

MSF ACADEMY FOR HEALTHCARE

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2021 ACTIVITY REPORT



MSF ACADEMY FOR HEALTHCARE

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Cover picture :
A future learner being
observed treating a fake
wound as part of the
baseline assessment;
Koutiala, Mali, Oct. 2021

ACRONYMS

AMR	Antimicrobial Resistance	LMS	Learning Management System
AMS	Antimicrobial Stewardship	MCH	Mother & Child Health
BCNC	Basic Clinical Nursing Care	MOH	Ministry of Health
BeMU	Berlin Medical Unit*	M&E	Monitoring & Evaluation
BKL	Berlin Knowledge Lab	NAM	Nursing Activity Manager
BSc	Bachelor of Science	OC	Operational Centre
CAR	Central African Republic	OCA	Operational Centre of Amsterdam
CHA	Community health Assistant	OCB	Operational Centre of Brussels
CHC	Community Health Centre	OCBA	Operational Centre of Barcelona
CHO	Community Health Officer	OCG	Operational Centre of Geneva
CPD	Continuing Professional Development	OCP	Operational Centre of Paris
CGA	Competencies Gap Assessment	OPD	Outpatients' Department
EPREP	Emergency Preparedness and Response	OT	Operational Theatre
ER	Emergency Room	PGDip ID	Post-graduate Diploma in Infectious Diseases
ETAT	Emergency Triage Assessment and Treatment	PHU	Primary Healthcare Unit
FMHA	Fellowship in Medical Humanitarian Action	PMR	Project Medical Referents
HR	Human Resources	PPE	Personal Protective Equipment
ICM	International Confederation of Midwives	RPL	Recognition of Prior Learning
ICU	Intensive Care Unit	SAMU	South African Medical Unit**
IFTC	Intensive Therapeutic Feeding Centre	SECHN	State-Enrolled Community Health Nurse
IPC	Infection Prevention & Control	SRH	Sexual & Reproductive Health
IPD	In-Patient Department	SRN	State Registered Nurse
IV	Intravenous	SU	Stellenbosch University
JCONAM	Juba College for Nurses and Midwives	TIC	MSF's Transformational Investment Capacity
LC	Learning Companion	TOF	Training on clinical Facilitation
L&D	Learning & Development Unit	TOM	Training on clinical Mentoring
		WACA	MSF's West and Central Africa Office
		WHO	World Health Organisation

* (part of the medical department of OCG)

** (part of the medical department of OCB)

EXECUTIVE SUMMARY

The MSF Academy for Healthcare is an intersectional training initiative 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 curricula that are tailor-made to MSF operational needs, using a learning cycle based on **theoretical knowledge** and **workplace practice**, accompanied by **clinical mentoring**.

While 2019 witnessed the start of MSF Academy field activities and the Covid-19 pandemic challenged our planned activities in 2020 and required us to adapt accordingly, 2021 was marked by the **start-up of several new programmes** that were in the making while **continuing activities** and starting new projects in the other programmes already ongoing.

Indeed, four new courses started with their first cohorts of participants, namely: The Fellowship in Medical Humanitarian Action, the Post-graduate Diploma in Infectious Diseases and the two Antimicrobial Resistance Learning ones. The Academy also started field implementation of its Outpatient Care programme in Guinea and South Sudan in addition to Sierra Leone, the Nursing programme expanded to new projects in South Sudan and the Central African Republic, and preparation was carried out to start in Mali and Nigeria in 2022.

Main Highlights of the Year

Clinical Mentoring

- Both the Training on clinical Facilitation (TOF) and Training on clinical Mentoring (TOM) have been dispensed in the field according to the needs, and their e-learning version to be provided in a hybrid model have also been developed
- Partnership with OCG established to increase the pool of eTOF & eTOM facilitators
- Recognition of the clinical mentor position in the MSF function grid.¹

Nursing & Midwifery Initiative

- Five new projects taken onboard in South Sudan (3) and in Central African Republic (2)
- Progression through the Basic Clinical Nursing Care (BCNC) programme in Sierra Leone, Central African Republic and South Sudan, with the first participants due to graduate by May 2022 in Kenema, Sierra Leone, and soon after in Old Fangak, South Sudan
- All is ready to start the BCNC programme in Koutiala, Mali early 2022: agreement was reached with operations, the Competency Gap Assessment (CGA) was carried out, and recruitment was finalised for a team of five clinical mentors
- The intervention strategy was changed in the Central African Republic to adapt to challenges encountered in implementing the programme

¹ Being the cornerstone of most HR processes, the function grid is being used to define career paths, plan for succession and continuity, design work and organisation, support pay structure, and differentiate internal contributions. These are all key elements for optimising the capacity of our staff, which is strategic to improving the quality of our operation.

- The development of the BCNC curriculum was completed and layout finalised in both French and English, as well as the Operational Theatre one. The Midwifery curriculum is to be reorganised to make it more adaptable to participants' needs
- Official recognition of the Continuous Professional Development (CPD) programmes was obtained in Sierra Leone and South Sudan.

Anaesthesia Scholarship

- All 20 participants of the 18-month-long nurse-anaesthetist scholarship diploma course in Ivory Coast graduated, returned to their respective countries (18 in CAR and 2 in Chad) and followed an induction plan into their new function
- The 10 students that pursued their bachelor's degree in Ghana (post-obtaining the diploma level in 2020) all graduated successfully in March.

Outpatient Care

- The full content of the curriculum is now available in both French and English
- The programme was implemented in full in three health centres in Sierra Leone, with the last exit CGA carried out early January 2022. The next pilot implementation began in Guinea in May in five health centres, and in Maruwa, South Sudan at the end of the year. An initial assessment was also conducted in Kano, Nigeria
- Analysis of initial results is under way.

Fellowship in Medical Humanitarian Action

- The first cohort of 13 participants started the programme and they have gone through the epidemiological introduction and two substantial additional units
- In terms of curriculum content development, 65% is finalised
- Selection process for the next yearly cohort of participants was launched.

Post-graduate Diploma in Infectious Diseases

- The first cohort of eight participants started the programme and went through two of the five modules, as planned
- In terms of content, four out of the five modules have been finalised
- Registration from the South African Department of Education was obtained for the post-diploma course
- Selection process for the next yearly cohort of participants was launched
- The partnership with Stellenbosch University has proven very fruitful, leading to a well-adapted training programme for MSF clinicians.

Antimicrobial Resistance (AMR) Learning

- The full content of the two courses – IPC Supervision and Antimicrobial Stewardship – has been developed and validated in both French and English, in partnership with the British Society of Antimicrobials and Chemotherapy
- The pedagogical methodology and tools were agreed upon and developed
- The first cohort of 28 participants was enrolled in July and finalised the courses in January 2022 – upon completion, they will receive a certificate recognised by the UK Royal College of Pathologists
- Decision was taken to move beyond the pilot, endorsed by all OCs, with the aim to reach all relevant staff in all MSF-supported hospitals in the coming year.

The MSF Academy for Healthcare: Situation end 2021

Benefitting learners

742 ACTIVE LEARNERS

- 617 for the nursing CPD
- 58 for the Community Health officers' CPD
- 20 for the Outpatient Care CPD
- 13 in the Fellowship
- 6 in the Post-Graduate Diploma in Infectious Diseases
- 28 in the AMR Learning diploma courses

232 GRADUATES or recipients of participation certificates

- 22 nurses
- 25 midwives
- 35 anaesthetist nurses
- 154 CPD participation certificates for partial BCNC (12 units)

228 certificates for completing a Training on clinical Facilitation or clinical Mentoring

Interaction with MSF Operations

- Learners in 5 different OCs (soon 6 OCs)
- Field presence in 6 different countries, programmes running in 11 MSF-supported hospitals and 7 health centres

Course Content Development

- 9 competency-based curricula have been finalised in full
 - 7 of which are finalised in both English and French
 - For 2 some add-ons are to follow in 2022
- 3 curricula are well under way, 2 of which are already being dispensed

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.

CONTINUOUS PROFESSIONAL DEVELOPMENT FOR HEALTHCARE WORKERS is becoming the norm in many countries, but this practice has not yet been established in most of the countries where MSF intervenes. While ad hoc trainings have been provided over the past years in MSF, they have not been structured to develop the skills and competencies of the MSF health workers while on the job, in a professional and formalised manner. The MSF Academy for Healthcare seeks to address this by creating comprehensive programmes to train MSF health workers including nurses, midwives and clinicians in specific skills and competencies. Further information on the pedagogical approach can be found in Annex 1 of this document.



A group of mentors ready to start the day in Kenema's hospital in Sierra Leone

The key tenets of our pedagogical approach

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. It has been widely documented that only providing a theoretical knowledge proves insufficient, and to be successful, learning programmes should incorporate both practical and mentoring components, and all these elements are part of the learning cycle adopted by the MSF Academy.

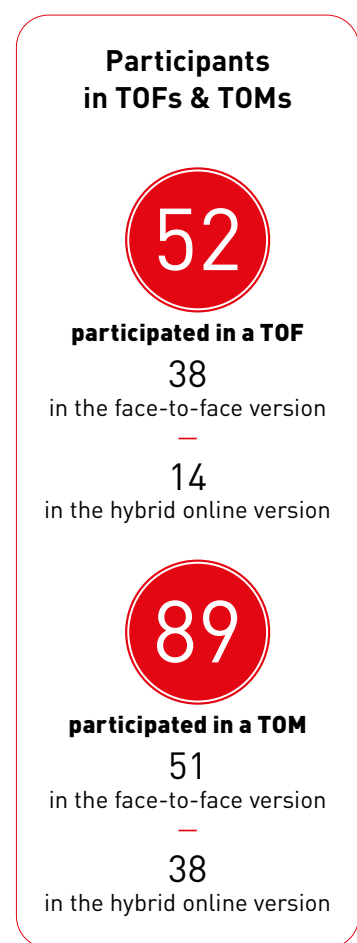
MSF Academy's learning cycle



When going through the theoretical aspects, our facilitators make sure to link them to prior knowledge and daily reality of the learners, using many active and innovative pedagogical tools and methods; it allows learners to understand and retain the concepts and theory, and to progressively put them into practice in a safe environment. The final transfer into the work is carried out with the support of trained clinical mentors, either at the bedside for our face-to-face programmes, or through individual tutorial sessions, for our distance programmes.

The clinical mentors therefore play a crucial role in this approach, as they help the learner set goals and action plans to develop and improve individual competencies in sync with the course curriculum. The clinical mentor accompanies learning in the workplace and at the bedside by observing the learner at work and helping them reflect on their performance through debriefing and constructive feedback.

In 2021, we increased our efforts to build the capacity of clinical mentors. While we still deliver TOF and TOM trainings as a starting point of this capacity-building, we recognise that as for any other competency, a one-off training is not enough. We have put in place three-month's induction plans including job-shadowing and buddying with more experienced mentors to help the new clinical mentors building their skills and autonomy in a conducive environment. Clinical mentors are also observed and supported by their pedagogical manager who defines development objectives with them and follows up on these. We also organised TOM workshops for more advanced skills such as supporting clinical reasoning and decision-making. In October we had a first internal experience sharing workshop on clinical mentoring and tutorship in Nursing & Midwifery, Outpatient Care, Fellowship and AMR learning initiatives with MSF Academy referents, clinical mentors and pedagogical managers in the field. This meeting allowed us to share lessons learnt and challenges. Finally, we started discussing a clinical mentors' community of practice to promote peer learning and we started sharing ideas around this with a group including OCB and OCG L&D, the Berlin Knowledge Lab and SAMU representatives.



Field implementation and feedback on learnings

In 2021, we have successfully implemented our pedagogical approach in several projects. This allowed us to test it and improve as we received the feedback from the field teams and observed the clinical mentors in the projects during field visits. Implementation confirms that clinical mentoring at the bedside is a very promising approach and already yields results.

The approach has been improved and refined in several ways during 2021. Here are examples of a few adaptations.

Embedding bedside clinical mentoring

We are very pleased to see that, with the support of the field team, clinical mentors successfully apply the clinical mentoring approach defined in the Training on

clinical Mentoring. However, we did observe a tendency to be quite rigid in the way they apply the methodology. With additional support, practice and experience they should achieve a more flexible way of doing clinical mentoring.

We then started to promote a more embedded approach combining structured mentoring sessions with spontaneous mentoring and working side by side in the wards. The idea here is to make the most of all learning opportunities, to have the mentors in the wards as often as possible in order to ensure that learning is applied at all times and not only during mentoring sessions. To that end, we will envision for 2022 to see with the operational teams whether the clinical mentors can work more often in the wards, alongside the learners.

Practice as integral part of session plans

Sessions plans for our Basic Clinical Nursing Care programme have been revised to ensure that practice in the skills labs is fully part of the session. We strongly encourage practice in small groups whereby learners give feedback to each other, which actually promotes the development of their autonomy while guaranteeing at the same time that everyone gets to practice in the time allotted for the session.

Evolving case studies

The Outpatient Care and Nursing teams worked on evolving case studies that will allow the learners to integrate progressively the different skills and knowledge covered in the training. Before, our competency-based approach tended to be focused on practising isolated skills and was lacking more complex learning activities to make sure learners can mobilise these skills and knowledge adequately in situ. These evolving cases will address this and allow for such a progressive build-up.

Integrating simulation in a learning strategy for healthcare is well-known to be beneficial for the quality of the learning. Several scenarios have been integrated in the Nursing and Outpatient Care programmes.

WHAT IS A SESSION PLAN?

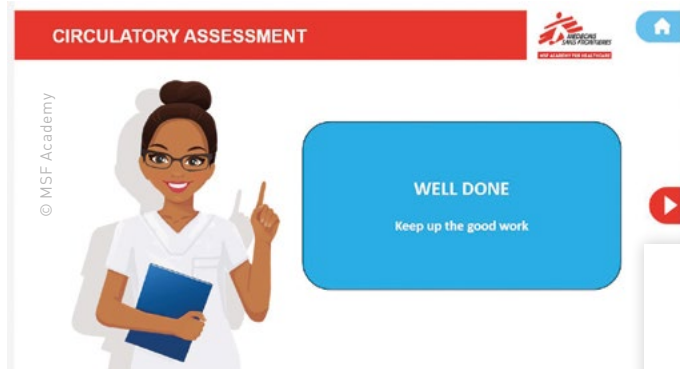
All theoretical units have a session plan. The session plan is a tool developed for the facilitator of the session, and aims to provide them with a delivery structure, while at the same time ensures to get consistency in the delivery of the content. It is a structured document that lays out the sequence of information to dispense, time indications and activities to put in place to carry this out.



Clinical Mentor Musa observes as a mentee prepares to give medications to a patient in IPD, Kenema Hospital, Sierra Leone.

e-Learning

Since 2019, e-learning has been identified as another key element in our pedagogical approach, both for the face-to-face and for the distance-learning programmes. We have chosen the MSF tool Tembo as our Learning Management System.

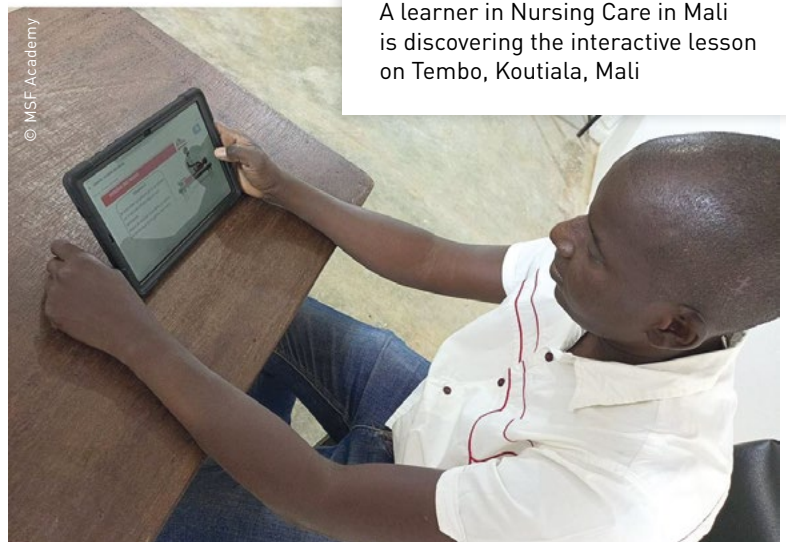


Screenshot of Tembo while a learner is testing their theoretical skills online

TEMBO AS LEARNING MANAGEMENT SYSTEM

Tembo is the learning space MSF adopted to give access to learning and development opportunities to all MSF staff regardless of location and profile, providing them with trainings and access to MSF resources. This Learning Management System (LMS) has been built onto a Moodle-Totara basis, and has been adapted to MSF needs.

To the face-to-face nursing programmes being rolled out in low-resource settings that are often prone to regular accessibility issues, e-learning constitutes a significant complement; it is important to provide an alternative method of transmitting the theory and concepts, with interactive tools and activities for the learner to review material and evaluate their level of understanding and retention. By the end of 2021, almost all the e-learning units of the first two modules of the Basic Clinical Nursing Care programme were finalised in both English and French. For all our distance-learning programmes, Tembo is the tool used to centralise and structure the programmes' roll-outs. In 2021, three out of the eight modules of the Fellowship in Medical Humanitarian Action course were finalised, the whole of our new AMR learning courses has been developed into e-learning and placed on Tembo, and both our clinical facilitation (TOF) and clinical mentoring trainings (TOM) have been translated into e-learning versions (eTOF and eTOM). As for the Post-graduate Diploma in Infectious Diseases, the first developed modules are also e-learning based, but using the LMS, SUNlearn, of our partner, the Stellenbosch University in Cape Town.



A learner in Nursing Care in Mali is discovering the interactive lesson on Tembo, Koutiala, Mali

E-LEARNING VERSIONS OF TOF AND TOM

In 2021, the eTOM was developed and tested in both English and French and the eTOF in English. During the course of the year, we delivered two eTOF in English, two eTOM in English, and one eTOM in French, with 52 participants in total. During the last quarter, we started collaborating with OCG L&D to cofacilitate these trainings for both MSF Academy and OCG staff and together, we cofacilitated one eTOM already in 2021.

Seeing that all our training programmes now include digital learning, we set up in October 2021 an internal bi-weekly e-learning meeting to share across initiatives. We tackle topics such as the impact of workload on learners' motivation in remote trainings, reporting features in Tembo, and alumni and community of practice options with Tembo and Sherlog.²

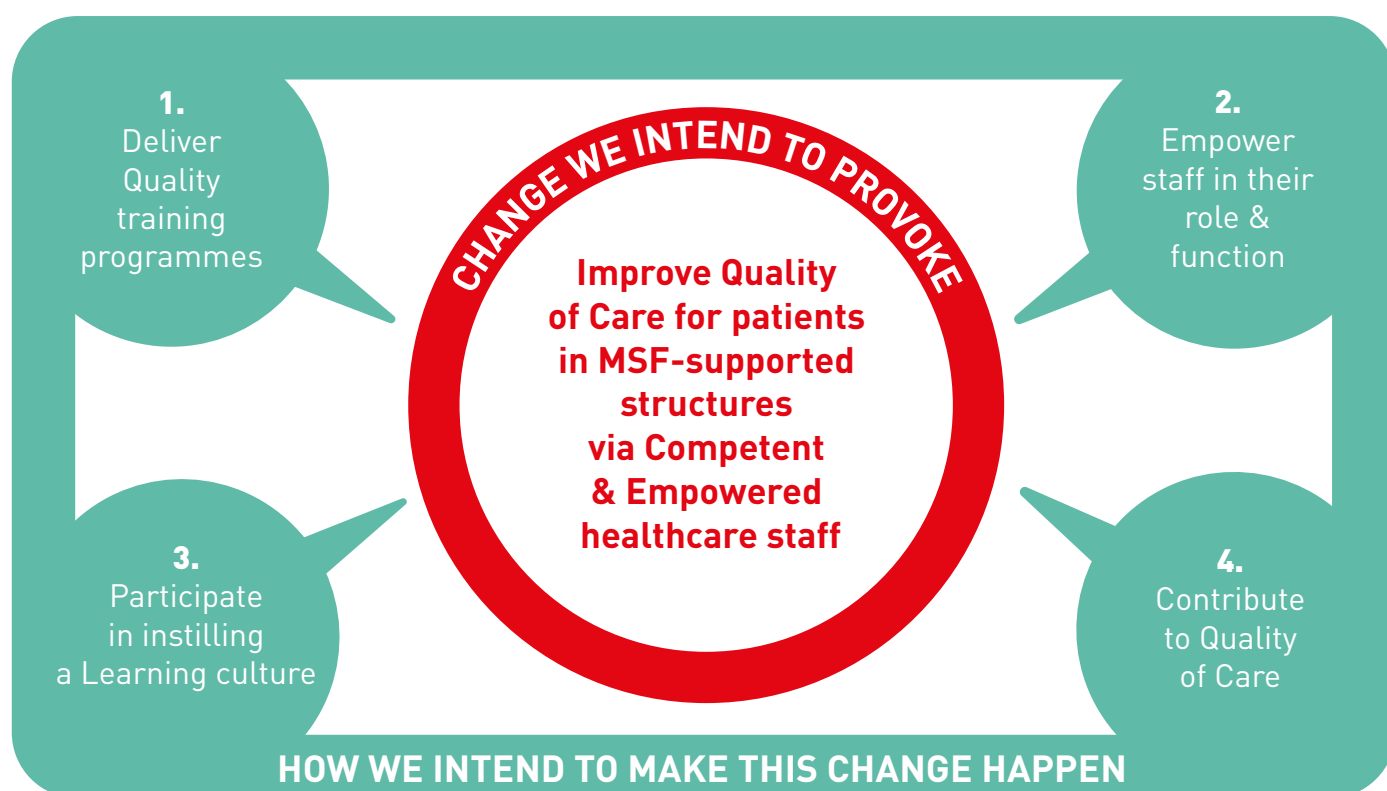
² Sherlog is a web-based platform aiming to maximise access to reference documents and to facilitate exchanges with peers through communities of practice.

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 brainstorms 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 of criteria: 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

LEVEL 1 REACTION

The degree to which participants find the training favourable, engaging, and relevant to their jobs

Satisfaction surveys
Regular feedback from learners

LEVEL 2 LEARNING

The degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training

Formative and summative assessments
Pre/post competency gap assessments (CGA)
Learning journals, self-assessments

LEVEL 3 BEHAVIOUR

The degree to which participants apply what they learned during training when they are back on the job

Observations by mentors
Supervisors/managers interviews
Pre/post quality-of-care assessment tool

LEVEL 4 RESULTS

The impact of the training programme overall

Pre/post quality-of-care assessment tool
Supervisors/managers interviews

Recognition & Accreditation

While the initial priority when starting an initiative is to ensure efficient and direct delivery in the projects, the MSF Academy remains committed to establishing solid partnerships with local academic institutions and national ministries, since it also strives to ultimately contribute to strengthening the local health systems.

While little progress was made in 2020 and beginning of 2021 as the Covid-19 pandemic forced everyone to revisit priorities, we did manage to move forward with the recognition of our programmes in countries where our activities were already well under way.

The Sierra Leonean Ministry of Health and the Nurses & Midwives Board Sierra Leone have officially recognised the MSF Academy as an official Continuous Professional Development (CPD) provider in the country and have validated the three CPD programmes we are currently dispensing in the country: The Basic Clinical Nursing Care curriculum, the clinical one targeting Community Health Officers; and the Outpatient Care one. This means that all learners who will complete the overall programme will receive a certificate issued jointly by the MSF Academy and the national authorities.

In South Sudan, good progress has also been made in discussing CPD recognition with authorities. We have reached formal agreement with the Federal Ministry of Health that the Basic Clinical Nursing Care programme will be recognised as a CPD programme, and the BCNC certificates will be signed by the minister upon completion of the course.

ACTIVITIES

HOSPITAL NURSING & MIDWIFERY CARE

The objective of the Nursing & Midwifery initiative is to strengthen the skills and competencies of the staff providing nursing and midwifery care in all participating hospitals, with the aim to contribute to a sustainable improvement in the quality of care. This includes curricula development of various nursing and midwifery courses, the creation of innovative pedagogical tools, and the roll-out of the learning programmes in various MSF-supported hospitals in the target countries.

Development of Content in 2021

All content developed for the Nursing and Midwifery programmes are intersectionally reviewed within MSF by the relevant working groups, according to the content of the unit. They are all based on the latest MSF guidelines and procedures; when revisions are made, our content is adapted in consequence.

Basic Clinical Nursing Care curriculum

The Basic Clinical Nursing Care (BCNC) curriculum development was finalised in 2021 with layout complete in English and three-quarters of layout complete in French. The remaining 10 French units will be laid out in the first quarter of 2022. During the last quarter, following feedback received from the field on initial roll-outs and, edits of parts of the content and tools for the first two modules of the BCNC were initiated and will be completed in 2022. The lessons learnt on the initial roll-out had already been taken into account when developing the following three modules.



French version of the Urinary Evaluation unit of the BCNC being used in Castors, Bangui, CAR, Oct. 2021

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 and it aims to cover all competences required for general nursing care. The BCNC is organised into 40 units that are grouped into 5 competency-based modules covering the knowledge, skills, and attitudes for basic hospital nursing care (details can be found in Annex 2). Each unit consists of a theoretical document, a session plan, learning activities, learning tools, and a formative assessment. The units are structured around 84 skills that are mentored individually at the patient bedside.

The BCNC curriculum 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. Depending on the initial competences of learners, the amount of dedicated learning time that can be organised, and the number of clinical mentors, the BCNC can be delivered within an 18-to-30 months' timeframe. The BCNC curriculum was validated by the MSF intersectional Nursing Care Working Group and other working groups when applicable including Lab, IPC, and Pharmacy. All the material is aligned with the MSF Intersectional Manual for Nursing Care procedures and Standard Operating Procedures.

A new introductory unit named Nursing Care and Ethics was requested and conceptualised by the team of clinical mentors and the pedagogical manager in South Sudan. The unit has been developed and validated internally in MSF by the intersectional Nursing Care Working Group (NCWG) and the referents for person-centered care in January 2022.

During the initial development, it was thought that the session plans would be developed in the field. Experience showed that the field teams do not have time to do so, their plates already quite full carrying out the learning and mentoring activities. The global team thus created session plans for all units and used this opportunity to include additional details on setting-up skills' stations as well as concrete examples to guide the clinical mentors in organising these practical learning activities. Clinical mentors in the field remain responsible to adapt the session plans to best fit learners' needs and the context they work in, but they now have a sound basis to walk them through the process.

A **calculation book** was created to guide learners in basic medication calculation through dosage and drip-rate calculation. In addition, pocket cards were created at the initiative of the intersectional nursing working group as an easy-to-use reminder with a conversion chart and formulas for calculating the amount of medication to administer, IV infusion rate, and IV drip rate; the pocket cards are foldable to fit into the learner's uniform pocket.

As mentioned before, **evolving case studies** were developed to allow the learners to progressively integrate the different skills and knowledge covered in the training. In all, five case studies will now follow the learners throughout the curriculum, providing additional simulation and increasing cohesion.

The development of the **e-learning** component on Tembo is under way for the BCNC with almost all units of modules A and B of the BCNC finalised in both English and French by the end of 2021. We plan to finish all BCNC e-learning units in 2022 with new approaches for learning activities.

In 2021, the BCNC CGA was updated with hybrid simulation to better assess communication and to make the simulation more realistic. Since the start of the nursing initiative, a total of 1,290 entry CGAs were performed in four countries. Exit CGAs will be organised once the learners have completed the full BCNC programme and when possible, one year after completion, to track the evolution



A nurse being observed while performing a technique of the CGA in Koutiala, Mali

of the acquired knowledge and skills; the first true exit CGAs will take place in Sierra Leone in 2022. In 2021, we also performed partial exit CGAs for the learners in Maban, South Sudan, when the programme ended due to end of operational activities, and where learners only completed parts of the BCNC programme.

IV DRIP RATES

 DROP FACTOR Number of drops (gtts) in one milliliter of solution	 MICRODRIP Precise infusions; paediatrics/ neonatal 60 gtts/ml	 MACRODRIP Standard infusions; 20 gtts/ml	 TRANSFUSION SET Blood product infusions with filter; 15 gtts/ml
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*Always confirm gtts/ml (drop factor) as per manufacturer

CALCULATING IV FLOW RATE IN DROPS PER MINUTE

Drip rate (gtts/min) = $\frac{\text{Volume (ml)} \times \text{Drop factor (gtts/ml)}}{\text{Time (min)}}$

CALCULATING NUMBER OF ML TO INFUSE PER HOUR

Infusion rate (ml/hr) = $\frac{\text{Volume (ml)}}{\text{Infusion time (hr)}}$

QUICK TIP When IV tubing is microdrip (60 gtts/ml), the drops per minute will be the same as the ml per hour!

