

# MSF ACADEMY FOR HEALTHCARE



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## 2022 ACTIVITY REPORT



MSF ACADEMY FOR HEALTHCARE

# TABLE OF CONTENT

<b>TABLE OF CONTENT</b> .....	2
<b>ACRONYMS</b> .....	3
<b>EXECUTIVE SUMMARY</b> .....	4
<b>HIGHLIGHTS OF THE YEAR</b> .....	5
The MSF Academy for Healthcare: Situation end 2022.....	7
<b>OUR VISION AND APPROACH</b> .....	8
Learning from field implementation.....	8
Clinical mentoring .....	9
e-learning .....	9
Monitoring & Evaluation – How we measure our impact.....	10
Recognition & accreditation .....	10
<b>ACTIVITIES</b> .....	12
<b>Hospital Nursing &amp; Midwifery Care</b> .....	12
Field implementation of the BCNC Programme .....	16
Sierra Leone .....	17
Central African Republic.....	19
South Sudan.....	21
Mali.....	23
Yemen .....	24
Lessons learnt and challenges.....	25
<b>Outpatient Care Initiative</b> .....	26
Field Implementation of OPD Programme .....	26
Sierra Leone .....	27
Guinea .....	27
South Sudan.....	28
Nigeria.....	28
Monitoring & Evaluation Activities.....	29
Challenges & lessons learnt .....	31
<b>Fellowship in Medical Humanitarian Action</b> .....	32
<b>Postgraduate Diploma in Infectious Diseases</b> .....	34
<b>Antimicrobial Resistance Learning</b> .....	37
<b>Intersectional Surgical Training Programme</b> .....	39
<b>Monitoring &amp; Evaluation Activities</b> .....	40
The database Acadata .....	40
Dashboards.....	41
External Evaluations .....	41
<b>MAIN LESSONS LEARNT</b> .....	42
<b>PRIORITIES FOR 2023</b> .....	46
<b>GOVERNANCE AND EXECUTIVE TEAMS</b> .....	47
Programme Board .....	47
The Executive Team.....	47
<b>FINANCIALS</b> .....	50
<b>PARTNERSHIPS</b> .....	52
<b>ANNEXES</b> .....	53

Cover picture :

A learner in Old Fangak being congratulated after receiving his Basic Clinical Nursing Care completion certificate officially recognised by the South Sudanese Ministry of Health. June 2022.

# ACRONYMS

AMR	Antimicrobial Resistance	MCH	Mother & Child Health
AMS	Antimicrobial Stewardship	MedCo	Medical Coordinator
BCNC	Basic Clinical Nursing Care	M&E	Monitoring & Evaluation
BEmONC	Basic Emergency Obstetrical and Neonatal Care	NICU	Neonatal Intensive Care Unit
BeMU	Berlin Medical Unit*	OC	Operational Centre
CAR	Central African Republic	OCA	Operational Centre of Amsterdam
CATS	Credit Accumulation and Transfer Scheme	OCB	Operational Centre of Brussels
CEmONC	Comprehensive Emergency Obstetrical and Neonatal Care	OCBA	Operational Centre of Barcelona
CGA	Competency Gap Assessment	OCG	Operational Centre of Geneva
CHO	Community Health Officer	OCP	Operational Centre of Paris
CHUC	Centre hospitalier universitaire communautaire	OPD	Outpatients' Department
CPD	Continuous Professional Development	OT	Operating Theatre
FMHA	Fellowship in Medical Humanitarian Action	PGDip ID	Postgraduate Diploma in Infectious Diseases
HR	Human Resources	PMR	Project Medical Referents
IMCI	Integrated Management of Childhood Illness	PPE	Personal Protective Equipment
IPC	Infection Prevention & Control	SAMU	South African Medical Unit**
ISTP	Intersectional Surgical training project	SU	Stellenbosch University
IV	Intravenous	TIC	Transformational Investment Capacity
JCONAM	Juba College of Nursing and Midwifery	TOF	Training on clinical Facilitation
LC	Learning Companion	TOM	Training on clinical Mentoring
L&D	Learning & Development Unit	WaCA	MSF's West and Central Africa Office
MAM	Medical Activity Manager		

\*Part of the medical department of OCG

\*\* Part of the medical department of OCB

# EXECUTIVE SUMMARY

The MSF Academy for Healthcare is a training initiative for the entire MSF movement that focuses on strengthening the skills and competencies of frontline healthcare workers, with the will to have a long-term impact on the quality of care provided in the countries where MSF intervenes. The Academy does this by developing and implementing competency-based curriculums that are tailor-made to MSF operational needs, using a learning cycle based on theoretical knowledge and workplace practice, accompanied by clinical mentoring.

In 2022, the MSF Academy's capacity to implement learning programmes in the field continued to mature. The programmes and teams increased their ability to adapt the organisation and the content of the programmes to the specific learning needs and the contexts when necessary. The Academy expanded the implementation of face-to-face programmes with the start of activities in Mali and Yemen and the launch of the Midwifery Clinical Care learning programme.

This year witnessed the completion of the full 24-month Basic Clinical Nursing Care learning programme in two project sites and of the six-month Outpatient Care learning programme in 16 health centres, bringing concrete results in support of MSF goals. At the end of these curriculum implementations, the partnership with operations teams continued into the next phase where learning practice is embedded in regular activities, as part of the longer-term operational strategies.

The remote learning programmes welcomed their second annual groups of learners and continued the efforts to build new or strengthen existing partnerships with academic institutions for the accreditation of the programmes. Both the Postgraduate Diploma in Infectious Diseases and the Fellowship in Medical Humanitarian Action organised their yearly first face-to-face training sessions, as the Covid-19 pandemic prevented this from taking place in 2021. The Antimicrobial Resistance Learning programme held the first graduation of learners at the beginning of the year.

Lastly, the Academy increased efforts with regards to the Monitoring and Evaluation of activities, with new tools implemented that measure the impact of the programmes and support the capitalisation of learnings in order to integrate them in ongoing and future projects.

# HIGHLIGHTS OF THE YEAR

## Nursing & Midwifery

- Two new projects started the Basic Clinical Nursing Care (BCNC) training: in Koutiala, Mali, and in the neonatal ward of the Centre hospitalier universitaire communautaire (CHUC) in Bangui, Central African Republic.
- The implementation of the BCNC programme is ongoing in Sierra Leone, Central African Republic and South Sudan. In Sierra Leone, 28 participants completed the programme in June and another 34 in November, and 35 participants graduated in June in South Sudan.
- The translation of the BCNC curriculum started in Arabic and will be finalised mid-2023. The first roll-out of the BCNC programme in Arabic will be in Aden Trauma Hospital in Yemen.
- The MSF Academy started the first implementation of the Midwifery Clinical Care learning initiative, in Kenema, Sierra Leone.
- The Scholarship project in collaboration with the Juba College of Nursing and Midwifery (JCONAM) began in 2022.

## Outpatient care

- The Outpatient Care programme was successfully implemented in 11 health centres in four countries.
- An adapted strategy based on the assessment of “baseline competencies” was developed, with the aim to enable a tailored learning plan for the participants.
- A Monitoring and Evaluation framework was implemented across all the projects to ensure access to indicators and data and to promote the use of quality-of-care monitoring tools.

## Fellowship in Medical Humanitarian Action

- The second cohort of the Fellowship entered the programme in 2022. They started with a full nine-day face-to-face training in Brussels.
- The participants of the first cohort also had a face-to-face session with debates and discussions on different topics, around various key competencies of the programme.
- The selection of participants of the third cohort was completed.
- Based on the experience and feedbacks from participants, the course units were revised and improved.
- At the end of 2022, discussions with a South African university started in order to have the programme recognised and accredited as a Postgraduate diploma by 2024. This collaboration will improve further the quality of the curriculum and its methodology.

## Postgraduate Diploma in Infectious Diseases

- The second group of participants started in January and completed the two largest modules of the course: adult infections and paediatric infections.
- In May, the first two-week face to face session at the Tygerberg campus of the Stellenbosch University was organised for the participants of the pilot and second groups.
- The development of all five modules of the course was completed.
- The selection of the group of participants for 2023 was completed.
- Overall, the partnership with the Stellenbosch University continued to be very fruitful, leading to a well-adapted training programme for MSF clinicians.

## Antimicrobial Resistance Learning

- Twenty-eight participants of the pilot group graduated in January 2022.
- In May, the second group of learners started the programme, with 63 participants working in 17 different MSF projects.
- The pilot cohort resumed the course in March to complete the microbiology module which was not ready at the time of graduation.
- In order to adapt to the learners needs, the number of clinical mentors that accompany the participants process' increased.



## The MSF Academy for Healthcare: Situation end 2022

### Benefitting learners

**826** ACTIVE LEARNERS

- 694 for the Nursing & Midwifery initiative
- 32 for the Outpatient Care initiative
- 23 for the Fellowship in Medical Humanitarian Action
- 14 for the Postgraduate Diploma in Infectious Diseases
- 63 for the Antimicrobial Resistance Learning

**419** GRADUATES

- 148 competence certificates for the full BCNC
- 105 participation certificates for partial BCNC
- 47 who became certified nurses or midwives
- 91 outpatient care providers
- 25 partial completion certificates for outpatient care providers
- 28 AMR graduates (IPC supervisors & AMS focal points)

### Interaction with MSF Operations

- Learners in 6 different OCs
- Field presence in 6 different countries

### Course Content Development

- 10 competency-based curricula have been finalised in full

# OUR VISION AND APPROACH

The MSF Academy is fully dedicated to training and upskilling medical and paramedical professionals through work-based continuous professional development and targeted bedside training.

The approach is designed to improve local capacity and capability, as the MSF Academy's ultimate goal is to bring long-lasting improvements to the quality of care provided and progressively diminish the footprint of international presence. By gradually upskilling the competency and autonomy level of the national healthcare workers, the MSF Academy also ensures that the learnings are immediately put into practice, while tailoring the courses to fit the way that MSF works. This should contribute to improve the quality of care in the MSF-supported structures where the learners work, to create more opportunities for key workers to grow in their own careers, and in the long run, to reinforce the countries' health systems.

The pedagogical approach adopted by the MSF Academy for Healthcare is work-based learning. It is paramount in all our programmes to ensure that the more "classroom" theoretical learnings and the skills lab practices are transformed into the daily work of our learners: more detailed information about our pedagogical approach is provided in Annex 1.

## Learning from field implementation

The specificity of the approach adopted by the MSF Academy lays in focusing on the support of the learners in the workplace: our team members in the field are solely dedicated to the learning and competencies development of the learners. Having mentoring staff free of management or supervision responsibilities as opposed to other clinical positions in MSF projects contributes to protect learning time.

However, mentoring in the workplace is not sufficient to ensure transfer of learning into work: organisational alignment is another key aspect. If learners are not encouraged to practice and use their new skills outside of training and mentoring time, changes in practice will not be sustained over time. In 2022, we reinforced activities aiming to increase organisational alignment such as encouraging mentors to communicate regularly with supervisors and attend meetings which are good opportunities to discuss the alignment between daily work and learning on a regular basis. We also started systematising a process of contextualising the learning programme before it is launched in a project, to ensure better alignment with learners' roles and level of competency, as well as with the activities of the project where the learning programme is delivered.



Clinical mentor demonstrating a practice on a manikin to a learner



## Clinical mentoring

In 2022, the MSF Academy continued delivering face-to-face and online Trainings on clinical Facilitation (TOF) to strengthen facilitation competencies when training learners on clinical concepts and skills, and Trainings on clinical Mentoring (TOM), which concentrate on developing competencies to carry out bedside teaching with learners. We delivered one face-to-face training in Sierra Leone for 10 participants, and three remote trainings for 49 participants.

Throughout the year, additional activities aimed at supporting the pedagogical approach were carried out. We made changes to the clinical mentoring toolkit to reflect the learning from field implementation and we developed a Learning companion implementation strategy. The learning journals began to be revised. The clinical mentors that have been recruited in-country have now gained more experience and proved very capable to perform autonomously and to apply clinical mentorship with more confidence.

A competency-framework for mentors and tutors started to be developed, which will help them self-assess and work on their professional development objectives. Considering the growing need of the staff carrying out mentoring for recognition of their competencies in this role, we designed requirements for obtaining mentoring and facilitation competence certificates, based on the experience gained and validation by peers and managers; this is a starting point to encourage mentors to self-assess and seek peer-support to develop and validate their competencies. Finally, the remote meetings initiated in 2021 between mentors on the one hand from Sierra Leone and South Sudan, and on the other from the Central African Republic and Mali have proven a successful initiative: they are now organised monthly, and the aim is to have mentors taking an increasing part in facilitating the meeting. The objective of these meetings is that participants share knowledge and learning across projects and countries and help each other solve challenges.

## e-learning

e-learning is a key pedagogical element in MSF Academy initiatives, being of central relevance in our distance learning programmes, and it is used as a complement in our face-to-face programmes. Both the Fellowship in Medical Humanitarian Action and the Antimicrobial Resistance Learning courses are placed on the MSF Learning Management System, Tembo, as well as the Basic Clinical Nursing Care and Outpatient care programmes.

In 2022, the MSF Academy worked on improving the process of developing the storyboards for e-learning content. The capacity was reorganised internally, through new staff and competencies reinforcement, as well as externally, through outsourcing certain projects.

### LEARNING COMPANIONS

*Learning companions are key nursing staff members at each project site who are trained to carry out clinical mentoring at the bedside for the skills and competencies covered within the curriculum, each to an average of four other colleagues. This role is taken on in addition to their daily clinical duties in the project, but specific working time is to be allocated for this.*

*This key staff is then supported in this mentoring role by clinical mentors from the MSF Academy, who will also be tasked with the transmission of the theoretical parts and the facilitation of the practical sessions.*



Learners completing a handover process in the hospital, during a bedside clinical mentoring session

### What is a storyboard?

*A storyboard is a document produced at the beginning of the development of an e-learning course that outlines the content section by section.*

An internal biweekly platform to exchange on lessons learnt and solutions across initiatives was created. This platform allows for discussions about new tools and resources that could potentially enhance our practice. These discussions often involve sharing insights and experiences on how the tools have been used in the past, their effectiveness, and any challenges we may face while using them; for instance, the team organised a workshop to explore different methods of creating a case scenario. The meeting is also an opportunity to test and solve problems, particularly those that relate to the use of Tembo.

In 2022, a pilot test was carried out in Mali with active learners in order to check the user-friendliness and improve the e-learning content that would be included in the eBCNC units. During the pilot, several technical issues that posed challenges to the learners on the field were identified, particularly related to the tablets, most of which have already been addressed. Additionally, we conducted a survey to gain insight into learners' preferences and to observe how they interacted with the exercises. Based on our findings, we concluded that clearer instructions and guidance were needed to help learners navigate the e-learning content. As a result, we have added more detailed instructions for the theoretical sections and quizzes to make the content more user-friendly and accessible to all learners. Another response to the feedback from learners is the incorporation of more clinical cases in our new units. Many expressed interest in having clinical cases as part of their exercises, which we took into consideration in the development of the new units.

## **Monitoring & Evaluation – How we measure our impact**

In 2020, we adopted the Theory of Change as the method to describe the change we want to bring and how we intend to achieve the desired impact. In addition, to specifically guide the evaluation on how our learning programmes bring about reinforced competences and improved practices, we have adopted the Kirkpatrick model. Both are described in Annex 2 of this report.

## **Recognition & accreditation**

The MSF Academy remains committed to establishing partnerships with local academic institutions and national ministries as an effective means to strengthen local healthcare systems, for all learning programmes we roll out in-country. In 2022, the recognition of our Basic Clinical Nursing Care curriculum as official Continuous Professional Development programme by the Ministries of Health in South Sudan and Sierra Leone was concretised. In both countries our programme's completion certificates are issued jointly by the MSF Academy and the relevant national authorities: the Sierra Leonean Ministry of Health and the Nurses & Midwives Board Sierra Leone, and the South Sudanese Federal Ministry of Health.

As regards the remote learning programmes, we also seek to either have them recognised as specific diplomas (such as the Postgraduate Diploma in Infectious Diseases, recognised by the South African Qualifications Authority as a 120 CATS diploma-course), or by an internationally-recognised body (such as the ongoing process to have the Antimicrobial Resistance courses developed together with the British Society of Antimicrobials and Chemotherapy recognised by the Royal College

of Pathologists). As for the Fellowship in Medical Humanitarian Action, after an unfruitful attempt at establishing a partnership right from the conception (mainly due to the Covid-19 pandemic), it was decided to start the programme first as a purely MSF Academy programme without academic partners, while the will remained to create such partnership later down the line. At the end of 2022, discussions were initiated with the University of the Witwatersrand, in Johannesburg, South Africa, to envisage to have the Fellowship programme recognised and accredited by the South African Qualifications Authority as a postgraduate diploma by 2024.

# ACTIVITIES

## HOSPITAL NURSING & MIDWIFERY CARE

The objective of the Nursing & Midwifery initiative is to strengthen the skills and competencies of the staff providing nursing or midwifery care in all participating hospitals, with the aim to contribute to an improvement in the quality of care. This includes competency-based curriculums development on nursing and midwifery care, the creation of innovative pedagogical tools, and the roll-out of the learning programmes in various MSF-supported hospitals in specific target countries where needs are high.



A learner reading a chart before practicing the insertion of a peripheral intravenous catheter in a manikin arm during a Competency Gap Assessment, while being observed by a clinical mentor

### Basic Clinical Nursing Care curriculum

In 2022, the MSF Nursing Working Group validated the remaining content of the Basic Clinical Nursing Care (BCNC) curriculum and provided support on protocol implementation and training plans. The French version of the curriculum was finalised as well. The new introductory unit on *Nursing Care and Ethics*, which was developed in 2021 in response to specific requests, started to be delivered in the implementing projects.

After gathering feedback from learners and clinical mentors in the various projects where the programme was implemented, **revision of the content** of Module C (on *Nursing care to support the human functions*) started in October 2022. It was an

### BASIC CLINICAL NURSING CARE

The Basic Clinical Nursing Care (BCNC) curriculum is designed for nurses, nursing assistants, midwives, and midwife assistants working in the hospital setting; it aims to cover all competences required for general nursing care. The BCNC is organised into 41 units that are grouped into five competency-based modules covering the knowledge, skills, and attitudes for basic hospital nursing care (details can be found in Annex 3). The material developed for each unit consists of a theoretical document, a session plan, learning activities, learning tools, and a formative assessment. The units are structured around 85 skills that are mentored individually at the patient bedside.

The BCNC learning programme is delivered by clinical mentors who facilitate didactic classroom sessions that include brainstorming, questions and answers, case studies, practice, group activities, learning games, visual aids and simulations. The session plans are designed to build on pre-existing knowledge and skills of the learners. The whole BCNC is delivered on average in 24 months, but this depends on the available weekly learning time. The BCNC curriculum was validated by the MSF intersectional Nursing Care Working Group and other working groups when applicable, including Laboratory, IPC and Pharmacy. All the material is aligned with the MSF Intersectional Manual for Nursing Care procedures and Standard Operating Procedures.

opportunity to adjust the level of learning activities to the learners' needs based on experience. Content revision is also called for when new guidelines are published, to ensure it remains aligned with the latest evidence-based nursing protocols.

A **reduced version** of the BCNC curriculum was defined for nurse aides. An adapted CGA has been developed as well as an adapted learning journal.



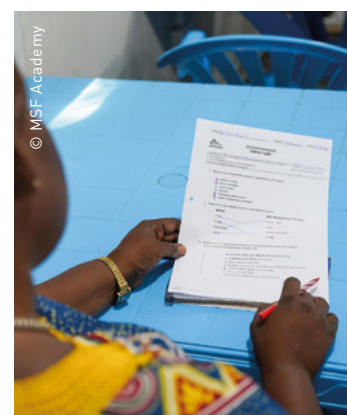
A learner reviewing his learning journal with his mentor

*The learning journal is a logbook for the individual learner where they can reflect and follow up their progression throughout the curriculum. The journal consists of different documents: (1) introduction of the learner with description of prior experiences and definition of their career goal, (2) mentor and mentee prior-discussion on their expectations, the way of working and the mentoring agreement, (3) the relevant programme's wheel with tick boxes for the learner to follow up on the status of their attendance on the unit, the formative assessment and the skill validation, (4) the nursing key criteria checklist that they have to consider during every practice, and (5) the overview of skills to be mentored on.*

A new tool to collect **indicators on the quality of nursing care** in the hospitals where we intervene was developed and tested in three of our projects. The objective is to provide a good picture of the quality of nursing care provided in the health structure at the beginning of the implementation, and then at later stages in the roll-out of the BCNC programme, to be used as an additional proxy to evaluate the impact of our programme on the quality of nursing care provided in the structure/ward. It can also serve to communicate with the project the structural, supply and human resources' impacts on the quality of care.

Two full modules of the **e-learning version** of the BCNC were finalised in both English and French and started to be used in the field to palliate for missed learning sessions. When used for this purpose, the learner completes the e-unit and then has a face-to-face review with the clinical mentor. This proves to be of great help to clinical mentors when having to organise content catch-up for learners who missed sessions due to sick leaves or other reasons. eBCNC units from the remaining modules are already under development as well. The aim is to have the full programme finalised in its e-version by the end of 2023.

A complete nursing patient assessment video was filmed in Sierra Leone and edited by the MSF Berlin Medical Unit. The video is available in both French and English and was shared with the projects to provide an example of how to properly carry out a complete patient assessment. The objective of this type of learning video is to show an overview of a complete procedure in video, which mentors can use as extra training material to illustrate the transformation into good practice of specific units' or modules' content.



A learner correcting a formative assessment in the MSF Academy classroom at the hospital

In preparation for the roll-out of the programme in Yemen, translation of the BCNC curriculum in **Arabic** started and illustrations are being contextualised.

**“ There have been a lot of changes since the start of the learning programme. For example, in my current emergency admission department we used to do the measurements of children having them lay down. But with the training, we learnt that all children over two years old should be measured standing up. ”**

**Malle Mama, Nurse supervisor in Koutiala, Mali**



## Operating Theatre nursing care curriculum

While most of the curriculum development was already finalised in 2021, the skills relating to the curriculum content on which learners would need to be mentored at the bedside were identified: 49 OT-specific relevant skills in all. These have been integrated into the learners' journal. The OT-specific Competency Gap Assessment (CGA) was also developed to establish a knowledge and skills baseline, through the completion of a knowledge questionnaire and specific techniques that learners need to perform for competencies-level to be assessed. This CGA was tested for the first time in November in Sierra Leone.

