

COLLABORATION IN HIGHER EDUCATION FOR NURSING AND MIDWIFERY IN AFRICA (CHENMA)

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ABSTRACT

Higher education in developing countries face a particular challenge; half of the world's higher education students are found in developing countries, placing great strain on an already under funded system. Whilst the New Partnership for Africa's Development (NEPAD) health strategy urges countries to embark on massive capacity building, the truth is that the higher education sector in Africa does not have the resources to do so. The NEPAD higher education document (2001) proposes the idea of multi-country partnerships to address the sector's problem and at the same time, address the capacity building needs for improved health care delivery.

This paper reports on pertinent aspects of collaboration between universities on the African continent for the purpose of capacity building in nursing and midwifery. The paper outlines the rationale and context of the Collaboration in Higher Education for Nursing and Midwifery in Africa (CHENMA) project. The discussion focuses on the conditions in Africa that hamper the development of nursing and midwifery. It describes the efforts of the Tau Lambda at-Large Chapter to improve nursing and midwifery, initially in East Africa and later in Francophone Africa through the CHENMA project. The paper articulates the values and underpinning principles, outcomes of and lessons learnt from the project.

KEYWORDS: Collaboration, higher education, nursing, midwifery, capacity building

Abbreviations:

CHENMA – Collaboration in Higher Education for Nursing and Midwifery in Africa
DRC – Democratic Republic of the Congo
ECSACON – Eastern, Central and Southern Africa College of Nursing

MDG – Millennium Development Goals
NEPAD – New Partnership for Africa's Development
UKZN – University of KwaZulu-Natal
UN – United Nations
WHA – World Health Assembly
WHO – World Health Organization

INTRODUCTION

Member states of the World Health Organization (WHO) adopted several resolutions of the World Health Assembly (WHA 42.27, 45.5, 48.8, 49.1, 54.12 and 59.27) to strengthen education and practice in nursing and midwifery. These various resolutions recognise the potential contributions of nursing and midwifery towards improving the quality of life of the population at large. For instance, WHA 54.12 states that:

“Nurses and midwives play a crucial and cost effective role in reducing excess mortality, morbidity and disability and in promoting healthy life styles ...”

The important contributions of nursing and midwifery in promoting healthy life styles are also recognised by the strategic directions for nursing and midwifery for the years 2002 – 2008. To this end, there have been a number of global, regional and country-specific initiatives to improve nursing and midwifery education. The ECSACON project in the Eastern, Central and Southern African regions, with the main objective of harmonising nursing and midwifery education is an example of a regional initiative. In line with the WHA resolution, the Tau Lambda at-Large Chapter of Sigma Theta Tau International (STTI) has embarked on an initiative to improve nursing and midwifery education and practice in Anglophone and Francophone Africa. Nurses and midwives need a higher level of preparation so as to gain additional skills to deal with the global, regional and local societal changes and health needs.

This paper reports on pertinent aspects of higher education collaboration between universities on the African continent for the purpose of nursing capacity building. The paper outlines the rationale and context of the Collaboration in Higher Education for Nursing and Midwifery in Africa (CHENMA) project, focusing on the conditions in Africa that hamper the development of nursing and midwifery on the continent. It describes the efforts of the Tau Lambda at-Large Chapter to improve nursing and midwifery, initially in East Africa and later in Francophone Africa through the CHENMA project. The paper addresses the values and principles underpinning the project and concludes with the outcomes of the project and lessons learnt in the process.

REASONS FOR THE LAG IN NURSING AND MIDWIFERY EDUCATION IN AFRICA

A number of factors contribute towards the developmental lag in nursing and midwifery in Africa. These include the fact that most of the countries in Africa are of the poorest

in the world (WHO, 2006); some are politically unstable while others are war torn. Although conflict on the continent is at its lowest level in decades, Africa still has a long way to go in terms of good governance (Kone, 2005). In nursing and midwifery there is sometimes a lack of leadership with a clear future-oriented vision (WHO, 2007). As a result of the low socio economic status of some countries, the budget allocated to health in most African countries is too low to allow for the development of higher education programmes in nursing.

It is noteworthy that in many of the African countries such as Niger and Rwanda, nursing regulatory bodies have not been set up resulting in professional ethics and standards of education and practice not being established or enforced. It follows that the development of the profession through higher education and an appropriate career path is lacking. Nursing and midwifery councils are regulatory bodies ensuring quality nursing education as well as professional ethics and standards of practice. Formal organisations for nurses are either absent or poorly structured and unsupported. Nurses' associations are critical as advocates for nurses and allow them to collectively voice their concerns regarding nursing education in their respective countries.