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A pocket card on IV Drip Rates, March 2022.

CGA FOR THE BCNC PROGRAMME

The CGA is conducted for each learner prior to starting the BCNC programme and will be conducted again once the learner has completed the programme. More information on the CGAs in general can be found in the Pedagogical section of this report.

The CGA for the BCNC is composed of a knowledge questionnaire and a skills assessment. The skills' assessment consists in the observation of three common nursing techniques using an Objective Structured Clinical Exam (OSCE) format. Each step of the technique is associated with a specific skill and for analysing the outcome, the skills are grouped into nursing domains.

Operating Theatre nursing care curriculum

The Operating Theatre (OT) curriculum was validated intersectionally in MSF during the first quarter of 2021 by the relevant MSF intersectional working groups, i.e. Nursing Care, Surgical, and when applicable, Infection Prevention and Control (IPC). The translation into French and layout in English continued throughout the year and is now complete. The finalisation of the French layout will be finalised before the end of the first quarter of 2022, as will the associated CGA.

Midwifery care curriculum

While we continued to develop content for the midwifery curriculum, we have been struggling to compress it to ensure that the CPD programme could be carried out within a reasonable timeframe, thus operationally realistic. We held working sessions gathering subject-matter experts, both from the academic world and from the field, and pedagogical expertise, which led to the revision of the midwifery curriculum framework, breaking it down into modules that apply to specific times during the pregnancy. The new framework remains based on the International Confederation of Midwives (ICM) competencies and now can be tailored to adapt for the competencies the learner encounters in their daily work. Following the reorganisation of the framework, previously-developed content was reordered, but the initial work was not lost. End 2021, out of the 32 units, 10 of the entire curriculum have been validated by the Sexual & Reproductive Health (SRH) working group, and 10 others are well under way; the remaining units will be finalised and validated in 2022.

End 2021, the position of full-time Midwifery Sciences Referent within the MSF Academy team was created and recruitment took place. This new referent will join the team in February 2022.

The midwifery Competency Gap Assessment (CGA) will be developed in 2022, together with the learning journals, as the midwifery programme is expected to roll out for the first time in Sierra Leone in May 2022 with the opening of the maternity ward in the Kenema hospital.

Future perspectives for other advanced nursing programmes

On the horizon for the MSF Academy nursing initiative are two potential new learning programmes: Neonatal and Emergency Triage Assessment and Treatment (ETAT).

- The neonatal programme would be based on the new intersectional Neonatal Care guidelines published in 2021 and would complement the existing face-to-face short training and online trainings, potentially adapting the level of the content to staff with less prior background in the field.

- As regards ETAT, we received requests from MSF in Sierra Leone to support the existing ETAT training with bedside mentoring; knowing that some MSF projects use WHO's ETAT and others use MSF specific guidelines, the goal is to create a mentoring structure that could be used with either training.

All MSF Academy developed training content for all our programmes, once finalised, are made available as open source to all MSF staffers on the MSF Academy's public Sharepoint page.

OPERATING THEATRE NURSING

The Operating Theatre (OT) curriculum is an advanced nursing curriculum designed to support ongoing professional development of scrub nurses, circulating nurses, or anaesthesia nurse assistants. The curriculum is designed in a similar fashion 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 (details can be found in Annex 3). The 4 modules are complemented by 29 skills to guide bedside mentorship sessions.

MIDWIFERY

The midwifery curriculum aims to cover all competencies required for the profession, and it is to be provided either after going through the whole BCNC programme, or at least covering a set of prerequisite units stemming out of the BCNC curriculum. The curriculum consists of 32 units grouped into five modules.

- A. General Competencies
- B. Supporting the Woman in Sexual Health and Contraception
- C. Supporting the Woman during pregnancy
- D. Supporting the Woman during Labour and Birth
- E. Supporting the Dyad in Post-Partum Period.

More details can be found in Annex 4.

The learning programmes can either cover the curriculum in its entirety or adopt a modular approach based on the topics the learners encounter in their daily work. Learners working in the antenatal care ward can take Modules A, B, and C; learners in the labour and delivery ward could take Module A, C and D, same as for the learners from the antenatal hospitalisation ward; and learners working in the post-natal care ward can take A, B, and E. The modular approach allows for competency-based learning and for the learners to apply learning to their work and it permits for continuing professional development to support a learner if they move from one ward to another.

Field Implementation of BCNC Programme



The field programme implementation of the BCNC continued in Sierra Leone, Central African Republic and South Sudan, and preparations took place to start in Mali.

Our clinical mentors are now clearly at ease with delivering didactic classroom sessions applying varied learning techniques. Using brainstorming, learning games, group work, and skills stations, the clinical mentor guides the learners through the programme, building on the learners' existing knowledge.

As regards the chronology for covering the content, field teams noted that it is best to start with Module B, on IPC, before covering the other modules: having the foundation of IPC knowledge at the start allows learners to incorporate IPC transversally throughout the curriculum; also, when mentoring on any skill from measuring the pulse to intravenous (IV) insertion, IPC principals are highlighted and applied. Classroom sessions remain limited to 15 learners to ensure every learner has time to participate, practice, and ask questions.



Even in the classroom, learning is always active and in small groups with the MSF Academy, Kenema, Sierra Leone

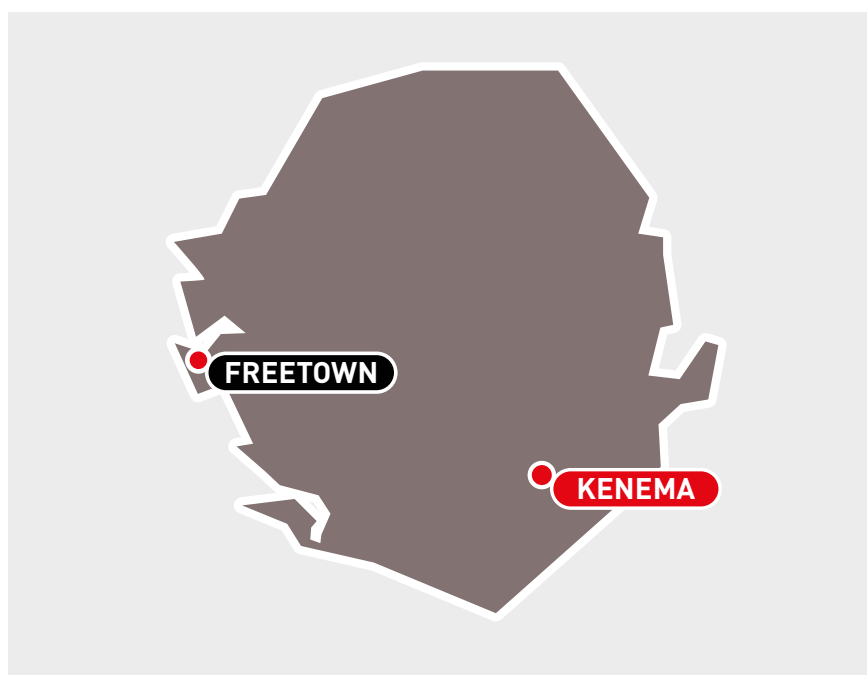
While different approaches were taken in each country, a strong focus this year across all projects was placed on increasing bedside mentoring sessions. All clinical mentors are supported in their journey of facilitation and mentoring through regular exchanges and feedback with their in-country pedagogical manager, and each benefit from a personal development plan.

As opposed to the situation in 2020, punctual support visits from the nursing, mentoring and pedagogical referents from the global team also took place during the year, even if still somewhat limited due to Covid-19 restrictions. These visits allowed for facilitated communication and exchange of ideas. In addition, support was also organised throughout the year individually, but also across countries on a biweekly basis with all pedagogical managers to promote the exchanges of ideas and the sharing of challenges and lessons learnt. Going forward in 2022, the plan is to also organise regular interactive exchanges between clinical mentors from different countries to support peer development and sharing of lessons learnt for them as well.

By the end of 2021, the ratio of nationally-hired versus internationally-hired clinical mentors is 4:1 which increases sustainability and continuity. A clear advantage of nationally-hired mentors is that they can switch to local languages which has proved to be immensely important in several of the projects where learners have had less opportunities for formal education.

SIERRA LEONE

The BCNC programme carried on throughout 2021 in the Kenema hospital. Great progress was made and the first cohort of about 50 nurses should be graduating by mid-2022. The programme is currently being provided to 110 nurses, nine nurse team supervisors and 88 nurse aides, all actively working in five different wards of the hospital, totalling approximately 100 beds: ITFC, IPD, ICU, ER and Isolation. While the strategy was to first focus on the nursing staff (as our capacity was limited), we did manage to integrate the additional 88 nurse aides from these wards in the classroom and practical sessions, thus they also benefitted from the theoretical learning for the units related to the competencies required to perform their daily tasks.



When I left school, I went to work in a regional hospital where there was little training. You don't grow fast in that kind of environment. Of course, you learn, but it is not comparable to the MSF Academy, where the training is very much based on practical knowledge.

Muhammad, Community Health Officer in Kenema, Sierra Leone

NURSING PROGRAMME IN SIERRA LEONE

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, be it by providing a nursing scholarship programme as well as a Nurse-Anaesthetist specialisation scholarship programme, both in Ghana, or by dispensing the BCNC programme for all of the nursing staff, or by preparing for the launch of a midwifery programme with the opening of the maternity ward, due to open towards the end of the first semester 2022.

End 2021
in Sierra Leone

207

entry CGAs performed

166

active learners
in basic clinical nursing care

4

trained nurse clinical mentors

58

active learners
in CHO programme

Two additional Sierra Leonean clinical mentors were hired in January 2021 to reinforce our capacity to provide quality bedside mentoring to all our learners, bringing the total number to four national project clinical mentors, supported by an internationally-hired pedagogical manager. The outcome is that by December 2021, the number of bedside observations by our clinical mentors had been greatly enhanced, with each of our mentors able to carry out up to 10 mentoring sessions daily. Progression made in completing the programme can be found in Annex 5.



Bedside mentoring moment in Kenema, as a learner examines a paediatric patient under the observing eye of a clinical mentor, Kenema, Sierra Leone

The BCNC curriculum was officially recognised as CPD by the Nurses and Midwives Board of Sierra Leone on 13 July 2021.

Training programme for Community Health Officers in Kenema

As Community Health Officers (CHOs) take care of much of the clinical work in Sierra Leone and following a request from the OCB mission to develop a training programme in hospital paediatrics, a CHO curriculum (provided in Annex 6) was developed and started in 2020 with 31 CHOs. Covid-19 interrupted the continuation of this programme in May 2020. The programme was resumed in 2021 with the arrival of a new paediatric clinical mentor. Following the evolving needs of the project, a new unit on palliative care and clinical examination skills will be developed and provided to complete this Kenema-tailor-made curriculum, which is expected to be delivered in approximately 24 months.

End 2021, we count 58 CHOs enrolled and actively learning via the classroom and practical sessions, as well as through individual mentoring sessions at the bedside; most of them have already completed about half the programme. The first learners are expected to complete and graduate from this CHO programme by February 2023.

COMMUNITY HEALTH OFFICERS (CHOs)

In Sierra Leone, CHOs receive three years of basic clinical training and are traditionally the providers of frontline primary healthcare in the communities. Their status in the country is presently in the process of being structured with the set-up of an official governing body.

CENTRAL AFRICAN REPUBLIC

The roll-out of our BCNC programme in CAR continued to be affected in the first half of 2021 by Covid-19, but also by issues of insecurity that hampered our ability to have a physical presence in the projects. Gaps in key positions during this period also contributed to our ongoing challenges.



The BCNC programme started in Bambari in January 2021, following the preparatory work that took place in the fourth quarter of 2020. Bossangoa resumed their MSF Academy training in February 2021, post-election suspension. In February as well, the reproductive health project of Castors in Bangui started with a new, albeit limited, cohort. The training activities in Bangassou began in April 2021, and Kabo resumed in July 2021. Unfortunately, our activities in Paoua and Carnot that we started in 2019, were both suspended in May 2021 for operational reasons; discussions are ongoing to start afresh sometime in 2022. Progress made during 2021 in the active projects can be found in Annex 7.

End 2021 in Central African Republic

465

entry CGAs performed

108

active learners
in basic clinical nursing care

5

MSF-supported hospitals
by 3 different OCs

2

MSF-supported hospitals
on standby during the year

4

trained nurse clinical mentors
+ 4 newly hired



The ongoing instability of the BCNC programmes in CAR and the impact this has had on our ability to deliver the CPD programmes, have led to a change of approach in our implementation strategy in the course of the year: we assigned each of our clinical mentors full-time to a specific project, thereby mitigating issues of movements and enabling us to bring regularity to our progress. We decided to put our clinical mentors in sole charge of the facilitation of the BCNC units and to optimise the clinical competencies of our learning companions by letting them focus exclusively on bedside mentoring, thereby increasing the efficiency of our roll-out.

This has created a change in momentum: a positive impact of our training is now slowly being observed in our learners' wards, and the ongoing presence of our clinical mentors in the wards has increased the level of collaboration between the MSF Academy and the medical managers of the projects (NAMs, PMRs). The preparatory work for the roll-out of our training content also brings us to look into the ongoing protocols being applied, and the supplies being ordered and used; as we are in close contacts with the nursing referents of all OCs, this exercise also greatly contributes to the actual implementation of the latest intersectional nursing guidelines and procedures.



A midwife and her clinical mentor assessing the vital signs of a newborn in the SRH project of Castors, Bangui, CAR

Nevertheless, we ended the year 2021 with 121 learners across five projects – a figure that highlights the level of challenges still faced in CAR. The main challenge is that we only work with small cohorts representing a maximum of 30% of the total nursing staff in each of the supported structures: this generally negatively impacts the projects' ability to integrate learning hours into their planning, which in turn significantly impacts the efficiency of the training programme. Decision was thus taken for 2022 to strive to enrol in our CPD programme all staff providing nursing care in a structure, instead of only some scattered across different wards. Indeed, experience in the other countries has shown that this will most likely facilitate the adequate scheduling of learning time, one of the most important hurdles encountered in the projects (beyond those we cannot have an impact on, such as security issues).



“ The MSF Academy will leave a well-trained nursing staff, eager to work and able to make a difference. ”
Olivier, diploma-level nurse working as clinical mentor with the MSF Academy in CAR

SOUTH SUDAN

We are pleased to say that the implementation of the BCNC programme in the various projects in South Sudan was barely affected by instability or local unrest, which allowed for the learning activities to run almost entirely as planned. Dashboards showing the progress made in each project are provided in Annex 8.



In **Maban** the condensed four-months' partial BCNC programme that started in October 2020 was completed early February 2021, as planned, focussing on four units of module A and the whole of module B. As regards the mentoring, time only allowed for a light approach. An entry CGA had been performed before the start, and a partial exit one was conducted in February 2021, which gives some indication on the impact of the programme on the learners' knowledge and applied skills (see Annex 9).



In **Agok**, a 200-bed hospital with numerous nursing staff, the BCNC training carried on as planned throughout the year. In order to organise the CPD activities without disrupting service-delivery to patients, each unit of the curriculum had to be dispensed over a two-week period to allow all 121 learners to attend; this prolonged the duration of the programme provision, bringing the expected completion of the programme to November 2022. A group of 20 learning companions were selected among the learners and trained to carry out bedside mentoring to their peers.



I could see great changes and a lot of improvements since the introduction of the MSF Academy. It has improved the standards of performances by the staff, the data documentation and collaboration. It has reduced mortality, morbidity and disabilities because people are performing to better standards.

Alphonso Pawil Aguek, MSF midwife supervisor, Agok, South Sudan

In **Old Fangak**, the learning activities started in March 2021. The initially-planned start date of March 2020 had been delayed due to Covid-19 and a subsequent shift in priorities in the project. Thus, the entry CGA was carried out twice: first in February 2020 and then in February 2021 for new recruits. As Old Fangak is a smaller hospital project, the progression through the BCNC programme reached on average one learning unit per week. However, when patient admission numbers were lower, it was challenging to maintain this progression pace for the bedside mentoring activities, as there were fewer learning opportunities. Towards the end of the year, hospital activities picked up again, so it was followed by an increase in bedside mentoring sessions. The BCNC programme is expected to be completed by June 2022.



A learner performing wound care on a patient, under the supervision of his learning companion in Lankien, South Sudan

In **Lankien**, where MSF supports a 100-bed hospital, the BCNC learning activities started in June 2021, after the assessment visit conducted in February and the entry CGA carried out in May 2021. Initial plans were to start the BCNC in May 2020, but this had been delayed due to Covid-19. The implementation of the BCNC training and mentoring activities is proceeding smoothly, and the entire programme is expected to be completed by January 2023.

In **Malakal**, the learning activities started in November 2021 after the assessment visit conducted in March 2021 and the entry CGA carried out in August and October 2021. The BCNC programme implementation started concretely in November this year, with a total of 53 active learners.

A face-to-face Training on clinical Facilitation (TOF) was carried out in December 2021 to which a total of 17 clinical mentors participated.

**End 2021
in South Sudan**

536
entry CGAs &
57 partial exit CGAs performed

343
active learners
in basic clinical nursing care

4
MSF-supported hospitals
by 4 different OCs

107
participation certificates
in 2 projects that ended

11
trained nurse clinical mentors

The MSF Academy team matured and grew further: The South Sudanese clinical mentors are now accustomed and have strengthened their competencies in bedside clinical mentoring in practice, and the international staff have brought their senior expertise in clinical nursing training to the MSF projects. OCs have also contributed by adding a clinical mentor per project – by “project clinical mentors”, we refer to clinical mentoring positions agreed upon and under the budget and responsibility of the OC’s teams, to add supplementary mentoring capacity in their project. This has proven to be an essential extra learning capacity and contributed to enhance the operational buy-in to the ongoing CPD. Finally, the programme in South Sudan has greatly benefitted from continuity as both the MSF Academy representative and pedagogical manager started their 3rd year in these positions! At the end of 2021, in addition to these two positions, the team counts 11 clinical mentors, complemented by four project clinical mentors.

With the Ministry of Health, the MSF Academy has reached an agreement that the BCNC training will be recognised by the Ministry as a CPD programme with a title of auxiliary nursing for the lower cadre of nurses.

New initiative in South Sudan: Scholarship project in collaboration with the Juba College for Nurses and Midwives

Through the interaction with the Ministry of Health and the nursing schools in the country, the idea matured to develop a specific support-programme to the nursing schooling system. After an assessment carried out in 2021, it was decided to support the Juba College for Nurses and Midwives (JCONAM) through a programme of scholarships: MSF will identify 100 people from the locations around the MSF-supported hospitals to enter the three-year nursing or midwifery course at JCONAM. These individual scholarships will help to build a new generation of qualified nurses in remote areas of the country and provide an essential funding source for the school, thus also benefitting other students indirectly. In parallel, the MSF Academy will assure a technical support to the school. The MSF scholars will return to the MSF-supported hospitals of their locations for all their practical internships. The programme is designed in agreement with all OCs and will run over a period of six years, as we envisage to organise yearly intakes of approximately 30 individuals.

MALI

In 2021, the MSF Academy launched the discussion to start a new BCNC programme in Mali, in the MSF-supported paediatric hospital of Koutiala (Sikasso region, East of Bamako). An entry CGA was undertaken in October to assess the competencies of nurses and nurse assistants/aides in the project.

A total of 142 employees participated in the knowledge and technical competencies evaluations. The results confirmed the need for our training and gave us a clear picture of the areas to develop. They can be found in Annex 10 of this report.

We agreed with the project team to start the CPD activities in the first six months of 2022. In learning from previous projects, we discussed during this first visit the elements of an efficient collaboration that are indispensable to allow for the CPD programme to impact quality of care. This includes among others prioritisation of quality of care, enrolment of all staff providing nursing care in the structure, learning time built into weekly work-schedules for every learner, and ensuring that protocols



and supplies be in line with the updated MSF intersectional nursing care procedures. By sitting down early and regularly with the project team to review and establish mutual goals for quality-of-care improvement, the collaboration will be strengthened.

The MSF Academy team in Koutiala consists of one senior clinical mentor (with experience from another BCNC initiative) and four clinical mentors recruited locally. To reinforce the team, a fifth mentor will be recruited in 2022 from our international pool. Our selection criteria for mentors are focused on the two key aspects of the position: quality of care and pedagogical skills. We pay attention to the diploma, the recent experience in nursing and the experience in paediatric care on one hand, and to the experience in mentoring, session facilitation, etc. on the other. Our long-term goal is to have proficient clinical mentors who can later move onto newly-supported projects in Mali that may be less accessible, especially for international staff.

Learning activities are planned to start in March 2022 in Koutiala. Later in the year, the MSF Academy ambitions to extend its programme to another project in Mali.

**End 2021
in Mali**

142

entry CGAs performed

4

**nationally-recruited
nurse clinical mentors**



A learner in nursing care during her CGA, treating a fake wound for this purpose; Koutiala, Mali

POTENTIAL FUTURE GEOGRAPHICAL PERSPECTIVES

During 2022, in addition to the continuation of activities in the above countries, the MSF Academy will explore the start of activities in yet another country in which several OCs are present. Another goal for 2022 is to find a way to support learning activities in countries with a lighter model, so without full-time MSF Academy team members on site. Such an approach would allow expansion to additional MSF projects with long-term professional development plans, high-quality pedagogy, and intersectionally-validated materials.

ANAESTHESIA SCHOLARSHIP PROGRAMME FOR NURSES

To address the shortage of trained nurse anaesthetists available in some contexts in which MSF intervenes, the MSF Academy organised a diploma course training for nurses to become nurse anaesthetists in partnership with established anaesthesia training institutes: the *Institut National de Formation des Agents de Santé* (INFAS) in Abidjan, Côte d'Ivoire, and the Ridge School of Anaesthesia in Accra, Ghana. This programme started in 2019, and the participants graduated in the first quarter of 2021: the French-speaking diploma-graduates based in Abidjan finished at the end of January 2021, the English-speaking bachelors finished at the end of March 2021 in Accra.

After graduation, the MSF Academy followed up the return of all the graduates to their country and the integration into their task as nurse anaesthetists in their respective hospitals or projects. Overall, this integration worked well, but in some places, operational challenges caused delays or in one instance (South Sudan) proved not yet possible.

The French-speaking nurse anaesthetists returned back to Chad (two from OCP) and CAR (18 in all, 12 work for OCB, two for OCBA, one for OCA and three for the Central African Ministry of Health). Supervision was put in place upon arrival for the 10 nurse anaesthetists in the SRH project of Castors. Adequate supervision in the other projects took a little longer.

The English-speaking nurse anaesthetists went back to Sierra Leone (eight in total, six OCB and two Ministry of Health), to Yemen (one from OCBA) and to South Sudan (one from OCBA). In Sierra Leone, a follow-up supervision was organised at Connaught hospital in Freetown for the six OCB nurse-anaesthetists whilst waiting for the opening of the maternity ward at MSF's paediatric hospital in Kenema (due to be opened around May 2022). The two Ministry staff integrated at the Kenema Government Hospital. The OCBA student from Yemen is now practicing as a nurse-anaesthetist in Al-Qanawis Hospital. The student from South Sudan was let go by OCBA as they could not find a supervised placement for him within their projects, having stopped their projects with an OT component in the country.



Before the actual surgery begins, the anaesthetist, Richard Bigabwa, checks his equipment and monitors a screen while at the back, the patient falls asleep, Old Fangak South Sudan

OUTPATIENT CARE INITIATIVE

The Outpatient Care programme is a competency-based training delivered through syndromic-based modules (details on curriculum content can be found in Annex 11). The learning activities are facilitated daily in the targeted health centres to a group of learners. Mentoring sessions are delivered individually during working hours with the purpose of bedside teaching, taking in consideration the health centre dynamics, workload and site specificities.



The programme is organised in two parts: an intensive phase consisting of daily learning activities and mentoring sessions that is foreseen to last three months; followed by a second phase of mentoring sessions alone with CPD based on individual learner's needs for another three months.

An agreement was made to implement eCARE-PED together with the Outpatient Care learning programme. This proved challenging to implement as the MOH in Sierra Leone and Guinea were hesitant to include the tools linked to eCARE. Meanwhile, we have planned to start in January 2022 in the Kenema MSF Staff Health Clinic.

Monitoring & evaluation

The programme is a pilot project, meaning that its objective is to test the working hypothesis that nursing-level staff in the different contexts can develop a better level of clinical reasoning based on a good patient assessment. The MSF Academy has therefore built a solid monitoring and evaluation system to measure the outcome of the learning at the different levels.

To measure the training outcomes of the programme, the Competency Gap Assessment (CGA) is composed of three elements:

- a knowledge test
- a direct observation of a consultation focused on 50 specific elements of the 'Competency Framework' including the 'Person-Centered Consultation Structure' through a standardised observation checklist
- a 'Task Self-assessment' questionnaire covering 16 key elements/actions of a consultation, for which we ask the participants to evaluate whether they consider each element as part of their daily tasks and also to explore their perception of their own training needs on each element.

BACKGROUND

Following a feasibility study conducted in 2019, the Outpatient Care Initiative was launched in 2020.

The objective is to tool those carrying out consultations in health centres so that they are formally trained in patient assessment, clinical reasoning and decision-making using a patient-centered model of care. The trainees are primarily nursing staff.

A four-pronged approach to intervention in Out-Patient Department (OPD) pilot sites was identified, focusing on:

- Efficient training of the healthcare workers
- Solid and continuous OPD supervision and support model in place
- The use of tools to support clinical decision-making
- Adapted Monitoring & Evaluation system towards quality of care (dashboards).

The CGA is performed before the start of the training activities -the entry CGA-, in the middle after finalisation of the intensive phase -the intermediate CGA-, and at the end after completion of the training programme -the exit CGA. The participants are considered to have 'graduated' from our programme once they finished both intensive and continuous phases, have undergone entry, intermediate and exit CGAs and have met the attendance requirements.



A mother consulting for her baby who was diagnosed with malaria by a MOH staff accompanied by an MSF academy mentor, Hangha Community health centre, Sierra Leone

For this pilot phase, in addition to the CGA, once the training programme is finalised, we also evaluate the opinion and appreciation of the participants, through an anonymous semi-quantitative questionnaire.

Finally, we plan also to test the impact of the training on the quality of care and more broadly the improved patient-centeredness of the consultations. We plan prescription analysis, focus group discussions with staff and patients, and patient exit interviews. It proved challenging to organise these in 2021, hence more emphasis will be put to plan these in 2022.

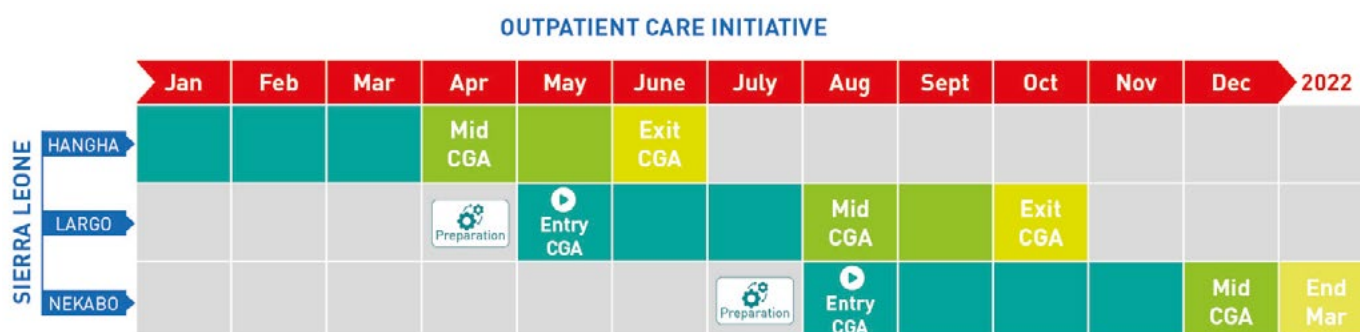
Field implementation

In 2021, the roll-out of the Outpatient Care programme occurred as planned in the different sites and countries, namely Sierra Leone and Guinea, with the addition of South Sudan and Nigeria this year.



Sierra Leone: Nongowa

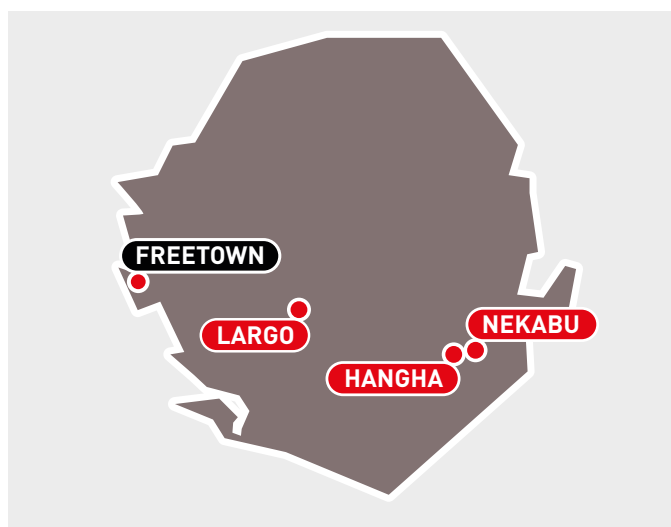
The implementation of the Outpatient Care programme in Sierra Leone started in December 2020 and continued throughout 2021. The learning took place in three health centres in Nongowa district: Hangha, Largo and Nekabo. The implementation is led by a senior clinical mentor with family physician background and two Sierra Leonean clinical mentors with community health officer training and fluent in the local languages Mende and Krio.