When preparing for the first field implementation of the OT programme in Kenema, we realised that some units needed further introductory content. New units were therefore elaborated and added into the curriculum, such as one on *Roles and responsibilities within the OT*, which is an introduction to the first module of the programme on *Preparation for surgery*. Another example is the expansion of the unit on *Aseptic and sterile practice* with additional theory on basic table set-up, surgical instruments and surgical sutures. All new content also underwent intersectional validation.

The OT curriculum was originally conceived for learners having already undergone the BCNC programme, but this may not always be the case. For those 'non-BCNC graduate' learners, a list of prerequisite BCNC units was established and agreed upon, to make sure they have the indispensable bases before getting into specific OT content. How the learners will then go through the prerequisite BCNC units may vary; either through specific sessions on this, or via e-learning, with the related clinical mentoring before the specific OT skills under the OT clinical mentor's guidance. The objective is to allow participants that did not follow the BCNC to fully understand and make the most out of their learning. For example, learners will first have to attend the units on *Introduction to Infection Prevention and Control (IPC)*, *Hand hygiene* and *Use of Personal protective equipment (PPE)*, which cover the standard IPC measures, before they can attend the OT unit which covers IPC measures specific to the Operating Theatre setting.

The Operating Theatre (OT) curriculum is a curriculum on specialised nursing care designed to support ongoing professional development of scrub nurses, circulating nurses, or anaesthesia nurse assistants. The curriculum is designed in a similar format to the BCNC with supporting documents for facilitation and mentoring. The content covers Preparation for Surgery, OT-specific IPC, OT Nursing Care, and Diagnostics Specific to the OT and is structured around 49 skills (see curriculum in Annex 4).<sup>1</sup>

<sup>1</sup> The international reference used to create this curriculum is  
1) Essentials of perioperative nursing - Sixth edition by Terri Goodman and Cynthia Spry  
2) Alexandrer's care of the patient in surgery - 17th edition by Jane C. Rothrockin surgery - 17th edition by Jane C. Rothrock

## Neonatal nursing care curriculum

Following the recruitment of a subject matter expert in Neonatology, a formal needs assessment started in November 2022 as an initial step to develop the Neonatal curriculum. The objective of the curriculum is to provide nurses, midwives and nurse aides working in Neonatal Intensive Care Units with a specialised curriculum on neonatal nursing care.

## Midwifery clinical care

Following the recruitment of a full-time Midwifery Sciences Referent, the development of the training material, documentation for learners and clinical mentoring tools in midwifery progressed.

A **Global Curriculum with a modular approach** was created. Modules and units can be implemented separately according to the learning needs and adjusted according to the set-up. Three adapted programmes are then proposed: Comprehensive Emergency Obstetrical and Neonatal Care (CEmONC), Basic Emergency Obstetrical and Neonatal Care (BEmONC) or Outreach programme. The development of the different modules and units that constitute the curriculum is still ongoing, with 20 units out of 33 fully developed at year end. The content is based on updated international guidelines and MSF protocols and it is validated by the MSF Sexual and Reproductive Health working group. Theoretical documents, learning activities and session plans have been developed for each of the units; a collaboration with the MSF Field Simulation project allowed for the development of training simulation sessions. The skills to be mentored in relation to the content have all been identified (80 for the overall curriculum) and the learning journals were developed accordingly.

Prior to the roll-out of any midwifery learning programme, it is important to establish baselines. The **midwifery CGA** to be carried out prior to and upon completion of the learning programme was developed and tested: it is composed of a theoretical and a practical part. For the practical part, four techniques were identified, and learners are observed performing two of these four techniques, that are selected according to the relevance with their activities. In addition, an initial **assessment on the quality of midwifery care** provided in the health structure is to be carried out to establish a baseline, and indicators are identified – the evolution will then be monitored during and at the end of the programme's implementation. This was developed together with the midwifery advisors of the OCs.

The midwifery curriculum aims to cover all competencies required for the profession; it is based on a global curriculum which can then be used for three adapted programmes according to the learning needs. The full curriculum consists of 33 units grouped into five modules (see curriculum in Annex 5).



A participant of the Midwifery initiative during the Competency Gap Assessment in Sierra Leone

**“ The unit on Communicating with patients and family has helped me a lot. There has been much improvement in the way we communicate with patients and the way we welcome them here. You need to understand them and calm them down. ”**

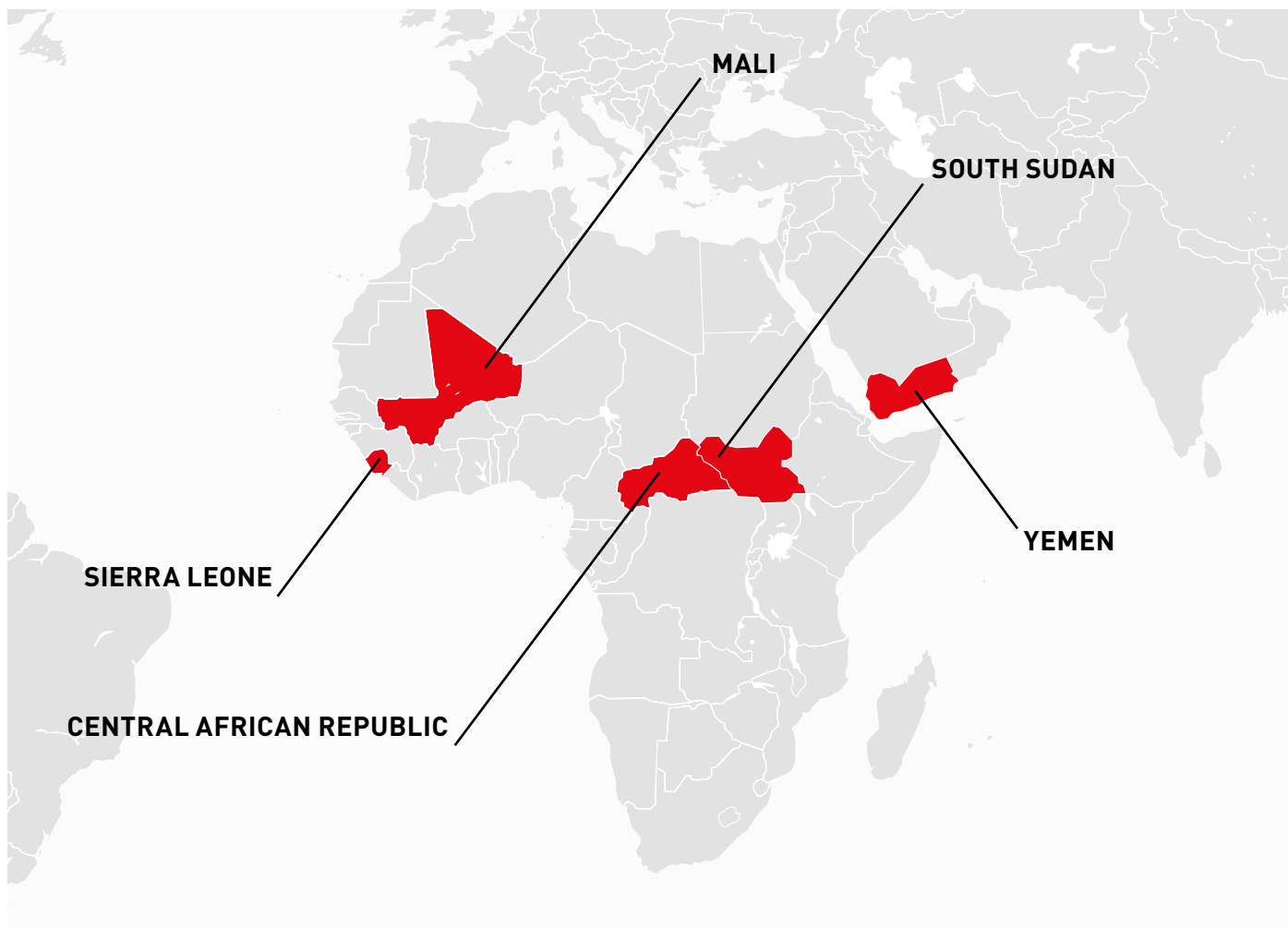
**Doris Nkailondo, midwife in Kenema, Sierra Leone**



## Field implementation of the BCNC Programme

The field implementation of the BCNC learning programme continued in Sierra Leone, Central African Republic and South Sudan. It started in Mali, and preparations took place to begin in Yemen. The number of hospitals benefitting from the programme went from eight in January to 10 in December; four additional projects started to roll out the learning programme, but one was terminated prematurely for security reasons (Agok, South Sudan) and we reached programme completion for the full cohort in another one (Old Fangak, South Sudan). In addition, in Sierra Leone, the Midwifery programme started, and baselines were established to get ready to start with the specialised OT nursing care one.

Beyond the ongoing implementation efforts, we further promoted regular exchanges between MSF Academy country teams this year, so that they share best practices and lessons learnt across countries. For example, how to best prepare and manage expectations when planning a future project implementation, and how to organise the clinical mentoring sessions in a more spontaneous way, using every opportunity for mentoring in the wards.





## SIERRA LEONE

While the roll-out of the BCNC and CHO learning programmes continued in the hospital of Kenema, additional learning programmes are starting: the Midwifery programme started in October 2022, and preparations are ongoing for the start of the specialised OT nursing care programme, and a specific nurse aide programme, in April and July 2023 respectively.



The **BCNC programme** carried on throughout the year and two groups of learners completed the programme: 28 learners graduated in June (with eight nurses also obtaining certification as BCNC Clinical Mentors) and 34 learners graduated in November. They all received a certificate co-signed by both the MSF Academy for Healthcare Director and the Registrar of the Sierra Leone Nursing and Midwifery Board.



It is to note that in February 2022, the Sierra Leone Nursing and Midwifery Board formalised via a Logo Use Agreement the authorisation to use their logo and have their signature on our Continuous Professional Development Programme (CPD) Certificates, such as the BCNC & BCNC Clinical Mentoring, the Midwifery programme, the OT Nursing care programme and the Outpatient care programme.

By the end of 2022, we still had 157 learners enrolled in the BCNC programme, including 85 nurse aides who only followed the facilitation classes. A separate BCNC-based programme (reduced version, to correspond to their roles and responsibilities) will be officially rolled out for the nurse aides as of mid-2023 and will include mentoring. Two new BCNC clinical mentors were hired at the end of the year to capacitate the team to respond adequately to all the upcoming mentoring needs.

More details on the learners' progression throughout the year in Sierra Leone can be found in Annex 6.

In 2017, MSF started to build a new hospital specialising in paediatric and maternity care in Kenema, one of the regions hardest hit by Ebola epidemic of 2014. The MSF Academy has been involved in training for the hospital staff from the start. Three scholarship programmes were launched in Ghana for future MSF Kenema hospital staff: Two two-year scholarship programmes to train 25 nurses and 25 midwives which ended in December 2021, followed by an 18-months nurse-anaesthetist specialisation scholarship programme that started in 2020. The BCNC programme for all the nursing staff of the hospital started to roll out in January 2020.



Debriefing session with a learner after bedside clinical mentoring

The first roll-out of the **Midwifery programme** started in Kenema in October with 49 learners, including 23 midwives, 22 maternity nurses and four supervisors (two maternity supervisors and two outreach supervisors). The supervisors also completed the eTOM to familiarise themselves with clinical mentoring and promote clinical mentoring as part of their work.

The entry CGAs took place in August and September 2022. The cohort is young, with 86% of the learners being under 40 years of age and all learners, except for one, have less than five years' experience with MSF. The knowledge and technical CGA results have a median of less than 50%. The results were satisfactory in regard to communication and respect of the patient's rights, but they were below average in obstetric care and nursing. Lowest results were observed on clinical reasoning – reinforcing the need and relevance of the midwifery curriculum and its chosen clinical reasoning approach.

One of the recurring problematic situations was the multiplicity of calls to on-duty obstetric staff without midwives clearly communicating their examination, diagnostic assumptions and needs. The second evaluation carried out after the units on inter-professional communication helped to partially solve this problem.

Preparations for the future roll-out of the **Operating Theatre nursing care programme** started with the entry CGAs taking place at the end of the year. The future cohort is relatively young, with 78% of the learners being less than 40 years old. 56% of the learners have between three and five years of MSF experience, with 31% of the learners having more than five years' experience with MSF.

Out of the future 16 learners, 12 already completed the full BCNC programme, and another learner will have completed it in June 2023. The three remaining ones will be following the OT programme, undergoing all the identified BCNC prerequisites units and skills as well, prior to certain OT units. The learning for the OT programme is planned to start in April 2023.

#### Training programme for Community Health Officers in Kenema

As Community Health Officers (CHOs) carry out much of the clinical work in Sierra Leone, MSF operations asked the Academy to develop a training programme in hospital paediatrics (see curriculum wheel in Annex 7), which started to be taught in 2020. To adapt to the evolving operational needs, a new unit on Palliative care and clinical examination skills was developed, whilst the nutrition module was entirely reviewed and revised. There are 68 CHOs presently enrolled and actively learning via the classroom and practical sessions, as well as through individual mentoring sessions at the bedside. Two CHO clinical mentors were hired at the beginning of 2022 to ensure the efficient roll-out of the programme. A first group of about 30 learners is expected to graduate mid-2023.

### Nursing & Midwifery Sierra Leone | 2022

81

**entry CGAs performed**  
16 OT CGAs, 51 MW CGAs, 14 NICU nurses

62

**BCNC Graduates**

8

**BCNC Clinical Mentoring  
Graduates**

157

**active BCNC learners**

68

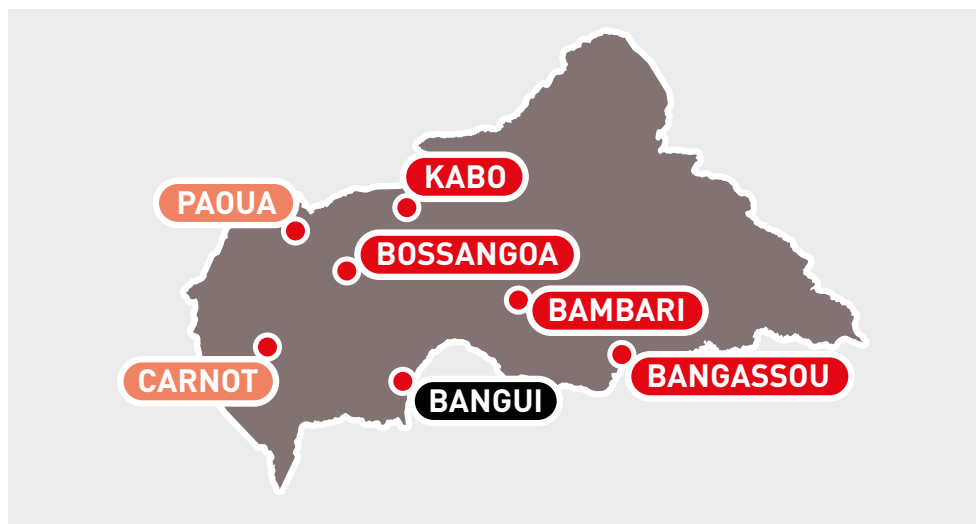
**active CHO learners**

49

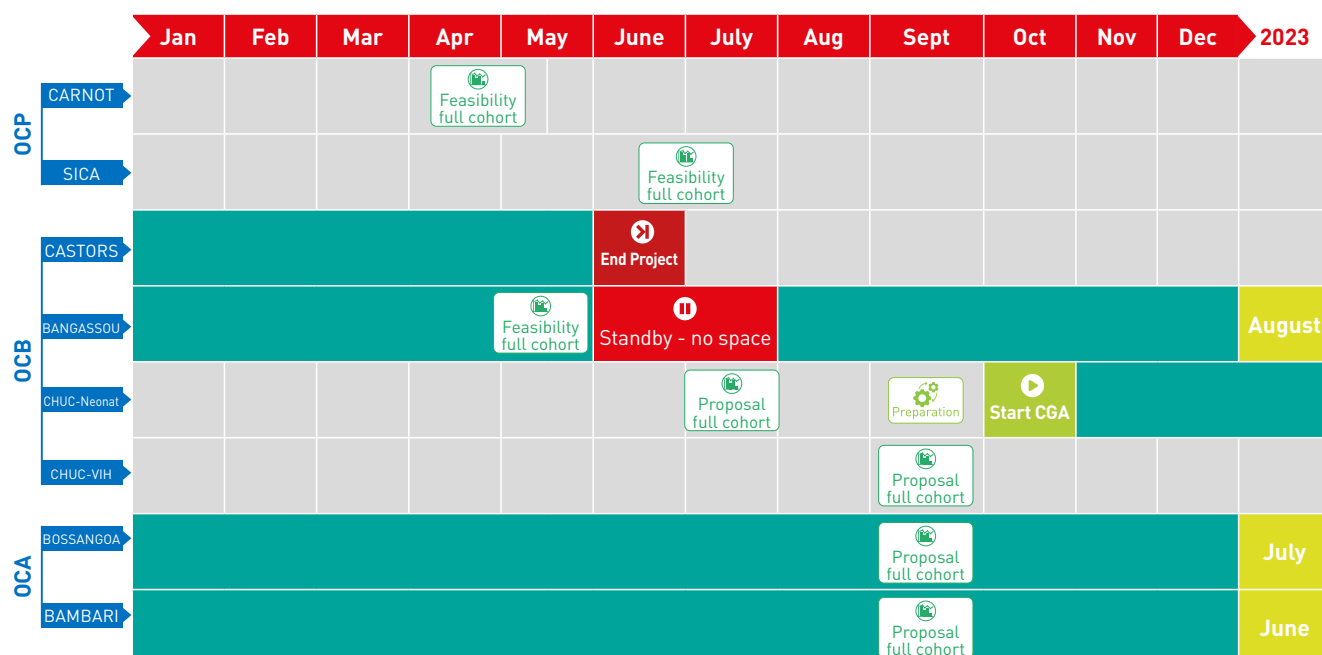
**active Midwifery learners**

## CENTRAL AFRICAN REPUBLIC

In the Central African Republic, we started the year with four projects: Bangassou, Castors, Bambari and Bossangoa. The BCNC programme was discontinued in Castors as the operational priorities evolved following a reorganisation of health services in Bangui city: all the Comprehensive Emergency Obstetrical and Neonatal Care (CEmONC) activities were transferred mid-year to the larger Centre hospitalier universitaire communautaire (CHUC).



In **Bambari**, **Bangassou** and **Bossangoa**, the implementation of activities faced challenges related to the lack of replacements for the learners to attend the training sessions, and their learning time not being included in the rosters. In Bangassou, an additional hurdle put the learning on hold for a few months: there was no available space within the project for MSF Academy staff due to security-restrictions and other priorities. After discussions within each project, different solutions were put in place which allowed for the learning to go on, and currently active learners are expected to complete the whole BCNC programme in the course of 2023.



Following the move of operational activities from Castors to the CHUC, it was decided to implement the BCNC programme for all the staff working in the **neonatal ward of the CHUC** in November 2022. Entry CGAs took place for a total of 51 learners and, shortly after, the learning activities began. 55% of the learners are between 30 and 39 years old, 27% are older than 40 and 22% are younger than 30, and 90% of the cohort is staff from the Ministry of Health, the remaining ones being directly contracted by MSF. Trainings on clinical mentoring (TOM) for the future learning companions are programmed for beginning 2023.

MSF-supported maternity of the Centre hospitalier universitaire communautaire (CHUC), Bangui, Central African Republic



The lessons learnt from 2021 continued to be applied throughout the year. First, we managed to have clinical mentors assigned to a sole specific project and have space to have them based in the project full time. The next challenge was to increase the impact on quality of care of our programmes by no longer having a few learners scattered around various wards in a hospital; the idea is to evolve towards either having all staff carrying out nursing duties in the hospital as learners, or at minima all the staff carrying out nursing duties in one or more specific wards of the hospital. Assessments were carried out in different projects on the possibility to set up such programmes, the objective being to improve the ownership of the learning and the alignment within all staff in terms of implementation of the acquired learning.

The challenges of having programmes with small/partial cohorts, with no integrated learning time or no increase in the workforce enabling learners to attend classes during working hours, are being addressed with the projects and the different OCs, and 2023 should enable us to have a project portfolio that fits the pre-conditions for impact and effectiveness. In addition, the team based in CAR is progressively strengthening and the newly adapted HR set-up brought about more stability and will allow to respond to needs in an effective way.

More details on the learners' progression throughout the year in CAR can be found in Annex 8.

**Nursing  
Central African Republic  
End 2022**

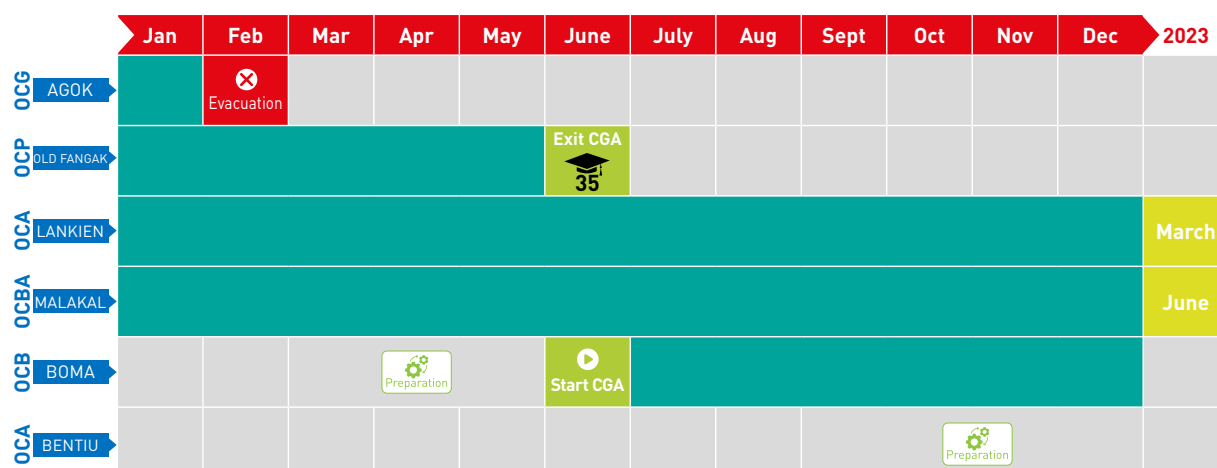
**125**  
active learners

**50**  
entry CGAs performed

**4**  
MSF-supported hospitals

## SOUTH SUDAN

In South Sudan, we started the year with the BCNC programme being implemented in four different projects and we ended the year being present in three projects. During the year, our activities stopped in Agok, came to an end after programme completion in Old Fangak, continued throughout the year in Lankien and Malakal, and activities began in Boma.



