation Lead of the HR Dept, namely Silvia Moriana
- The Medical Director of OCBA, initially Jean-François Saint-Sauveur, and since September, Cristian Casademont.

In September 2019, the Steering Committee decided to adapt to a limited extend the governance model, to allow different levels of governance per initiative, while preserving the general functioning of the existing Steering Committee, merely just renaming it into Programme Board, for clarity. This thus allows for specific initiatives of the MSF Academy, for instance the Master's course in Medical Humanitarian Action, to have its specific Steering Committee, which could provide strategic seats to other MSF stakeholders, specifically concerned by that particular initiative.

For 2020, the challenge in terms of governance will be to define the future business model for the MSF Academy, and its place within the MSF movement.

Hosting section

As the MSF Academy for Healthcare was born as a response to motions adopted by the OCB 2016 Gathering, the hosting section, from the start, has been the Operational Centre of Brussels. This remains as such to date.

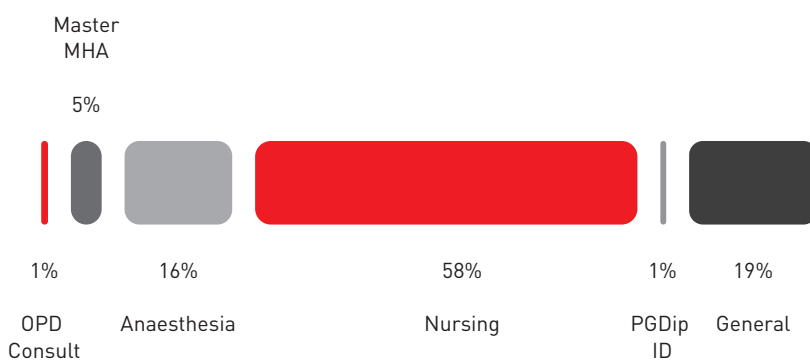
This translates into the MSF Academy benefitting from ongoing support at headquarters not only on the operational and medical side, but also as regards human resources, financial and logistic support. The MSF Academy team sits in the OCB office and is part of the OCB workforce administratively.

In the field, this also has repercussions: indeed, our teams are hosted in OCB premises, even though this could evolve, especially if the MSF Academy begins operations in a country where OCB has no presence. During 2019, we have used the infrastructure and benefitted from the logistic and administrative support for our teams and our activities. While the field budget is specific to the MSF Academy and is not part of the OCB mission budget, the financial management is carried out through the OCB accounting system and fed back to Brussels to then be incorporated into the global MSF Academy budget.

THE FINANCIALS BEHIND THE ACTIVITIES

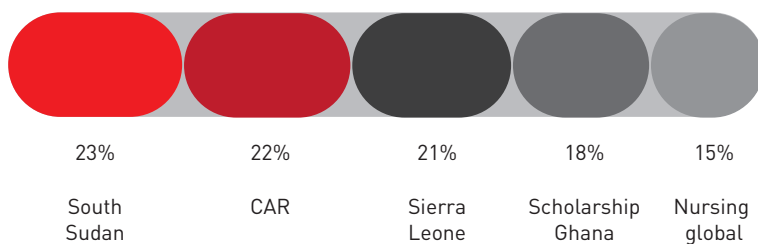
The MSF Academy for Healthcare in 2019 totaled Euros 1,858,479 in expenses across its initiatives. As shown by the development of activities in 2019, the nursing initiative has been most predominant in financial terms, encompassing 58% of our expenditure at a minimum¹⁷; second comes the anaesthesia initiative with 16% of overall expenditure, the remaining 26% including overall management and building of the MSF Academy, projects management at a global level including interaction with the various internal and external stakeholders, and investment in developing the new initiatives, namely the Master MHA, the PGDip in infectious diseases and the OPD project.

Total 2019 expenditure: 1.858.479€



When zooming in on what was directly spent on the learners in the field, so not including the investment in developing the curricula, the learning material, nor what it takes to make the project reality, we can see that two thirds of our 2019 expenditure has been dedicated to this¹⁸.