In the Hangha and Largo health centres, seven and four participants respectively completed the two phases of the programme and underwent entry, intermediate and exit CGAs. In the Nekabo health centre, only the intensive phase was completed, the rest of the programme will be completed in the first quarter of 2022.

At the end of 2021, the programme was handed over to the project team, who agreed to continue the further scale-out of the programme to other health centres in Kenema district.

The results obtained in Nongowa demonstrated a clear improvement: the participants have increased the number of skills and competencies they perform in their routine activities, and through direct observation, we can also note that their level of autonomy has greatly improved. More information is provided in Annex 12 of this report.



Outpatient Care in Sierra Leone

19

participants in all

16

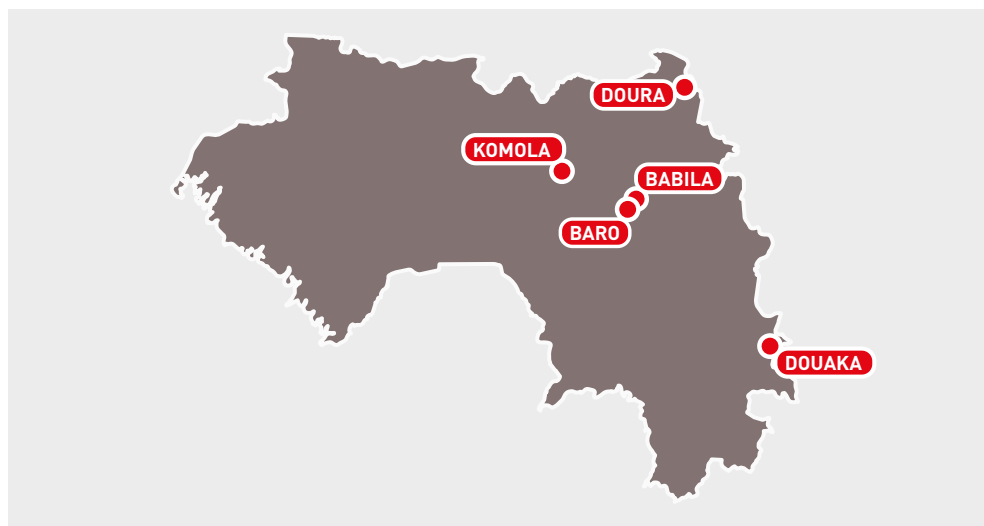
completed the programme
(3 drop-outs due to transfers)

PROFILE OF PARTICIPANTS

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

Guinea: Kouroussa

The programme started in June 2021, with the arrival of a clinical mentor with a physician background and two Guinean clinical mentors with nurse training and fluent in the local languages, mostly Malenke. The plan is to roll out the training in five health centres: Baro, Douako, Babila, Komola and Doura.



The programme started in the Baro health centre in June 2021 and by December 2021, 11 out of the 12 original participants completed the training and the exit CGA; all 12 underwent the entry and intermediate CGA. In September, the intensive phase of the training was started in Douako and Babila health centres. By January 2022, a total of 17 participants had undergone the entry CGA and 16 the intermediate CGA.

Outpatient Care in Guinea

29

participants in all

27

completed the programme
(2 drop-outs due to transfers)

PROFILE OF PARTICIPANTS

Medical doctors, certified nurses (in French *infirmiers diplômés d'état* or IDE), health assistants (in French *agents techniques de santé* or ATS) and certified midwives (in French *sages-femmes d'état* or SFE), all of them employed by the Ministry of Health

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2022
BARO					Preparation	Entry CGA			Mid CGA			Exit CGA	
DOUAKO								Preparation	Entry CGA				End May
BABILA								Preparation	Entry CGA				End May
KOMOLA												Preparation	Entry CGA
DOURA												Preparation	Entry CGA

The comparison of the results obtained via the CGAs carried out at the different phases of the programme in Kouroussa (entry, intermediate and end) demonstrates a clearly positive outcome. The learners' perception of what activities are relevant for their function has greatly been enhanced, especially for the supportive and environmental components of the competency framework, such as hand hygiene or use of PPE. Their knowledge level has nearly doubled in all health centres, and their autonomy level observed in consultation has tripled. More detailed information can be found in Annex 13 of this report.

South Sudan: Eastern Greater Pibor Administrative Area

An assessment of the health centre structure was carried out in November in Maruwa and implementation started in December 2021 with the arrival of a clinical mentor with a nurse practitioner background, seconded by a South Sudanese clinical mentor with clinical officer training and fluent in the local language Murle.



Four participants underwent the entry CGA and are to start the entire curriculum early 2022. The MSF Academy will also offer a limited programme with selected modules for the other team members of the health centre in Maruwa.

As regards the participants' perception expressed in the entry CGA, they mostly agreed on the enumerated elements as being part of their tasks when performing a consultation and demonstrated interest on receiving training on the matter. As for their consultation skills, the participants demonstrated a 40% 'autonomous' level on the first evaluation but we observed almost 40% 'not performed' as on the other described groups.

Kano: Nigeria

An assessment was carried out in November to evaluate the potentials of starting in Kano, Nigeria, on an OC-WACA project. The outcome was conclusive, preparation has started, and the implementation is foreseen for mid-May 2022.



An MSF Academy clinical mentor in Hangha Community Health Centre (CHC) in Kenema district in Sierra Leone mentoring a nurse while checking the weight of a new born infant in the centre

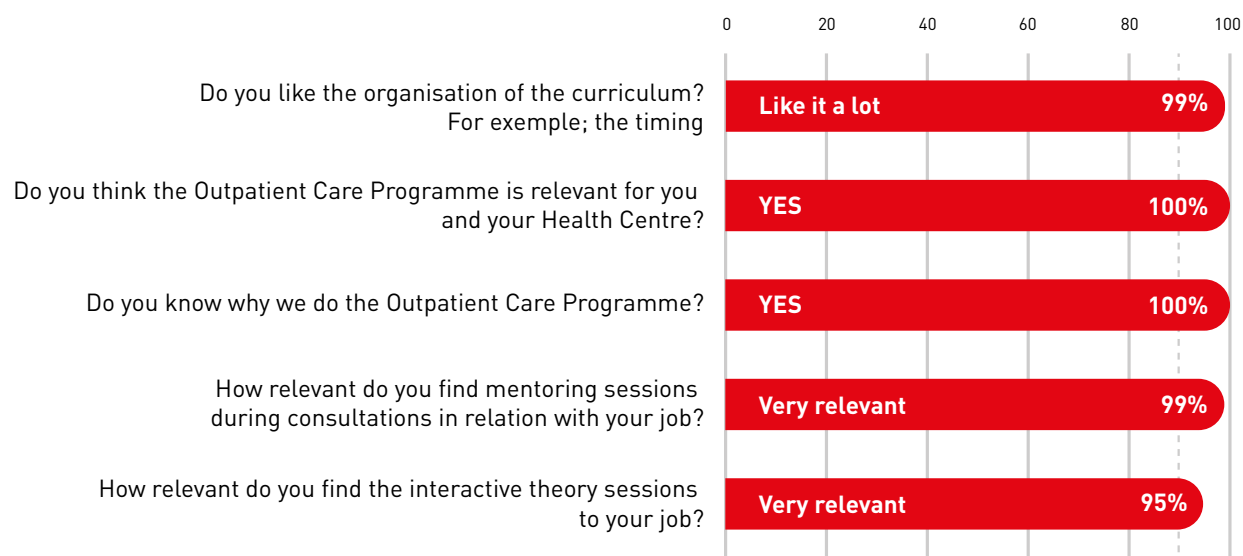
Challenges & lessons learnt so far

Several challenges have been recurring for the programme roll-out in the health centres. Their daily reality is not very conducive for quality training. In some, the number of patients per day can be low and, in some locations, the overall motivation of staff is low. Their routine monitoring tools are often of poor quality and it is difficult to use this information (registers, prescriptions, etc.) to monitor the effect of the learning. Finally, for correct observation of the consultation, knowledge of the local language is essential.

Nonetheless, progress was made, and difficulties were often smoothed. The programme team managed to allow time for training in the weekly schedules and the overall motivation of the staff in the learning programme improved. The learning strategies were reinforced by introducing scenario-based learning (especially in centres with low numbers of patients) and through enhanced experience of the clinical mentors that speak the local language.

Finally, participants' feedback received anonymously at the end of the training is encouraging, and demonstrates their appreciation of the programme, and its pertinence.

Participants' Feedback



What do we do well?

THE TRAINING:

- Helped us to know how to examine a patient, diagnose and treat
- Helped us to know differential diagnoses
- Changed the method of consultations
- The mentoring sessions helped us to be more confident when providing care

What can we improve?

WE SUGGEST:

- Reduce the days/month for the training
- It is difficult with the workload
- Follow up after three months to see how the mentees are doing

FELLOWSHIP IN MEDICAL HUMANITARIAN ACTION

This past year has marked the actual start of the Fellowship in Medical Humanitarian Action (FMHA), with the enrolment of its first cohort of participants and the beginning of the training delivery. In parallel, the team continued to develop the content of the course units. By the end of 2021, we had achieved about 65% of the course development: two course units are fully developed and published onto Tembo while four are at different stages of completion. The last two course units are planned to be developed in 2022.

Through this training, I structured and enriched my knowledge and this in several aspects of my work. Concerning the aspects of leadership and management, [the training] allowed me to better understand my team and to be able to be a better manager, while improving my leadership in the team. [In course unit 4], I learned how to do an assessment in an emergency situation better, taking into account the 10 priorities and how to better interpret the health indicators that I will obtain during this assessment. I also learned to better understand the humanitarian world, the needs, priorities and expectations of each partner and the Ministry of Health, knowledge that will allow me to improve my approach and my collaboration with other partners and MOH for an effective relationship in the future.

Dr Alain NGOKO TCHATOUANG



Programme roll-out: first cohort of participants

In May 2021, the Fellowship started with its first group of 13 participants. All of them work as medical coordinators (MedCo) or project medical referents (PMR) in the field, for different OCs (OCBA, OCA and OCB), and they represent a wide diversity of background. The course started with the comprehensive module in Epidemiology and Statistics, delivered in an 'intensive' form during nine full-time days by Epicentre. It was followed by several weeks of self-paced exercises and online sessions with feedback from experts. After a break in July-August, the participants resumed with the programme, this time in a pure CPD format, combining field assignments with their learning: the courses first dispensed were the People management and the Emergency preparedness and response ones.

BACKGROUND

The Fellowship is a two-year programme targeting Medical Coordinators (MedCo) and Project Medical Referents (PMR). These are the key positions 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 curriculum structured in eight course units, is based on the core competencies identified as essential for the roles, with a focus on strategic management, quality analysis and support of MSF medical activities:

1. Designing operational strategies, considering the needs and policy environment of the participant's specific context
2. Ensuring optimal operational management and overview of medical interventions
3. Managing and supporting the medical team
4. Coordinating and/or managing emergency preparedness and response
5. Coordinating pharmacy management
6. Contributing to medical humanitarian analysis in the mission and actively participating in MSF's positioning, including promoting it externally
7. Facilitating operational research
8. Coordinating staff health.



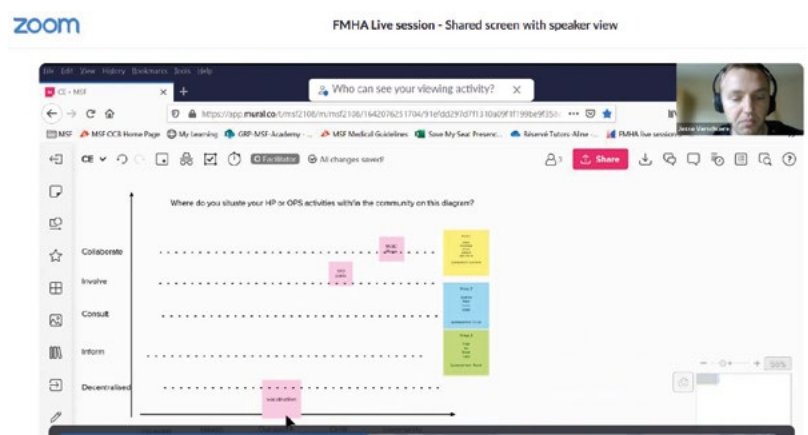


Nurse overseeing the smooth running of mobile clinics, when not busy attending patients; Soroti, Uganda

The pedagogical approach is hybrid. The MSF Academy developed course units online, on Tembo, with an extensive content that includes key resources, videos, exercises, self-reflection, etc. Live sessions are scheduled twice a month for participants to share their experience, to practice together and to discuss with MSF experts all the while participants hold postings in MSF projects as the learning is tailored to their individual needs and contexts. The participants are supported and guided by professional MSF tutors, with whom they draw up an individual learning plan. The ongoing operational activities are used as learning opportunities, backed up by online resources, allowing to learn in real time while gaining competencies and confidence in the daily tasks. Every year, the participants also attend a face-to-face session in Brussels. In addition to accompanying the participants in their learning, the full-time tutors are in charge of implementing the work-based learning in practice and managing the online classes, the face-to-face sessions and on-the-job learning.

Second cohort and upcoming activities

In September 2021, the preparation for the enrolment of the second group of participants started by advertising the programme to the target population across the movement; in November, the application and selection process opened for all MSF sections. The aim is to have 15 to 20 participants for the cohort due to start in April 2022. They will begin by defining a learning plan with their tutors based on their self-evaluation, before diving into their first course unit online in May. A third tutor will complete the team to accompany the participants of both cohorts.



In 2022, there will be two face-to-face sessions organised in Brussels. The first one is for the 2021 cohort of participants, focused around five days of discussions and case-study exercises with MSF technical experts, to complement the distance-learning training, share experiences and build a community among the learners.

The second session is for the 2022 cohort to attend the nine-day Epidemiology and Statistics course of Epicentre. Hopefully in 2023, both ongoing cohorts will be able to have time to exchange together in Brussels.

Challenges and lessons learnt

With the first cohort, we were able to pilot and test the concept and methodology and to understand the feasibility and practical constraints that the learners may face. The main issue that appeared is the confrontation between the work-based learning and the actual workload of the participants. While our learners value the possibility to draw knowledge from their actual mission and to practice their skills directly on the job, it is often challenging for them to find enough time to study.

As a response, we started to act upon several factors:

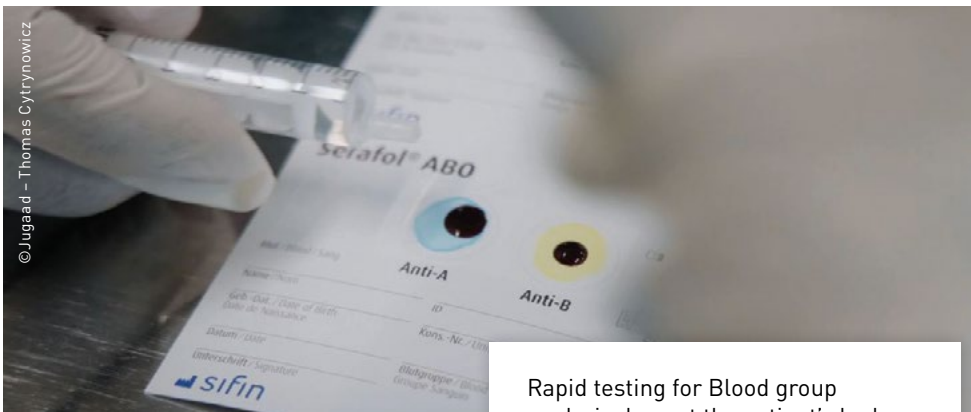
- The course volume: the content is gradually reviewed, based on our learners' feedback. We adjust our resources (articles, synthesis, videos, etc.) and we emphasise specifically the essential material from the more optional ones.
- The flexibility: we give adapted deadlines to each participant. Our tutoring is an asset that allows for individual follow-up, adapted to each participant's situation and mission context.
- More time for learning: we have the support of the Operations and HR departments to allow our learners to spend more time studying and clear communication thereupon was sent to the learners' line management.
- Tutors' support: individually, tutors provide guidance in terms of time management, delegation, and defining priorities to help the participants find the balance between their workload and their learning, among others.

We will monitor closely how the above-solutions facilitate the work/study balance of our current participants and whether our second cohort faces the same challenge.

Another lesson learnt is the planning of the enrolments of the new participants. Stemming out of the experience for this second cohort, we need to promote the programme more broadly and to allow more time for the OCs to manage the selection process of their candidates.

POST-GRADUATE DIPLOMA IN INFECTIOUS DISEASES

April of 2021 marked the effective start of the Post-graduate Diploma in Infectious Diseases (PGDip ID), as the pilot cohort kicked off their learning journey. Of the nine participants selected at the end of 2020, eight effectively started the programme. By December 2021, this pilot group had completed the first two modules, namely HIV & Tuberculosis and Surgical Infections. Unfortunately, two participants exited prematurely: one for personal reasons and the other due to the frustrations of not having access to interesting clinical field assignment, a strong symptom that for international MSF staff, there are not many field positions in a senior clinical role.



Content development

Throughout the year, the development of the course's content continued, led by the head of the Infectious Diseases Department at Stellenbosch University (SU) and with contributions from SU faculty members, the South African Medical Unit (SAMU) and MSF subject-matters experts. The modules Adult Infections and HIV & Tuberculosis were finalised, and the module Surgical Infections was developed. What remains for 2022 is to finalise the Paediatric Infections module and to develop the Community Health one.

As this course is using a hybrid learning approach, all content needs to be in an e-learning format. A remarkable collaboration flourished with SU's Centre for Hybrid Learning: they designed and developed all e-learning material with the subject-matter experts, and they managed to receive specific funding to develop it all. The result is a high-quality e-learning course hosted on the university's own Learning Management System, as the course has been designed to also include participants not working for MSF.

Working with the cross-disciplinary team highlighted the importance of collaboration to create a valuable, world-class learning experience for students. We fostered a dynamic relationship between MSF representatives, Stellenbosch University's hybrid learning team and the course facilitators.

Our ongoing engagement with course participants further continues to improve our approach.
Dr. Renelle Terblanche, Coordinator, Hybrid Learning Team at Stellenbosch University

BACKGROUND

The Post-graduate 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 course that participants follow while working in clinical assignments in the field with MSF. 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 post-graduate diploma, it will offer 120 CATS. As part of the partnership, SU also offers the course to participants that directly enrol through the University.



Accredited & recognised course

In August 2021, the course obtained its registration with the South African Department of Education, a bit over a year after the submission of the file, which was faster than expected. As the first cohort of participants started the course before final registration was obtained, it was agreed with SU that they would start the first modules under the format of short courses of the same number of credits; these will be included in the PGDip ID later through a system of recognition of prior learning (RPL).

Second cohort and upcoming activities

The PGDip ID aims to take on new yearly cohorts each January. To that end, in September 2021, the applications were opened for the second cohort of participants. Based on hard criteria and motivation, eight were selected, coming from OCG, WACA, OCBA and OCB; all of African nationalities. The participants of this second cohort will join those of the first, and together they will start with the module Adult Infections end of January, followed by Paediatric Infections from September. In their second year, they will start the Community Health module (which is the last module for the first group of learners) and continue with the modules seen by the first cohort during their first year. In that year, they will be joined by the participants of the third cohort, due to start in January 2023.

The initial plan was to organise the first annual face-to-face session for the participants of both groups on the campus of the University in January 2022. This plan had to be altered due to the high increase of Omicron variant cases in South Africa. The face-to-face session is now planned in May 2022 and will welcome both cohorts together in seminars and peer-to-peer exchanges.



Lessons learnt and challenges

From the initial feedbacks from the students and the University, the course seems to be at the right level and well-adapted to the experience and needs of the learners. What is appreciated by the students according to their individual feedback is the clinical learning and the structure and content of the technical information.



The PGDipID course came in handy in my new position and provided the necessary clinical skills and knowledge in a hospital in Western Kenya where there is limited diagnostic resources and a high HIV/TB/Malaria prevalence among other infectious diseases. I am more confident in my support to clinicians and project. ”

Cecilliah Gakii, Deputy Medco, OCP Kenya mission



The main challenge reported by the students is that the course brings quite a large workload burden upon their daily tasks. Almost all of them reported this, but the large majority manages to cope and has negotiated to organise their work in a way that allows enough time for study. For some, the MSF Academy helped to negotiate this with their management.

On a practical level, it proved often difficult to identify the right clinical workspace for the participants to apply the clinical skills and observe the clinical cases in relation to the theory being studied at the same time. Especially for the participants under international contracts, which implies changing locations regularly according to the operational needs, it is often complicated to identify new field assignment with a relevant, motivating, and relatively senior clinical role. For some, it has proven challenging to find enough clinical cases to fulfil the required learning and assessments for the course. This can be due to many operational factors, field needs, access to patients and more.

In 2022, we will investigate and implement measures to allow more clinical space and access to cases for the participants. A full evaluation of the project together with SU is planned for 2023.

ANTIMICROBIAL RESISTANCE LEARNING

The Antimicrobial Resistance (AMR) Learning initiative pilot project aims to improve the management of AMR in MSF-supported structures through the provision of diploma courses for Infection, Prevention and Control (IPC) supervisors and Antimicrobial Stewardship (AMS) focal points working in MSF hospital projects. The pilot project was initiated by MSF OCA in partnership with MSF Academy, which focused on developing the clinical mentoring component, while the theoretical course content was developed in partnership with the British Society for Antimicrobial Chemotherapy (BSAC).

In 2021, the courses' content was developed, the learning methodology defined, and the team was created. Participants from three OCs were enrolled to pilot the courses, finalising the whole learning programmes by end January 2022. It was also decided that the initiative would carry on beyond the pilot phase, with the objective to train all concerned staff active in the all MSF-supported hospitals in the coming years. This continuation phase will now be under the full coordination of the MSF Academy.



MSF lab technician Charles Chilimbiri, in the laboratory in Nsanje district Hospital, Malawi

The courses' content and pedagogical approach

The project started early 2021 with BSAC for the development of the content of two specific courses: one targeting specifically hospital IPC supervisors and another targeting hospital AMS focal points. BSAC developed the e-learning content in line with MSF tools and policies and with input and validation from the MSF subject-matter experts. The content was then uploaded onto Tembo, the LMS adopted by MSF, in both French and English.

While the training is provided online, the participants are supported and guided in their learning by expert clinical mentors, who play a central role in the delivery of these courses. This blended learning programme is 24 weeks long: composed of 80 hours of theory and complemented by approximately 60 hours of collective and individual mentoring sessions. The clinical mentoring component supports the learners to transfer the knowledge into a practical skills application of the course using one-on-one and group sessions as well as assignments, case studies and tasks.

BACKGROUND

Seeing that microbial resistance to medicines is rapidly spreading and affects the morbidity and mortality of MSF's current and future projects around the world, OCA, in partnership with the MSF Academy decided in 2020 to launch a feasibility study, to explore the possibilities to develop specific courses targeted to key hospital staff for the improvement of AMR management. Decision was taken end 2020 to launch the initiative and pilot it with a first group, all in 2021.

COURSES' CONTENT

IPC Supervision & Management

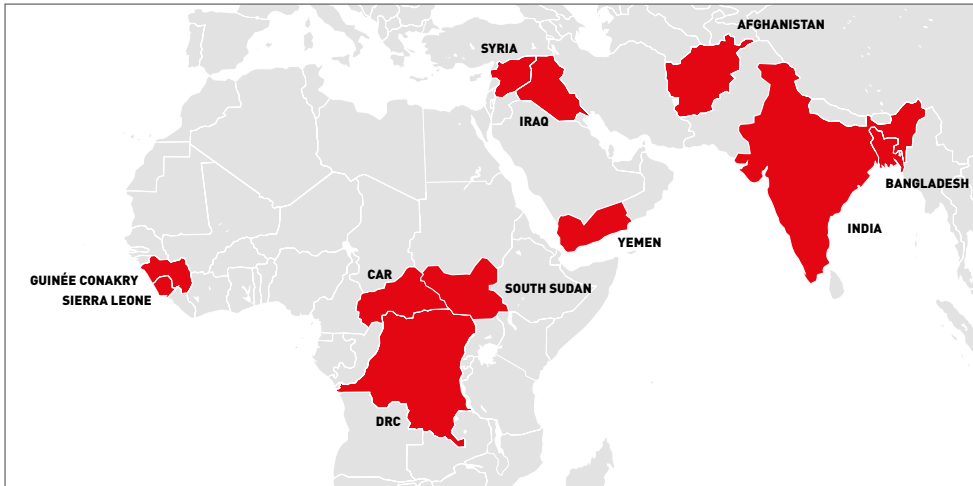
1. Introduction: Fundamentals of IPC
2. Basic structural requirements for IPC in a healthcare facility
3. Hospital environment (infrastructure & hospital design), material and equipment
4. Advanced level (additional modules on isolation)

Antimicrobial Stewardship

1. Introduction to AMR & AMS
2. Appropriate use of antimicrobial agents
3. Planning and AMS programme
4. Diagnostic stewardship and surveillance

The pilot cohort of learners

The selection process of the candidates started in parallel to the development of the courses' content and the composition of the project's team. By the second quarter, all were selected. After a bit of delay due to logistical challenges, the initiative went live in

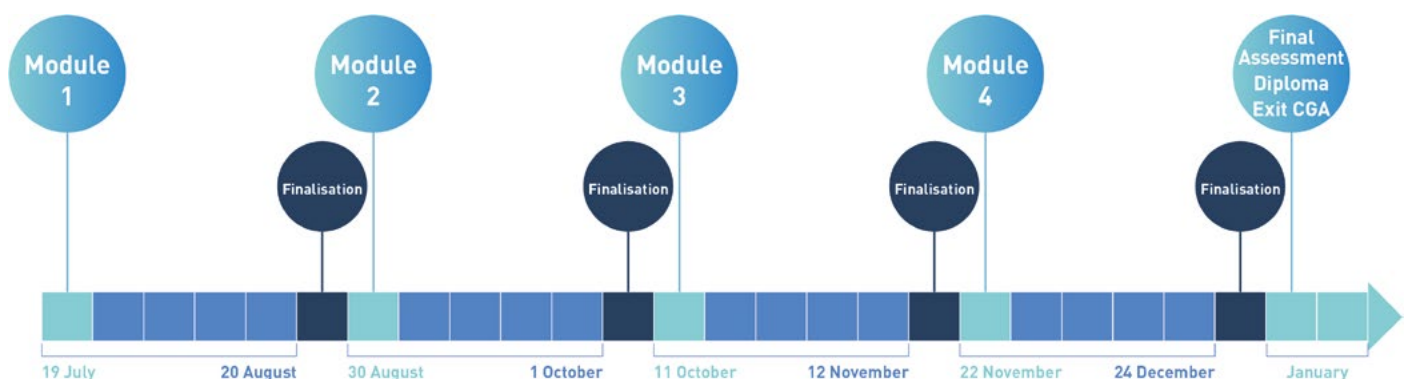


July 2021 with 28 participants from three MSF sections (OCA, OCB and OCP) and based in 11 different countries – all being nationals of the country in which they are posted.

Of the enrolled participants for this first pilot cohort, 13 were in the AMS course and 15 in the IPC Supervision & Management course. Ideally, we would train the IPC supervisor and the AMS focal points simultaneously within the same structure to enable them to bring changes together as part of the programme's assignments and guided by mentors: We did manage to pair 24 of the participants, leaving only four unpartnered.

All learners have been provided with individual tablets provided by the initiative to enable them to access the courses on Tembo, to participate in the webinars, to communicate with their mentors and to carry out their assignments. Quite a few challenges had to be overcome in terms of shipment, internet access, digital literacy and configuration, to name a few, but overall learners managed to have access throughout.

Both courses started with their respective Module 1 on 19 July and followed the below timeline.



Participants to 1st AMR courses

15

IPC Supervision & Management

11

English

—

4

French

13

Antimicrobial Stewardship

8

English

—

5

French

Each module takes five weeks, no matter the course. Week 1, the courses go live on Tembo and learning starts in groups; week 2 sees the start of individual sessions between participants and mentors; week 3 is marked by the mid-module group session; week 4 concentrates again on the individual mentoring sessions, and week 5 marks the closure with the end-of-module webinars organised and facilitated together with BSAC. A week was added at the end before starting the next module, to allow the finalisation of the content of the next module; this benefitted the learners as well, who thus had more time to complete the learning of the past module.