However, African countries are at different levels of development in terms of nursing and midwifery education. Some Anglophone countries, especially in Southern Africa, such as Botswana and South Africa have regulatory and educational systems comparable to the best in the world. The continent can therefore tap into these resources through collaboration. However, as noted by the World Health Organization (WHO, 2007) the infrastructure needed for professional nurses and midwives to develop, support and participate in networking and alliance building as individuals and/or organisations for purposes of sharing best practices, is still rudimentary. This lack of networking and alliance building exists in Francophone, Anglophone and Lusophone Africa alike, thus contributing towards delayed development of nursing and/or midwifery in the Africa region as a whole.

Higher education in developing countries face particular challenges: half of the world's higher education students are found in developing countries (NEPAD, 2001), placing great strain on an already underfunded system. In many African countries universities belong to the state, often with political intervention (or interference) with regard to student selection, curricula, course offerings and staff appointments (NEPAD, 2001); student activism and political conflict in some cases have contributed to poor academic outcomes. Whilst health is a priority globally and the NEPAD (2007) health strategy urges countries to embark on massive capacity building efforts, the higher education sector in Africa might not have the resources to do so. NEPAD (2001) proposes the idea of multi-country partnerships to address the sector's problem and, at the same time, address the capacity-building needs for improved health care delivery. The capacity building project described in this article attempts to address some of these problems.

CONTEXT AND RATIONALE FOR THE PROJECT

The ideals of the CHENMA project articulate with the vision and goals of the Millennium Summit, the New Partnership for Africa’s Development (NEPAD), and give effect to the mission and aims of STTI and the Tau Lambda at-Large Chapter. At the United Nations (UN) Millennium Summit of September 2000 world leaders signed a declaration to actively respond to the world’s main developmental challenges. Actions and targets formulated at the Summit set the stage for eight Millennium Development Goals (MDGs) to be achieved by 2015 (see figure 1). Among others, the MDGs recognise explicitly, the interrelationship between poverty reduction, growth and sustainable development. For nurse leaders in particular, Goal 4 – to reduce child mortality, Goal 5 – to improve maternal health and Goal 6 – to combat HIV/AIDS, malaria and other diseases became imperative to address developmental challenges in Africa.

Figure 1: The Millennium Development Goals

MILLENNIUM DEVELOPMENT GOALS	
GOAL 1:	Eradicate extreme poverty and hunger
GOAL 2:	Achieve universal primary education
GOAL 3:	Promote gender equality and empower women
GOAL 4:	Reduce child mortality
GOAL 5:	Improve maternal health
GOAL 6:	Combat HIV/AIDS, malaria and other diseases
GOAL 7:	Ensure environmental sustainability
GOAL 8:	Develop a global partnership for development

These imperatives resonate with the capacity building and human development priorities of NEPAD, which focus on health, education, skills development, science and technology (www.dfa.gov.za/au.nepad). As such NEPAD, although facing capacity and governance challenges (Kone, 2005), has a key role to play in achieving the MDGs.

In its vision for 2020, STTI intends to become intentionally global and will play a significant role in global health and as such become a key player in NEPAD’s human health development plan. As a global organisation of nurse leaders, STTI’s mission is to provide leadership and scholarship in education, practice and research to enhance the health of all people through a global community of nurses. Its African Chapter, Tau Lambda-at-Large, has heeded this call to action, through one of its aims: to advance nursing and midwifery practice on the African continent.

The CHENMA project has its roots in Tanzania, when during the course of the Africa Honor Society Conference in 2000 nurses from universities in East Africa expressed the need for clinical master's degree programmes to be developed in their respective countries. University staff felt that it was too expensive to send nurses to other countries for higher education and that some of those who obtained their higher degrees outside their own countries never returned. Through the Africa Honor Society (which was chartered to become the Tau Lambda at-Large Chapter), these nurses requested universities to assist them with the development of master's degree programmes within their respective countries. Several individuals from universities in Southern Africa agreed to collaborate and offer academic assistance.

THE PROCESS

Setting up the project management team

The idea of nursing and midwifery capacity building in Africa was discussed further in meetings of the Board of Directors of the Tau Lambda at-large Chapter. A workshop was proposed for representatives from interested universities. Subsequently, at a workshop in Pretoria on 13th June 2005, a consortium of universities accepted the guidelines and principles on which the capacity building project would be based. They agreed to collaborate to establish at least one clinical master's programme in Kenya and Tanzania, leading to a master's degree qualification from universities in these two countries.