In **Agok**, the implementation of the BCNC programme with 120 learners that began in 2021 had to be interrupted in February 2022 and eventually stopped due to the violent clashes between two communities in the area, which caused massive displacement of population. All hospital activities stopped and the healthcare staff that were in the training relocated.

In **Old Fangak**, 35 learners (out of an initial 41 enrolled) reached the completion of the BCNC programme in June and graduated. This proved a real success in one of the most remote locations of the country. In a survey, all learners showed a strong appreciation of the programme. An important challenge was the timeframe of the training programme. At the beginning of the year, we realised that the initial plans to finish the programme within 18 months would need to be changed, as more time was required to complete it. However, due to operational reasons linked to the project, clinical mentoring activities could not be extended and had to be rushed towards the end.



Graduation from the BCNC programme in Old Fangak, South Sudan, in June 2023

In **Lankien**, the activities that started in May 2021 continued throughout the year, with 97 learners enrolled in the BCNC programme. Even though the learning activities had to be suspended due to increased insecurity in the area for several weeks, overall, the programme is running well and is strongly appreciated: the full BCNC programme is expected to be completed at the end of the first quarter of 2023.

In **Malakal**, the activities that started in November 2021 continued throughout the year with 70 learners. Senior staff and community leaders express strong support of this programme, calling it one of the most significant events in the last years in Malakal.

In July 2022 we started the roll-out of the BCNC programme in **Boma**, eastern South Sudan, with 48 learners. The learners all work in the Boma hospital: over half are Ministry staff, 17 work for other NGOs, and four are under MSF contract. Over 80% of the learners are under 40 years old, and only 12% are women.

More details on the learners' progression throughout the year in South Sudan can be found in Annex 9.

Classroom session in Malakal, South Sudan



In 2022, the MSF Academy in coordination with all the OCs effectively started the Scholarship project in collaboration with the Juba College of Nursing and Midwifery (JCONAM). With this project, the Academy aims to bring 100 young people from communities where MSF has a hospital project to JCONAM with a scholarship, to become a nurse or midwife after three years of study. In 2022 the first six nursing students started at the school, each one selected by one OC of MSF. The objective of this project is to improve the access to nursing and midwifery education for people from the more peripheral communities in South Sudan.

During the three years of study at JCONAM, the MSF students will be seconded to an MSF hospital near their home areas for some of the internship blocks. In this way the internships will take place in a good clinical environment and the students will maintain a better connection to their home communities.

In Boma, in Eastern Greater Pibor Administrative Area, in addition to the limited access to nursing education, the access to secondary education is problematic, and this diploma is essential to enter a nursing school. For this reason, the MSF Academy organised a bridging course for five students to obtain their secondary school degree. They started in April 2022 and exams are planned in March 2023. If they pass, they will be able to join the second group of MSF scholars to JCONAM.

### Nursing in South Sudan End 2022

204

active learners

40

40 entry CGAs performed

35

exit CGAs performed

35

BCNC Graduates

**My big dream for now is to be a professional nurse. If I finish, I will go back to help my community. Also, I want to be a role model to my community, since most of the girls and ladies do not have a chance to study or even some of them lose hope because they don't see any female nurses or even doctors.** ”

**Mama Korok Nyal, MSF Academy scholar in JCONAM**



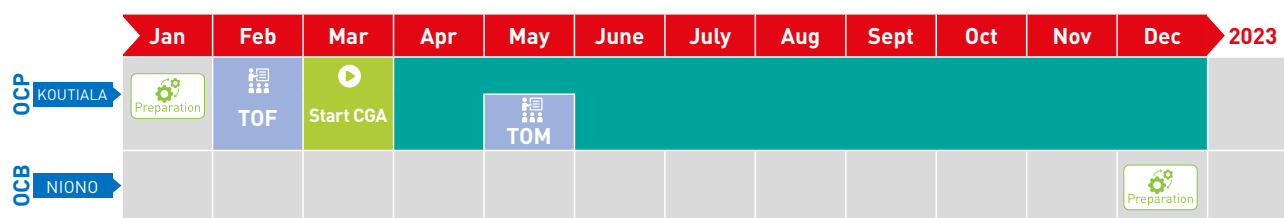
## MALI

In March 2022, the implementation of the BCNC programme started in the paediatric hospital of **Koutiala**, with 89 participants: 48 nurses, 37 nursing assistants and four nursing supervisors.



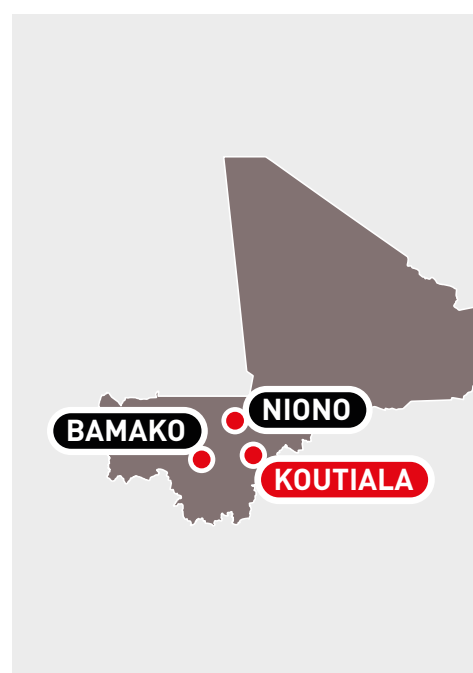
Training session in Koutiala, Mali



Trainings on clinical mentoring were given to all four MSF Academy clinical mentors and to an additional 22 nurses to prepare them to become Learning Companions for their peers. All four clinical mentors benefitted in addition from a training on clinical facilitation before the start of the learning programme.



One of the main challenges encountered in 2022 was the peak season of malaria, during which the number of patients significantly increased (from 50 beds before the peak to 250 beds during the high peak season in August-September), impacting the workload in the hospital. This limited the availability of our learners to attend classes and was lived as a constraint to perform clinical mentoring sessions. End 2022, the hospital and the MSF Academy team capitalised on the peak period in order to draw lessons and better prepare for the next annual peak in 2023.

Overall, one of the lessons learnt from the BCNC implementation in Mali in 2022 was the need to better manage the learning time of participants, which includes better planification of staff leaves and adding flexibility to the mentoring and learning sessions; this is currently being worked on together with the operational team. The team also decided to put in place a catch-up day every week for learners who needed that extra time or for those having missed a session due to sick leaves, as has already been done in some other field implementation projects. Adding spontaneity to mentoring was also promoted by having mentors present in the hospital on a continuous basis.



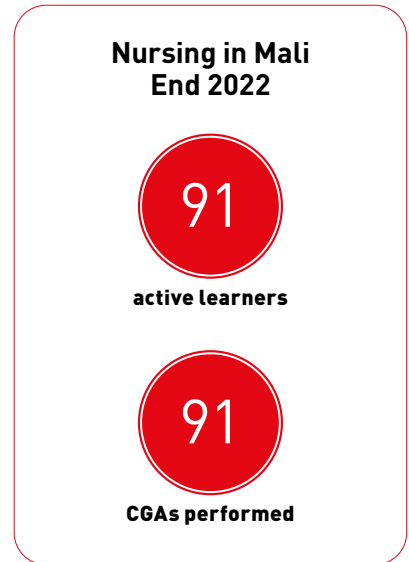

**Many things have changed with the training. For example, the communication with patients is very important. It is necessary to communicate well with them for a change in behaviours. I'm a nurse at the burns service, and we treat children who have fragile bodies, with open wounds, so we really need to reinforce the hygiene measures with them.**




*Sanogo Yaya, nurse, Koutiala hospital, Mali*

In 2022 the MSF Academy also initiated preparation for BCNC programme implementation in another MSF-supported hospital in **Niono**. The initial assessments will be carried out in January 2023, and the activities are planned to start in April 2023 with a first group of 40 nurses and nursing assistants, to be expanded later in the year with another cohort of learners.

More details on the learners' progression throughout the year in Mali can be found in Annex 10.



## YEMEN

In preparation for the roll out of the BCNC programme in Yemen, an initial assessment was carried out in **Aden** in November 2022. The main conclusion was that, even though the baseline level was higher than in the other projects in which the BCNC programme was implemented, there is still a need for learning, mainly as regards the transfer of theoretical knowledge into practice. This field visit also allowed for the gathering of information on the health education system in South Yemen through meetings with relevant stakeholders.





## Lessons learnt and challenges

Within the nursing & midwifery initiative, a lot of learning and improving by doing has been taking place in the past years, and the teams have been putting a lot of effort in ensuring that lessons learnt from one programme or project could benefit the others. This has mostly been done spontaneously and progressively throughout the various curriculum developments and field implementations, but we do realise this will require to be organised in a more structured and documented manner.

As regards field implementations, several mechanisms have been put into place to ensure the sharing of learnings across projects and countries. Among others:

- Regular meetings are organised with all pedagogical managers, together with the technical referents from the global team, during which challenges are shared and solutions discussed.
- Regular meetings also take place among clinical mentors and trainers: French-speaking on one side, and English-speaking on the other; focusing mainly on the programme delivery aspects of clinical facilitation and mentoring.
- Sharing of experiences and challenges among project managers and technical referents active in nursing and midwifery take place in monthly meetings, also exploring how to best respond to specific field needs and contextualisation of programme implementations.
- Learners' surveys have been introduced in 2022, but this needs to be improved and carried out in a more systematic way, with clear mechanisms on how to take into account the outcome of the survey into future field implementation
- Progressively, some specific *How to's* and checklists are being developed to serve as a guide for any new field implementation planning, not only for internal MSF Academy organisation, but also for the building of effective and clear collaboration and interaction with operational team.

Overall, documenting the learnings and how we capitalise on them and integrate into ongoing and future developments and implementations will be a priority for 2023.

As regards the ability to measure the potential impact of our learning programmes on the quality of care provided in the hospitals, increased attention has been given to this with specific assessments on the quality of care carried out systematically prior and post programme implementation, but more work is still under way to improve this. Working together with the technical advisors of the OCs and with the project medical teams, common relevant indicators are to be identified and monitored jointly, and an enhanced assessment tool is currently under way with all nursing advisors.

## OUTPATIENT CARE INITIATIVE

MSF projects provide an ever-wider range of medical services, and outpatient care consultations represent a large number of those activities. In resource-limited settings, outpatient consultations are provided by different profiles of healthcare workers with uneven levels of training in diagnostics and treatment, depending on the context.



The outpatient care initiative is a competency-based programme that has been developed to be delivered at the workplace for healthcare workers who provide consultations. The six-month's total implementation is organised in a three-month 'intensive phase', consisting on daily group interactive learning activities facilitated at the health centre and individual bedside mentoring sessions during working hours, taking in consideration the health centre dynamics and workload. This is followed by a 'continuation phase' of mentoring sessions with continuous professional development activities according to the present needs for another three months.

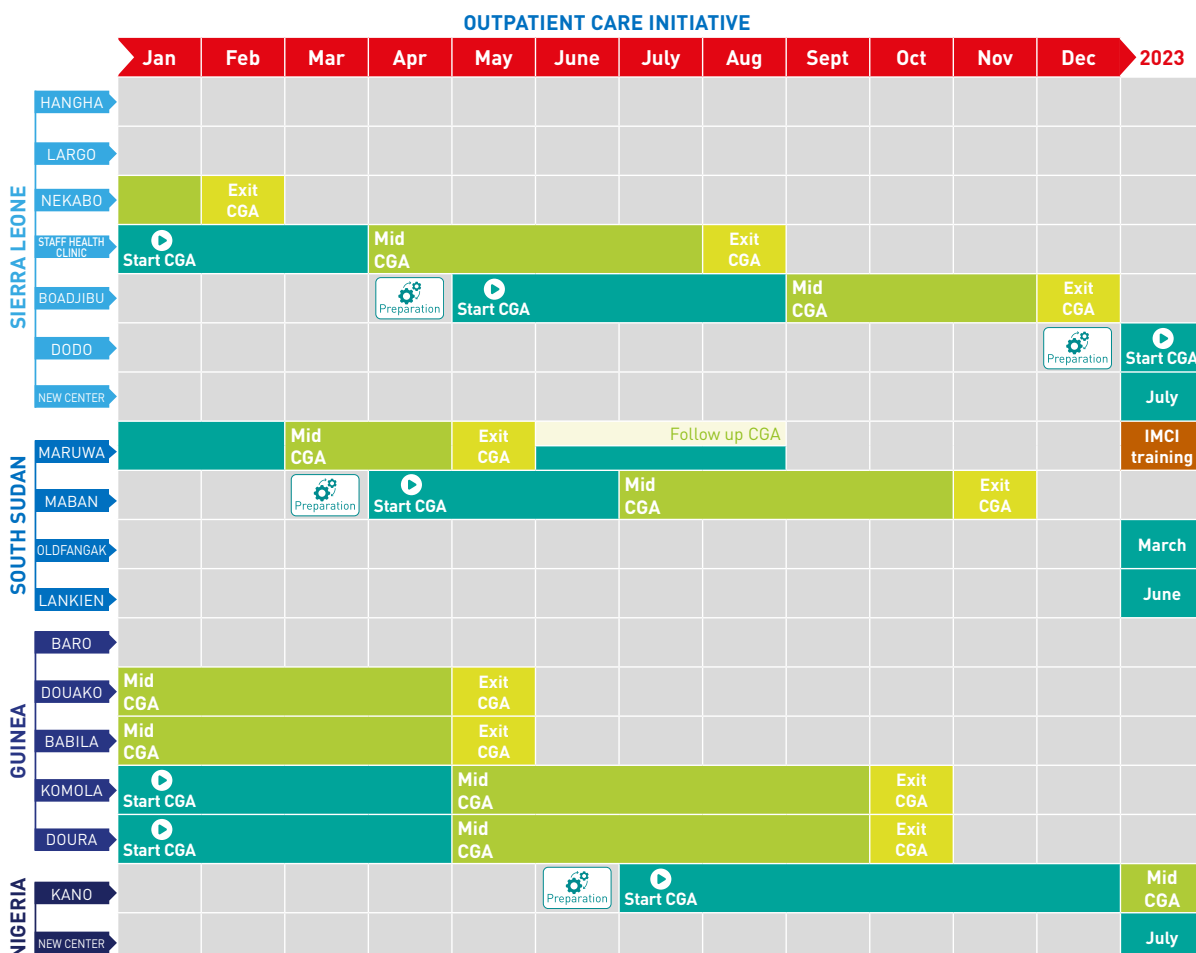
Following a feasibility study conducted in 2019, the Outpatient Care Initiative was launched in 2020 with the aim of strengthening the competencies and skills of consultations providers in patient assessment, clinical reasoning, clinical decision-making, patient assessment skills and therapeutic aspects within a person-centered model of consultation - ultimately leading to the improved quality of outpatient consultations in MSF projects.

A transversal competency-based curriculum was developed using a syndromic approach built on existing guidelines and the most common pathologies seen in MSF projects. (See Annex 11)

All content has been validated by a panel of MSF subject-matter experts appointed jointly for that purpose by the Medical Directors of all MSF Operational Centres.

The programme is inspired by the growing experience of nurse practitioners.

## Field Implementation of OPD Programme



## SIERRA LEONE

The implementation of the Outpatient care initiative had started in 2020 in Sierra Leone, and by December 2022 it was completed in four community health centres in Nongowa district; Hangha, Largo, Nekabo and Boadjibu; and at the Kenema MSF staff health clinic.

During most of 2022, the programme was managed by the Kenema outreach project with the technical support from the Academy and was carried out by two clinical mentors with initial training as CHOs, both fluent in the local languages.

The curriculum obtained recognition as CPD by the Sierra Leonean government's Nurses and Midwives Board. eCARE-PED, an MSF app that guides the staff during consultations using a tablet, was implemented together with the Outpatient care programme at the Kenema MSF staff health clinic.



Training session in Kenema

## GUINEA

In Kouroussa, the activities that started in June 2021 came to an end in October 2022 along with the MSF project closure. The programme was completed in five health centres along the prefecture: Baro, where the programme ended in 2021, Babila and Douako that ended mid-year, and Doura and Komola health centres, where participants completed the full training during 2022.

The implementation was led by a senior clinical mentor with medical doctor profile and two clinical mentors with nurse background and fluent in the local languages. The curriculum was endorsed as CPD by the district health department. After a workshop carried out with different key members of the district health department, several joint activities were implemented with the aim of transferring our lessons learnt and methodology to their team.

### Outpatient Care Sierra Leone | 2022

27

participants

Community health officers (CHO), community health assistants (CHA), State enrolled community health nurses (SECHN), maternal and child health aides (MCH Aides) - the majority of them employed by the Ministry of Health.

2

dropouts

25

graduates

### Outpatient Care Guinea | 2022

33

participants

Medical doctors, State nurses, Health technical agents, State midwives, all of them employed by the Ministry of Health.

31

graduates

## SOUTH SUDAN

The strategy for South Sudan was adapted in 2022 in order to better contextualise the programme to the level of the learners. A baseline core competency-framework was established, and a specific tool was developed to assess participants' level. Based on their performance, learners will either be enrolled in the Outpatient Care programme or in an "upgraded" IMCI training if they still need to develop their baseline competencies – the latter being more basic than the general MSF Academy Outpatient care curriculum.

Activities continued at Maruwa primary healthcare unit, Eastern Greater Pibor Administrative Area project, and started in the Outpatient Department in Bunj, Maban project, in March 2022. The implementation was led by a senior clinical mentor with nurse practitioner background and three clinical mentors with clinical officer training. By the end of 2022, the programme was fully completed in both projects.

Between September and November, the first international detachment among MSF Academy programmes was successfully completed, with an experienced Outpatient care clinical mentor from Sierra Leone travelling to South Sudan to support the team on the completion of Maban activities and the onboarding of a newly locally hired clinical mentor.

## NIGERIA

Activities in Kano City started in June 2022 at Unguwa Uku and Tudun Fulani health centres. The implementation is led by a senior clinical mentor with clinical officer background and two clinical mentors with medical doctor training that are also fluent in the local language, Hausa. In both health centres the intensive phase of the programme was completed by the end of the year.



Learning activity in Kano, Nigeria

In December a preliminary visit was carried out at three other health centres and several meetings with the project and the local health authorities were held with the objective of defining a strategy of collaboration that will allow for the curriculum implementation in other health centres not supported by MSF. This is planned to be put in practice in 2023.

### Outpatient Care South Sudan | 2022

10

**participants**

nurse aides, clinical officers

9

**graduates**

25

**partial completion**

attended only some units  
of the curriculum relevant  
for their roles

### Outpatient Care Nigeria | 2022

20

**participants**

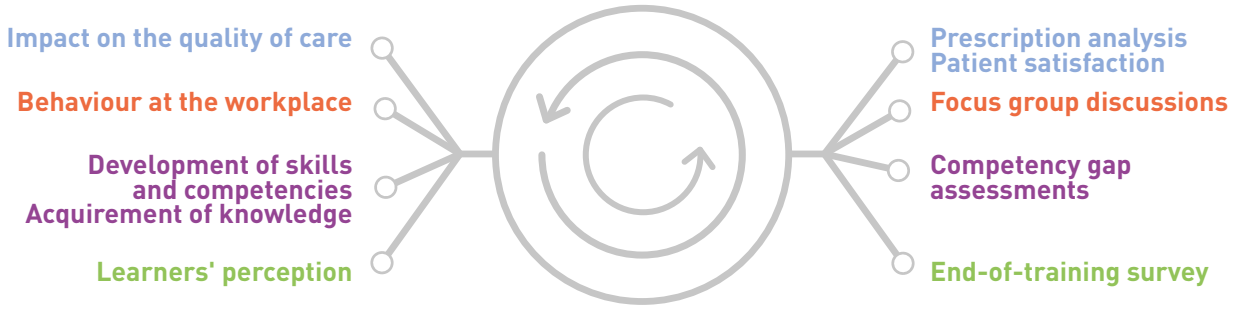
with Community Health Extension  
Worker profile

## Monitoring & Evaluation Activities

We have put into place and promoted the use of several tools to evaluate the impact of our activities at different levels.

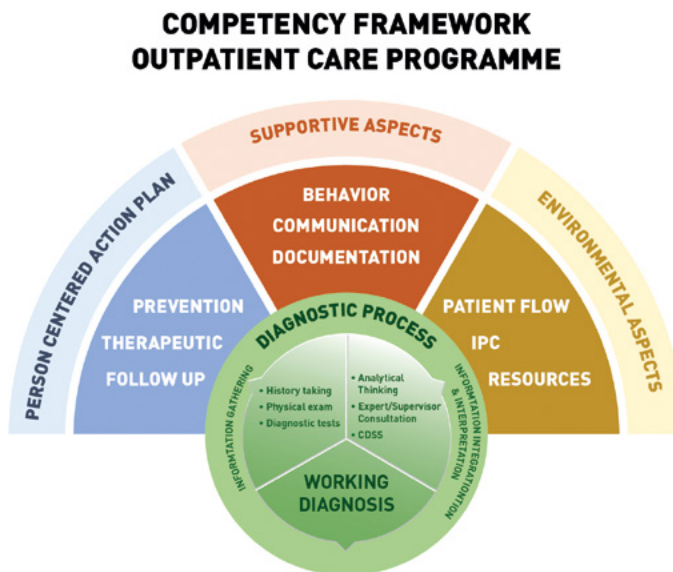
### LEVELS ASSESSED

### TOOLS



### Competency Gap Assessment

The Competency Gap Assessment (CGA) is the tool used to measure the learning outcomes of the programme, by comparing its results pre- and post- training. It is composed of a knowledge questionnaire and a more practical part: a direct observation of a consultation using a standardised observation checklist focused on the 12 competencies from the 'Competency Framework' and organised following the *person-centered consultation structure*. An example of an evaluation of competency can be found in Annex 12.



## Behaviour changes and impact on the quality of care

Bearing in mind that there are limitations to the implementation of quality-of-care indicators in outpatient care settings, we promote the use of two tools that have been used previously in these settings and have shown good results to identify challenges and evaluate the impact of interventions:

- **1. Prescription analysis:** it can show a direct impact of our programme through the prescription quality of our learners.
- **2. Patient satisfaction survey,** which explores the patients and caretakers' experience during their consultation, including person centeredness.