The pilot courses were completed in January 2022. After the final examination, 27 out of the 28 participants were awarded the diploma certificate, and the recognition of the certificate by the UK Royal College of Pathologists is underway. One participant completed the course but did not sit for the exam, so is considered as a drop-out.

Finalising the pilot and beyond

This AMR Learning initiative has become the central pillar for AMR learning within MSF, and the need to carry on dispensing these courses has been confirmed by all sections. An evaluation of this pilot project is taking place beginning 2022 and will serve among others to adapt and improve the programme for the cohorts to come.

In 2022, the MSF Academy will assume full responsibility for the project, and the programme will be accessible for participants from all OCs. The next cohort of participants (planned to reach 60 in all) is due to start in the second quarter of 2022, once the selection process with the OCs is finalised.

At MSF's post-operative care hospital in Mosul (Iraq), IPC measures are implemented.



Decision was also taken to develop an additional module on microbiology to complete these courses: BSAC was contracted to carry out this work beginning 2022, in collaboration again with MSF subject-matter experts.


The mentoring team




The courses were supported by a mentoring team composed of two full-time positions that were held by three mentors. They are in charge of facilitating live group sessions, end-of-module webinars and providing one-on-one support to the participants. In this development and pilot phase, they also needed to develop all mentoring tools required for the courses' provision. Seeing that the courses' delivery started as content was still being developed and validated, this forced the mentoring team into a lean-production mode to create the learning activities relating to validated content.

In preparation for the next cohort in 2022, recruitment has been launched to increase the clinical mentoring capacity: not only will the number of learners double, but it was also realised that the ratio of mentees to mentors needed to be revisited to reach an ideal 1:10. The mentoring team will thus be composed of a coordinator and six full-time mentors.



Who can see your viewing activity? X



<p>Example: O₂ medical devices management 12.30 – 12.40</p>		<p>External surfaces are NON-CRITICAL and should be cleaned and disinfected between each patient use.</p>
		<p>Humidifier is a SEMI-CRITICAL item and should be sent to sterilization between patient use <i>(know the reprocessing protocols for each part of biomedical equipment to ensure correct reprocessing).</i></p>
		<p>Oxygen mask and tubing are SINGLE-USE and should be discarded when the patient is discharged.</p>

INTERSECTIONAL SURGICAL TRAINING PROGRAMME

The International Surgical Training Programme (ISTP) is a training programme for MSF surgeons aiming to strengthen the surgical care provided in the MSF projects. Specifically, the objective is to broaden the skills of the surgeons to become more polyvalent, as most new surgeons are very specialised and trained in high-tech environments. In practice, the programme proposes clinical rotations of about eight weeks in all to take place in trauma, emergency obstetrics, basic orthopaedics, general reconstructive surgery and burns. The programme is on offer to all MSF surgeons from all OCs, with an increasing focus on national staff, via the BEMU.

In 2021, a second partnership with the Stellenbosch University (SU) was secured -following that of the PGDip ID with the MSF Academy- with the goal to provide the training in Cape Town, South Africa. Most of the clinical rounds are to be organised in the Tygerberg hospital or some connected hospitals close by. With SU, the project has found an excellent learning environment, with high standards of care for the MSF surgeons, as the patients and the cases encountered in these hospitals are in many ways similar to those we face in MSF projects; also, the technical level of the hospital is comparable.

The pilot phase of the programme started in September with four MSF surgeons enrolled in all: only two completed it though, as two unfortunately had to abandon the training for personal reasons. We were happy to experience faster registration process than expected with the health professional council for the foreign surgeons to practice in South Africa: we managed to obtain it in less than six weeks.

The ambition is to move towards the regular phase as of 2022: the clinical rounds are now organised continuously and should allow for two surgeons to undergo training simultaneously. An experienced trauma surgeon was recruited by SU, funded by MSF, to guide the trainees in their daily work with a tailor-made programme adapted to each surgeon's skills gaps and maximise the opportunities for surgical practice in the hospitals. In the course of 2022, the programme will further gather experience with the continuous planning of trainees, while adapting the clinical rotations to include the first lessons learnt. We also plan to include national staff into the programme and to create a theoretical component to this training.

The ISTP is now running well, and the partnership with SU offers a very good learning environment to organise a unique programme that will have a direct impact of the quality of surgical care for all MSF OCs.

**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

One of the main priorities identified for 2021 was to reinforce the Academy's Monitoring & Evaluation system. Substantial efforts have been carried out in this field over the past year, and it is still ongoing.

Development of the MSF Academy's Database

One of our main transversal priorities for 2021 was to build a robust web-based database in which all our clinical mentors could capture the basic information on the participants to our various courses and follow their daily progression through the programmes.

Technical specifications were drawn, suppliers were approached, and the selected one started working on the tool in September. The tool selected for our database is Odoo Community-based. However, seeing that our setup is a bit atypical, it took some extra explaining to ensure the developers understood our programmes and adapted the tool accordingly.

The main challenge encountered, beyond usual delays in such projects, was the importing of our pre-existing data from the BCNC programmes into the new database. Since the beginning, our teams have been capturing the information in excel spreadsheets: even though it was originally planned, the suppliers did not manage in the end to transfer all existing data automatically, which forced us to reencode all data again. This means that we were not able to go live in January as expected, but only progressively, starting end March 2022 with the BCNC programme.

All nurse clinical mentors in the field will be trained and accompanied individually on how to use this tool properly. The other programmes will then follow suit (Outpatient Care already started).

Data Analysis

In parallel to our database in Odoo, we are setting all the parameters and links to enable a view of the analysed data through Power BI, which will serve as the 'front-door' to our data. Together with the IT department, we are developing pre-defined dashboards to automate regular analyses of our data and ease reporting for all.

In addition to data on our learners and their progression through our programmes, we are also gathering and following up other indicators, as described briefly in each programme's specific section of this report. An example of new indicator we have started to use in the Nursing initiative to capture our contribution to the quality of care is a Hospital Nursing Quality Assessment: we piloted this end 2021 in Malakal, South Sudan, and Koutiala, Mali. The idea is to carry out such an assessment at different times in the supported structures – at minimum in the beginning of an intervention and at the end of the programme – and compare the results. This should allow us to better measure whether the quality of nursing care has improved over time in the structure. We intend to use this more broadly and implement more systematically throughout the projects.

External Evaluations

As part of our M&E framework, we want to have regular external evaluations carried out on specific programmes or topics. Organising and coordinating such evaluations take time though, so we will have a maximum of two per year.

In 2021, the **nursing & midwifery scholarship programme** that took place Ghana for Sierra Leonean nationals was carried out and finalised. The findings and recommendations have been shared and discussed during a workshop in 2022. The final report will follow suit.

Early 2022, another external evaluation was done on the pilot project of AMR Learning that was managed by OCA in partnership with the MSF Academy. The purpose of the report was to draw lessons learnt and clear recommendations for the continuation of the project and the next cohorts to follow, as well as more general elements of project management.

The next evaluation will be on the outcome of the first **completed BCNC programme implementation** in collaboration with the Swedish Evaluation Unit.

MAIN LESSONS LEARNT AND PRIORITIES FOR 2022

As we do every year, the team took the time to reflect on the past year and draw lessons for the coming year. 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.

LESSONS LEARNT

2019, 2020 & 2021

Clinical mentoring competencies not to be taken for granted in experienced professional healthcare workers

ACCOMPLISHMENTS & PRIORITIES TO FOCUS ON

Continued energy was invested in raising the level of our clinical mentors. The developed TOF and TOM were created in an e-learning format as well in both French and English and are regularly provided in a hybrid form, as interaction, discussion and practice remains key. Formal recognition within the MSF function grid of the clinical mentoring function was obtained in 2021.

For 2022, we will focus on the following:

- Provide trainings regularly, with regular updates and improvement on content
- Ensure all newly-recruited MSF Academy clinical mentors have a structured induction into their role and create a path with tangible benchmarks to grow in the role
- Broaden the pool of facilitators for the online courses – ongoing already with OCG's L&D
- Promote regular exchanges (action learning) among clinical mentors, with a specific focus for those working at distance with their learners
- Maintain connection and exchanges with the non-Academy participants to eTOFs & eTOMs – community of practice to consider?

2019 & 2020 & 2021

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. As our team compositions often have more continuation than the operations', we have to remain the guarantor of the partnership's institutional memory.

During 2022, we will continue to strengthen the partnerships at field level and with operations:

- Establish, agree upon and document very clear bases before starting support in a new project
- Continue to support operations when needed in creating the learning space (both timewise and physical)
- 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
- Continue to participate in the interdesk meetings for the countries we support, and put our activities on the agenda yearly, and ad hoc when required
- Use the newly produced dashboards to give regular updates on the progression of our activities in their projects.

2021

Strengthen the connection with Academic Institutions & recognition of our CPD programmes by national authorities

From the experience this past year, 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.

About recognition of our CPD programmes by national authorities, it has been confirmed in Sierra Leone, and is well under way for South Sudan.

We would still like to create links with academic institutions for other initiatives, such as Nursing, Outpatient Care and the Fellowship, and we will strive to obtain recognition of the CPD programmes in the other countries where we have field teams.

2021

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.

What is necessary to establish and put in practice for 2022 onwards:

- Formalise governance mechanism on how to identify and decide upon new potential initiatives, and whether it is for the MSF Academy to carry out
- With MSF Academy management and strategic teams, establish how to measure our capacity to take on additional initiatives or projects while remaining ambitious and able to profit from opportunities
- For all new projects and initiatives, apply retro-planning that ensures quality work and that ongoing projects do not suffer
- Maintain an agile management style and adapt our structure to accommodate evolving needs
- Identify and agree upon potential 'quick wins' and spin-offs of current initiatives.

2020 & 2021

Bring transversal priorities to the forefront

As already mentioned before, significant progress was reached in 2021: among others, in setting up our M&E framework, data collection, recognition of our CPD programmes by ministries and international agreement within MSF about MSF Academy budget for 2022 & 2023 and on inter-OC interaction.

In 2022, we will keep transversal themes on the priority list. To name a few:

- M&E: finalising of the database development, including data on all programmes, develop specific aggregate and analysis dashboards and investigate how to capture / combine with data currently on Tembo
- Quality Assurance: Define an internal process for each initiative that would be robust enough to support eventual internal or external accreditation
- Financial sustainability: This not only means continuous efforts on the fundraising side, with sound accountability methods and tools, but also clear positioning of MSF Academy activities within the movement's financial architecture for 2024 onwards
- Inter-OC interaction: Clear division of roles and responsibilities with L&D is still in progress. Contribution to major debates within the movement remains key, namely: learning culture, clinical leadership and quality of care.

As a complement to the yearly team exercise, a series of lessons learnt have also been drawn from the outcome of the two external evaluations that were mentioned in the M&E activity section of this report.

Summary of the main findings

Scholarship Programme for Nurses & Midwives	Pilot project on AMR Learning
<ul style="list-style-type: none">■ The programme responded to clear operational needs■ Most planned activities were implemented in a timely manner, except for the students' internship period that was reduced from six to one month■ The graduation rate was high: 94% (47/50)■ Overall budget was respected, with a slight overspend■ Lack of a Memorandum of Understanding with the MOH prevented the immediate recognition of the students' Ghana license■ Basic requirements in the profile required by Sierra Leonean authorities to obtain recognition were not verified■ To obtain the Sierra Leone license to practice is an uphill battle: Only two out of 22 nurses obtained it within the following 12 months; the Academy accompanies this process.■ More clarity in roles & responsibilities between project, mission and Academy would have prevented some foreseeable issues■ Several lessons learnt from this experience were applied to the implementation of the anaesthesia scholarship programme	<ul style="list-style-type: none">■ More anticipation was required at the project inception and throughout its pilot phase■ The development of content would have benefitted from pedagogical expertise from the start, as from developing the clinical mentoring component directly in parallel, instead of afterwards■ The translation of material was often last-minute. As both English and French speakers of a same course would attend the same webinars, simultaneous translations had to be organised and tested live■ The ratio mentor/mentees was too ambitious; it will need to be revised for the next cohort, ideally 1:10■ In order to cope better with supply and technical challenges and sometimes low digital literacy, the project would benefit from adding an onboarding week before the start■ Users have faced upload issues with Tembo and the tablets, so close monitoring of this is important■ Data management and analysis requires support, and standardised reports need to be developed into Tembo

GOVERNANCE AND EXECUTIVE TEAMS

Programme Board

In 2021, two Programme Board meetings took place: one in February and one in September, as planned. During each Board meeting, time is taken to go through and discuss together the progress, challenges and adaptations for each of the initiatives carried out by the Academy. We also take time to go through interactions with other MSF departments/entities/projects, the financial situation, both budget and expenditure, and team composition.

In February, the Board confirmed, among others, that Sahel was to be given priority for the geographical expansion of Nursing; approved the way forward for the AMR initiative, stressing the important role of the mentors to keep content in sync with MSF's operational realities; and gave direction on the way forward for the new governance and financial model for the Academy.

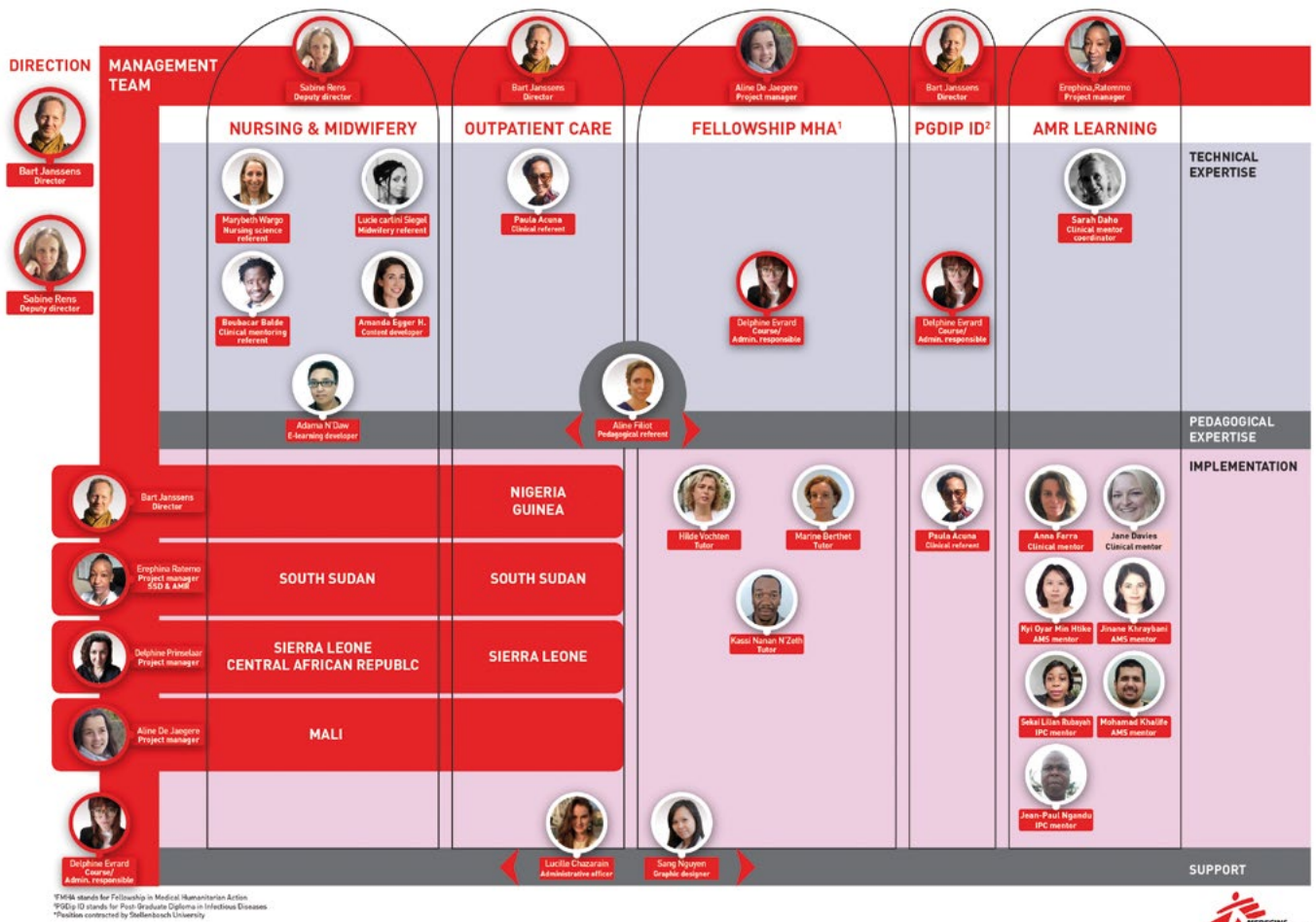
In September, the Board expressed interest for the concept of the scholarship programme in South Sudan with the Juba College for Nurses and Midwives, that was proposed to the OCs present in the country. It agreed with the development of an additional microbiology module for the AMR Learning programme and came with additional ideas for the executive team to investigate into. The Board also confirmed its support for the upcoming transition towards a fully intersectionally-governed body within the movement, approving a change in its composition: a representative from each of the six OC's directors' committee, a representative for the Medical Directors, and a representative for the Financial directors.

The next Programme Board meeting in March 2022 should unite both outgoing and incoming Board members to ensure a smooth transition.

The Executive Team

The executive team of the MSF Academy has continued to grow throughout the year, as the portfolio of initiatives and projects has continued to expand.

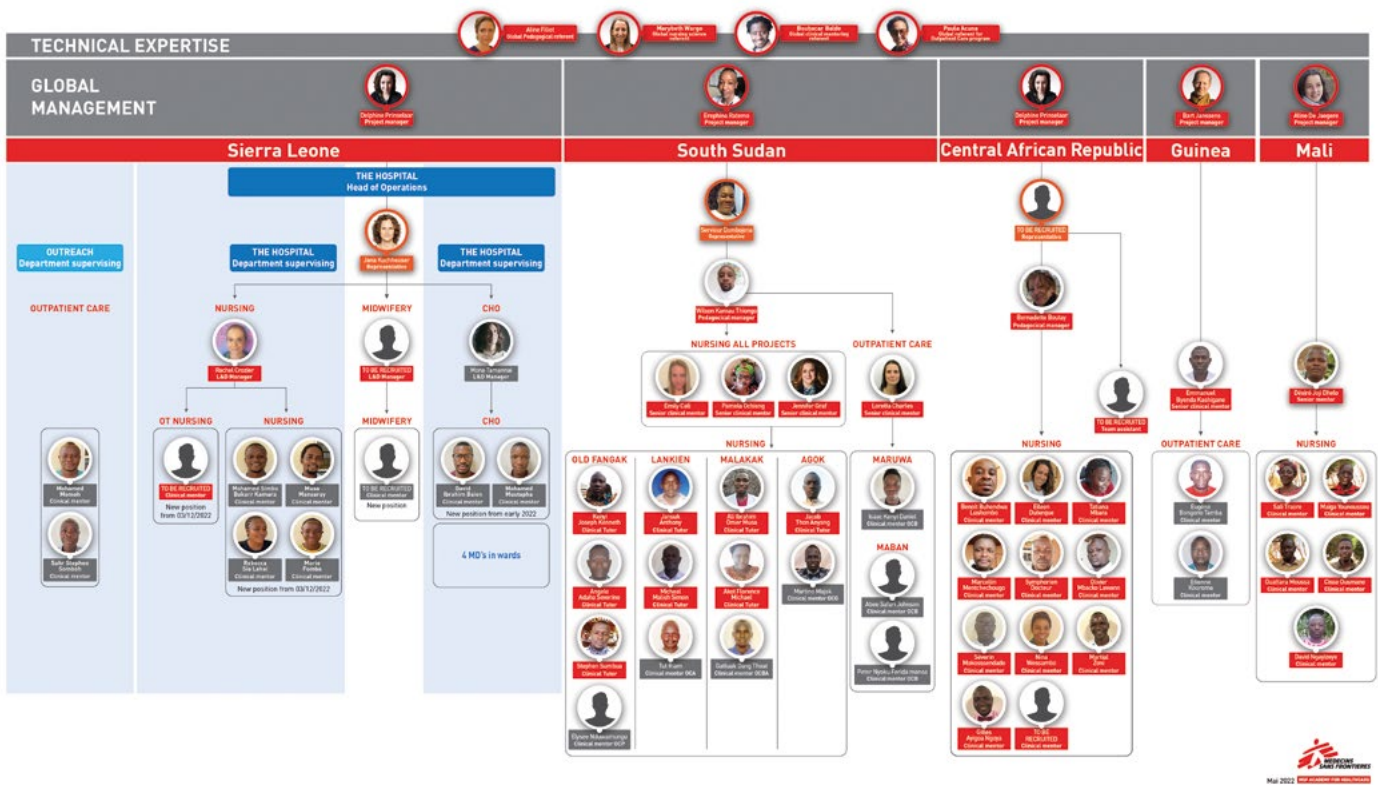
The **global team** increased from 10 members at the end of 2020 to 14 by the end of 2021, with an additional four initiative-specific tutors or online mentors, bringing the team to a total of 18. The below organisation chart shows the global team configuration at the time of going to press, so May 2022, and thus includes team members who joined early 2022.



As the team expands, the management structure adapts within the organisation: Today, we have a management team of six people complemented by six full-time technical experts in the fields of pedagogy, nursing science, midwifery, clinical medicine and clinical mentoring. We also benefit from the support of an e-learning developer, a graphic designer, and punctual support and subject-matter experts for course content development.

In terms of **field implementation**, this past year saw the addition of MSF Academy staff presence in both Guinea and Mali, respectively for Outpatient Care and for Mali. By the end of 2021, the teams also expanded in South Sudan and the Central African Republic.

The illustration below shows the situation at the time of going to press, meaning May 2022. The number of clinical mentors active in the field beginning 2022, either in the Nursing of the Outpatient Care programme totals 45, of which almost 75% – 33 mentors – were hired nationally and trained into the role.

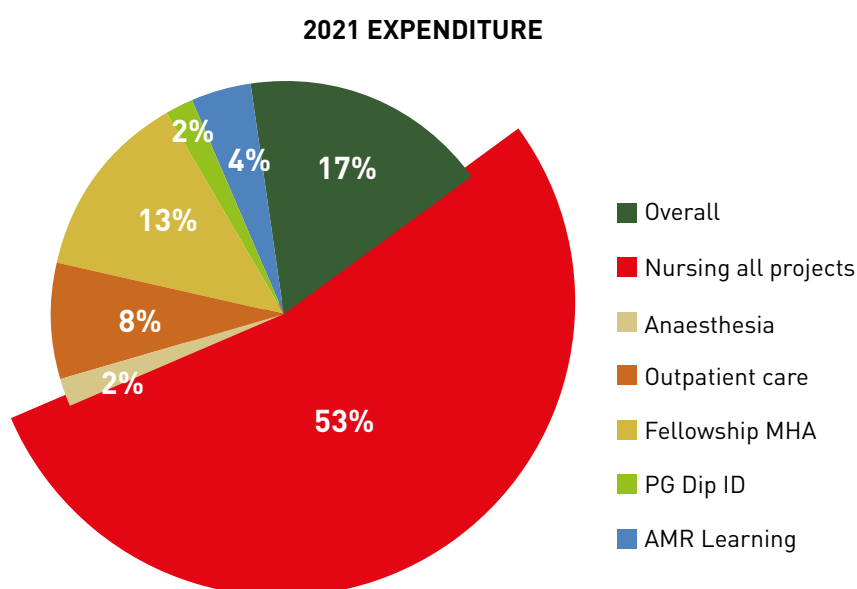


When there is more than one programme or one project to manage, the field team will then include, in addition to the clinical mentors, an MSF Academy representative and pedagogical manager. They are responsible for developing project-specific strategies, for ensuring their successful implementation and for networking with the concerned MSF project teams and other stakeholders (inside and outside government).

FINANCIALS

In 2021, the MSF Academy for Healthcare totalled 2,919,738 euros in expenses across its initiatives. This represents a 30% increase as per 2020 actuals, which was an increase of 21% as per 2019 actuals.

The Nursing initiative continues to represent over half of our activities in financial terms, as was planned and expected, seeing that we have both implementing teams in several countries and we continue to invest in curricula content development. The Fellowship programme came in second, as we have in parallel spent quite a bit on content development while starting up with the first cohort of participants to this 24-month programme. The Outpatient Care initiative follows suit, with its expenses more than doubling since 2020: while 2020 was marked by content development for this initiative, 2021 catered to the roll-out of the programme in two countries and preparation for one more. The Post-graduate Diploma in Infectious Diseases ended up significantly underspending as per what was initially budgeted – half, in fact –, mainly as a result of the partnership with the Stellenbosch University and the fact that they managed to find extra funding for the digitalisation component of the course.

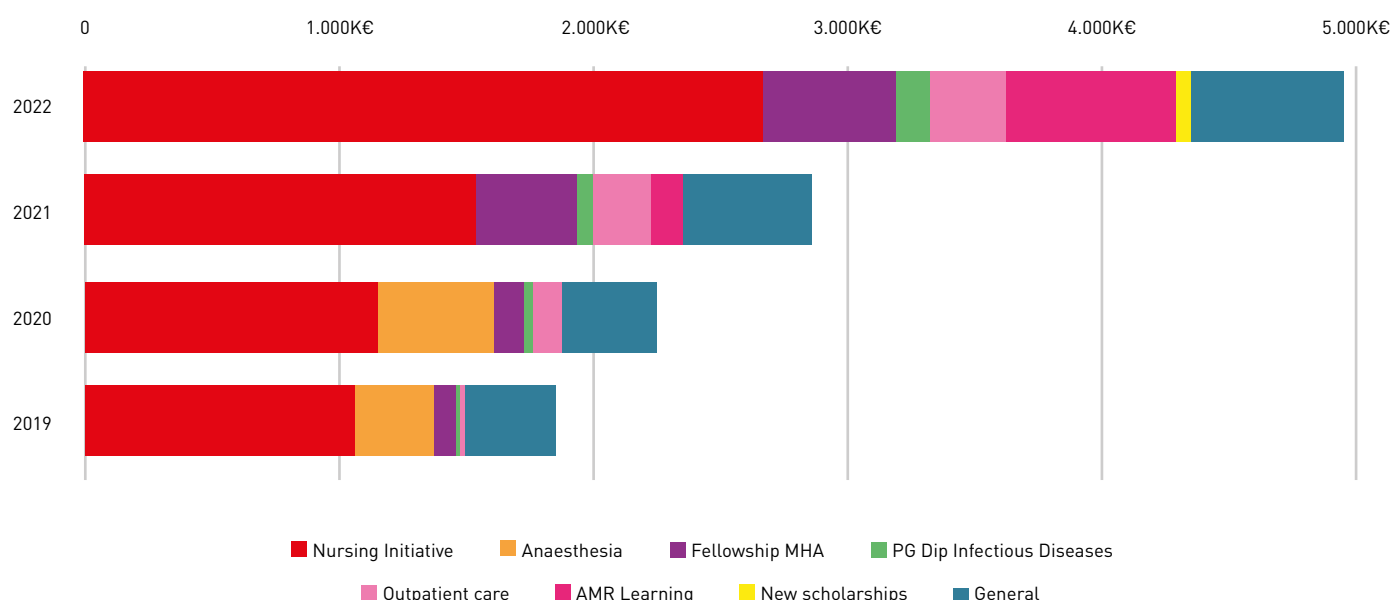


The AMR Learning initiative, accounting for 4% of overall expenditure, also underspent by almost half, mainly because the course was delayed a month into 2022, thus transferring a big invoice to 2022. To note on this initiative: the MSF Academy, with specific TIC funding for it, was only covering parts of the overall AMR project cost, the other part being taken in charge by OCA as the sponsoring section for this pilot project.

Finally, the general costs for the global team kept the same proportion of the overall expenses as in 2019 and 2020, representing 17% of overall expenditure.

For 2022, we plan again a steep budget increase: +59% compared to 2021 actuals, so a total of 4,944,431 euros. This takes into account a continuous growth of our Nursing initiative (content development continuation, field implementation growing in present countries, Mali already under way and an additional country to follow suit by year-end, roll-out of midwifery and advanced nursing programmes), a continuation of the roll-out of the Outpatient Care initiative with the development of an e-learning component, the two concomitant cohorts for both the Fellowship and the PGDip ID courses, and finally, a doubling of the number of participants in the AMR learning courses, which now fully falls under MSF Academy budget.

ACTUALS 2019-2021 AND BUDGET 2022



In October 2021, decision was taken by the full Excom of MSF at international level to consider the whole of the MSF Academy for Healthcare as an intersectionally-gearred very large-scale TIC project for the coming two years, so 2022 and 2023.