A project management team was set up, comprising individuals from the universities of Botswana, South Africa, KwaZulu-Natal (UKZN), Pretoria, Johannesburg and the North West University. Initially six consortium universities were partnered with the following universities in East Africa to assist with the development of master's degree programmes: Muhimbili College of Health Sciences and Kilimanjaro Christian Medical Center in Universities in Tanzania, and Moi, East Africa (Baraton) and Nairobi Universities in Kenya. Later in 2007, the project was extended to include Francophone countries, namely Rwanda, Niger and the Democratic Republic of the Congo (DRC) and two more universities in South Africa: the Universities of the Witwatersrand (Wits) and the Free State. The universities where the programmes are being developed are called host universities, while the Southern African universities assisting them are called consortium universities. Each consortium university has a long history of offering clinical master's degree programmes in nursing and midwifery

The project became known as Collaboration in Higher Education for Nursing and Midwifery in Africa (CHENMA) and is lead by a project team including a project coordinator. The project coordinator is responsible for overseeing the budget, reporting annually to the project financier and reporting annually to the Board of Directors of Tau Lambda at-Large Chapter. The project management team members, in collaboration with designated lecturers at host universities, are responsible for developing the modules,

facilitating approval by host university structures, teaching the prescribed modules, providing research supervision and evaluating teaching-learning processes.

The lecturers from consortium universities are not remunerated for their efforts; instead this additional work forms part of their professional commitment and contribution to the advancement of the nursing and midwifery professions in Africa.

Situation analyses and curriculum development

The project started with a situation analysis at the host university and associated health structures alongside development of the curriculum. The situation analysis and curriculum development activities were jointly planned by the host and consortium universities. The main purpose of the situation analysis was to explore the context of the programmes offered by the various countries. The specific objectives were to: examine the mortality and morbidity patterns, identify the roles envisaged for clinical nurse specialists in each country as well as examine the legislative and policy frameworks within which the curricula would be developed. The situation analysis also allowed the consortium universities to visit and evaluate clinical facilities in which students were to be placed. This enabled staff to develop realistic and appropriate clinical requirements and assessments.

Curriculum development workshops were held in Kenya and Tanzania – the first countries to become part of the CHENMA project. A comprehensive curriculum was seen to be an organised set of policies, procedures and activities outlining the formal structure of teaching, learning and evaluation offered to the students studying towards a master's qualification. It includes not only content, but also processes for the development, delivery and evaluation of a planned, sequenced curriculum throughout nursing and midwifery education. The principles and guidelines on which the programme is based, were derived from respective situation analyses and are as follows: a two year programme, production of self directed learners, preparation for five roles of clinician, researcher, leader, administrator and educator; course content composed of core modules, specialist modules and clinical experiential learning for all specialty modules and a research methodology course followed by a research project.

Seeking funding

The project management team developed funding proposals for submission to different organisations. The project management team secured seed funding from the Ford Foundation. The project commenced in 2005 once the memoranda of understanding had been signed between the budget-holding institution (UKZN) and consortium universities as well as host universities. Money received from the Ford Foundation covered only the activities of the first two years of the project and this necessitated the need for the development of further funding proposals. Subsequently, funding was obtained through NEPAD from the African Development Bank for the following year of the project. A

condition attached to the NEPAD grant was that French-speaking countries would be included in the capacity building project.

THE CURRICULA

The education programme is aimed at preparing the student for the five essential roles of a nurse/midwifery specialist: clinician, researcher, leader, manager and educator. Based on these roles curricula were proposed and developed with a primary focus on two to three role requirements as determined by the situational analyses of respective countries. The main role requirements were that of clinician and researcher. In countries without undergraduate nursing programmes, education-leadership roles became the primary focus of capacity building. Together with situational analyses these roles guided curriculum development and implementation.

The objectives of the project are to:

- (1) Offer clinical course work at master's degree level in nursing and midwifery with at least ten students registering in each programme in order to:
 - Improve the level of clinical competence in specific areas of nursing/midwifery
 - Equip specialist nurses to do clinical and health systems research in their field of work
 - Improve the programme and regional health service management skills of specialist nurses
 - Prepare nurses for HIV/AIDS care and other conditions on the African continent.
- (2) Ensure sustainability of programmes by capacitating host universities to take over the presentation of master's programmes following the completion of their studies by the first group of students.
- (3) Ensure that the human resources remain within developing countries by working with Ministries of Health and nursing and midwifery councils to develop and implement a career path for specialist nurses in the health services of Africa.
- (4) Build an international focus and capacity in Southern African universities, specifically with regard to Africa.

VALUES AND PRINCIPLES UNDERPINNING THE PROJECT

The project is anchored on the principles of trust, quality, equality and sustainability. The project is based on equality between partners: host and consortium universities.

Quality is ensured through the recruitment of the best students according to the criteria of host universities, the use of expert lecturers for the development and teaching of modules, external moderation of modules and examinations, as well as subscribing to the standards of higher education.