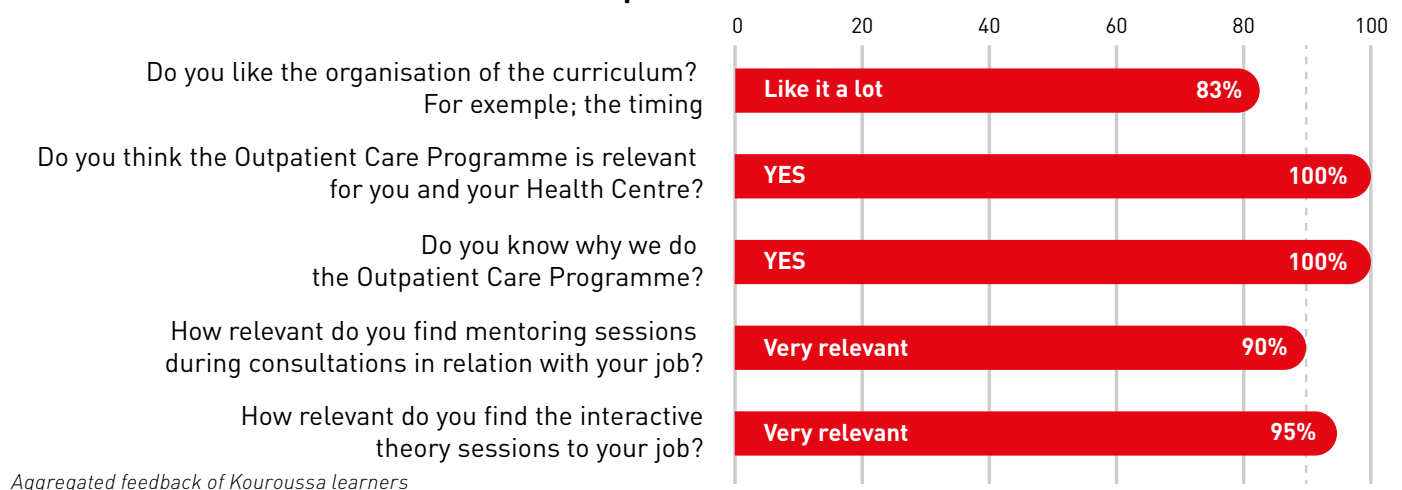
In some projects, like Kouroussa, Guinea, these tools have been implemented in a systematic way, and in the newer projects, they will be implemented in coming year.

Considering that person-centeredness is one of the key pillars of our curriculum, we wanted to explore the experience of our learners during the provision of care using this model. For this, we have developed a questionnaire and carried out focus group discussions among our graduated learners. In 2022, a total of five group discussions were held in Kouroussa, with the participation of 29 students.

## Learners' satisfaction

The programme is still in a pilot stage and, for this reason, the participants' opinion is very relevant. We wanted to explore how they felt, what they liked and disliked, and their thoughts about the training organisation. Therefore, when the participants complete the full programme, they are asked for feedback through an anonymous semi-quantitative questionnaire.

### Participants' Feedback



## Challenges & lessons learnt

The overall challenges faced in 2022 were the following:

- In some contexts, the baseline level of knowledge and skills of the learners was in general lower than expected and, in some cases, not enough to allow them to follow the training.
- In some cases, the level of English literacy was too low and did not allow the learners to follow the training in English.
- All aspects related with person-centered care are difficult to assess when the consultation is done in local languages.
- Expectations from projects and health centre managers about who is the target audience for the programme and the learning outcomes were sometimes difficult to manage.
- In some countries, we had serious HR difficulties due to clinical mentors resigning and early returns.
- Lack of access to routine monitoring data from the health centres did not allow us to observe outcome indicators of quality of care.

These challenges allowed us to incorporate the following lessons learnt into our strategy:

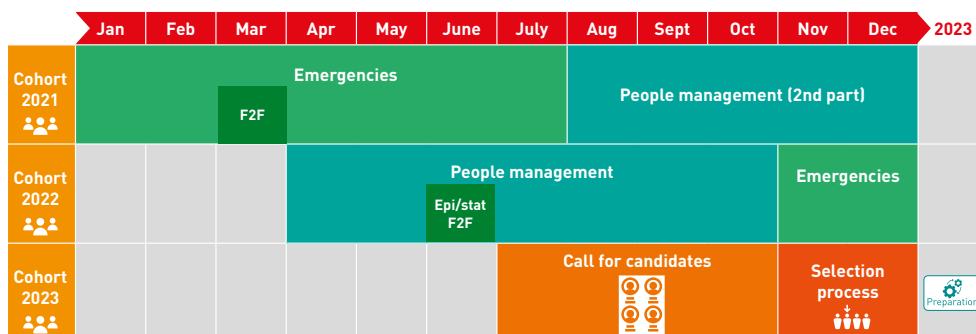
- Development of an adapted strategy through an assessment of basic competencies, for the development of a more suitable training plan if the level of knowledge and skills is lower.
- Clinical mentors that speak the local languages are key for improving the mentees consultation skills, especially with regards to person-centered care communication and clinical reasoning.
- Clear discussions and details about the learning programme's objectives and the minimum requirements for the roll-out are key at all levels.
- We worked on a more thorough recruitment process at all levels (project, mission, pool managers) to reduce the risks of mismatches.
- A clear M&E framework was developed and is discussed with the projects before the start of the programme to ensure access to indicators data and to promote the use of quality-of-care monitoring tools.

In 2023, the programme will be implemented in two more MSF projects in South Sudan with the roll-out of the new "Adapted strategy". In Kenema, Sierra Leone, it will continue to be part of routine operations, with two more health centres to be trained in 2023. In Kano, Nigeria, we expect the graduation of the learners at the first two health centres and we plan the implementation of a new strategy in collaboration with the Ministry of Health to start in 2023.

The e-learning content is currently under development and is foreseen to be completed by the end of 2023.

## FELLOWSHIP IN MEDICAL HUMANITARIAN ACTION

Throughout the year, the Fellowship in Medical Humanitarian Action had two active cohorts, one that had already started in 2021, with 10 learners, and the second in 2022, with 13 learners (details on the learners' profiles can be found in Annex 13). By end of 2022, the following courses were covered (at different levels by participants): Epidemiology & statistics (with Epicentre), People management, Emergency preparedness, and Staff health.



In March, we organised our first face-to-face session in Brussels, for the participants of the first cohort (in 2021, their initial face-to-face session on Epidemiology & Statistics ended up being online, due to the Covid-19 travel restrictions). The learners participated in debates and discussions around 17 topics, covering various key competencies facilitated by MSF experts: health and medical strategies, emergencies, advocacy, people management and operational research, among others.



In June, we organised a second face-to-face session in Brussels, this time for the participants of the second cohort. This nine-day intensive training was organised by Epicentre and was a full course unit on its own, covering the epidemiology and statistic transversal competency.

**The Fellowship has benefited me a lot through the learning materials, tools, interactive webinars with experts, assignments, buddy learning via experience sharing and, most importantly, the personalised guidance from the tutor to address individual needs and priorities. This course has given me clarity and understanding of different components of medical programmatic management, HR management and leadership in my role as PMR. I would like to highlight that with the help of my tutor we were able to organise and prioritise my schedule to address field issues. As a result, I successfully got approval for recruitment of one more MAM in the team to delegate some managerial responsibilities. I strongly recommend the Fellowship for all new PMRs and medical coordinators.**



Dr. Aparna S. Iyer, Project Medical Referent, DRTB Project, Mumbai, India

- The two-year Fellowship programme targets future or junior Medical Coordinators (MedCo), as they are the key position in every mission to define and lead the implementation of the medical strategies of MSF's field projects. The Fellowship offers a comprehensive and tailor-made work-based programme with a curriculum, structured around the nine core competencies identified as essential for the MedCo's role:
- Epidemiology and statistics
  - Design of operational strategies
  - Operational management of medical interventions
  - Leading and managing the medical team
  - Coordination of emergency preparedness and response
  - Coordination of pharmacy management
  - Organisation's positioning (networking, representation, communication, advocacy)
  - Facilitation of operational research
  - Definition of a staff health policy and coordination of its implementation.

The pedagogical approach is hybrid. The MSF Academy developed course units online with an extensive content that includes key resources, videos, exercises, self-reflection, etc. Live sessions are scheduled twice a month to allow participants to share their experience, to practice together and to discuss with MSF experts. The participants are supported and guided by professional MSF tutors. As all the learning takes place while participants hold postings in MSF projects, the ongoing operational activities are used as learning opportunities, allowing them to directly apply their new learning.



In July, we launched the opening for candidates for the third cohort, starting in 2023. The selection was closed in November, with 14 selected participants.

Meanwhile, the development of the remaining course units is ongoing and should be completed by mid-year. We also continue to improve our existing content and methodology based on the experience and feedbacks from our participants.

Online content of the FMHA course

Finally, at the end of 2022, we started discussions with a South African university in order to have our programme recognised and accredited as a Postgraduate diploma by 2024.

### Lessons learnt and challenges

By assessing the participants' progress and gathering their feedback, we identified the challenges they met and the needs to improve the Fellowship's methodology and content. One of the main difficulties they faced was combining the Fellowship with their work in the field. In response, we acted on several aspects, including allowing more flexibility when the situation requires it (e.g., a sudden emergency declared in the mission) or contacting our participants' managers so they can support more "study time".

The accreditation of the programme, which will allow us to provide a Postgraduate diploma at the end of the two years, should also boost the motivation of our participants.



**The FMHA enables PMRs, Deputy MedCos and MedCos to meet the expectations of their positions. During the training, we are accompanied by experienced tutors who help us to reflect on the content of the modules. I feel lucky because this course has prepared me to meet the managerial challenges of a large project in Bangui.** ”

*Jean Marie Mafuko, PMR of the Bangui Project - CAR*

## POSTGRADUATE DIPLOMA IN INFECTIOUS DISEASES

In January 2022, the Postgraduate Diploma in Infectious Diseases (PGDip ID) welcomed its second group of participants in the course, eight in total this time, after the pilot group that had started in April 2021, in which we have six participants. This second group is the first to begin the programme since its full recognition by the South African Department of Education. The pilot cohort, which will finish the programme in April 2023, will participate in a formal graduation at the end of 2023 together with cohort 2. As was planned, the participants of this second cohort joined those of the first, and together they underwent the *Adult Infections* module from January through to August, followed by the *Paediatric Infections* module from September. This organisation allows to optimise the time of the lecturers, as each module ends up being taught once every two years.

This year also marked the first time that non-MSF participants enrolled in the programme through the University; thus, three additional participants were part of this second group in 2022 one coming from Zambia and two from South Africa.

**The PGDip course gives me another vision of my career in MSF and helps me a lot in providing comprehensive treatment and care to patients with infectious diseases in Guinea Conakry and CAR. The learning from the PGDip ID course shone up my HIV/TB experience with added infectious diseases knowledge when I worked as a MAM (Medical Activity Manager) in Donka Advanced HIV hospital in Conakry where the mortality rate reduced from 40 to 21% in 2021**

**Ei Mon, Medical Activity Manager for Bangui project of MSF Belgium in Central African Republic**



In May, the first face-to-face session took place at SU and lasted two weeks. Originally planned for January, to kick off the start of the programme for the second cohort, it had to be postponed to May due to a new wave of the Covid-19 pandemic at that time in South Africa. Overall, the session went very well with a high level of satisfaction reported by the participants. Lecturers from different universities in South Africa joined the teaching at SU, and a broad range of content relating to the different modules and the transversal themes of the course were tackled. Visits to the university laboratory and skills lab complemented the classroom sessions. The main drawback of this face-to-face session was the failure to obtain visa for South Africa for five participants, showing the particular and growing difficulties to enter South Africa for some African and Asian nationals. Some key lessons learnt were identified from this experience and have been documented to be integrated into our processes for 2023, to overcome these hurdles and get more people to South Africa.

Visit of the PGDip ID MSF participants to the clinical laboratory at the Tygerberg campus of Stellenbosch University.

The Postgraduate Diploma in Infectious Diseases is the product of a partnership between the Stellenbosch University (SU) from South Africa and the MSF Academy. The objectives of this diploma are to significantly strengthen the clinical skills of MSF medical doctors to correspond to the needs of MSF's various projects and to enable the clinicians to function more autonomously and with increased confidence. With such trained professionals, we aim to have an impact on the quality of care offered to patients and to increase the emphasis on clinical medicine within MSF.

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



From all the 14 MSF participants in the course, two did not pass the end of module exams of the two modules of 2022 due to personal or operational reasons. It was however agreed that they could remain in the programme and be able to retake both modules at the next occasion, to complete the PGDip ID.

### Content development

The development of the *Paediatric Infections* module was completed in the first half of the year and the *Community Health* module, the last one, by the end of the year. The content of the face-to-face session for the beginning of year 2, planned for January 2023, was also completed. We ensured that this session was organised directly following the second running of the year1 session at the start of the course of 2023, so there could be one day of overlap between the new participants and those entering their 2nd year.



Visit of the PGDIP ID MSF participants to the clinical laboratory at the Tygerberg campus of Stellenbosch University

**“ The experience of the PGDip in Infectious Diseases during the first 24 months has been very rich. The MSF doctors that have joined the course are very eager to learn, and in return bring a wealth of experience from their hospitals to the programme. I have seen them clearly developing into very mature clinicians that are capable to face the daily challenges that presented by the patients they see in the MSF hospitals. Interaction with non-MSF doctors on the course further enriches the experience and builds future networks. ”**



***Jantjie Taljaard, head of the Division of Infectious Diseases at SU's Faculty of Medicine and Health Sciences, and programme leader for the PGDip ID***

### Selection and profile of participants

Starting in September, the MSF Academy worked with the different OCs to prepare the selection of the participants for the next cohort of 2023. By December, 13 participants were selected from all the OCs. They are to start their course in January 2023, with their face-to-face yearly session to be held in Cape Town.

In 2023, the ambition is to improve the application of the distance mentoring to support the learning of the participants.

## **Lessons learnt and challenges**

As in 2021, the feedback received from participants on the course generally shows a good level of appreciation. In group discussions with all of them, they explain that the level and content is very well adapted to their experience and needs in the field. The face-to-face sessions in Cape Town also received very positive feedback in the evaluation by the participants; the quality of the classroom sessions and the exposure in the facilities of the SU (laboratory and skills labs) obtained a lot of praise.

The organisation of the clinical learning and methodology to present clinical cases as a formative assessment work increasingly well. For quite some participants though, extra support in this could be helpful, this could become one of the main tasks of the mentors we aim to add to this programme.

For most participants the workload of the programme is considered high and quite heavy to combine with their daily work. Nevertheless, most of them passed the exams. The course organisers recognise that it would be necessary to follow more closely the participation of all participants throughout the course, to identify earlier the participants that struggle to keep up.

The participants sometimes encounter difficulties to access adapted clinical cases in their professional environment, necessary for the learning and the assessments. With formal recommendation letters from the MSF Academy, all of them managed to find space in a local hospital to access the necessary clinical cases.

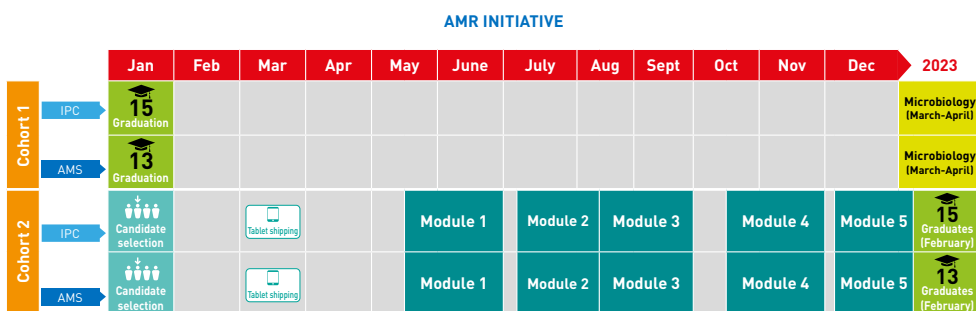
In 2023, the ambition is to improve the implementation of the distance mentoring to support the learning of the participants. This should help in addressing the previous two points.

The selection process of the candidates with the OCs has become much more efficient: as a result, there are now candidates from all the OCs in the 2023 group. All the course participants come from African (primarily) and Asian countries, and a large majority are locally recruited staff. The most important challenge at this stage is the low proportion of female candidates. We agreed with the OCs to work specifically on this aspect for the next enrolment. Details on the learners' profiles of all three cohorts can be found in Annex 14.

For the face-to-face sessions, obtaining visas for South Africa has been a major hurdle. The political reality in South Africa makes it hard and rather unpredictable to get the visa on time. We will start the applications earlier, provide the participants with an invitation letter from the university and accompany them closer during the whole process from Brussels.

# ANTIMICROBIAL RESISTANCE LEARNING

In January 2022, the first cohort of learners of the AMR Learning Initiative graduated: 28 participants from 11 countries, working in 15 different MSF projects. An evaluation of the impact of the training on this pilot cohort was conducted in September 2022, concluding that the overall results of the programme were very positive.



**The training allowed to observe a certain decrease in the prescription of antibiotics in the hospital. When we have patients with febrile conditions, we try to understand the other reasons that may explain their state.**

**Soumaila Traoré, doctor in Koutiala, Mali**



In 2022, the MSF Academy assumed full coordination of the AMR programme, handed over by OCA. The second cohort of learners started the courses in May 2022, with 63 participants selected from all the six OCs, within 36 MSF projects in 17 different countries. Details on the profile of the learners from both cohorts can be found in Annex 15.

To match the increase in learners, the clinical mentorship team was reinforced in order to ensure adequate capacity to support the learners individually throughout the programme. The number of clinical mentors increased from 2.5 to 8, two of them working part-time. The part-time mentors were also working as AMR advisors for specific OCs: this was greatly beneficial overall, as it strengthened ties with the OCs, thus reinforcing the AMR programming in the field implementation. The mentors have been appointed to specific learners according to region proximity and language proficiency. In May, a face-to-face session was organised for the clinical mentors prior to the start of the course, to introduce them to the course content and equip them with digital mentorship skills.

The course structure was reviewed during 2022 in order to include microbiology. The second cohort directly benefitted from the integration of the microbiology content, having the course switched from four to five modules. The British Society for Antimicrobial Chemotherapy (BSAC), together with the MSF AMR and IPC subject-matter experts, curated the course content and pedagogical suitability. Competency-based curriculums for the IPC and AMS courses have also been finalised.

The reduction of antimicrobial resistance (AMR) in MSF projects has been an institutional priority since 2016. The AMR Learning initiative was launched in 2021 with a first pilot group. This initiative targets locally hired staff working as IPC supervisors or Antimicrobial Stewardship (AMS) Focal Points in MSF hospitals. Through the access to tailor-made courses, the learners are given the practical skills and knowledge to implement an IPC or AMS strategy within their hospital-settings and to adopt best practices.

Both courses are remote, work-based and use a hybrid-learning approach. Participants follow the course while working in MSF-supported structures and are accompanied individually in their learning by clinical mentors assigned to them for the length of the course.

## COURSES' CONTENT

### IPC Supervision & Management

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

### Antimicrobial Stewardship

- Module 1: Raising awareness on antimicrobial resistance (AMR) & AMS*
- Module 2: Identifying micro-organisms and their resistance patterns*
- Module 3: Using antimicrobials appropriately*
- Module 4: Implementing an Antimicrobial Stewardship Programme*
- Module 5: Contributing to diagnostic stewardship, HAI surveillance & outbreak management*

IPC\_M3 mid module\_EN 20220913  
MSF OCB

**IPC Multimodal strategies**  
11.50 – 11.55

- 1. Build it (system change)**
  - What infrastructures, equipment, supplies and c (including human) are required to implement the
  - Does the physical environment influence health
  - How can ergonomics and human factors approach adoption of the intervention?
- 2. Teach it (training & education)**
  - Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?
  - Does the facility have trainers, training aids, and the necessary equipment?
- 3. Check it (monitoring & feedback)**
  - How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your intervention? How can you be sure that the intervention is being implemented correctly and safely, including at the bedside?
  - How and when will feedback be given to the target audience and managers? How can patients also be informed?
- 4. Sell it (reminders & communication)**
  - How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers and patients?
  - Do you have capacity/funding to develop promotional messages and materials?
- 5. Live it (culture change)**
  - Is there demonstrable support for the intervention at every level of the health system? Are they willing to be champions and role models for IPC improvement?
  - Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?

Group session facilitated by an IPC mentor on multimodal strategies used to continuously improve IPC practices, recommended by WHO

The AMR course being an e-learning course, tablets are shipped to all participants' locations to enable them to easily access the course. This process faced various issues related to shipping delays and customs clearance issues, in addition to some technical problems experienced with the online learning platform and limited digital literacy of some learners, creating difficulties to use the tablets and navigate through the content.

### Lessons learnt and challenges

One key lesson learnt is the need to be in close contact with the line managers of the learners to make sure that the learners receive the support they need to have enough learning time, on top of their workload. What has been put in place to address this are learning agreements that we ask the learners and their line managers to sign jointly. The learning agreement provides a description on the course content and methodology, expectations to be had, and the level of support that will be required during the course's duration.

The internet connection is, as well, an important aspect for a smooth participation in the course. In some projects where our learners work, the quality and availability of a Wi-Fi connection remains a challenge for learners to attend webinars and mentorship sessions.

AMS\_M5 mi module 20221214\_EN part 1  
MSF OCB

**Antibiotic focal point**

- Present the data we have from the hospital (antibiotic audits, PPS, SWOT)
- Present or delegate physicians to present challenging AMR cases
- SSI
- Arrange the meeting
- Prepare the agenda
- Send the minutes
- Update the action plan

Group session facilitated by an MSF Academy AMS mentor on antimicrobial stewardship committees

**AMR Learning 2022**

**28**  
graduates  
15 for IPC & 13 for AMS

**35**  
participants in  
IPC Supervision & Management

23  
English  
—  
12  
French

**28**  
participants in  
Antimicrobial Stewardship

19  
English  
—  
9  
French

## INTERSECTIONAL SURGICAL TRAINING PROGRAMME

In 2022, the Intersectional Surgical Training Project (ISTP) started to operate at a good cruise speed level. The participating surgeons explained in the debriefings that the training environment was very positive, the surgical department of the Stellenbosch University (at Tygerberg hospital) offers them an excellent learning environment, and they confirm that nowhere else they would be able to increase their surgical skills in a relative short period of time. The partnership with SU is now well functioning with a clear commitment from their side. To date, 10 surgeons have completed the ISTP training, eight of them in 2022. Their learning time in South Africa is now also complemented with surgical an online learning discussion forum (ISTP e-Round), where surgeons who have participated in the training and those planning to come to discuss various surgical topics.