That said, the MSF Academy will continue to join efforts with the various funding units across the MSF movement to find external funds to cover its costs; the MSF Academy already counts generous individual donors and foundations supporting its activities, and we are very thankful to them for their valuable support, but we will need to raise more funds.

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.

External to MSF, we aim 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 curricula that are taught. The MSF 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

OCB	Initiator and host section for the MSF Academy for Healthcare
All other OCs	Members of the Programme Board of the MSF Academy, Medical directors steering the priorities and validating all curricula, Operations as partners in programme implementation
BeMU	Initiator of the International Surgical Training Programme
SAMU	For the HIV/TB module of the PGDip ID and for clinical mentoring
Tembo team	Tembo is the MSF Learning Management System adopted for the e-learning of several initiatives
OCBA simulation project	Support for the clinical mentoring, Nursing and Outpatient Care initiatives
OCG eCare project	Partner of the Outpatient learning project
Epicentre	For the epidemiological module of the FMHA

Main partnerships outside MSF

British Society for Antimicrobial Chemotherapy (BSAC)	Collaboration on AMR Learning Initiative
Institut National de Formation des Agents de Santé (INFAS)	Scholarship for French-speaking nurses anaesthetists
Ridge School of Anaesthesia of Ghana	Scholarship for English-speaking nurses anaesthetists
Stellenbosch University of South Africa	Partner for the PGDip ID
ITM Antwerp	On the design and initial strategy of the Outpatient learning project
Nurses & Midwives Board Sierra Leone	Joint recognition of CPD programmes' completion in Sierra Leone

ANNEXES

Annex 1. Pedagogical approach

Competency-based curriculums and assessment

Whatever the context, whether for an academic training leading to a diploma or a continuous professional development program, competencies form the backbone of our curriculums. We work with subject-matter experts from the various MSF medical departments to identify and describe the relevant competencies for each curriculum. This ensures that the training is targeted to our learners' context and professional tasks. Learning activities and assessments are then aligned with these competencies. For the assessment part, we use a variety of methods depending on the learning objectives, such as direct performance observation checklists for technical and procedural skills, quizzes to test knowledge, case-based discussion checklists, simulations and directed self-assessment grids. We also encourage learners to reflect on their learning and to set their own objectives and action plans through the learning journal.

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 provide a facilitation role. 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, developing games based on actual cases, exercises on how to apply knowledge, role plays and simulations or even using videos. Building on the learners' experience and incorporating their input and feedback to co-construct their knowledge is essential to their success.

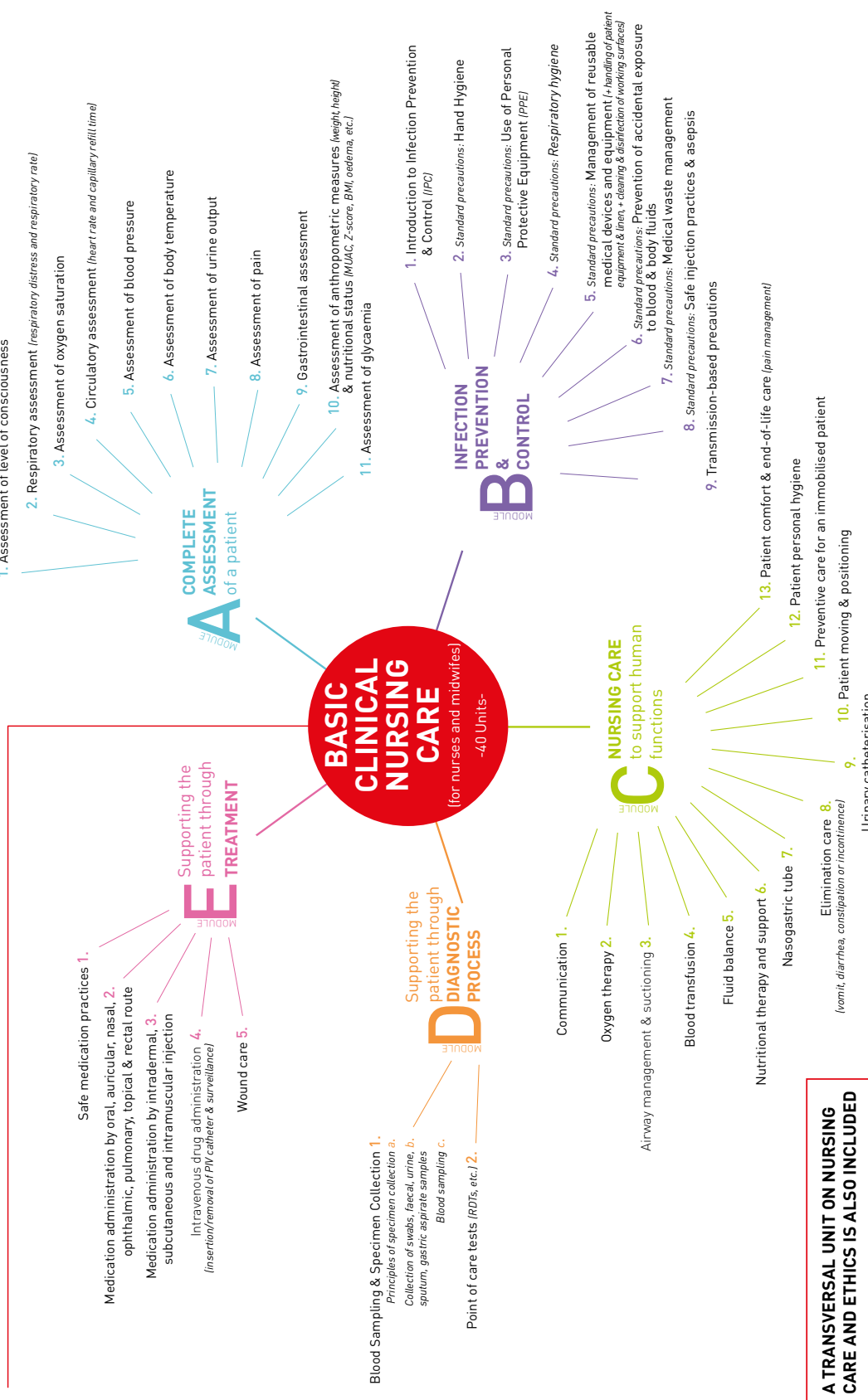
Work-based learning

We know that a crucial step to translate training into improved performance is supporting the **transfer of training into work**. The cornerstone of our approach is therefore 'on-the-job training' where we provide practical training directly in the work environment. Whether for continuous professional development or for degrees created with academic partners, we have developed a structured approach which links competency-based curriculums with on-the-job training activities from the beginning of each course. For example, in the nursing care training, learners may undertake bedside practice with a clinical mentor. In the Post-graduate Diploma in Infectious Diseases, some of the assignments and assessments will be real cases written and analysed by the students. In this way, we build transfer of learning as part of the educational experience rather than leaving it for the student to practice after the training.

Our Training on clinical Mentoring (TOM) helps the mentors define their role, use portfolio tools, and develop attitude and clinical mentoring skills such as building trust, briefing and debriefing, action planning and providing feedback.

Annex 2. Basic Clinical Nursing Care curriculum

CURRICULUM

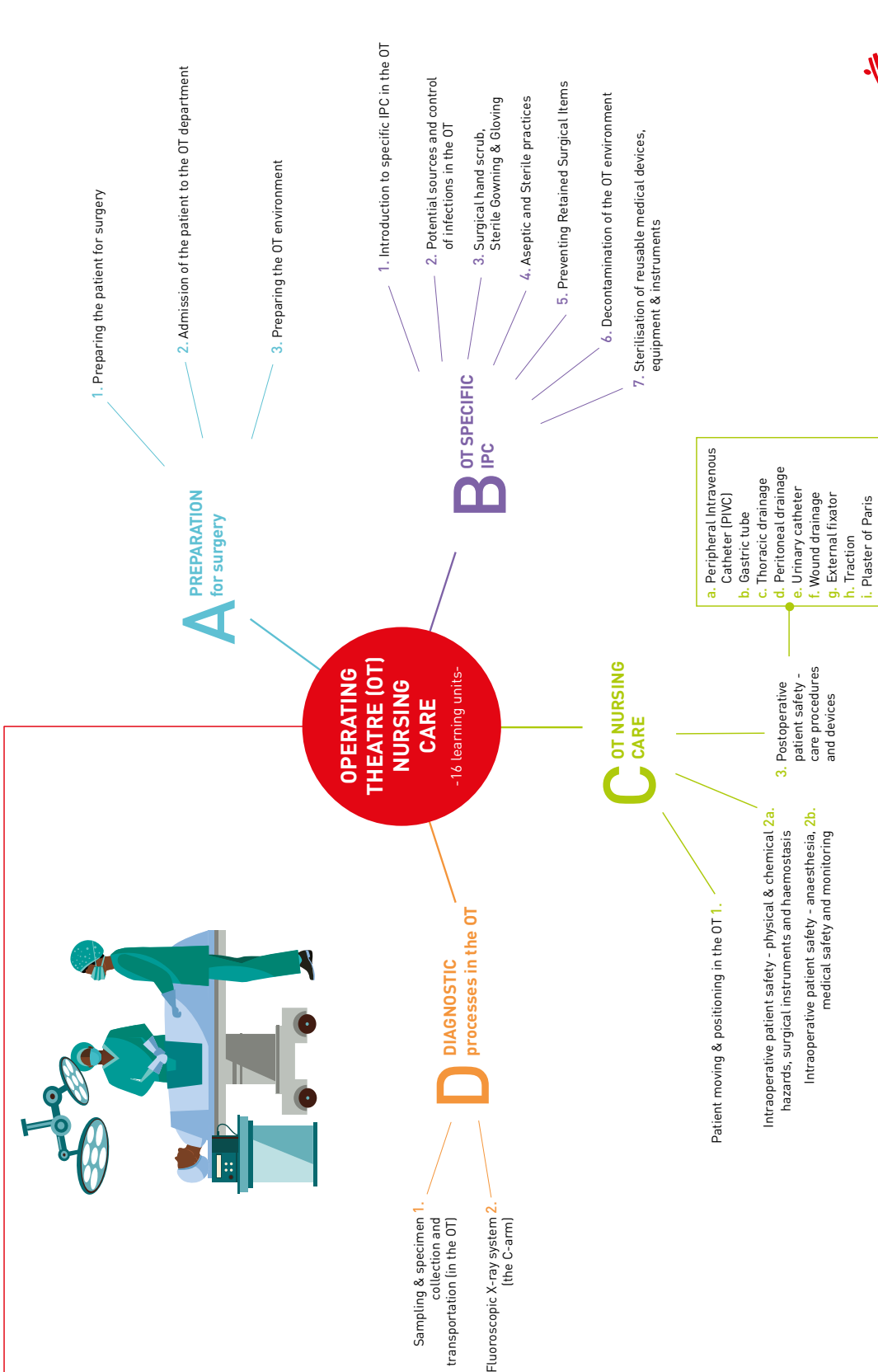


A TRANSVERSAL UNIT ON NURSING CARE AND ETHICS IS ALSO INCLUDED

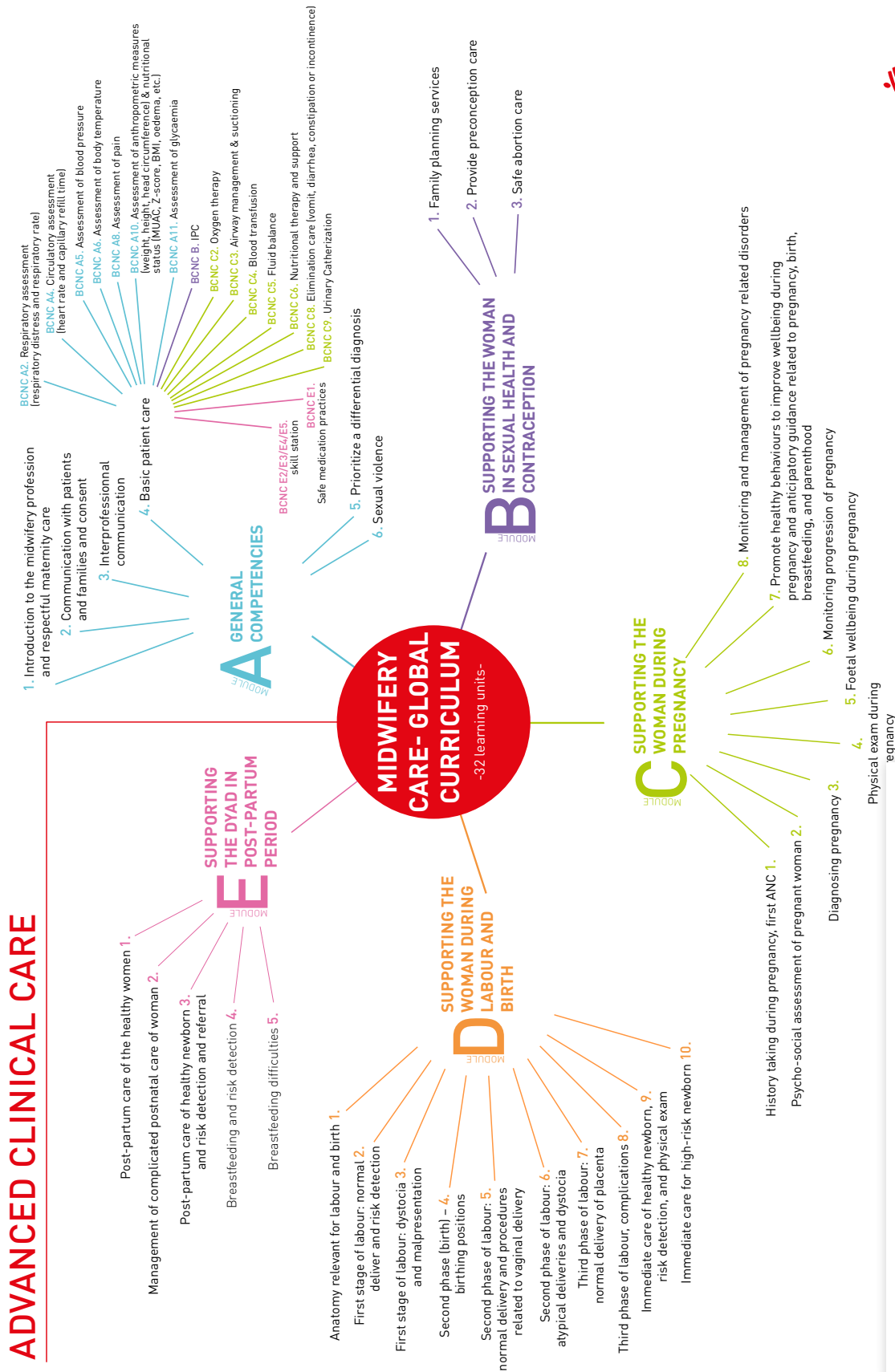


Annex 3. Operating Theatre Nursing curriculum

CURRICULUM: ADVANCED CLINICAL NURSING CARE

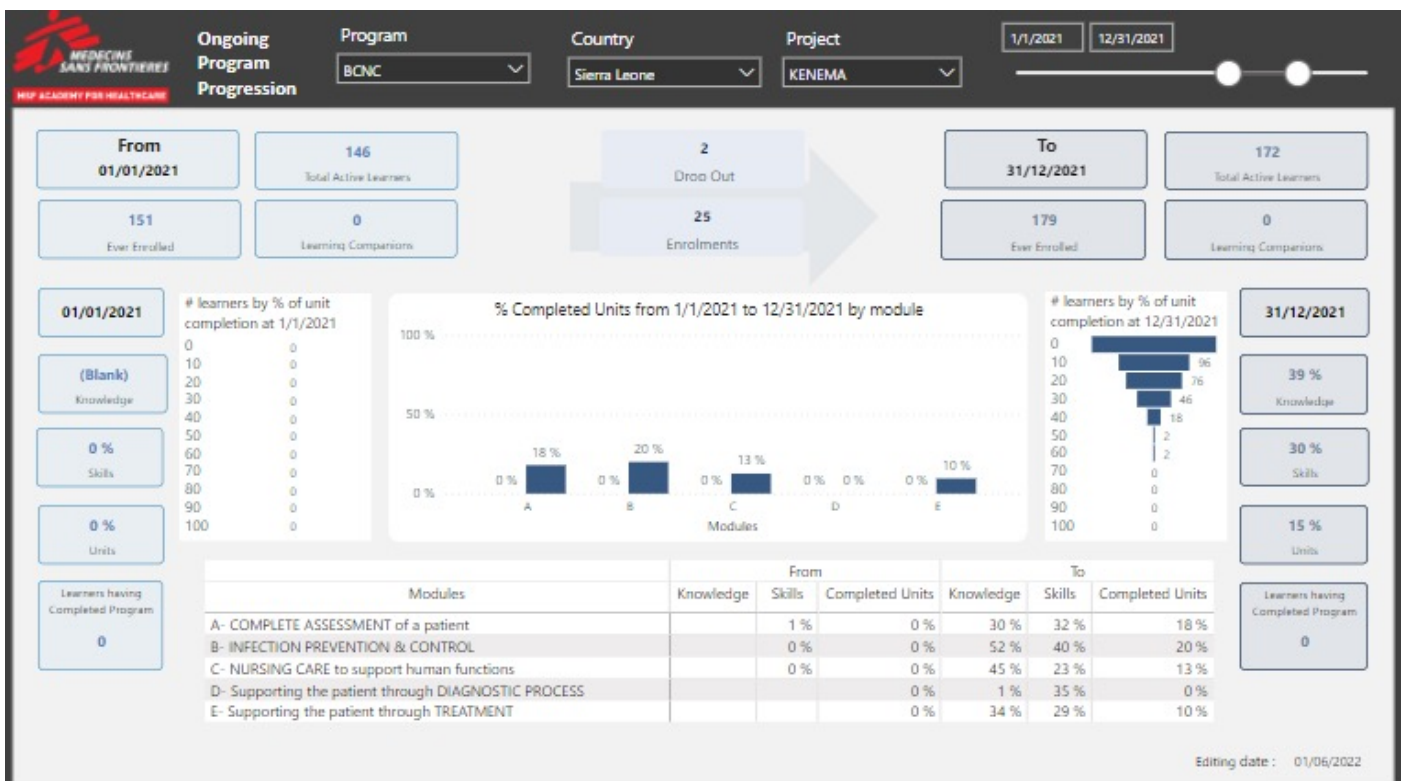
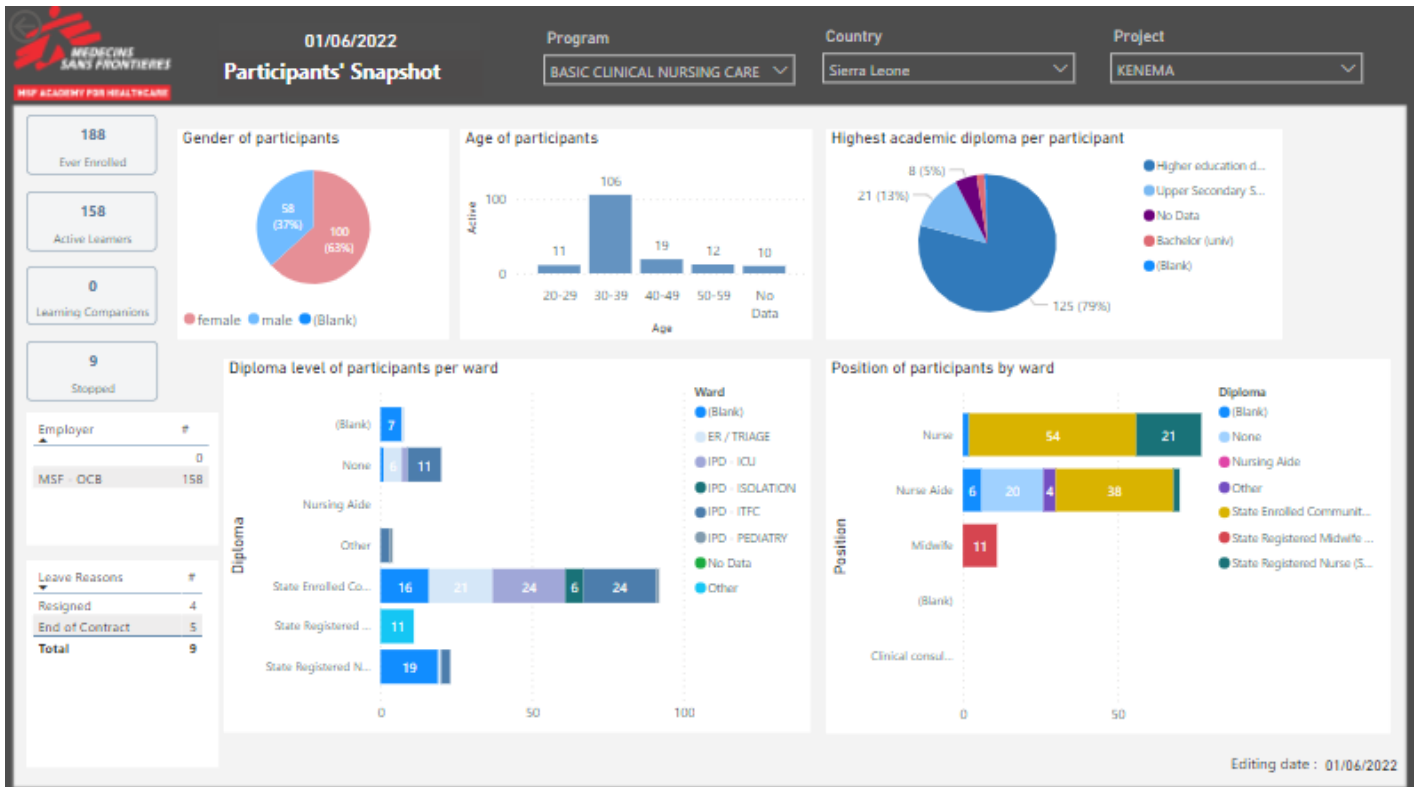


Annex 4. Midwifery curricula



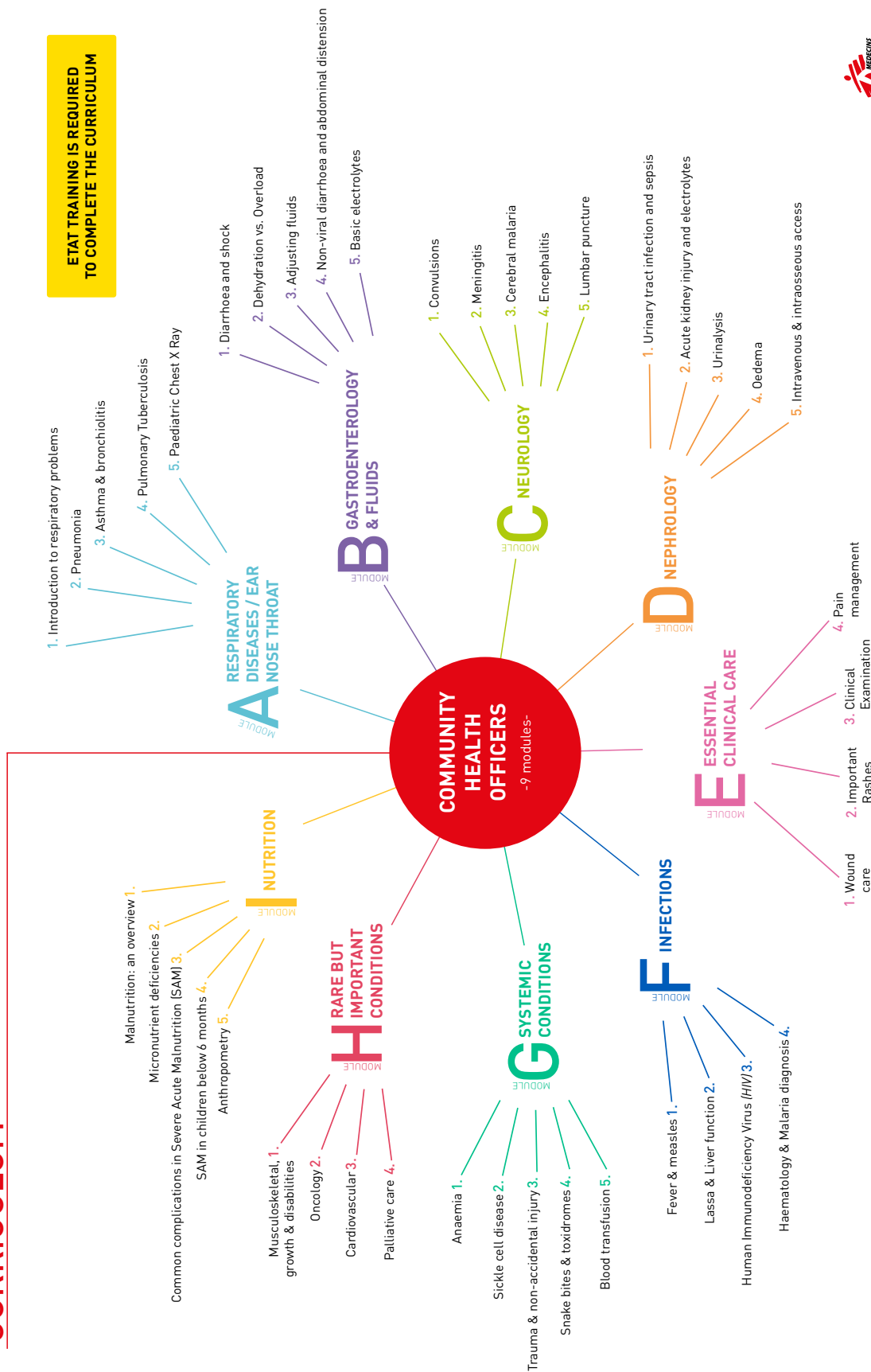
The modules to be delivered will vary according to job specificity
 Antenatal Care : Modules A, B & C
 Delivery Room & Complicated Pregnancies : Modules A, C & D
 Postnatal Care : Modules A, B & E