Distribution of Nursing Initiative expenses

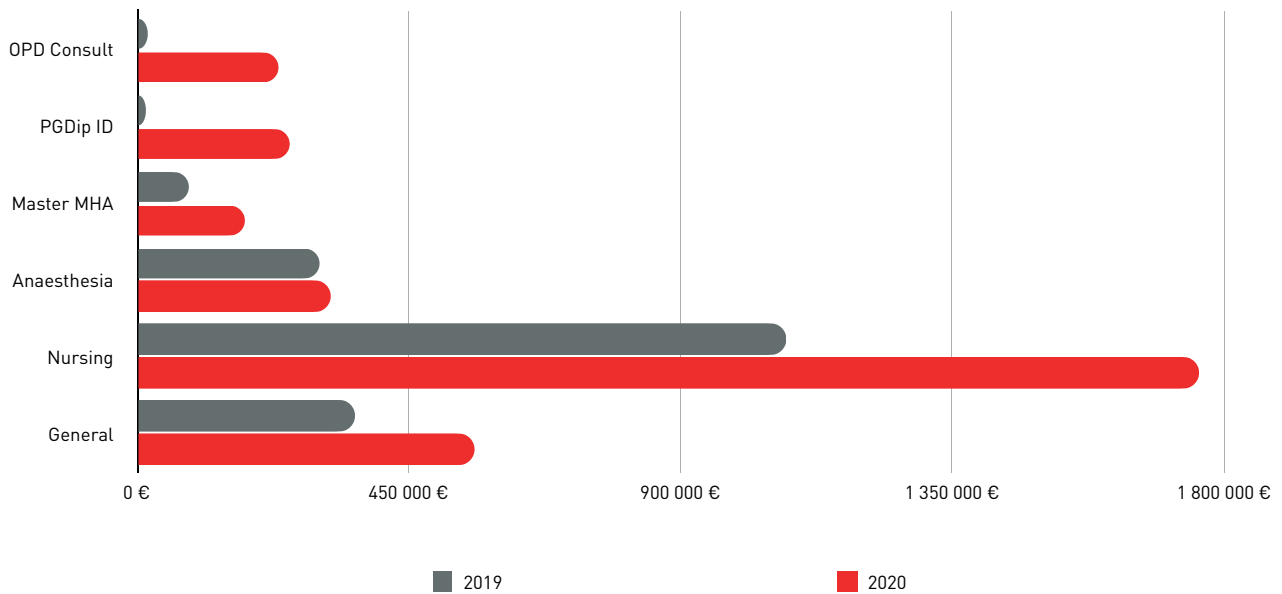


¹⁷ The general expenditure also benefited the nursing initiative

¹⁸ Expenses from the three mission countries – Sierra Leone, CAR and South Sudan –, from the nursing and midwifery scholarships in Ghana, and from both anaesthesia scholarship programmes

The budget foreseen for 2020 amounts to Euros 3,424,745, so an 84% increase as per 2019 expenses. This steep increase takes into account the continuation of the pace achieved end 2019 in projects that started in the course of last year, throughout the full year 2020. It also foresees the start of nursing operations in the Democratic Republic of Congo, the start of field projects for the OPD project, the development of the courses content for the master MHA and the PG Dip in Infectious Diseases and the OPD curricula, and the enrolment of our first cohort of students for the Master.

Expenditures 2019 vs Budget 2020



CONCLUSION

An idea born in 2016, a lot of networking and exploration to an initiative truly taking shape in 2018: 2019 was the year that brought to life no less than 5 projects, with the support of many stakeholders within the MSF movement but also from the countries we work in, mainly schools and government actors. Activities have significantly increased over these past 12 months, going from a one-shot project in Sierra Leone and the ongoing scholarship programme in Ghana, to full-blown nursing programmes rolling out in three countries.

The team has grown centrally, with polyvalent professionals often going to the field, and also in the field with permanent presence starting to see the light, interacting with the MSF Operational teams of the various sections present in the country. Together, they have started the implementation of the Basic Curriculum on Nursing Care programme, by first training facilitators on content and pedagogical methodology, and then accompanying them in transferring this to others. Much work has also been invested in developing aiding tools for the trainers, learning activities to facilitate the learning, and supports to follow the various learning journeys.

Two two-year scholarship programmes came to completion in Ghana with the graduation of 22 nurses and 25 midwives, concluding on a 94% retention and success rate. During the course of the year, two other scholarship programmes were organised and launched, both for certified nurses to specialise in anaesthesia, a much needed profession in the hospitals MSF supports.

In total by the end of 2019, over 470 healthcare workers have been or still are benefitting from our programmes.

The MSF Academy for Healthcare is progressively becoming a recognized actor in the medical learning among the MSF movement, proudly aiming to transform MSF's culture into that of a learning organization, especially in clinical care and public health. Indeed, the long-lasting improvement of quality of care requires sustainable resourcing that is not bound by project cycles, while being appropriate to the humanitarian contexts we face.

As such, the MSF Academy has been learning to evolve with the conditions, challenges and feedbacks, to work on the creation of an open, collaborative culture shift. We have been and we remain focused on quality and flexibility in the way we deliver our activities, taking stock of the experiences, the various feedback from operations, team members and learners, adapting as we go based on what we are learning in the process.

Today, more firmly than ever, we believe that on-the-job training is the future of learning in medical humanitarian action. We are looking forward to keep investing our energy into MSF's most important resource of all: its people.



A group of Learning Companions during the Training of Trainers, Bangui CAR, July 2019

Contact

The MSF Academy is based in Brussels, Belgium
Rue de l'Arbre Bénit, 46, 1050 Ixelles

Bart Janssens, Director
bart.janssens@brussels.msf.org

Sabine Rens, Deputy Director
sabine.rens@brussels.msf.org

Nursing Referents contact
msfacademy.nursing@msf.org

More information:

- <https://www.msf.org/academy>
- A video of the TOT in Bangui, CAR, July 2019
https://youtu.be/3ll_hcV8rxM
- A Video of the CA at work in Bangui, September 2019
https://youtu.be/u4G0SzbT_Bg
- A Video on MSF Academy nursing initiative:
https://www.youtube.com/watch?v=X_RZBVneV0w



MSF ACADEMY FOR HEALTHCARE