There are two clear barriers for surgeons to access the training. One is language (sufficient English) and the other one is the administrative hurdles to receiving a South African visa. We have started to explore solutions to overcome these barriers. The ambition is that in 2023 a phase 2 of the programme will start that will offer alternative learning packages for these staff.

**A BEMU INITIATIVE SUPPORTED BY THE MSF ACADEMY**

The International Surgical Training Programme (ISTP) is a project that was initiated by the Berlin Medical Unit (BeMU), for which they have engaged in a partnership with the MSF Academy in 2019. The overall management of this initiative is carried out by the BeMU, which also include all aspects of resource management.

## MONITORING & EVALUATION ACTIVITIES

In 2022, we have started to drill down into defining and collecting the specific indicators to follow for each of the four levels of the Kirkpatrick model, for each learning programme. As regards indicators relating to quality of care, this requires more coordination with the medical and operational teams of each project site, as we do not want to increase the administrative burden on the medical teams by multiplying the number of indicators – the idea is to have common indicators that can serve both. This means that part of the set of indicators selected for a same learning programme may differ from one project to another. This work is to be consolidated in 2023, in conjunction as well to the efforts within MSF globally to define common sets of indicators to assess the quality of care.

### The database Acadata

In 2021, we decided to move away from the random excel files to keep track of the implementation of our learning programmes in the various projects, and to capture the profile and progression of each individual learner. We developed the specifications to respond to our needs, approached suppliers, selected a supplier and a pre-existing community- and web-based database to serve as backbone, and launched the adaptation to our specs.

The year 2022 witnessed the continuation of this work. Not only did we continue to develop the tool according to the specifications, working on solving issues as they arose, but we also worked on including all the existing data into the new tool, meaning the progression of all ongoing learners since their inclusion into their learning programme. Priority was given to the inclusion of all Nursing & Midwifery programme implementations in 2022.

Trainings were organised for all clinical mentors and trainers on how to use the database to encode or follow up participants' progression in the programme, as individuals or as cohorts. End 2022, all mentors encode the daily progression of their learners directly into the database. We also began to work on the inclusion of all other initiatives within the tool as well.

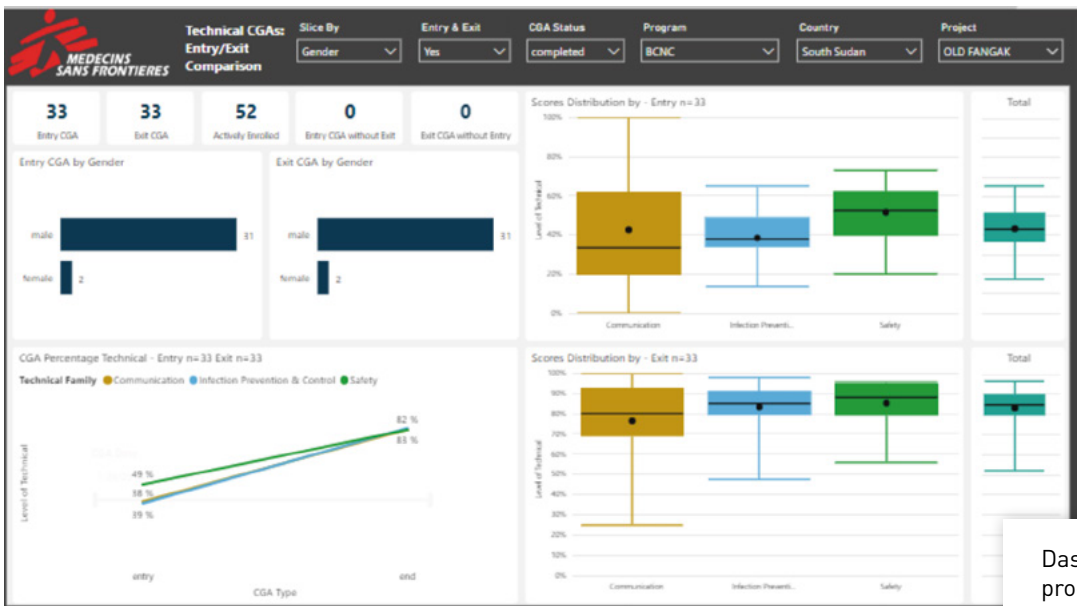
The approach adopted in 2020 to describe the change we want to bring and how we intend to achieve the desired impact is the theory of change. The Kirkpatrick evaluation model was selected to guide the evaluation of our learning programmes. Please refer to Annex 2 for further information on the developed Theory of Change and on the Kirkpatrick model.



## Dashboards

In parallel, online dashboards are being developed to generate automated analyses of learners' aggregate competence levels or progressions through the programmes; these dashboards also allow for more refined analyses, grouping competence level or progression not only by project, but also according to specific profile characteristics (diploma level, wards, age, gender, etc.). After initiating this work internally, we decided to outsource the work in Q2: we identified and started to work with an external firm to improve the dashboards.

Annexes 7 to 10 show dashboards of BCNC learners's profile per country and their yearly progression within the programme.



Dashboard showing the progress in technical skills of learners in Malakal at the start and after completing the BCNC programme.

## External Evaluations

We had initially planned to carry out two external evaluations in 2022: one on the implementation of the BCNC programme, and another on the Outpatient Care initiative.

We decided to conduct the evaluation of the outcome of the first completed BCNC programme implementation in Kenema, Sierra Leone, and Old Fangak, South Sudan, in collaboration with the Swedish Evaluation Unit of MSF. While initial discussions already started in January, it took quite some time to agree on specific objectives and terms of references before the external evaluation team was identified, but also at the beginning of their work. During the last quarter of the year, the evaluation team visited both Kenema and Old Fangak for field visits during. The final report is expected in 2023.

For 2023, we plan to have external evaluators look into both the Outpatient Care initiative and the Postgraduate Diploma in Infectious Diseases.

# MAIN LESSONS LEARNT

As we do every year, the team took the time to reflect on the past year and draw lessons to apply for the coming year. This exercise has been carried out at different levels: in-country where we have country teams, per initiative, and then also across initiatives. While it is important to underline success and achievements so far, it is equally important for the MSF Academy to reflect on the challenges encountered and to identify existing gaps in its approach, to better move forward and prioritise future actions.

A summary of the main lessons learnt that were identified and that are to be followed by action points for the coming year(s) can be found below.

LESSONS LEARNT	ACCOMPLISHMENTS & PRIORITIES TO FOCUS ON
<p><b>THROUGHOUT</b> <b>Developing clinical mentoring competencies require specific attention</b></p>	<p>Continued energy was invested in developing clinical mentoring competencies. Specific trainings (TOF and TOM) were developed and regularly organised both face-to-face and in a hybrid format with an online version, both in French and English.</p> <p>Specifically for MSF Academy clinical mentors &amp; trainers, in addition to these trainings, improved regular support &amp; feedback has been put in place, as well as monthly exchanges (action learning) between them, and structured induction programmes and growing pathways are under way.</p> <p>Formal recognition within the MSF function grid of the clinical mentoring function was obtained in 2021.</p> <p>Broadening the pool of facilitators for the online courses has been a continuous challenge.</p> <p>For 2023, we will focus on the following:</p> <ul style="list-style-type: none"><li>■ Continue to provide trainings regularly, trying to respond to current demand with regular updates and improvement on content,</li><li>■ while also developing an online “self-paced” version of the eTOM – allowing for wider access to the trainings</li><li>■ Develop a strategy to go beyond TOF &amp; TOM for the development of these competencies, stemming out of our experiences so far</li><li>■ Document, capitalise and share our lessons learnt and solutions put in place (e.g. programmes versus spontaneous bedside mentoring, etc.)</li><li>■ Maintain connection and exchanges with the non-Academy participants to eTOFs &amp; eTOMs – community of practice to consider?</li></ul>

**THROUGHOUT**  
**Field collaboration between Operations, Medical & HR departments and MSF Academy team members is key**

Since 2020, progress has been made mostly everywhere, but there is still much room for improvement. While we have greatly progressed in clearly establishing the bases before starting to roll out a learning programme in a new project, there remain places where this engagement with key operations and medical stakeholders was insufficient. Seeing the turn-over in the field, just maintaining established collaboration already requires specific investment; we want to do more.

In 2023, we will continue to strengthen the partnerships at field level and with operations:

- Clearly document established and agreed upon principles & modus operandi before starting support in a new project (MOUs) & ensure proper continuous communication on this to all stakeholders (field management, learners, authorities, HQ ops & medical, etc.)
- Continue to support operations in creating or maintaining the learning space (both timewise and physical), while also adapting as per context-specific realities (malaria peak, resurgence of insecurity, etc.)
- Integrate our activities within the project's logical frameworks and ensure that we use Quality-of-Care indicators that are relevant and used also by the operational teams. Reporting of our activities' progresses (dashboards & explanation) and output/impact should also be integrated within the project's achievements.
- Be an actor in the daily activities of the hospital for field implementation, making ourselves useful when relevant – participate in handover meetings, medical meetings, etc., to identify areas where we may ease/be part of a solution to challenges encountered
- Communicate more broadly in all OCs, both at HQ and field levels, on our activities, specifically and in general, disseminating existing material and producing new ones.

**2021 & 2022**  
**Recognition & accreditation: relations with national authorities & academic institutions**

From the experience these past years, we have seen that, despite the differences in approach and timeframe we may have with academic institutions, partnerships can be very fruitful and bear significant added value: the experience with SU and BSAC have shown that.

As regards our field CPD programmes, they have been recognised by the national authorities in both Sierra Leone and South Sudan already, where they have co-signed with us the completion certificates of our first BCNC graduates.

There is a clear will within the Academy to reinforce these links even more. Several ways forward:

- Continue the efforts to obtain recognition of our field CPD programmes by national authorities.
- Develop whenever possible partnerships with academic institutions for our programmes, both to benefit from their experiences & improve our programme, but also in order to allow our learners to obtain an academically-recognised diploma upon completion of the programme – FMHA for instance, but also finalising the process for the AMR courses.
- Move forward towards responding to all HPass criteria, to be able to ask for HPass accreditation for all MSF Academy programmes – this also takes on the quality assurance aspects mentioned last year as part of transversal priorities.

## 2021 & 2022

### Identify new areas of intervention & manage growth within the MSF Academy

The MSF Academy is a fast-growing unit in MSF, with activities and teams expanding rapidly. It has generated enthusiasm, and ideas for new locations or field of interventions do not lack. This past year, as there has been a lot going on, we became very aware of the risk of just becoming reactive and no longer proactive in our way forward.

In 2022, the Programme Board took position on the 2023-2026 growth of the MSF Academy, and a transparent consultation process followed suit with all medical directors was initiated to define & select the next priorities for the Academy for the coming years, carried through to 2023, and to be validated by the Programme Board in March 2023.

Internally, before launching new projects and initiatives, a strategic meeting is to take place to establish what it would entail in terms of means & support without affecting other ongoing projects, and to establish a realistic retro-planning.

The growth planned for 2023 is still quite ambitious, and we will need to make sure to remain realistic and allocate resources adequately, without overloading team members.

- Better tools need to be put into place and implemented to support ongoing initiatives, while still maintaining an agile management style and adapt our structure to accommodate evolving needs.
- Lessons learnt from ongoing initiatives need to be documented in order to serve as a starting ground for upcoming initiatives being explored or spinoffs of current initiatives to be developed.
- Reinforcement of technical referents will be required in the course of the year.

## 2020, 2021 & 2022

### Monitoring, Evaluation, Accountability & Learning (MEAL) as a transversal priority

In 2021, we set up our Theory of Change, and throughout 2022, we finalised the development and started the use of our new database to follow the progression of all our learners. In 2022 as well, we started to develop dashboards to analyse collected data, and we also invested time in defining more specific project-related indicators, both related to learning and to Quality of Care. Additional work is still required in building our MEAL system, in addition to maintaining it.

In 2023, we will focus on the following:

- Inclusion of the remaining learning programmes (backlog & ongoing activities) within the database and develop analyses dashboards to respond to each programme's specificities
- Creation, use and analyses of our qualitative surveys that are now part of our M&E frameworks: learners' surveys, patients' surveys for Outpatient care, etc.
- Shared objectives and indicators for each field project implementation, together with ops and medical
- Well-documented best practices that can be used within the Academy and shared with/commented on by others – contributing to increased movement-wide exchanges of best practices, which can in turn allow us to benefit from others' experiences (e.g. with L&Ds)

**2022**

**Financial governance & accountability**

Financial sustainability and sound accountability mechanisms have been part of the transversal priorities for several years. As the Academy is now heading into a more 'business-as-usual' mode, it is important to bring this to another level.

As the idea is to have MSF Academy recognised by all as a necessary collective investment for MSF from 2024 onwards, it is necessary to identify and secure the right place for the Academy within MSF's overall financial architecture. This requires to establish

- Rolling action plans for upcoming five years
- How the Academy contributes to MSF's overall strategic objectives
- Some form of benchmarking as regards cost and impact
- More robust and predictable ear-marked income for these longer term learning programmes.

**2022**

**Improved Communication and information-sharing**

For the last few years, the MSF Academy has been prioritising the actual creation and implementation of learning programmes, and it has not been investing so much in general communication, either internally or externally.

Wider communication about the MSF Academy, its rationale for being, its objectives, existing programmes and achievements to date, and complementarity with other existing learning units and initiatives within MSF are now necessary, not only to inform, but also to facilitate the implementation of the programmes, to contribute to facilitate the right conditions for a learning environment for our learners, and thus the spreading of a culture of learning within the organisation, and beyond, within the health communities where we intervene.

Starting early 2023, the Academy expanded to include a Communications & Information officer to address these needs, starting with the development of a comms strategy, but also focusing on strengthening our documentation & capitalisation efforts.

## PRIORITIES FOR 2023

Beyond the priorities identified above for the various transversal themes, initiative-specific priorities of the MSF Academy can be summarised as such for 2023:

- Finalise the content of the Midwifery curriculum in both English and French and that of the Neonatal nursing care curriculum in English
- Continue with the roll-out of all ongoing field implementation for nursing programmes, with the aim to start in at least 5 new hospitals in the countries where we are currently active, and continue efforts for recognition by national authorities for the remaining countries
- Start a Midwifery programme implementation in at least one other hospital (most probably in Burkina Faso), and start with the OT nursing programme in Kenema
- Finalise the development of the Outpatient care curriculum's e-learning version, continue ongoing implementation and roll out the programme in at least two new projects.
- Continue with yearly enrolments of new learners for the Fellowship in Medical Humanitarian Action, the Postgraduate Diploma in Infectious Diseases and for both AMR courses
- Work on academic partnership to lead to formal accreditation of the Fellowship programme
- Carry out explorations for two new initiatives to be identified by the Medical Directors and approved by the Academy's governance body.

More detail is provided for each initiative in the previous Activities chapter.

# GOVERNANCE AND EXECUTIVE TEAMS

## Programme Board

In 2022, two Programme Board meetings took place: one in March and one in September, as planned.

March 2022 was the first time the Programme Board met in its new composition: each of the six MSF Operational sections appointed a representative of their directors' committee, in addition to a representative mandated by the medical directors and another representative for the financial directors. To ensure smooth transition between former and new board, those exiting members also joined the March meeting.

In the board meetings, the Programme Board is updated on the activities, results and challenges and larger and longer-term decisions are debated and decided. It also offers a platform to reflect on key issues in the field of learning for healthcare staff.

In March, how MSF could evolve to become a real learning organisation was discussed and resulted in agreeing that it should indeed progress towards this goal, specifically with regard to improving the quality of medical care. The growth and priority-setting for the MSF Academy in the coming years was also discussed, as was the monitoring and evaluation strategy presented by the executive team.

In September, the board discussed implementation challenges in South Sudan and CAR, and the need to have a good gender balance among the candidates of the senior staff programmes (Infectious Diseases Postgrad diploma and Fellowship). We discussed the process that will allow the governance of the MSF Academy to play its role in the selection of new initiatives, in complement to the medical directors' input. The board also decided on the approach to develop the longer term financial and institutional strategy after the TIC 'graduation' at the end of 2023.

## The Executive Team

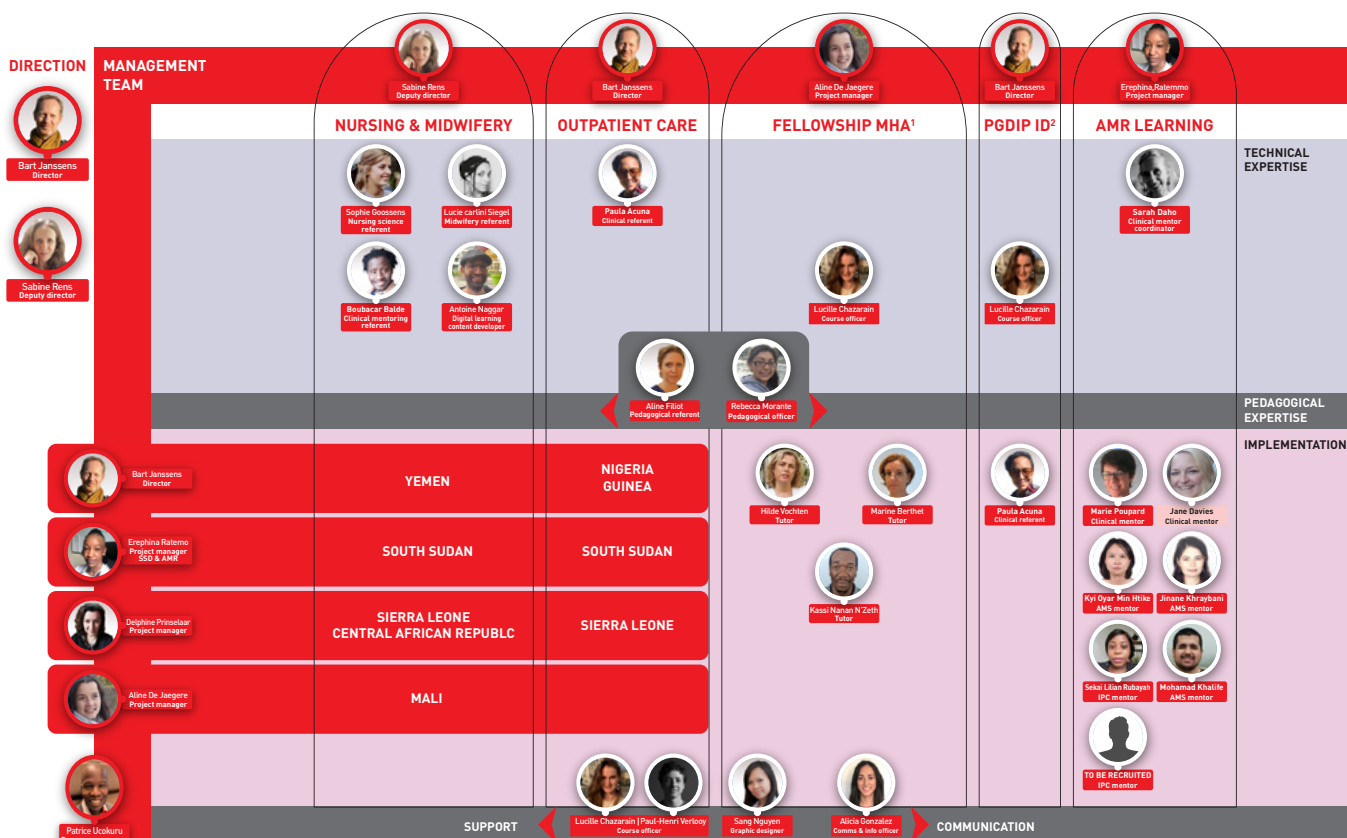
The global team remained quite steady in terms of positions in 2022, apart from additional clinical mentors joining to guarantee quality support to a growing cohort of AMR learners (double the number of learners between 2021 and 2022 in fact), but as some of our team members were blessed with the arrival of newborns, we have had the pleasure of welcoming some new faces in the team.

In June, the global team gathered for a one-day workshop to reflect on the strengths and weaknesses of field programme implementations as well as on the functioning of the global team and the measures we could put in place to improve it.

In December, the team gathered again and discussed among others: decision-making processes; potential new initiatives proposed by medical directors to evaluate whether they would obtain ownership inside the team; and ways to increase horizontal discussions and information-sharing processes. Specific work sessions were held on mentoring and learning design, as well as on the M&E frameworks for the different programmes.

To allow a better functionality in this growth, the Academy restructured the senior team with a management team (composed of the direction and project managers) and a strategic team (which includes the management team and senior referents). The management team ensures the quality of the routine functioning, and the strategic team is the platform for critical and strategic reflection and decision making.

The organisation charts below show the global and field implementation teams as of March 2023.





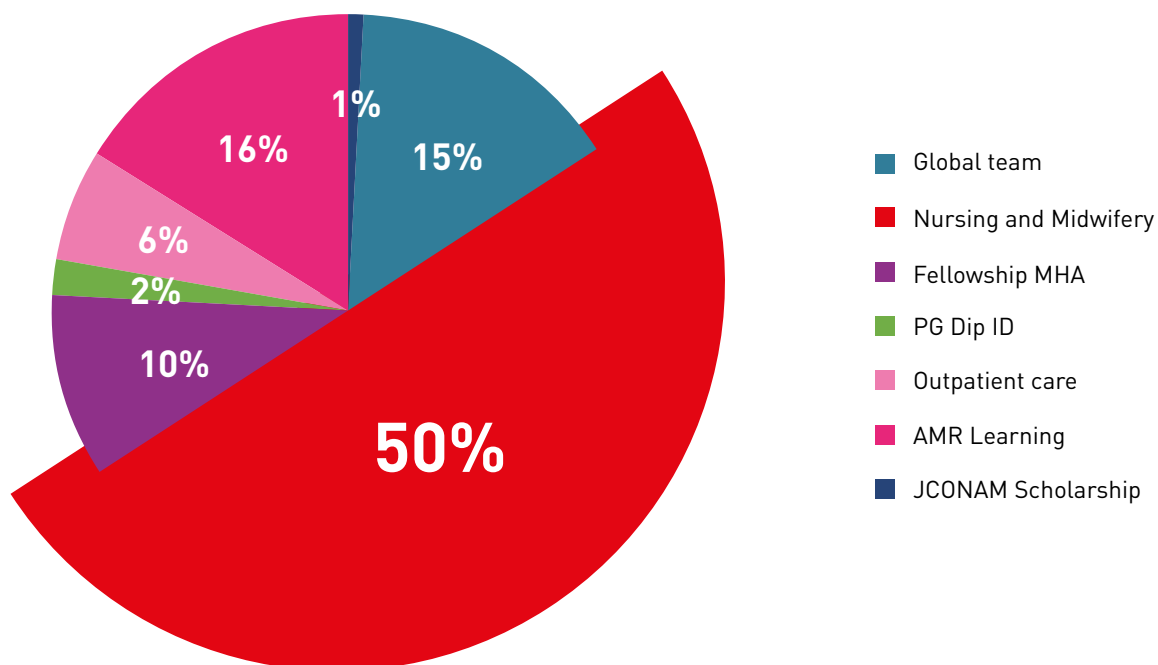


# FINANCIALS

In 2022, the MSF Academy for Healthcare totalled 4,096,958 euros in expenses across all initiatives, which represents a 40% increase compared to 2021 actuals. As a reminder, between 2020 and 2021 actuals, the increase was of 30%.