Annex 5. Sierra Leone: Kenema BCNC progression dashboard



Annex 6. Sierra Leone's CHO curriculum

CURRICULUM

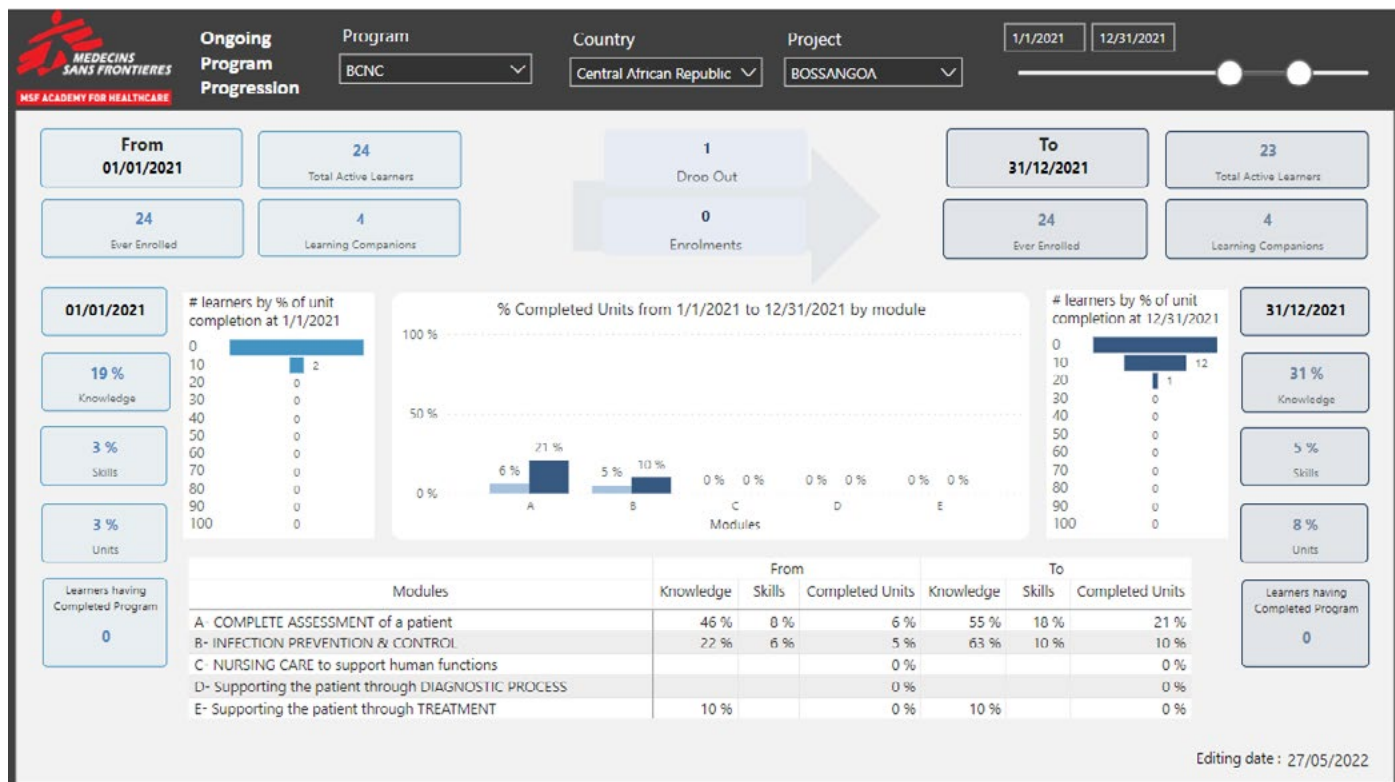
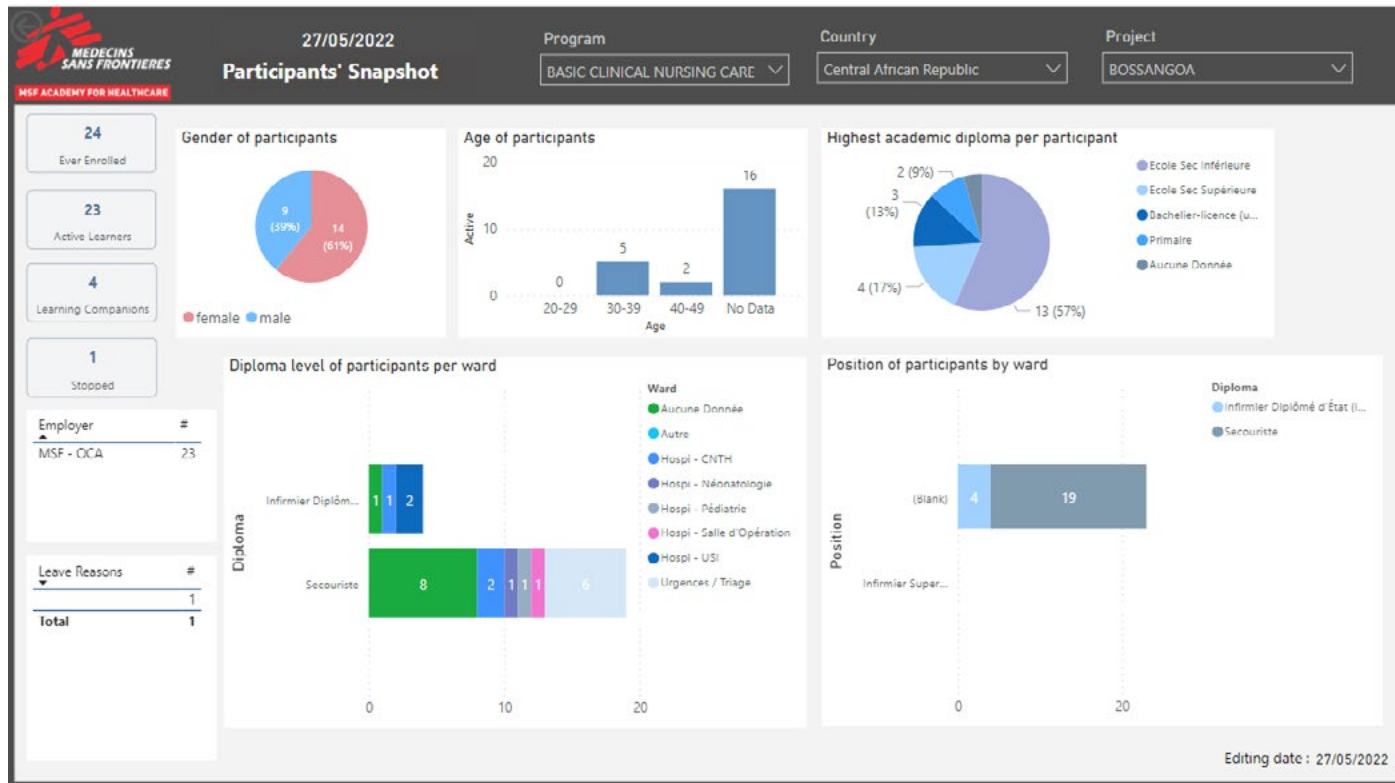


ETAT TRAINING IS REQUIRED TO COMPLETE THE CURRICULUM

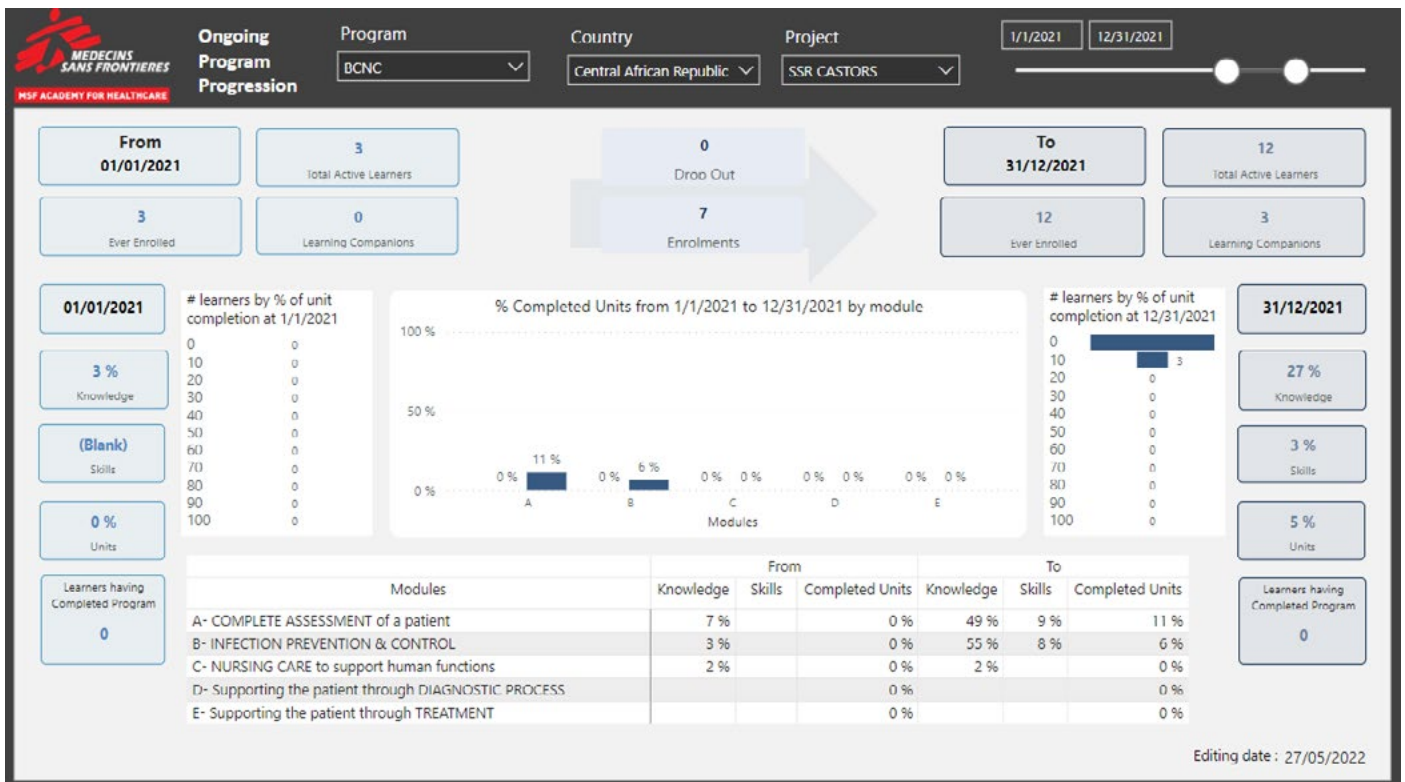
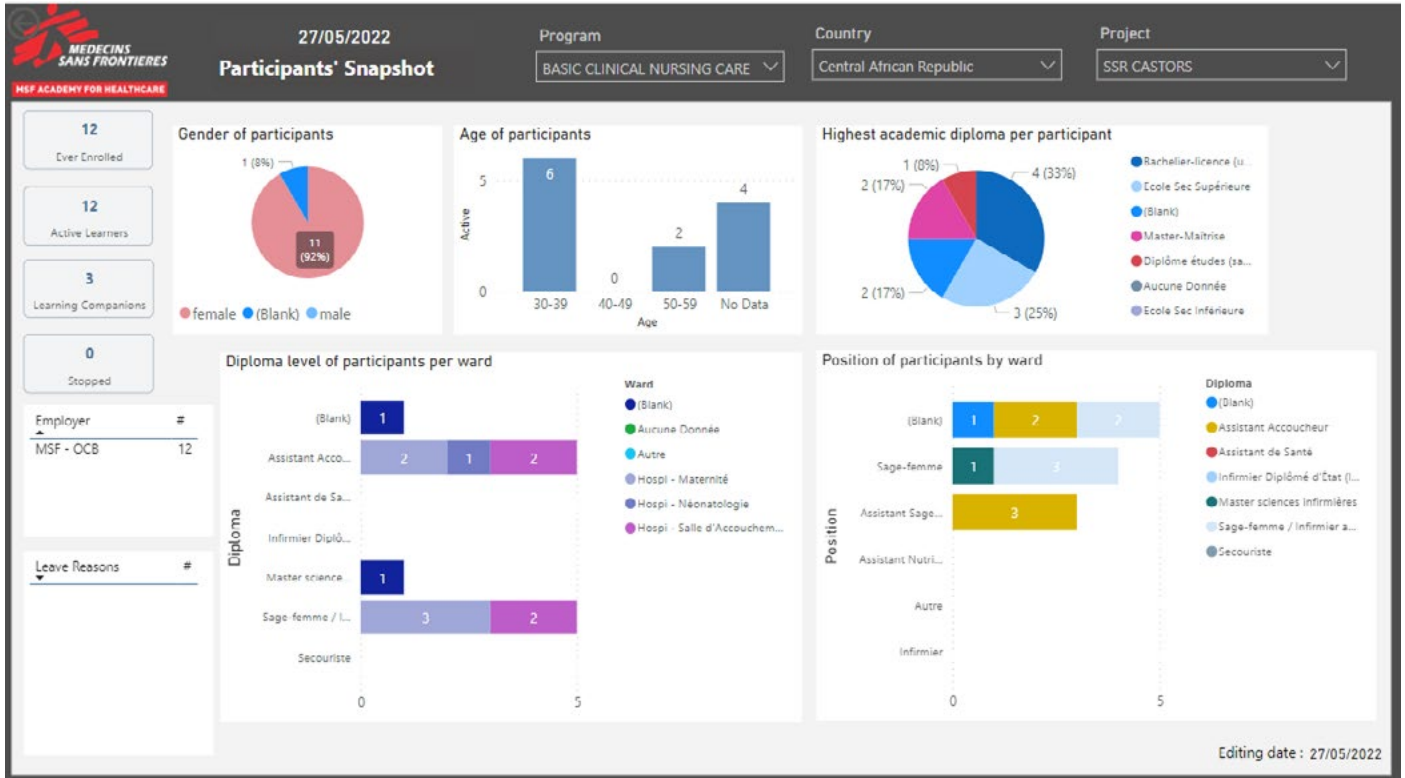


Annex 7. CAR: BCNC progression dashboards

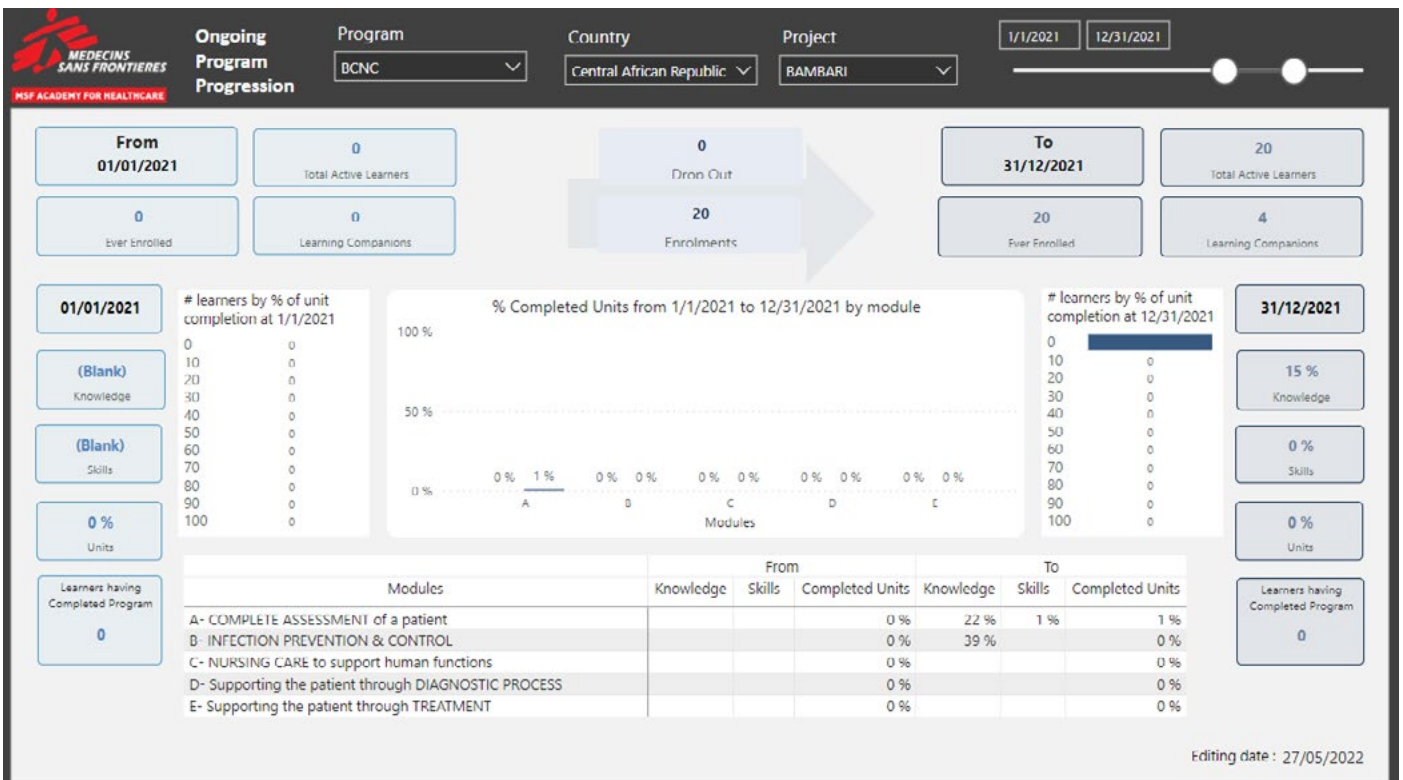
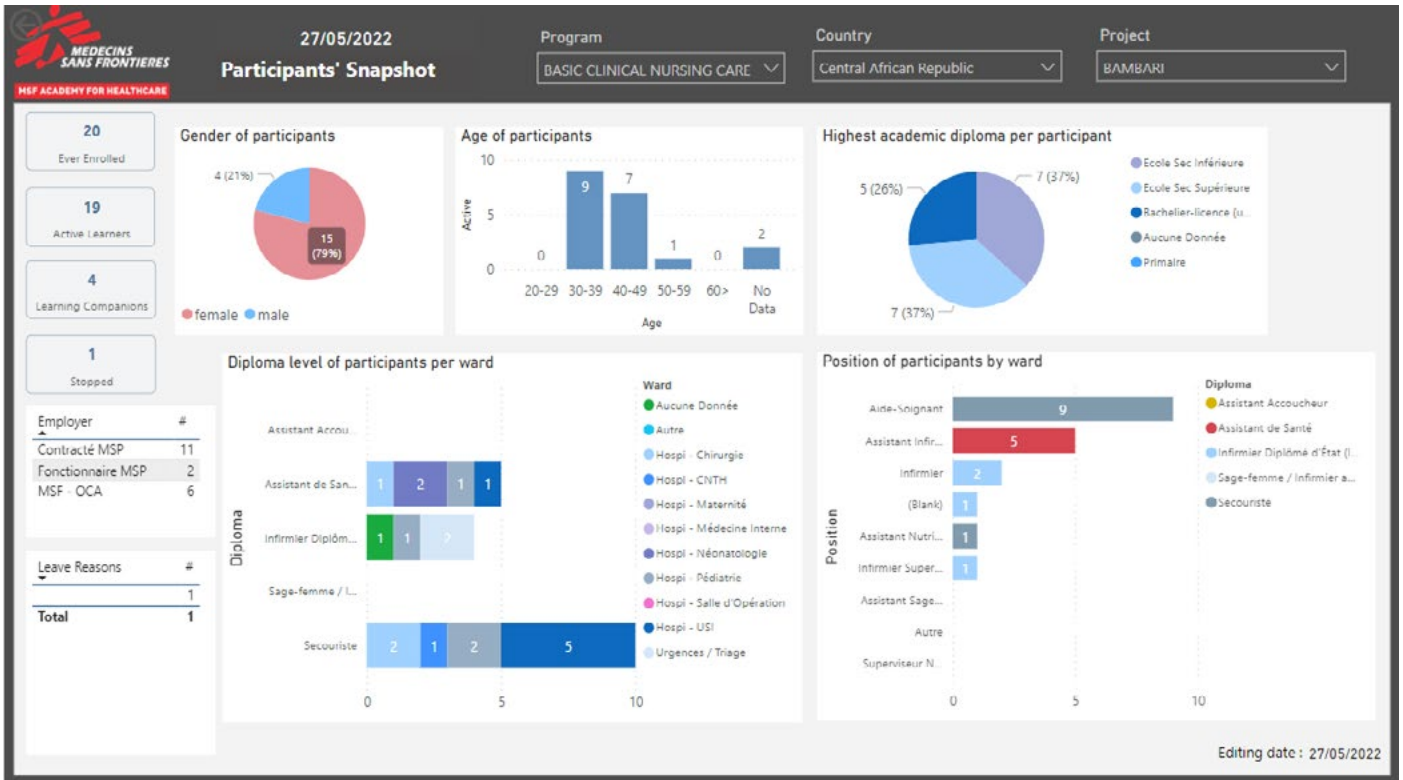
Bossangoa



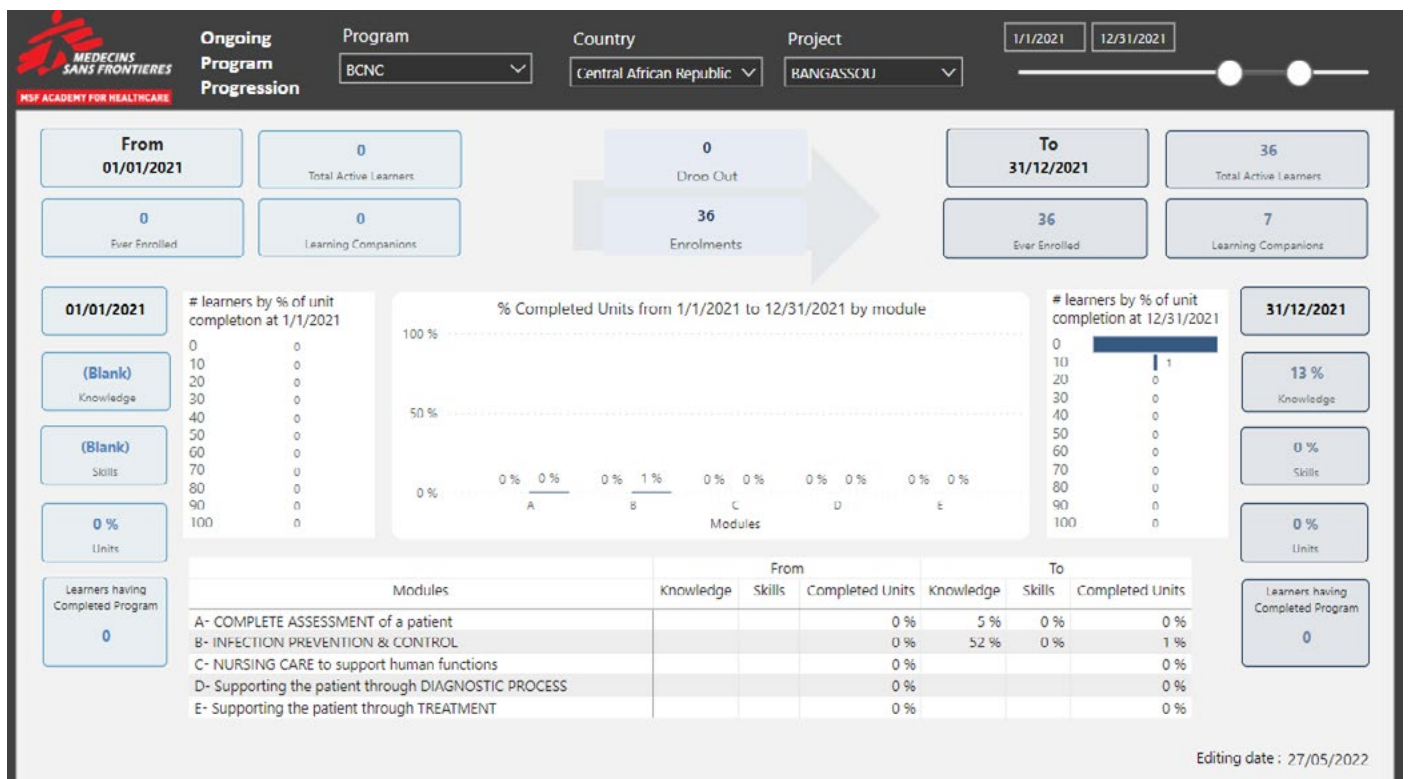
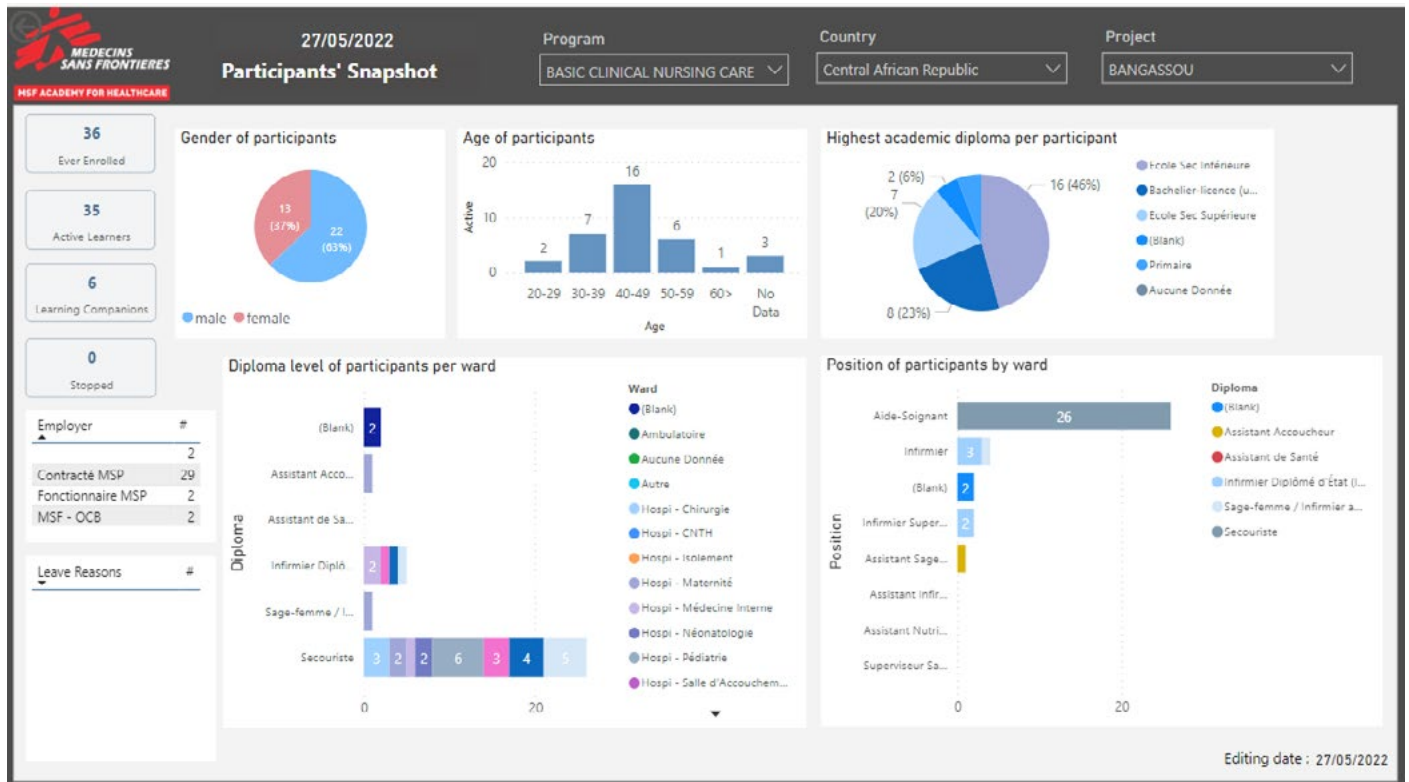
SRH Castors



Bambari

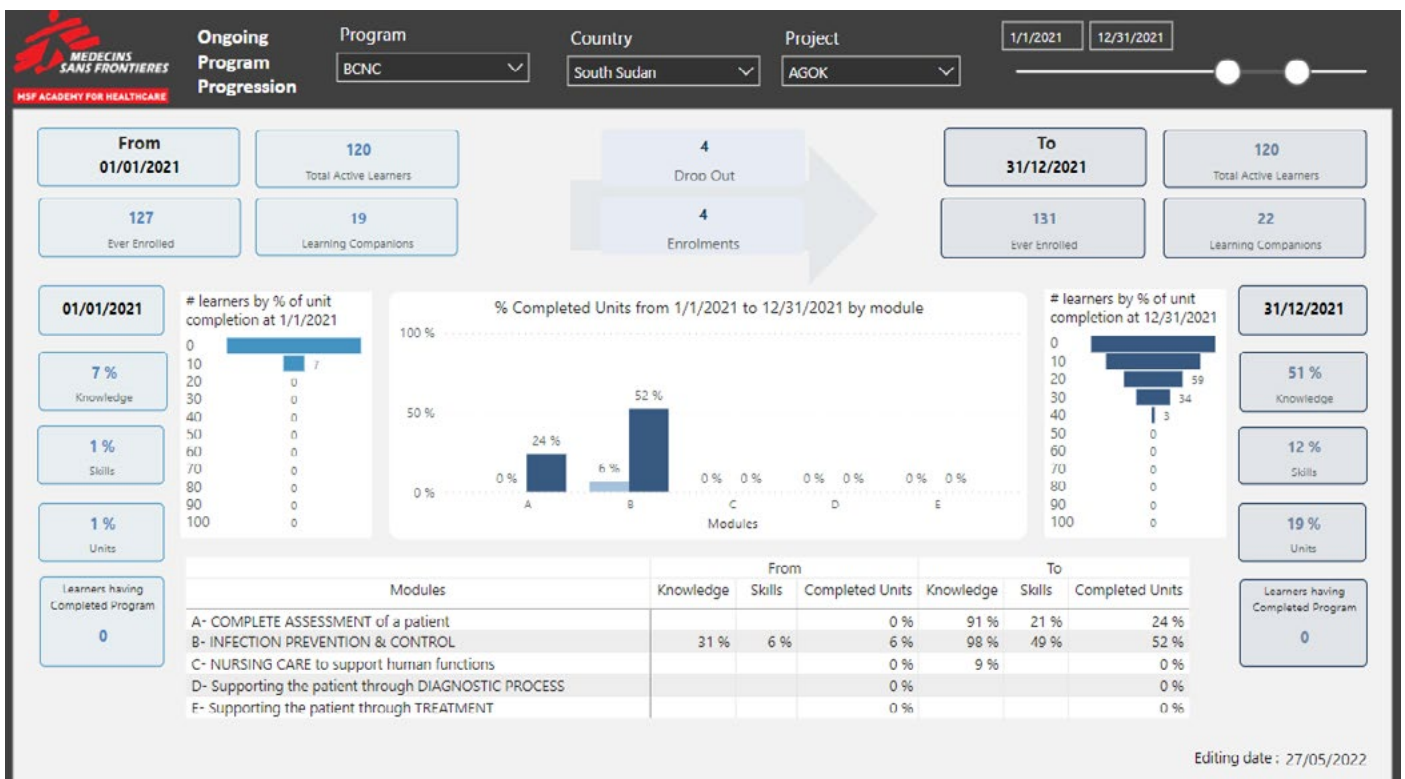
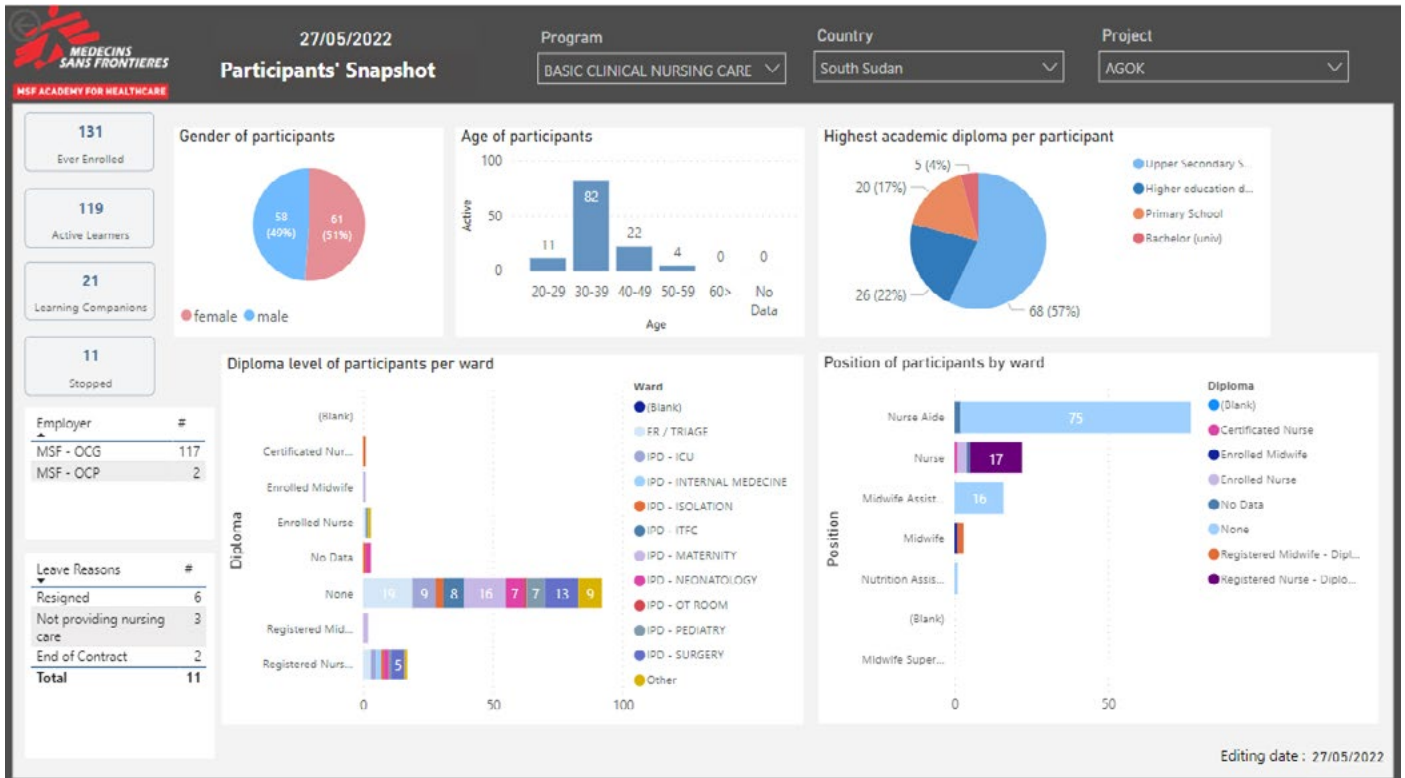


Bangassou

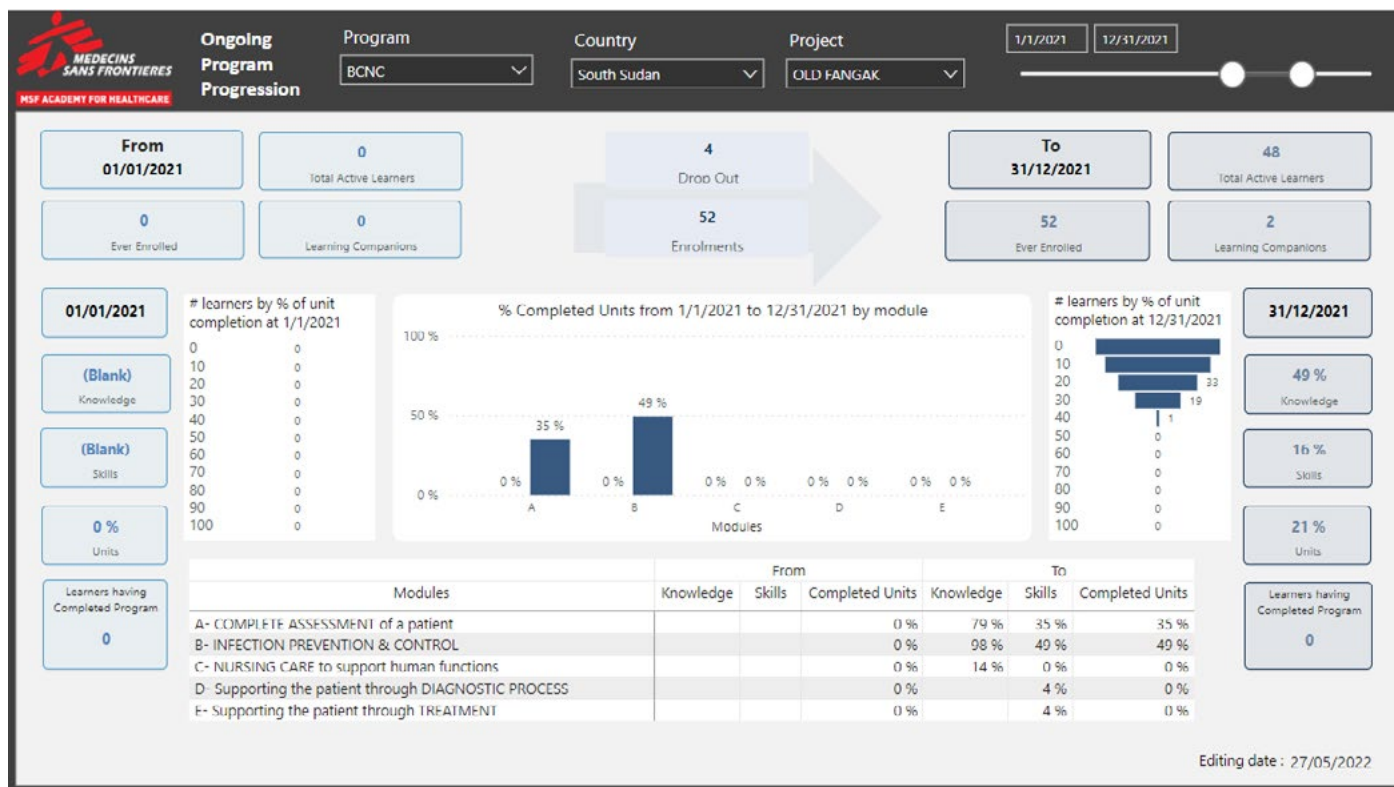
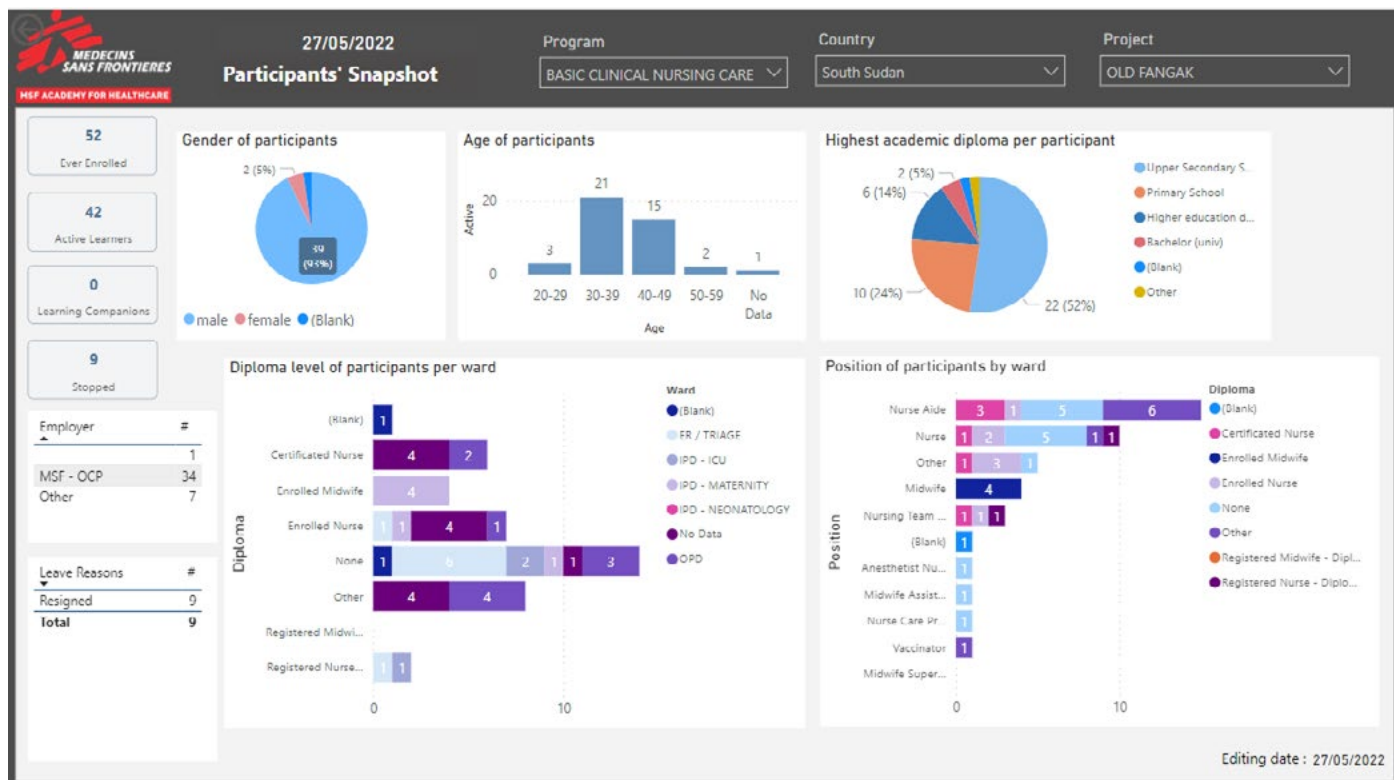


Annex 8. South Sudan: BCNC progression dashboards

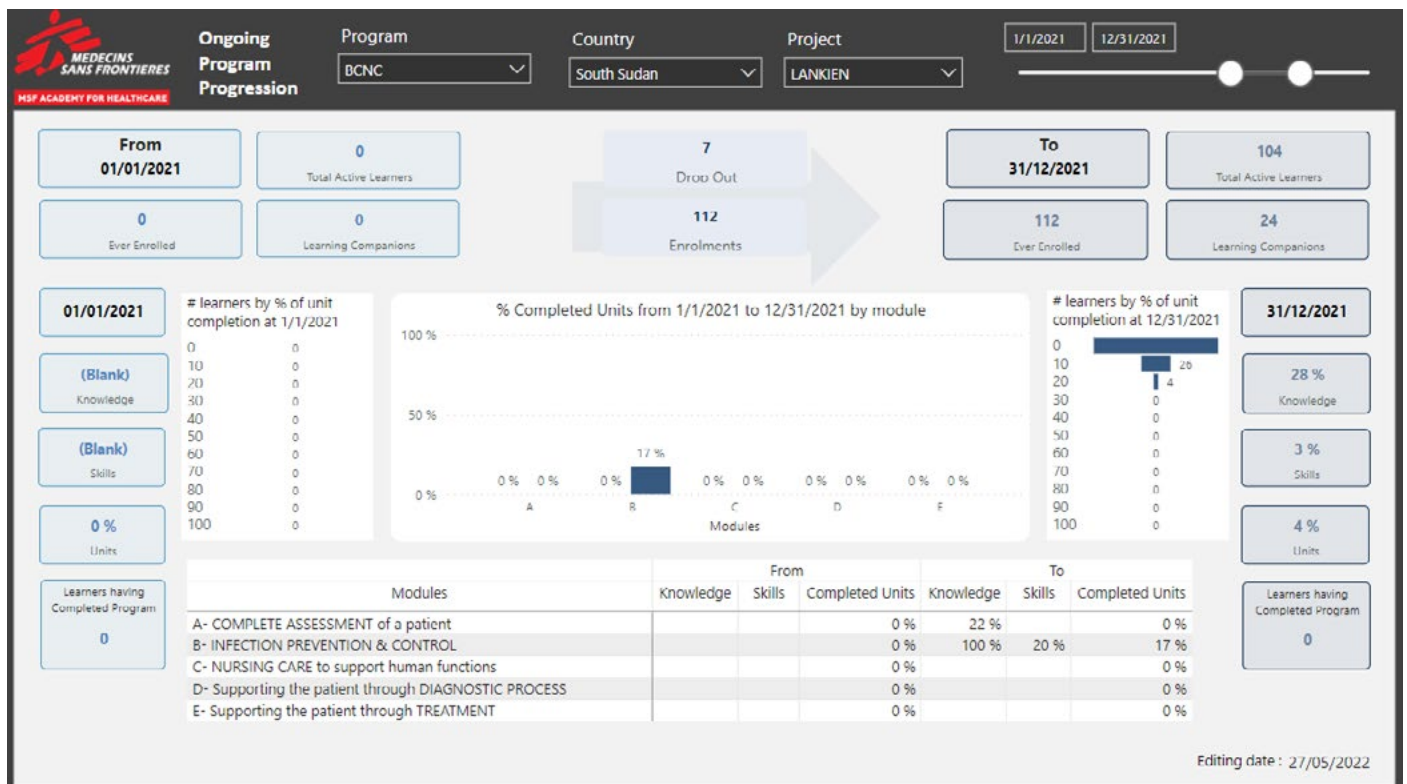
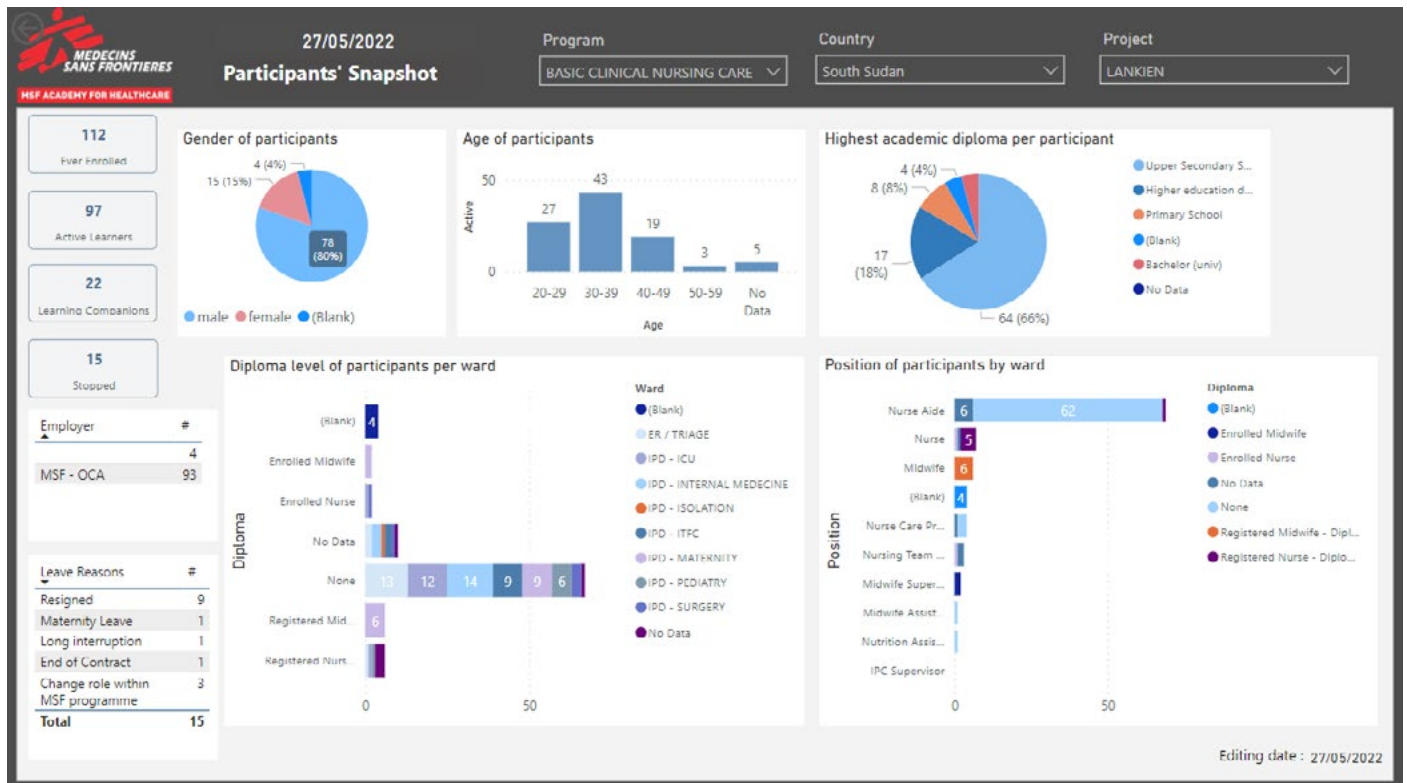
Agok



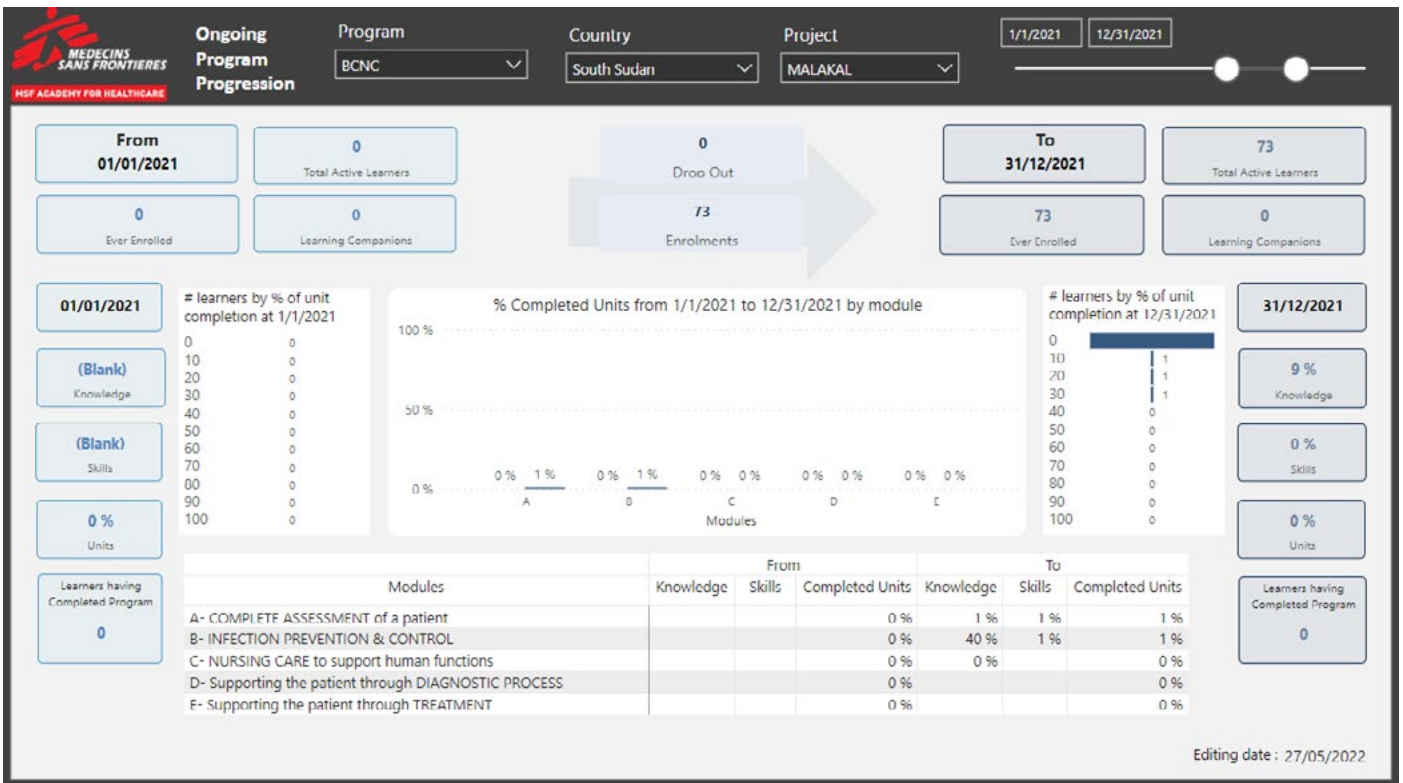
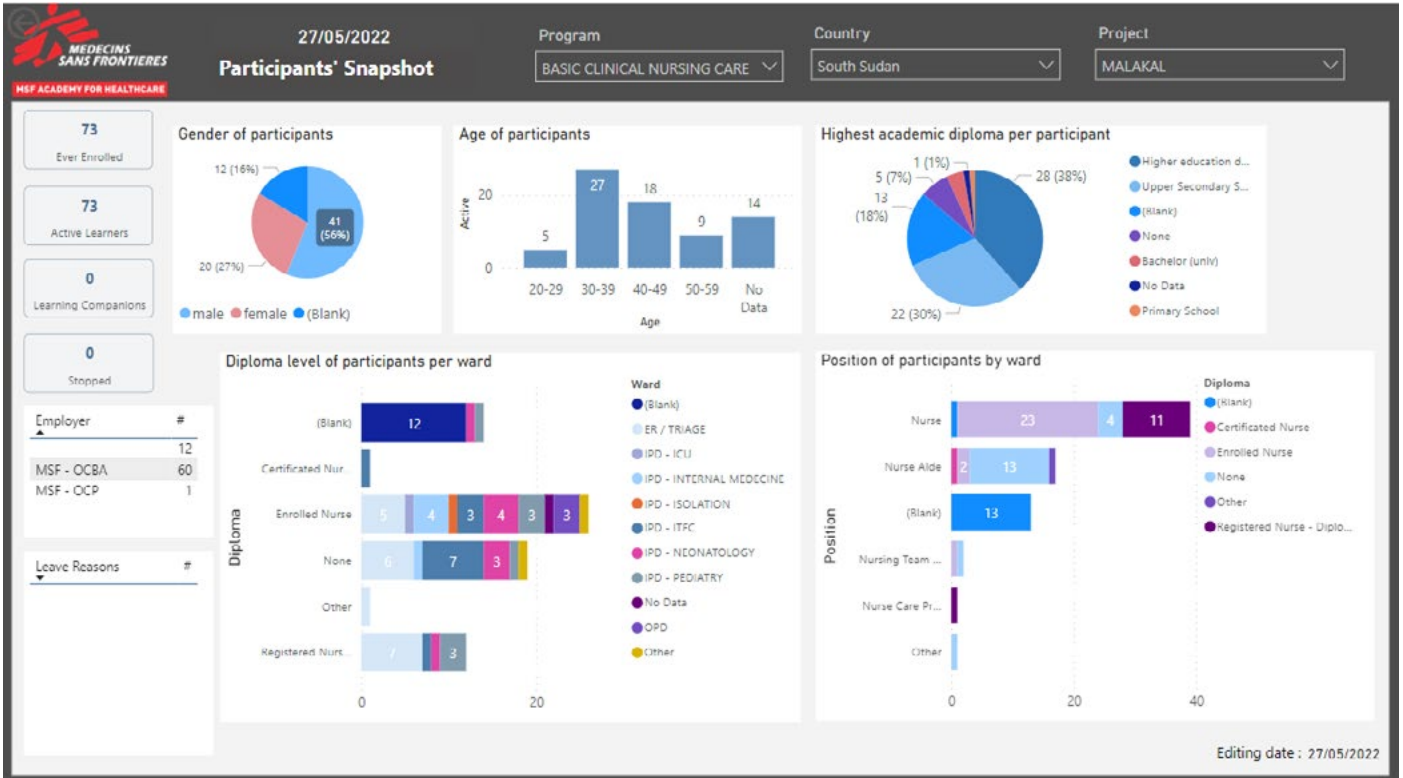
Old Fangak



Lankien

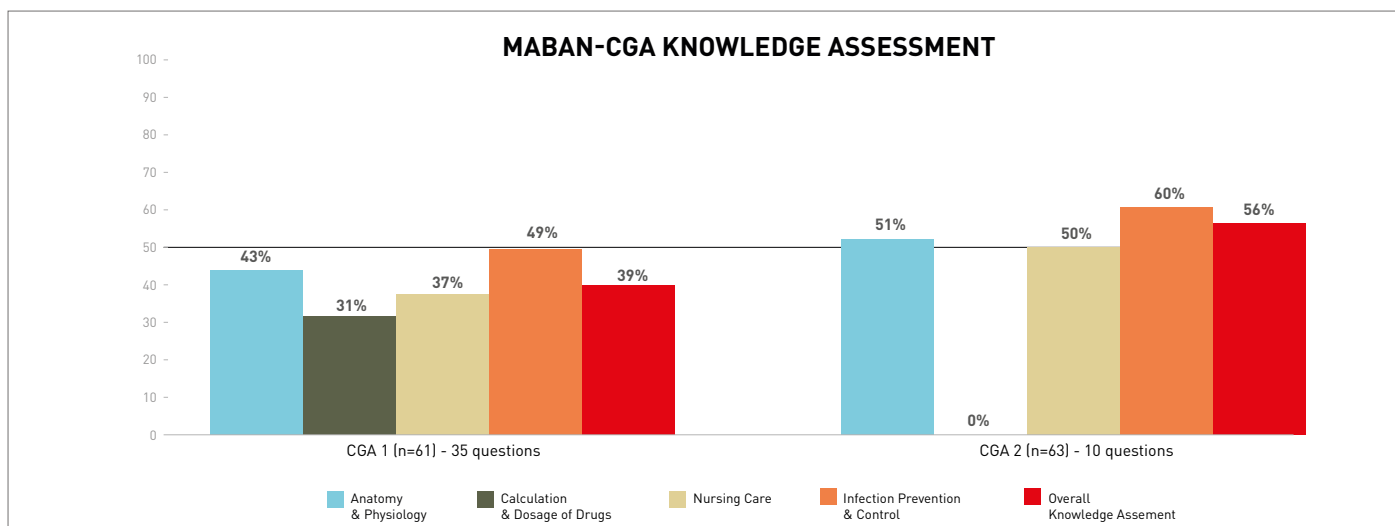
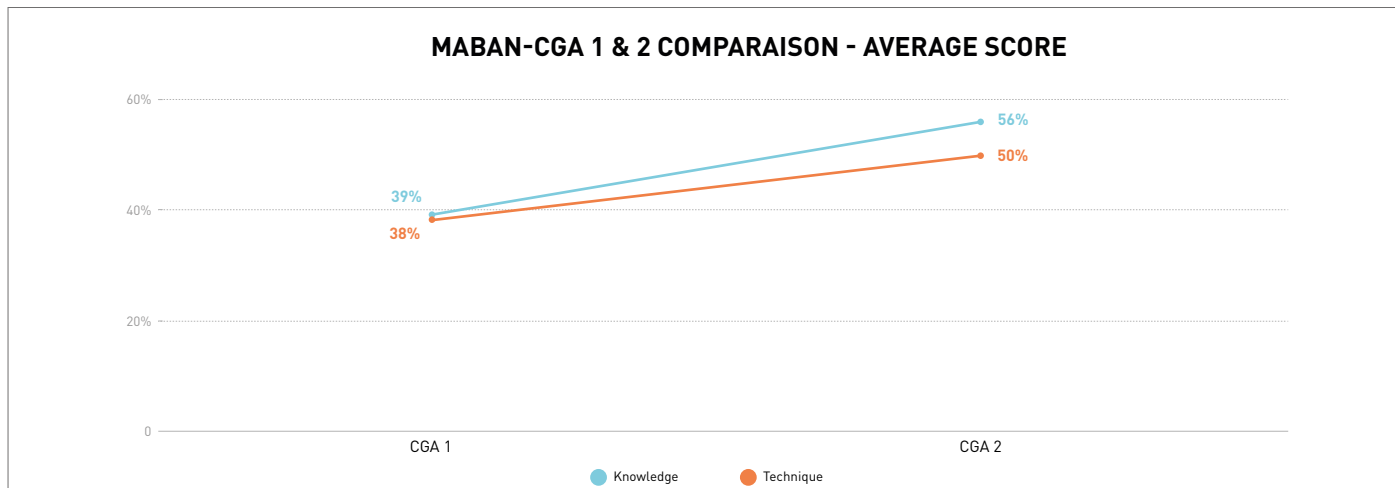