The Nursing & Midwifery initiative represented half of our total costs, making it our biggest programme with regards to the financial aspect. The Antimicrobial Learning came in second, following the take-over of the full coordination of the programme in 2022. It is closely followed by the Fellowship in Medical Humanitarian Action, which slightly increased its expenses throughout the year. The Outpatient Care initiative follows, with a very similar expenditure as in 2021. The scholarship programme with the Juba College for Nurses and Midwives represented a new expenditure line this year, and the Postgraduate Diploma in Infectious Diseases slightly increased its expenses in 2022.

2022 ACTUALS



The general costs of the Academy global team represented 15% of the total (17% in 2021), which means that in 2022, there was a slight percentage decrease in this area.

For 2023, in order to implement our activities, the MSF Academy is foreseeing a budget increase of 41% compared to 2022 actuals, bringing it to an estimated total of 5,765,951 euros.

### ACTUALS 2019-2022 AND BUDGET 2023



The application for TIC (Transformational Investment Capacity) funding of all Academy activities for 2022 and 2023 was accepted by the full Executive Committee of MSF at international level with a unanimous vote. This shows that the movement recognises the importance of integrating medical learning within the MSF activities.

We continued our efforts to obtain external funds to cover for the Academy costs, with the support of MSF fundraising teams. In 2022 we secured the continued support of one of our major donors for the next year and attracted additional new major donors.

# PARTNERSHIPS

The MSF Academy is very grateful for the partnerships which have been formed to help enable the delivery of quality trainings in MSF projects and through scholarships which help improve the skills and knowledge of MSF teams.

Internal to MSF, the MSF Academy aims to interact with all relevant stakeholders: with the OCs to plan the learning in practice, with the relevant technical working groups to achieve the validation of the content or with specific partners to establish the learning projects. In 2023, we will work on making meaningful and complementary collaboration in the field of learning with the mission L&Ds and with the field simulation initiative.

External to MSF, while notable milestones have been reached in 2022 with the confirmed support and recognition of some of our continuous professional development programmes by the national authorities in both Sierra Leone and in South Sudan, we will continue efforts to further improve our network and active collaboration with all the relevant health and educational authorities in the countries where we work, with the aim to find mutual support and to share and obtain recognition for the curriculums that are taught. The Academy seeks to find fruitful collaboration with teaching institutes at global, regional and national levels in the development of the courses or the organisation of scholarships.

## Main partnerships inside MSF

<b>OCB</b>	Initiator and host section for the MSF Academy for Healthcare
<b>All other OCs</b>	Members of the Programme Board of the Academy, Medical directors steering the priorities and validating all curriculums, operations as partners in programme implementations
<b>SAMU</b>	For the HIV/TB module of the PGDip ID and for clinical mentoring
<b>Tembo team</b>	Tembo is the MSF Learning Management System adopted for the e-learning of several initiatives, and is also currently developing the online version of the Outpatient Care curriculum
<b>OCBA simulation project</b>	Support for the clinical mentoring, Nursing, Midwifery and Outpatient Care initiatives
<b>Epicentre</b>	For the epidemiological & statistics module of the FMHA
<b>OCG eCare project</b>	Partner of the Outpatient Care initiative
<b>BeMU</b>	Initiator of the International Surgical Training Programme

## Main partnerships outside MSF

<b>Institut National de Formation des Agents de Santé (INFAS)</b>	Scholarship for French-speaking nurses anaesthetists
<b>Ridge School of Anaesthesia of Ghana</b>	Scholarship for English-speaking nurses anaesthetists
<b>Stellenbosch University of South Africa</b>	Partner for the PGDip ID
<b>ITM Antwerp</b>	On the design and initial strategy of the Outpatient Care initiative
<b>British Society for Antimicrobial Chemotherapy (BSAC)</b>	Collaboration on AMR Learning Initiative
<b>Nurses &amp; Midwives Board Sierra Leone</b>	Joint recognition of CPD programmes' completion in Sierra Leone
<b>Ministry of Health of South Sudan</b>	Joint recognition of CPD programmes' completion in South Sudan
<b>Juba College of Nursing and Midwifery (JCONAM)</b>	For the scholarship programme inside of South Sudan

# ANNEXES

## Annex 1. Pedagogical approach

### Competency-based curriculums and assessment

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

### Learner-centered learning

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

### Structured work-based learning

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

## Annex 2. Monitoring & Evaluation – How to measure our impact

We adopted the Theory of Change as a method to describe the change we want to bring and how we intend to achieve the desired impact. As the name suggests, the idea is to keep this description dynamic and adaptive to context and circumstances: it thus evolves as we go. This serves as a blueprint for our M&E system, identifying the indicators of success we would like to use and how we will be collecting this information.

The first exercises around the Academy’s Theory of Change were carried out in 2020, in preparation and as a follow-up of the vision workshop held with representatives of all OCs. We continued to carry out team brainstorming and discussions on the topic twice a year.

Below is the present expression of the MSF Academy’s Theory of Change.



To evaluate whether we achieve the first and fourth pillars, i.e. the delivery of quality programmes and their contribution to quality of care, we use the Kirkpatrick model. This model is a globally-recognised model to evaluate training and learning programmes. It assesses both formal and informal training methods and evaluates them against four levels : reaction, learning, behaviour, and results. As our key assumption is that clinical mentoring will enable better transfer of learning into work, which in turn will result in improved quality of care, we have developed and are implementing several tools to monitor and evaluate these different levels.

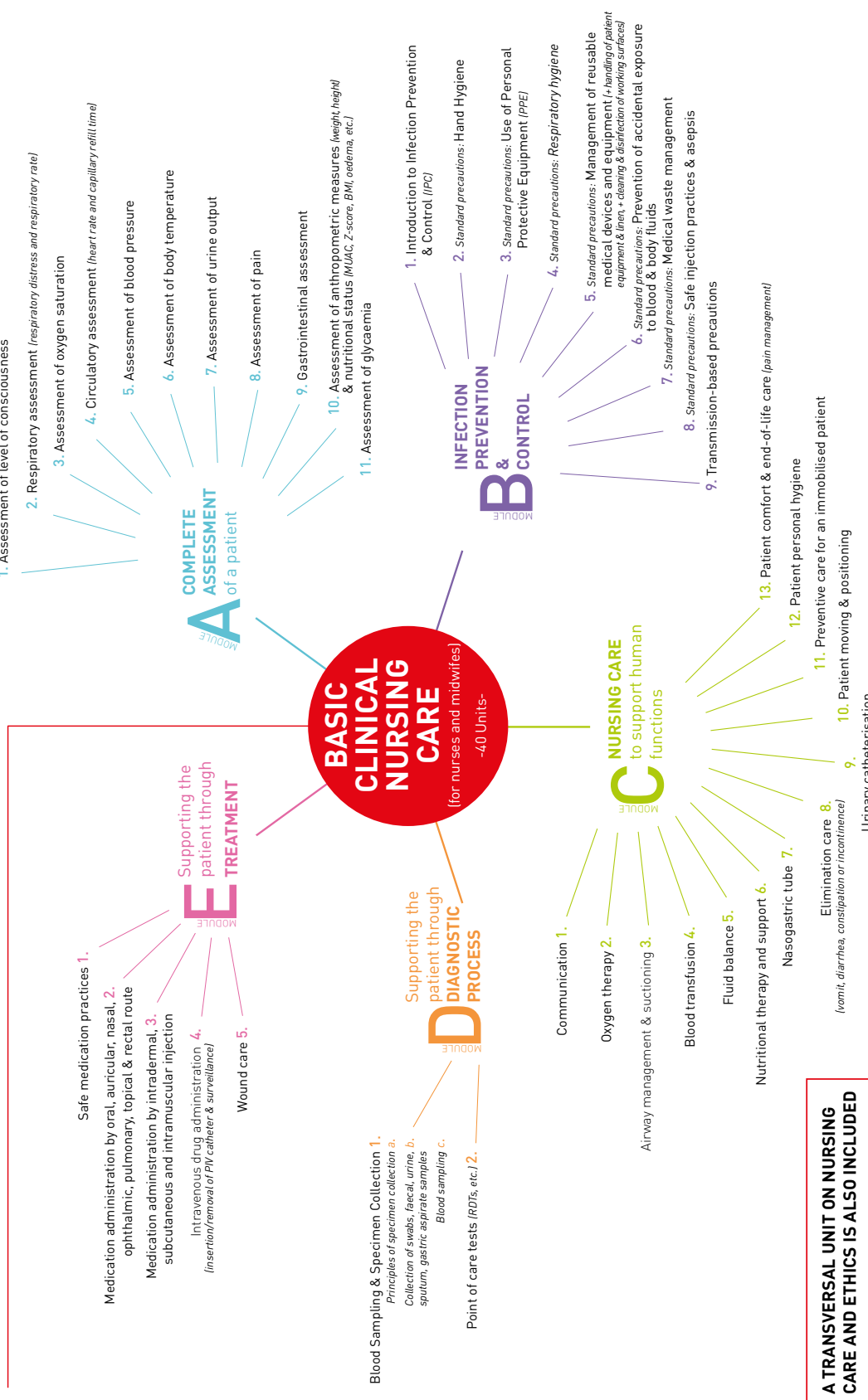
### Tools to monitor and evaluate

<p><b>LEVEL 1 REACTION</b> The degree to which participants find the training favourable, engaging, and relevant to their jobs</p>	<p>Satisfaction surveys Regular feedback from learners</p>
<p><b>LEVEL 2 LEARNING</b> The degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training</p>	<p>Formative and summative assessments Pre/post competency gap assessments (CGA) Learning journals, self-assessments</p>
<p><b>LEVEL 3 BEHAVIOUR</b> The degree to which participants apply what they learned during training when they are back on the job</p>	<p>Observations by mentors Supervisors/managers interviews Pre/post quality-of-care assessment tool</p>
<p><b>LEVEL 4 RESULTS</b> The impact of the training programme overall</p>	<p>Pre/post quality-of-care assessment tool Supervisors/managers interviews</p>

This general framework has been adapted for each initiative to suit its specific goals.

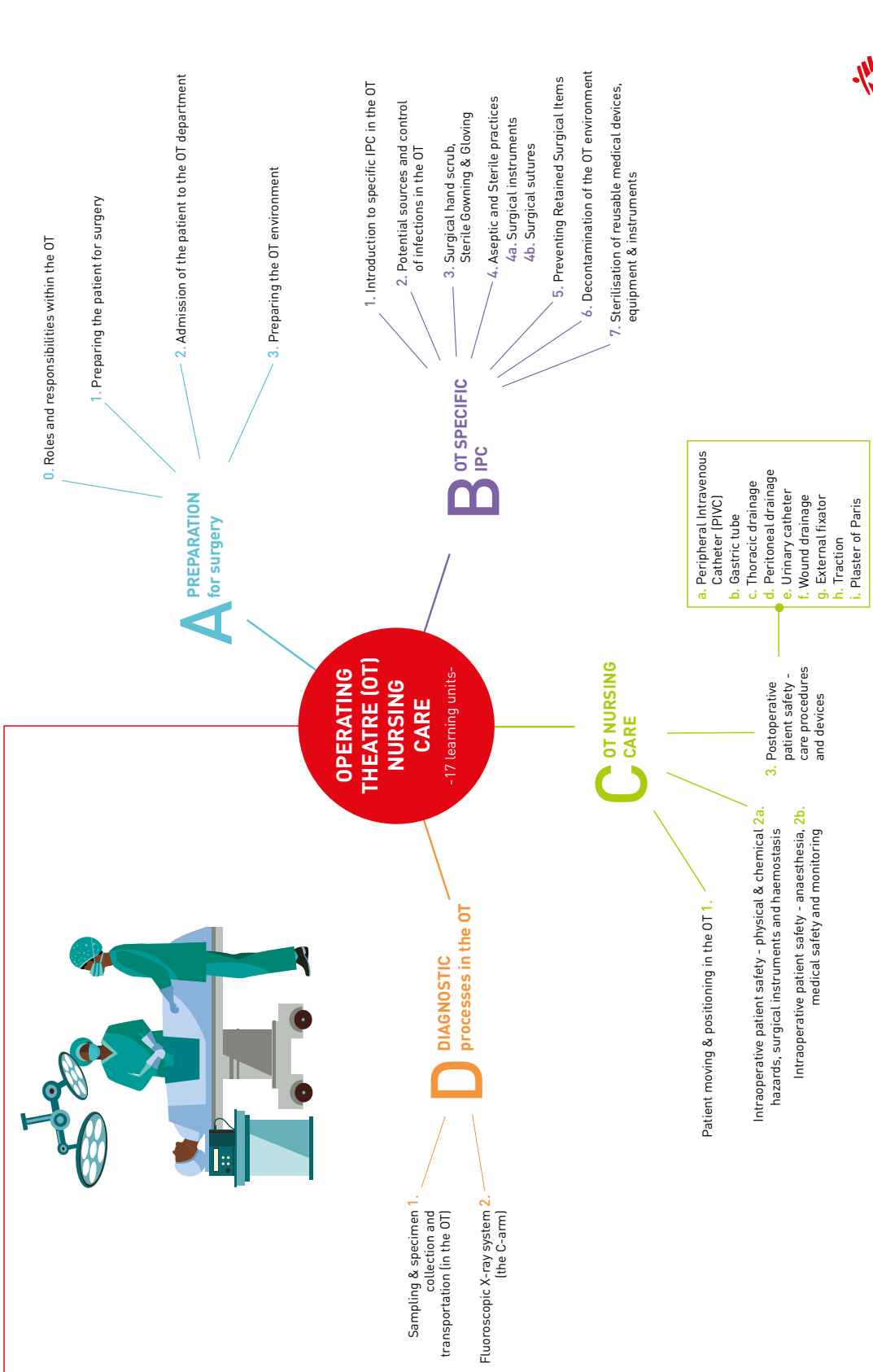
# Annex 3. Basic Clinical Nursing Care curriculum

## CURRICULUM



# Annex 4. Operating Theatre Nursing curriculum

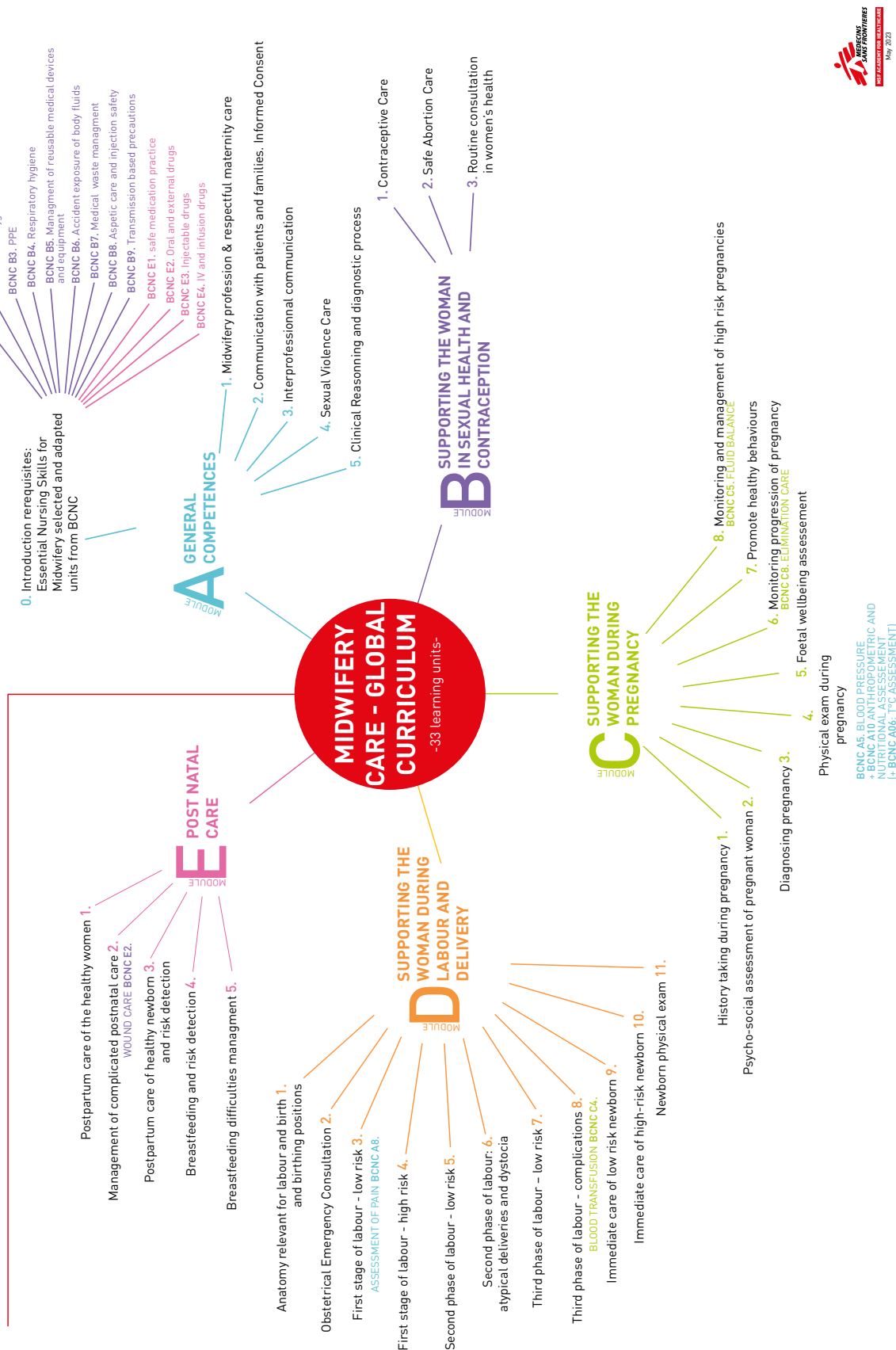
## CURRICULUM: ADVANCED CLINICAL NURSING CARE



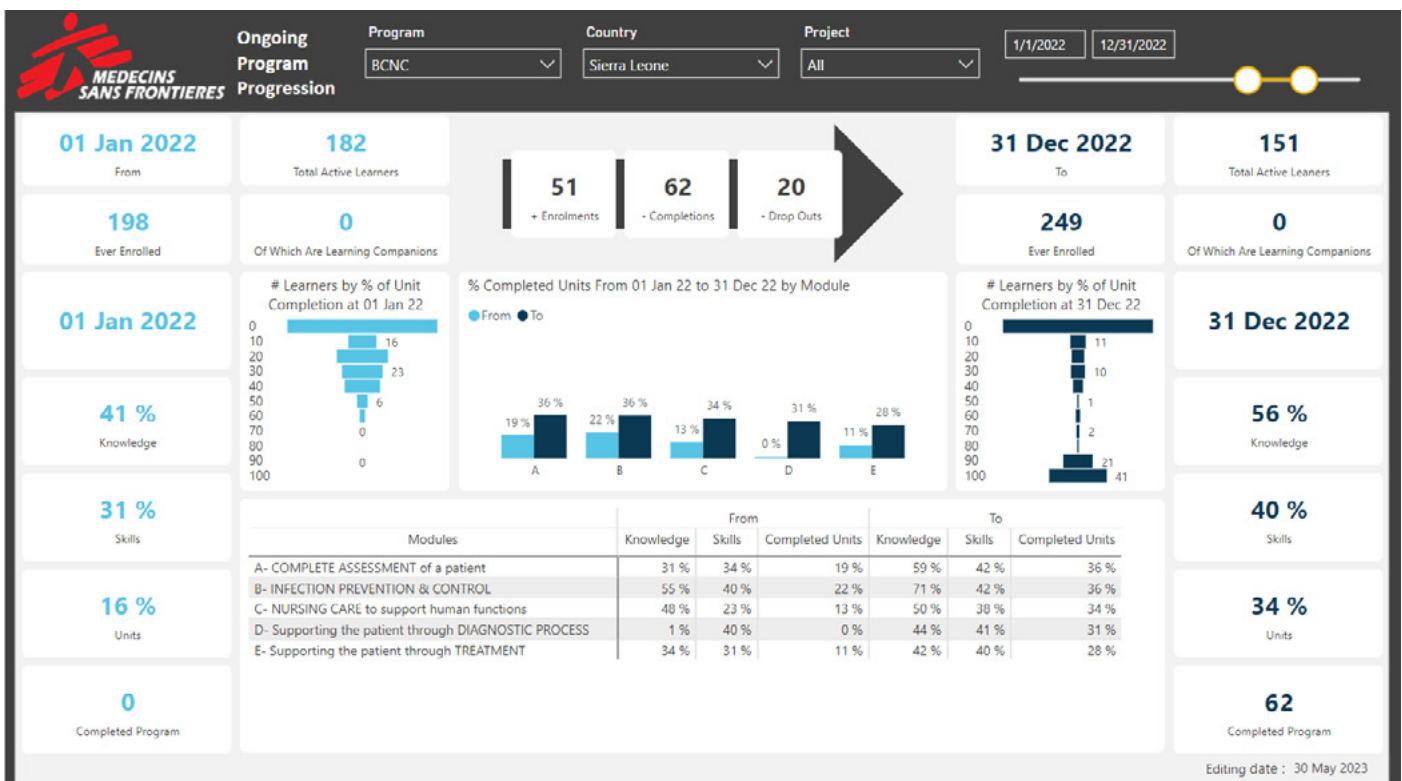
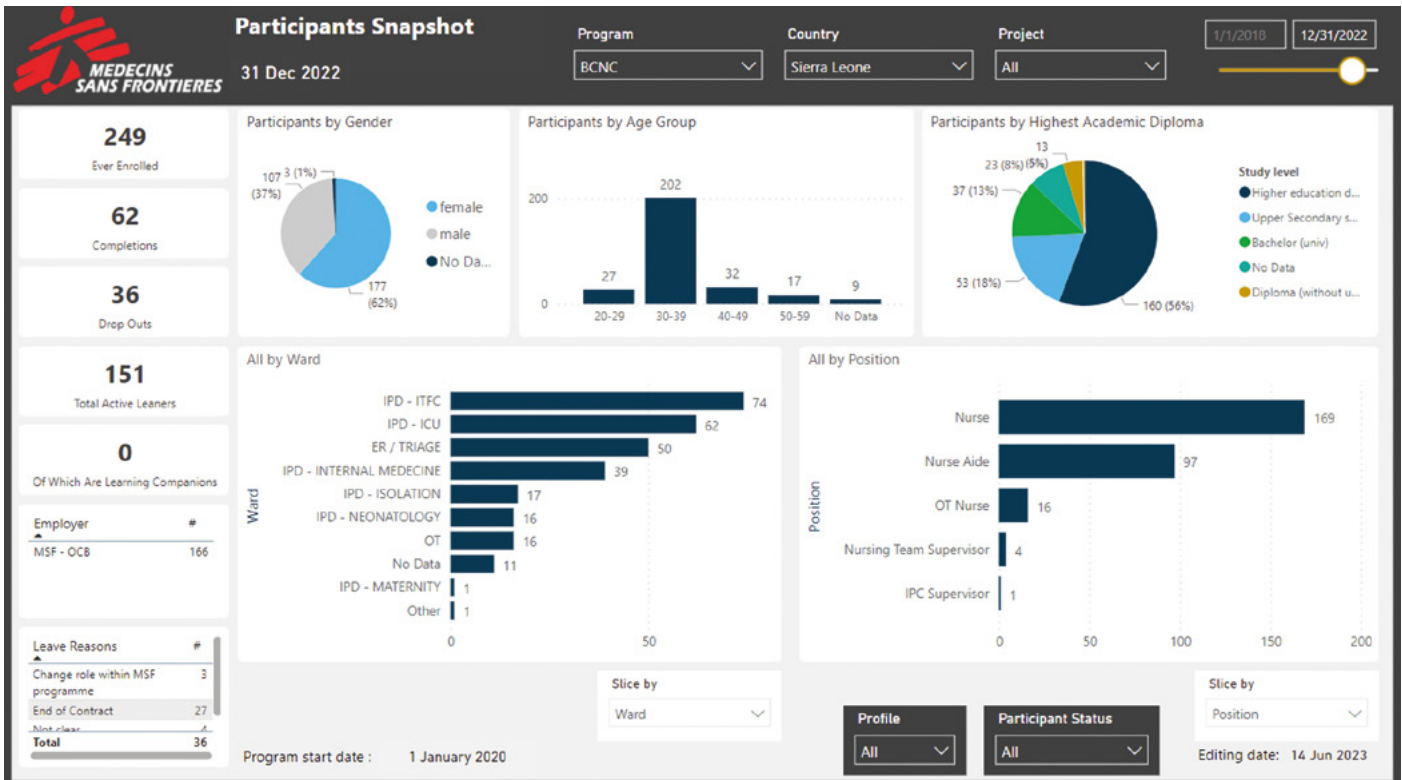