Malakal



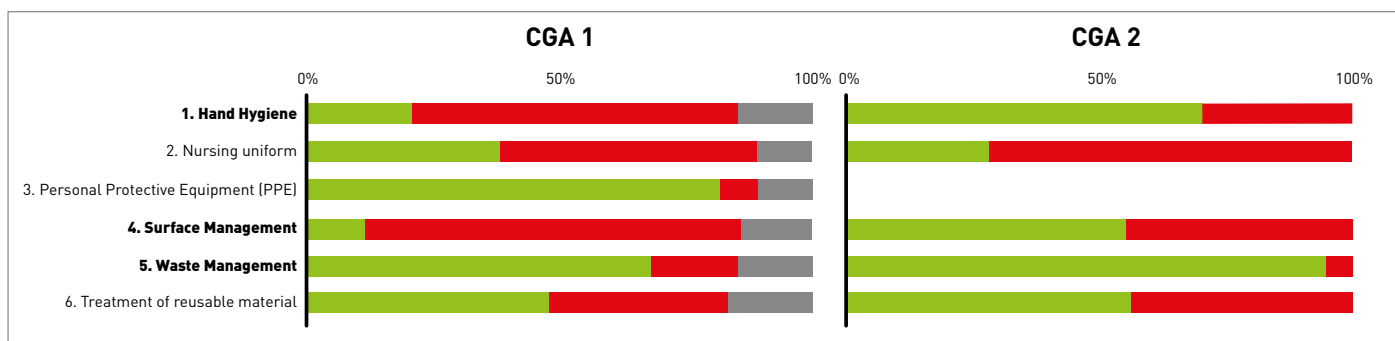
Annex 9. Maban: Entry vs exit CGA for BCNC

Evolution in Knowledge and Technique from entry CGA (1) to partial-exit CGA (2)

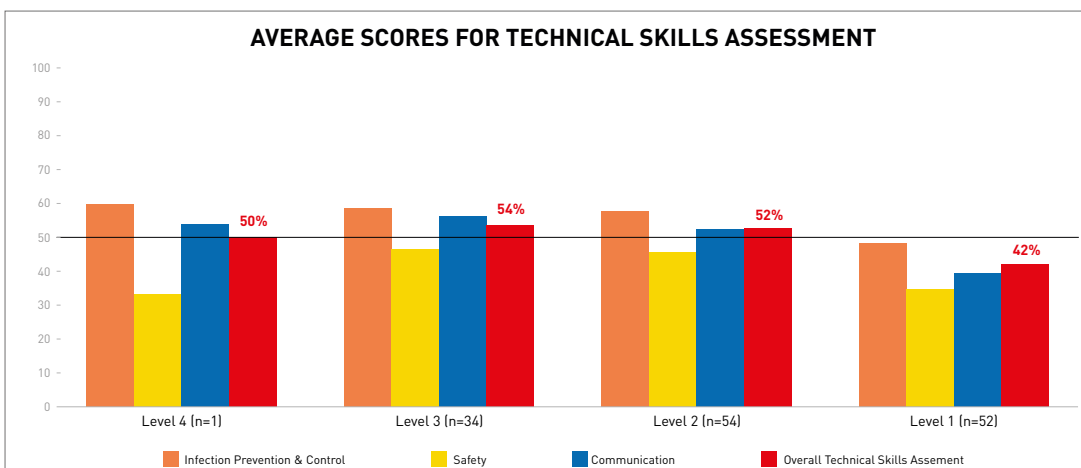
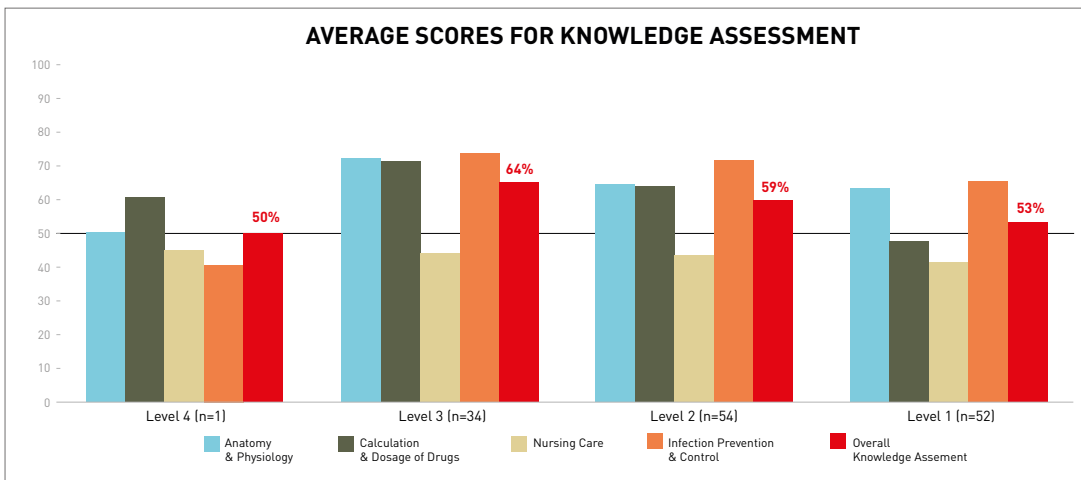
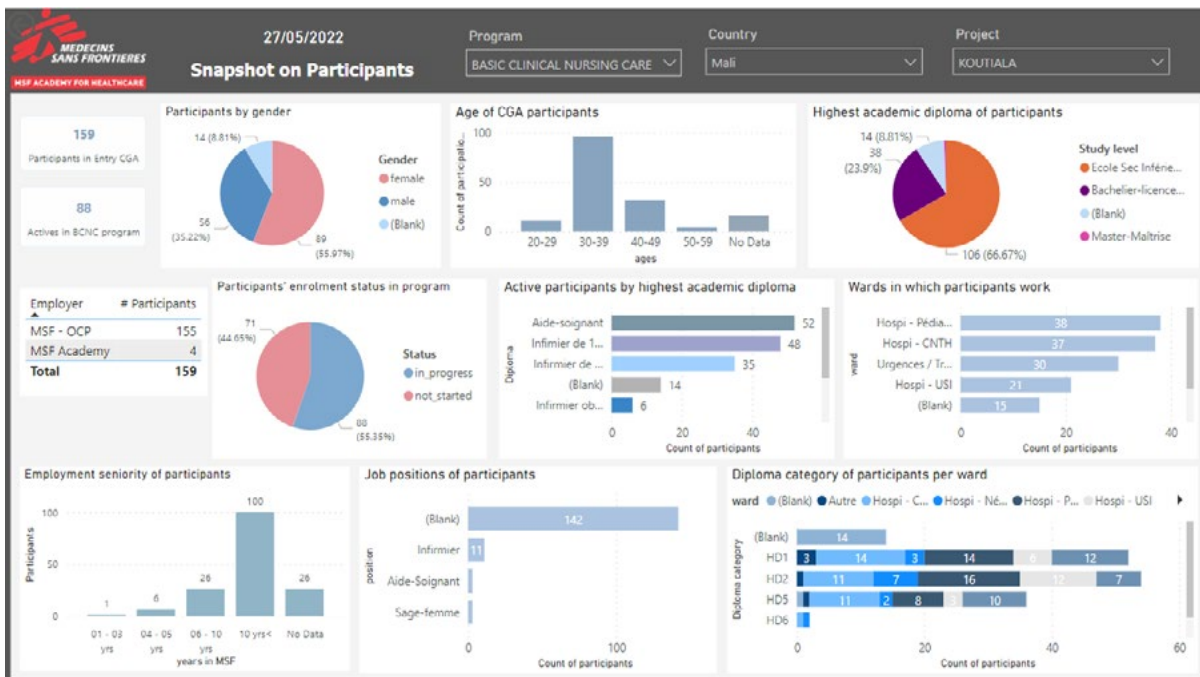


CGA Technical assessment: Comparative results

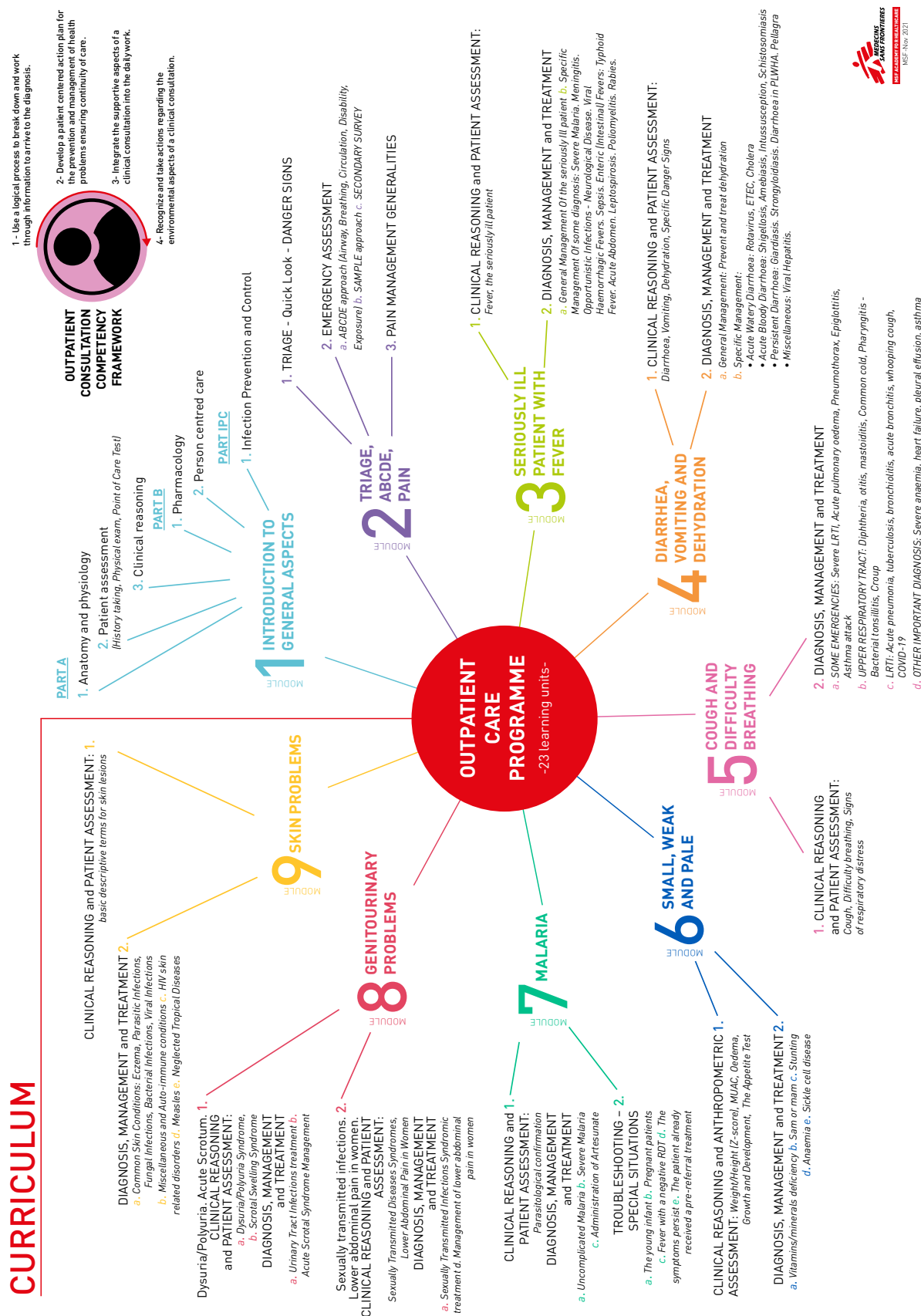
Participants showed clear improvements in terms of IPC with better hand hygiene, surface management and waste management. Yet, less staff showed up with a nursing uniform. The other key criterias cannot be taken into account as they were not covered in this partially delivered programme.



Annex 10. Mali – dashboards on entry CGA



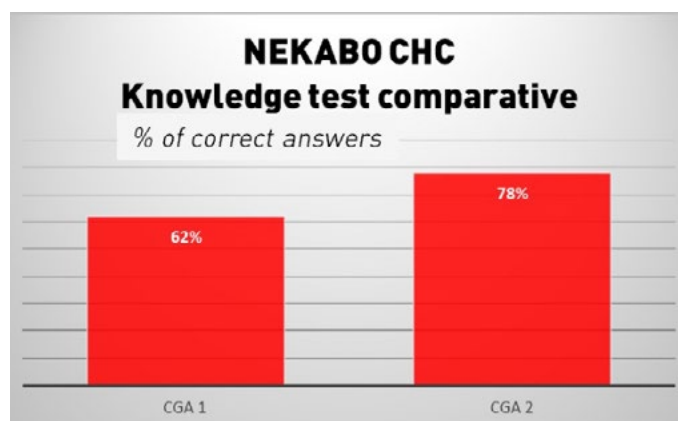
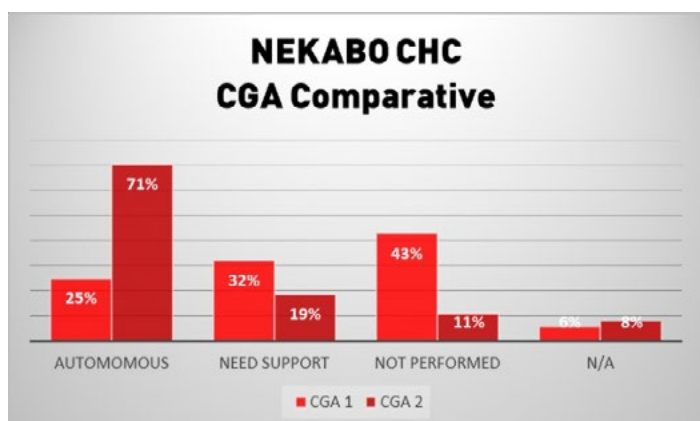
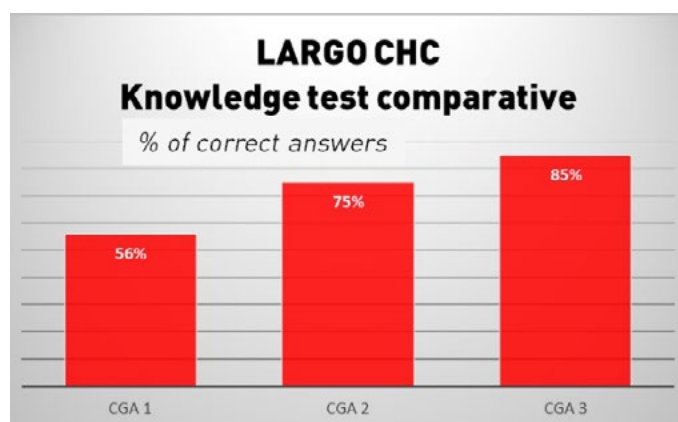
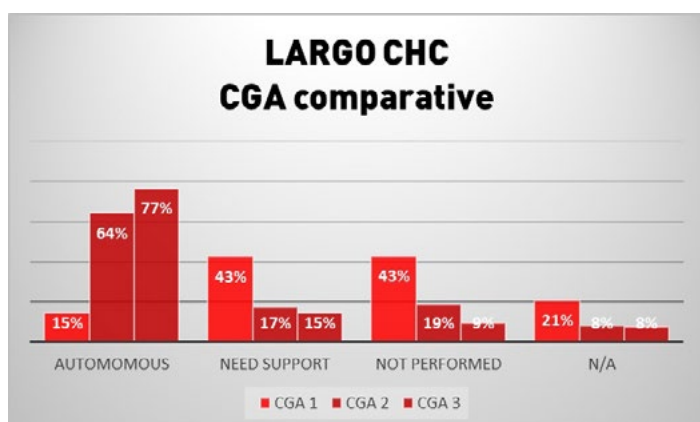
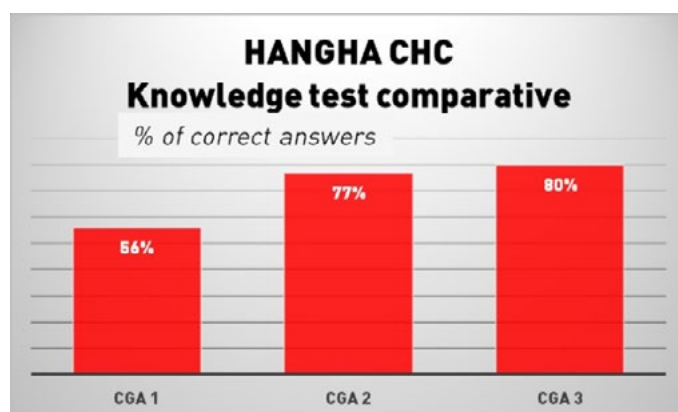
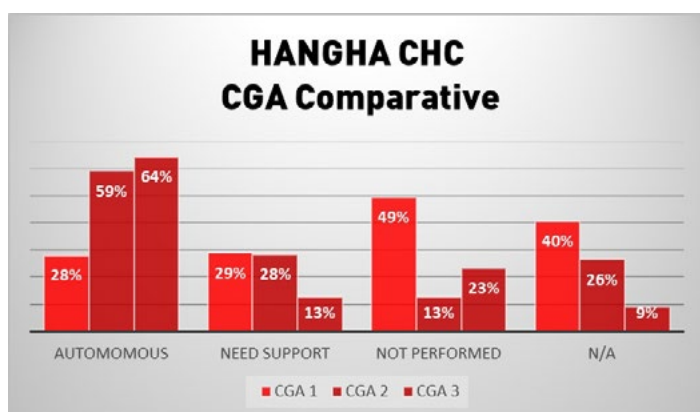
Annex 11. Outpatient Care curriculum



Annex 12. Outcome in Nongowa

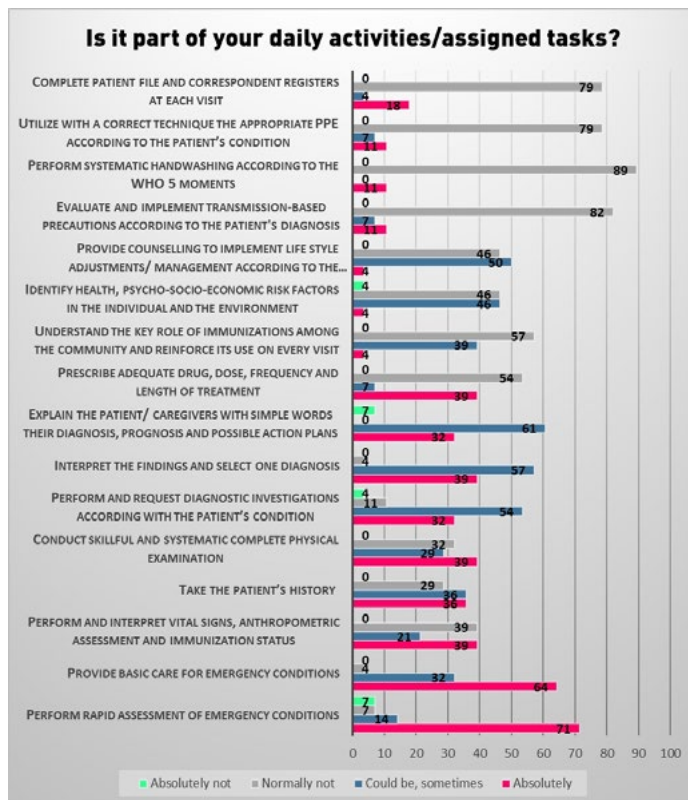
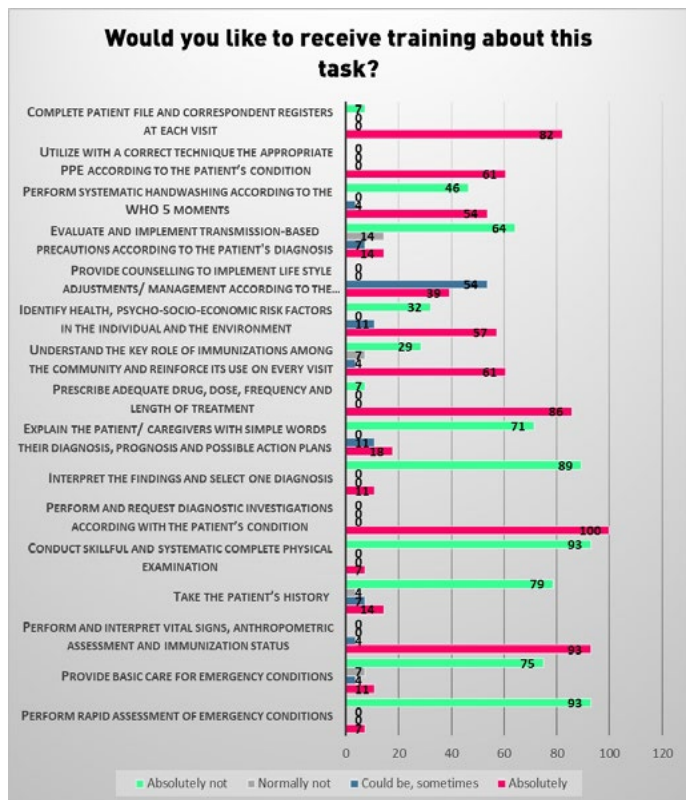
Pre-training perception: 12 participants answered the 'Task Self-perception assessment' and they strongly agreed that the proposed learning objectives were relevant for them.

The participants' consultation skills: for the entry CGA we saw that over 40% of the skills and competencies were observed as 'Not done'. This number dropped to less than 20% by the intermediate CGA in all health centres. For the exit CGA in the two centres that completed the programme (Hangha and Largo), over 68% of the skills and competencies were observed as 'autonomous', whereas in the initial CGA it only reached 23%.

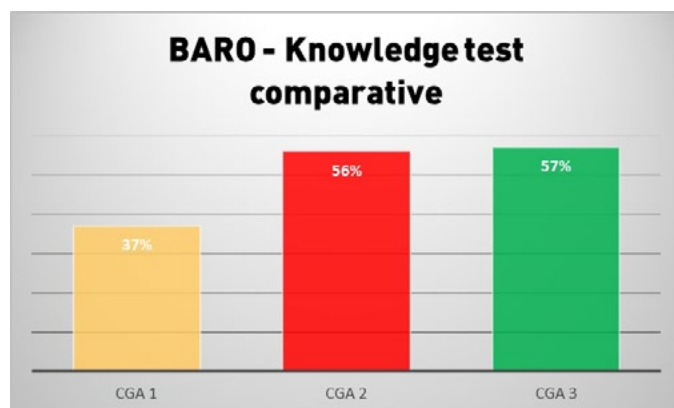
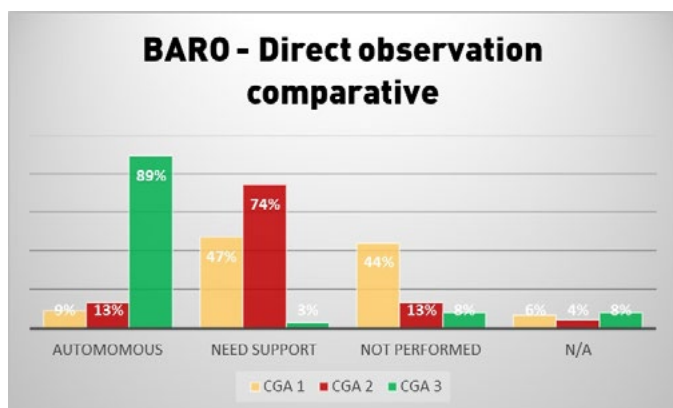


Annex 13. Outcome in Kouroussa

Pre-training perception: 29 learners answered the 'Task Self-perception assessment' and, remarkably, over 80% of them did not consider activities of the "supportive" and "environmental" components of the competency framework, like hand hygiene and use of PPE, as part of their tasks ('usually not'). However, they did demonstrate interest to receive training on IPC and some of the other aspects that they did not 'feel like their task'.

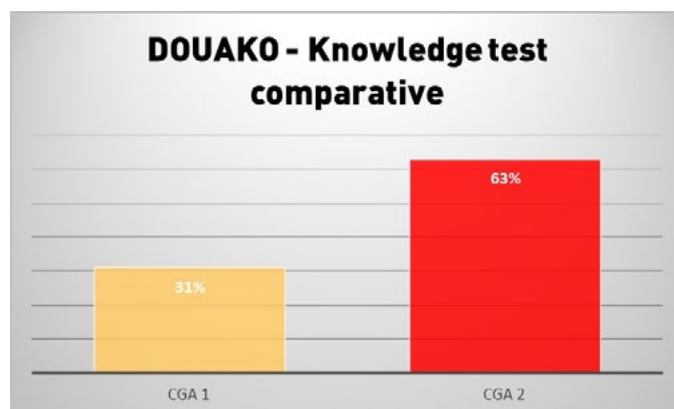
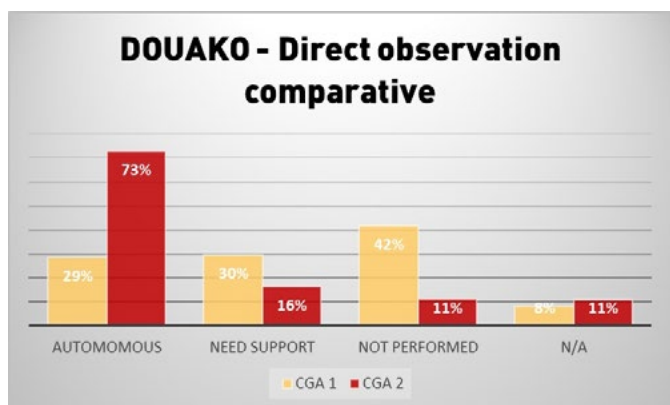


The participants' consultation skills: at baseline, two of the three health centres had very low scores with less than 10% 'autonomous' and more than 40% 'not performed'. This initial baseline allowed to identify significant progress at the end of the training. In the case of Baro, the results improved considerably, reaching up to 89% of autonomous competencies from an original 9%.



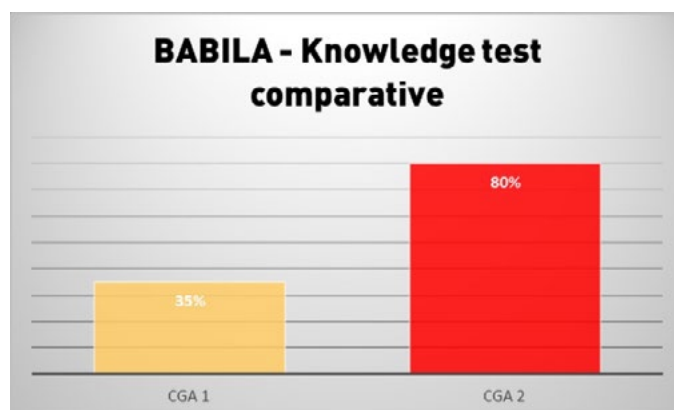
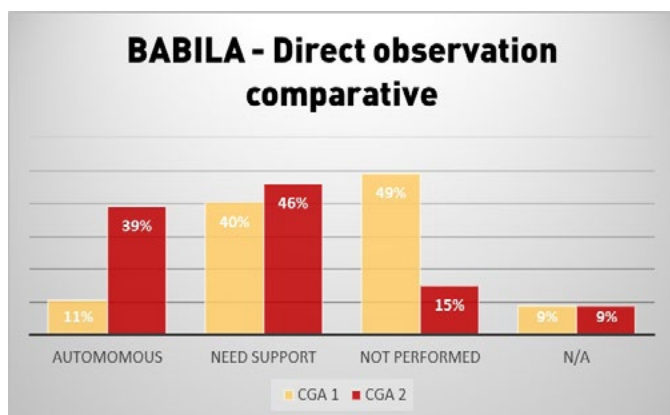
% of correct answers

In Douako, where the baseline results were slightly better with 29%, the observation was that 73% of the competencies were graded as 'autonomous' after the intensive phase of the CPD programme.



% of correct answers

In the Babila health centre, the learners' progress was not yet as significant although still notable: their level of autonomy in competencies performance went up from 11% to 39% after the intensive phase. This group however scored highest on the knowledge component of the assessment at mid-term, which could be explained by the lower number of patients in this health centre. It will be interesting to see what results are reached after the continuous phase.





Nurses and midwives attend the graduation ceremony of the MSF Academy in Kenema on 31st January 2020

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Word from the field:

https://www.linkedin.com/posts/aerzte-ohne-grenzen-msf-de_saedsudan-aerzteohnegrenzen-mittendrindabei-activity-6819143788997443584-Slwg

Additional videos:

General: <https://www.youtube.com/watch?v=vytGlmvSQpw>
On Nursing: <https://www.youtube.com/watch?v=jyHJuc-Dagk>
On Outpatient Care: <https://www.youtube.com/watch?v=0E95FWiipOw>

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