# Annex 5. Midwifery Clinical Care curriculum

## MIDWIFERY CLINICAL CARE

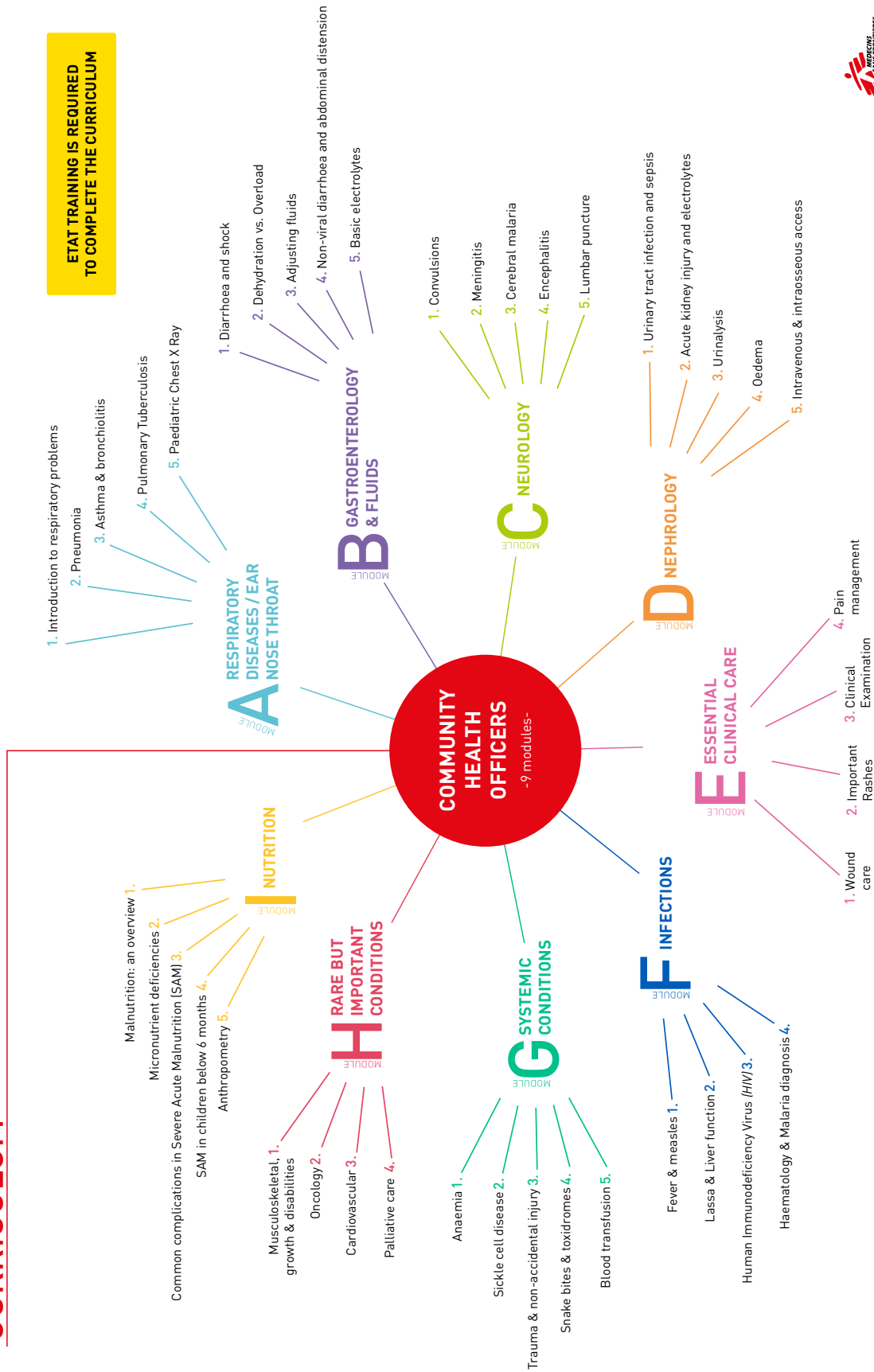


## Annex 6. Sierra Leone BCNC participants' profiles and progression dashboards

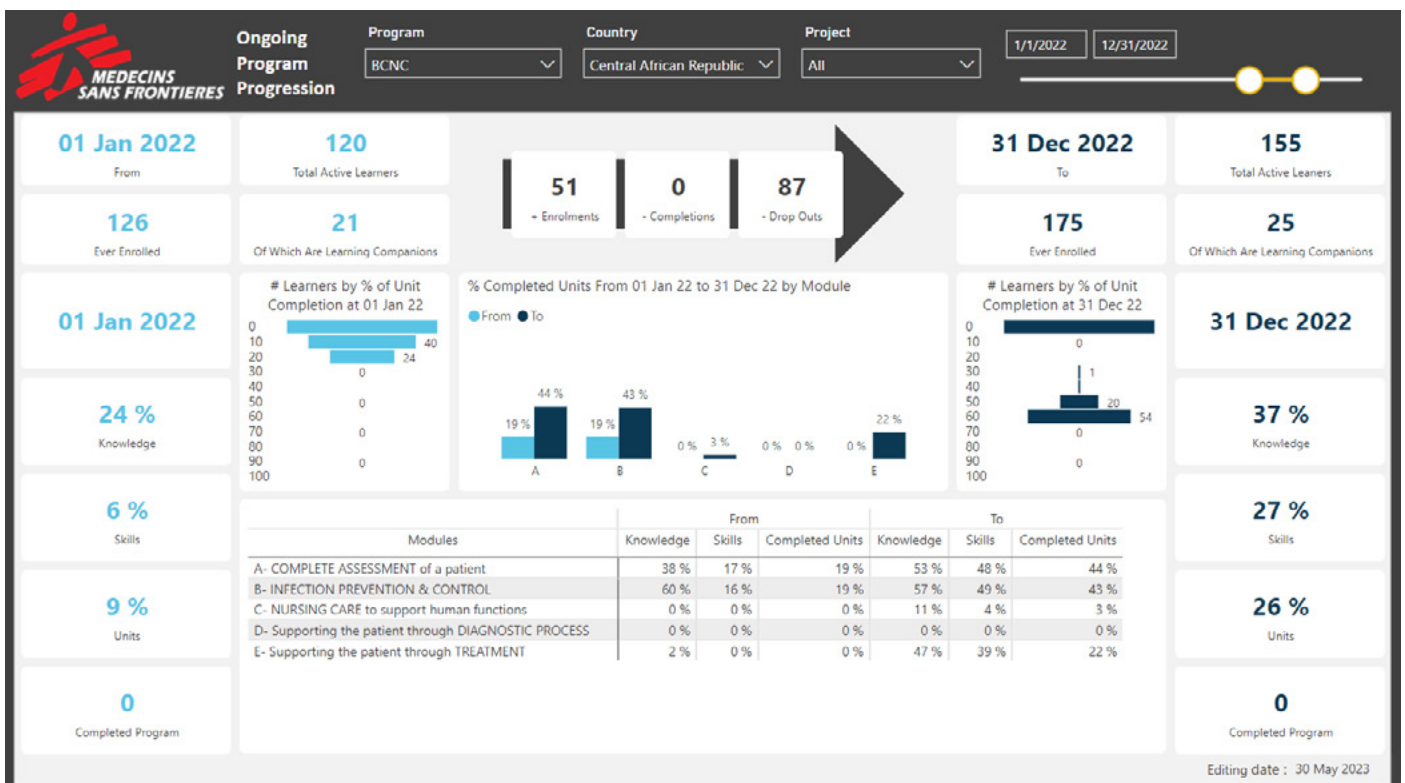


# Annex 7. CHO curriculum

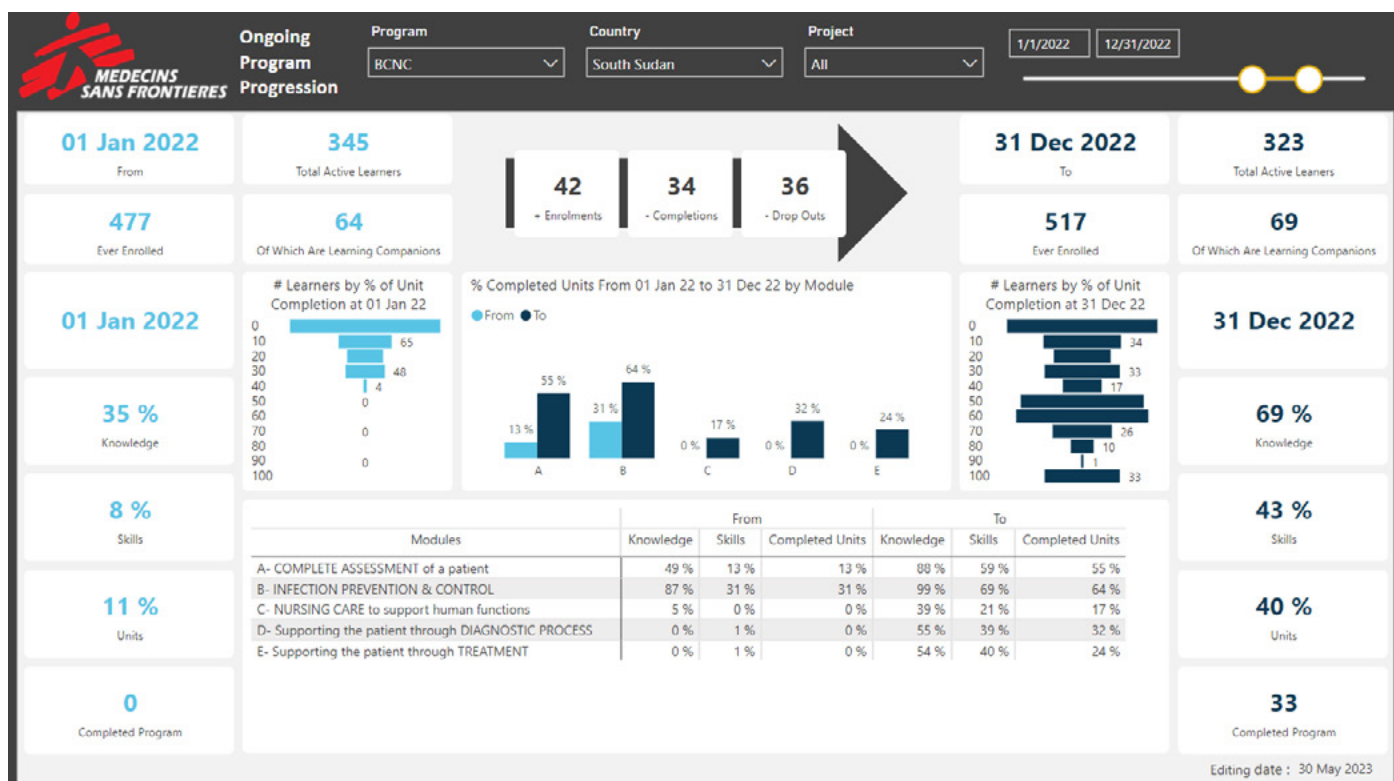
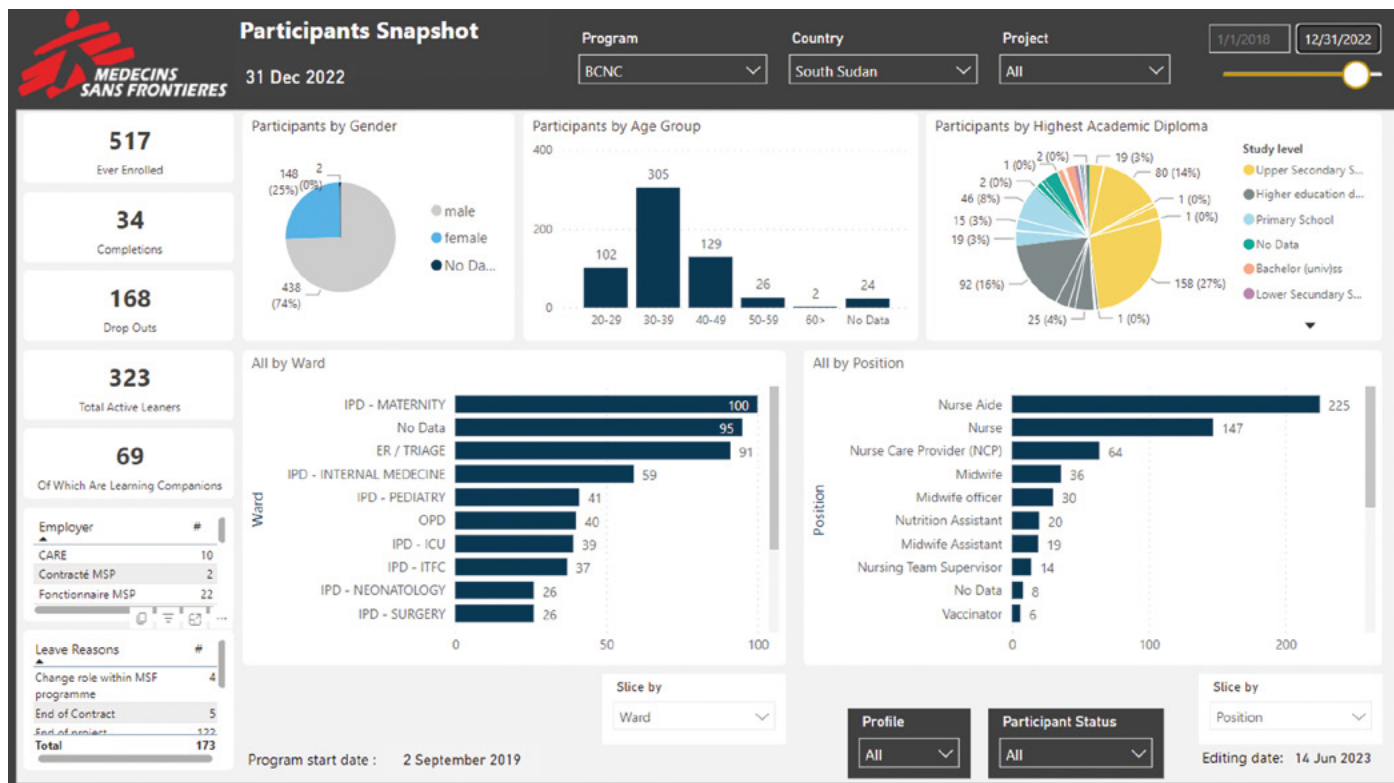
## CURRICULUM



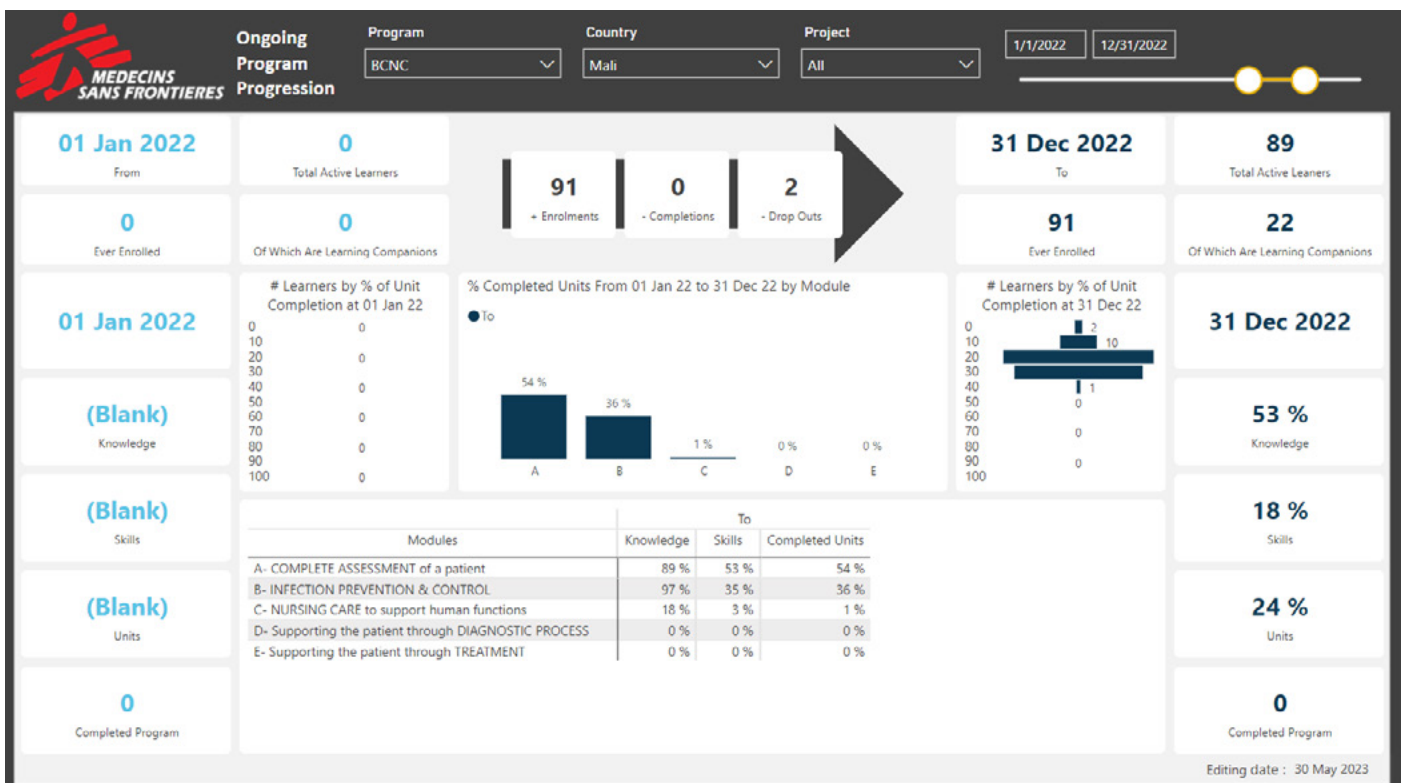
## Annex 8. Central African Republic BCNC participants' profiles and progression dashboards



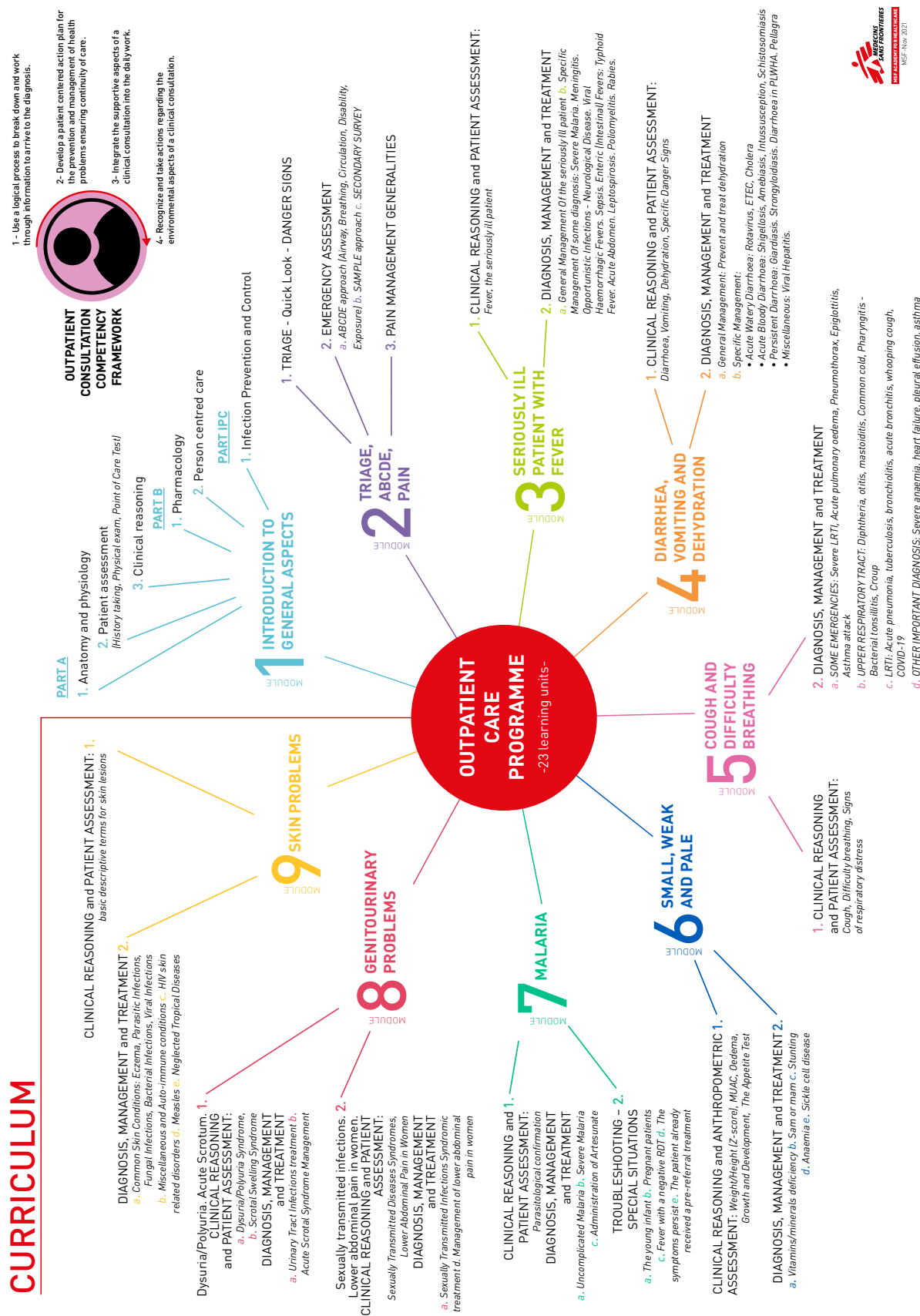
## Annex 9. South Sudan BCNC participants' profiles and progression dashboards



## Annex 10. Mali BCNC participants' profiles and progression dashboards



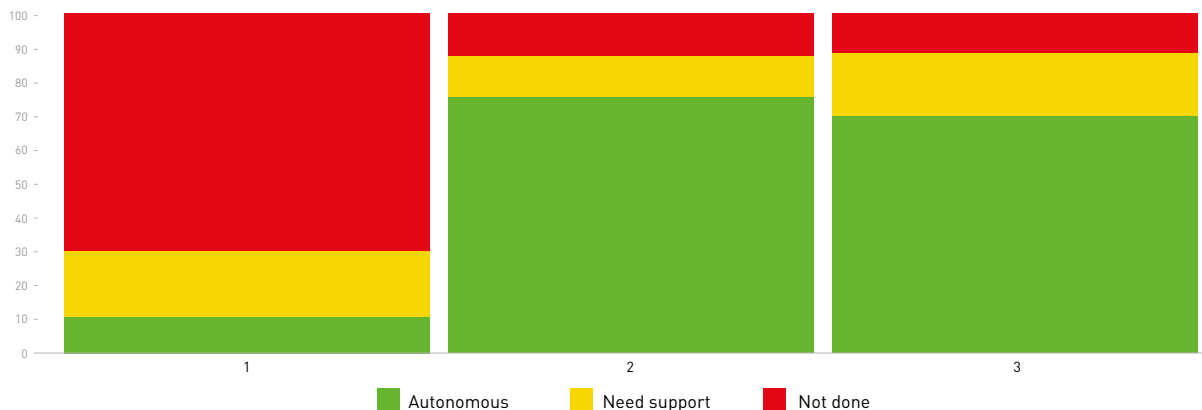
# Annex 11. OPD curriculum



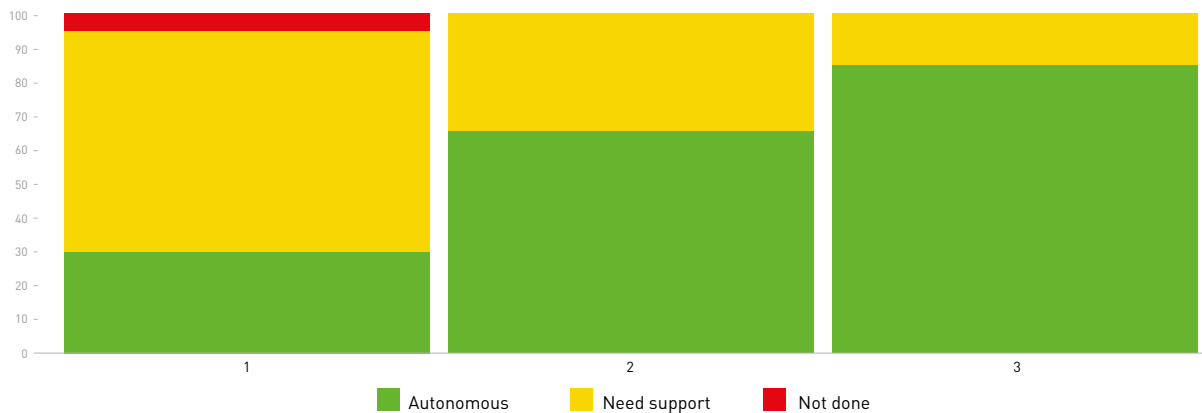
## Annex 12. Example of an evaluation of competency in the OPD programme

The following graphs are an example of the evaluation for the competency 'Use a logical process to break down and work through information to arrive to the diagnosis' at Boadjibu CHC. In each graph we can observe a different element of the competency evaluated at the entry, mid-term and at the end of the programme. Improvement can be observed through time represented by the increase of green area and decrease of red and yellow area at each moment.

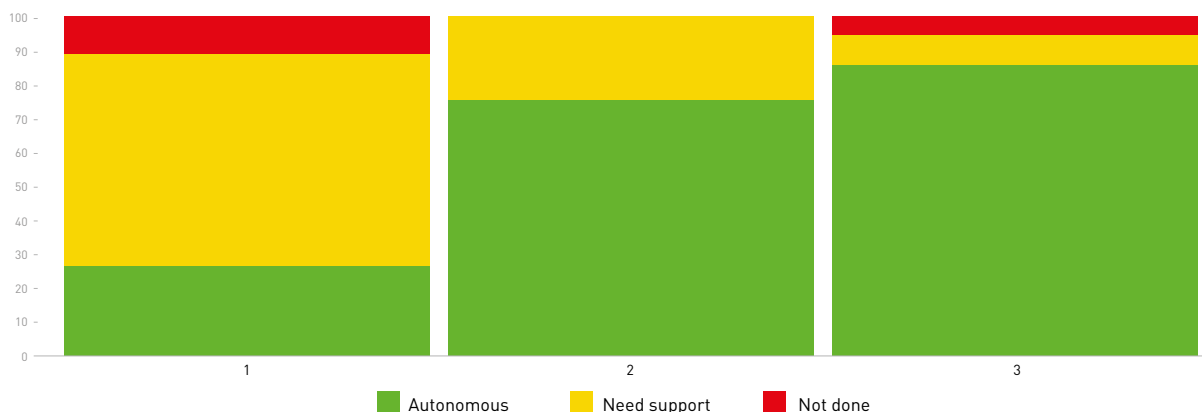
### ASSEMBLE THE DIFFERENT STEPS FOR INFORMATION GATHERING



### INTEGRATE AND INTERPRET THE INFORMATION COLLECTED



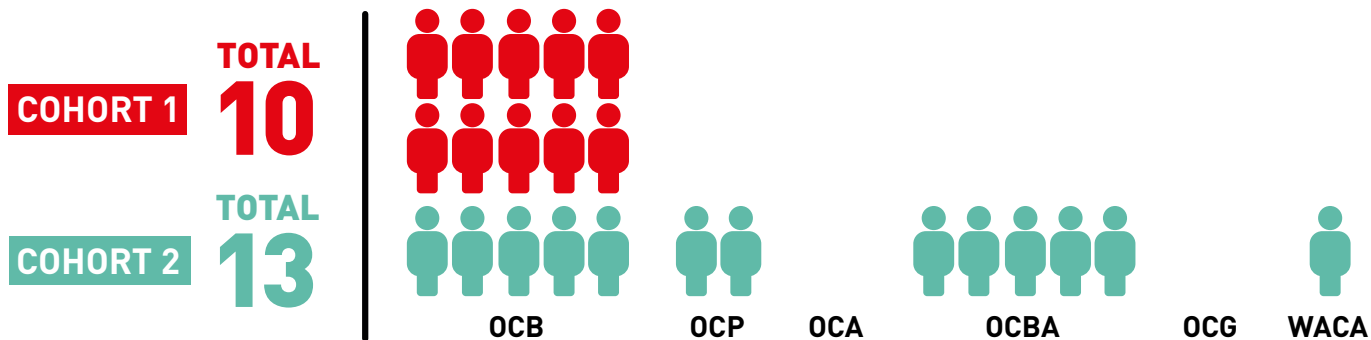
### ENUMERATE POSSIBILITIES AND CHOOSE A DIAGNOSE



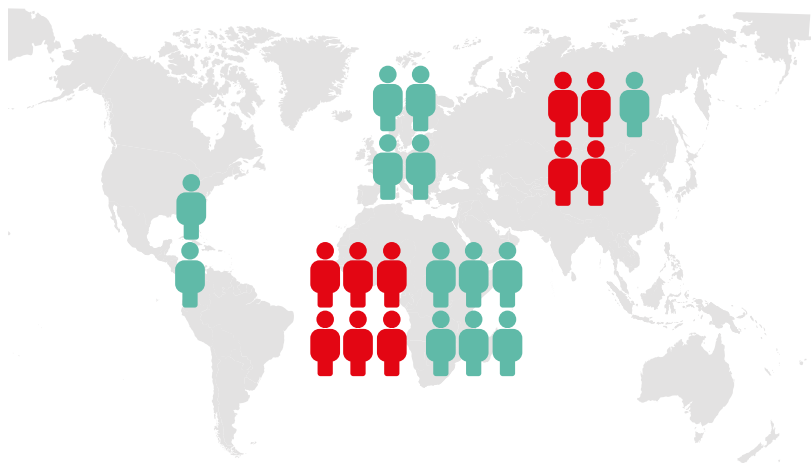


## Annex 13. Learners' profiles for the Fellowship in Medical Humanitarian Action

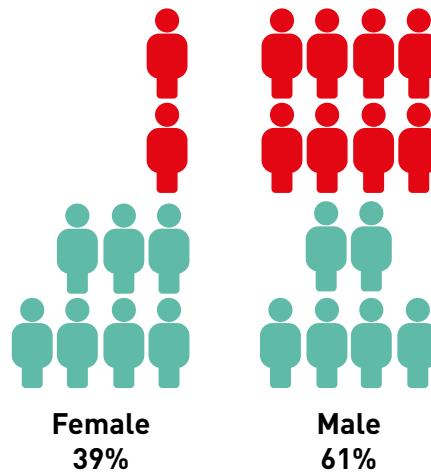
### LEARNERS PER OPERATIONAL CENTRE



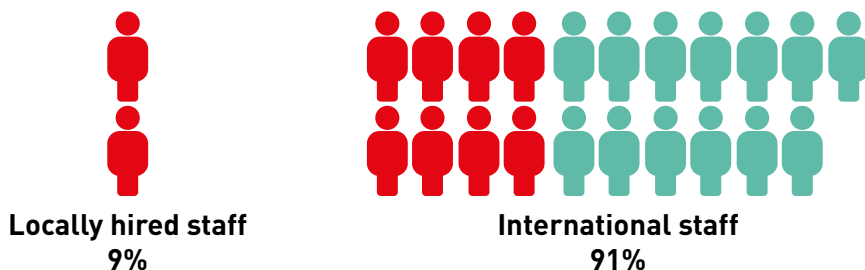
### LEARNERS PER REGION



### LEARNERS PER GENDER

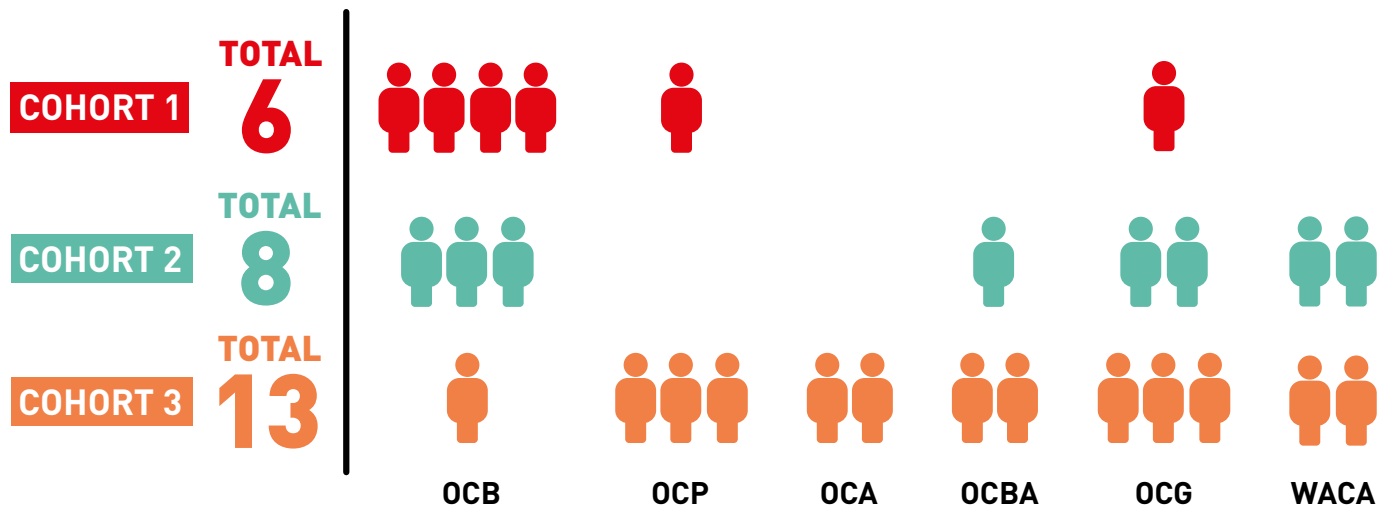


### LOCALLY HIRED STAFF AND INTERNATIONAL STAFF

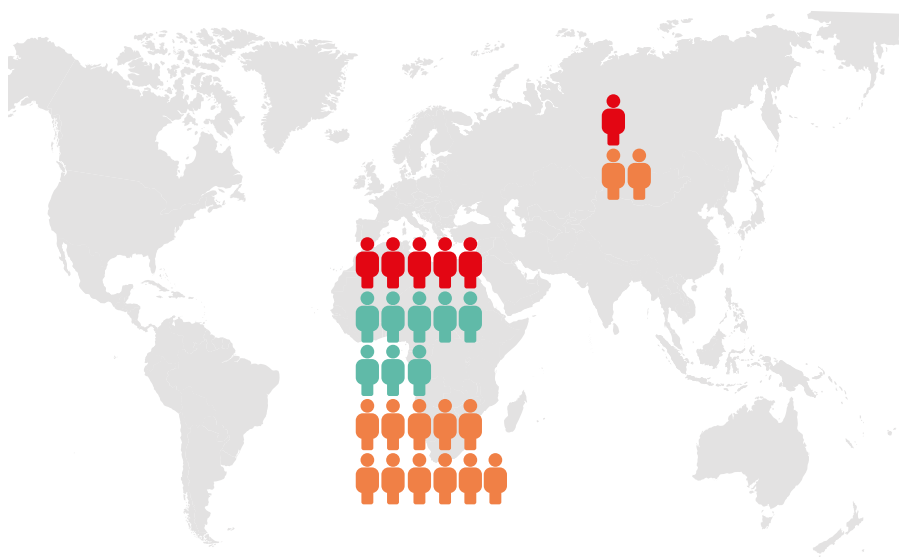


## Annex 14: Learners' profile for the Postgraduate Diploma in Infectious Diseases

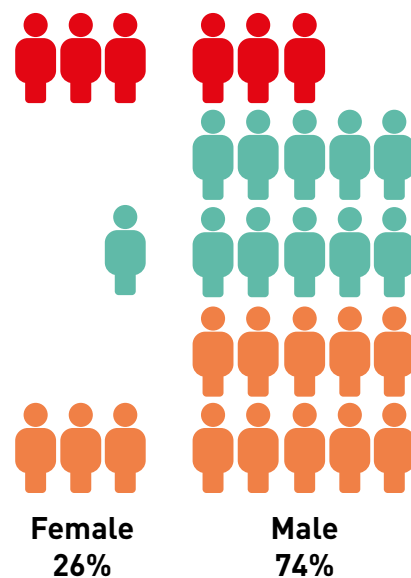
### LEARNERS PER OPERATIONAL CENTRE



### LEARNERS PER REGION



### LEARNERS PER GENDER

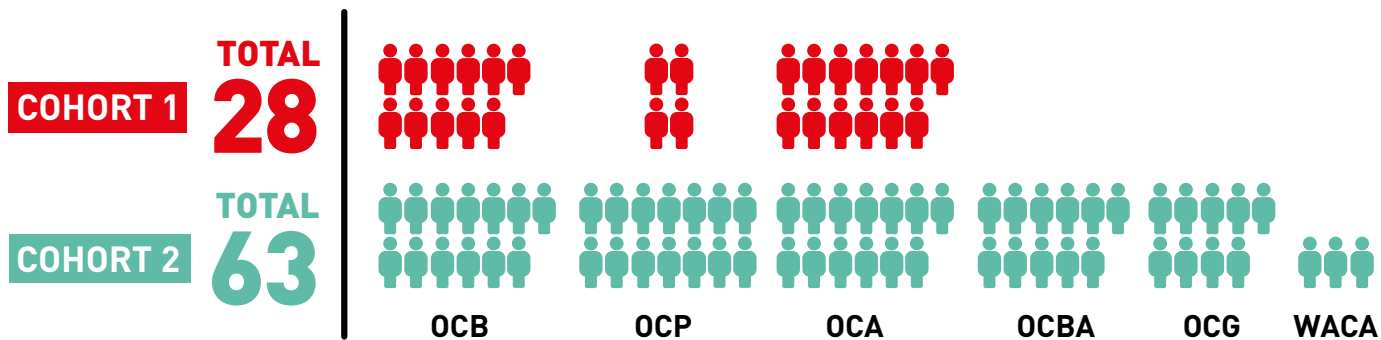


### LOCALLY HIRED STAFF AND INTERNATIONAL STAFF

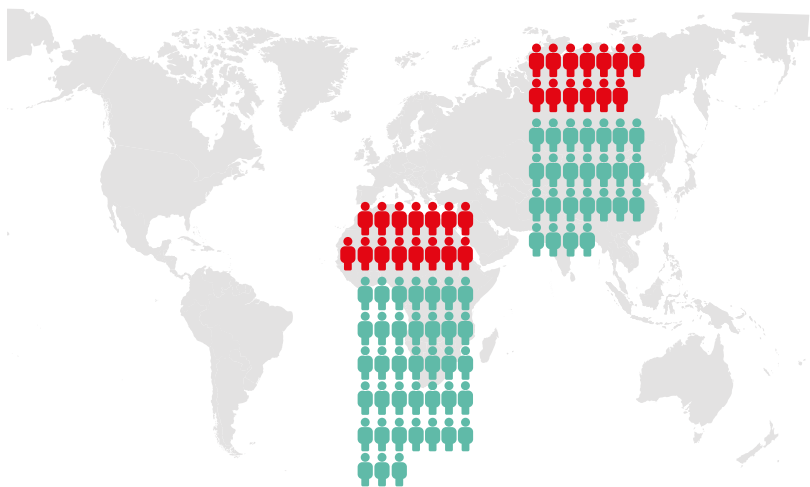


## Annex 15: Learners' profile for the Antimicrobial Resistance Learning programmes

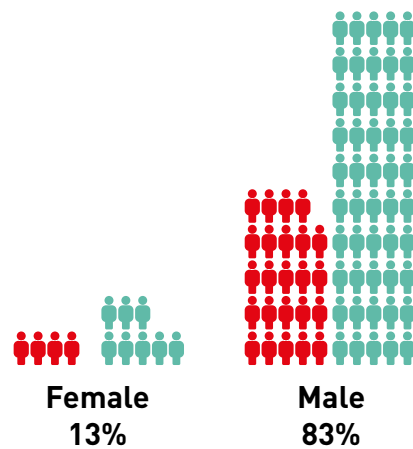
### LEARNERS PER OPERATIONAL CENTRE



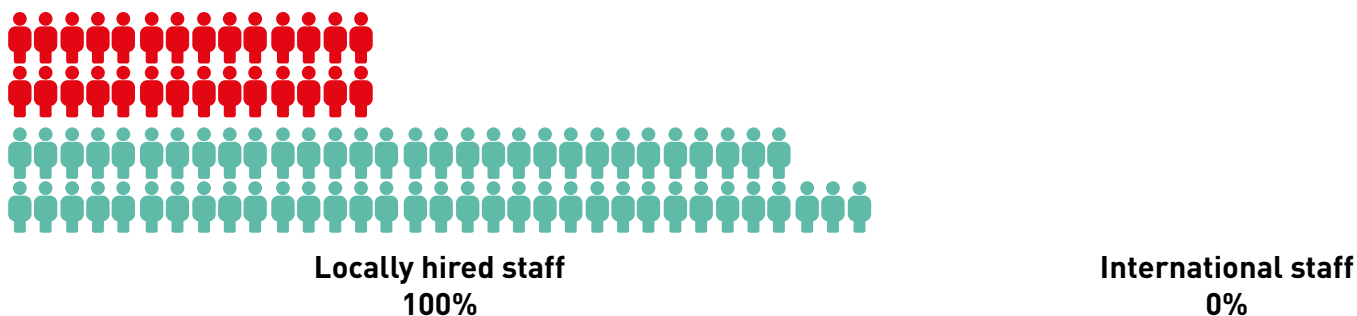
### LEARNERS PER REGION



### LEARNERS PER GENDER



### LOCALLY HIRED STAFF AND INTERNATIONAL STAFF





## Contact

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## MSF Academy website

<https://www.msf.org/academy>

MSF is a medical humanitarian organisation focusing on providing care to communities in countries affected by conflict and public health crises. These countries are often also suffering from severe shortages of qualified health professionals. In 2016, MSF took the decision to create the MSF Academy for Healthcare to invest in professionalising the learning for MSF healthcare staff.



**MSF ACADEMY FOR HEALTHCARE**