Sustainability is very important in any project. In this project, sustainability is predicated on genuine partnership. Meaningful and genuine partnership invokes an appreciation of reciprocal relationship and mutual dependence among actors/partners faced with a common problem. Within this framework, there are no claims to superior knowledge and subsequent domination of partners by others. With genuine partnership comes the real possibility of mutual or transactive learning (the ability to learn collectively and from each other) among partners. The argument advanced is that genuine and meaningful partnership should be built on the strengths of each partner. This should be reflected in the allocation and co-ordination of tasks. In this capacity building project, genuine partnership is ensured through the involvement of all relevant stake-holders right from the conceptualisation of the project throughout its implementation and ultimately, its evaluation. For instance, all relevant stakeholders were involved in situation analyses and curriculum development. This ensured ownership of the project right from its initiation. Sustainability is also ensured through the enrolment of lecturers from host universities in doctoral programmes. There is also infusion of other elements such as the participation in teaching activities, as well as clinical accompaniment of students between block periods by the lecturers from host universities, that will ensure continuity of programmes once consortium universities withdraw.

Trust is the cornerstone of any cooperative activity between institutions and it takes time for mutual trust to be built between partners (Hattingh & Lillejord, 2005). Trust is built progressively during the day-to-day planning activities and various project processes. Based on trust the value of equality between all partners was built into all aspects of the programme. Although the budget for the project is controlled by the project co-ordinator, in collaboration with the management team, money is disbursed to each consortium university to complete the assigned academic activities. This is based not only on accountability but on trust – that the money would be used appropriately. With a project based on principles and values such as trust, equality, quality and sustainability through partnership, a certain degree of flexibility in conceptualising and implementing the project has been possible – a vital strategy for project adaptation to regional and local developmental needs.

OUTCOMES

On commencement of the programme four lecturers from each of the host universities were identified as potential clinical supervisors in elected clinical areas. These nurses were required to visit South Africa for a period of 4-6 weeks to work alongside experienced clinical nurse specialists in their elected areas. Jointly, universities also

identified at least one staff member from the first host university who will obtain a doctoral degree before taking over the programme, and this was achieved.

Following a recruitment and selection process, the first nine students were enrolled in the maternal and neonatal nursing programme at Moi University in October 2006 and six students at the University of East Africa (Baraton) with a total of 15 from the two universities. In 2007, Muhimbili University College of Health Sciences started the master's programme in critical care nursing with an enrolment of three students, followed by the commencement of a psychiatric nursing programme during the same year.

In terms of resources necessary to deliver the programmes, part of the project funding was used by the host universities to provide the basic resources before the first teaching visits. Basic resources included data projectors and laptop computers for each site and a small library collection in the fields to be taught, such as nursing research or advanced midwifery. The other needed items are identified and bought as teaching progresses. In some clinical facilities, for example in Baraton, instruments such as ophthalmoscopes, thermometers and stethoscopes were not available and had to be purchased to facilitate student learning of health assessment skills. When it was found that it took months for books ordered to arrive in Kenya, books were purchased in South Africa and sent to Kenya via the High Commissioner's mail bags with the kind permission of this Commissioner.

The head of the school of nursing at the host university served as the coordinator of the education programme and two lecturers were appointed as clinical facilitators. Course modules were offered by lecturers from consortium universities. In Francophone Africa, situation analyses were done in the Democratic Republic of Congo (DRC), Niger and Rwanda between 2006 and 2007. The masters' programme in the DRC (Lubumbashi Technical Medical Institute) commenced in 2007 with an enrolment of 16 students. In Rwanda and Niger negotiations are still in progress.

CHALLENGES AND LESSONS LEARNT

Staff from host and consortium universities faced a number of challenges in implementing the project. Some of the universities such as the Kilimanjaro Christian Medical College had to be dropped from the project. Retrospectively, this might have been due to the fact that the site was very small and inadequately prepared to offer postgraduate education. However, the staff's enthusiasm was compelling and inspired the project team to offer the programme. The University of Nairobi also dropped out of the project due to low enrolment figures.

The other challenge was the delay in the start of programmes in some universities such as Muhimbili University College of Health Sciences in Tanzania. The project team learnt that universities neither work at the same pace nor within the same time frames. The

most serious challenge seems to be associated with the supervision of students for their research projects via email. Many a time research supervisors in consortium universities reported poor communication and delayed responses from students. Students had similar complaints about their supervisors. Faculty has implemented various modalities of encouraging students to work at a faster pace on their research projects, but due to various stumbling blocks, including poor access to Internet services, the process remains slow and tedious.

In Francophone Africa, the challenges are more profound, since in both Niger and the DRC, bachelor's degree programmes for nurses do not exist. Their post-graduate programmes could therefore not be automatically linked to existing programme organisational structures at university level. Very poor infrastructure in terms of classrooms, offices, libraries, computer facilities and clinical facilities is a major problem. The fact that some host universities use French and consortium universities use English as the language of learning creates a communication problem, which called for both the translation of study guides into French and the use of translators during teaching. Supervision of research projects also demands that the supervisors be fluent in French. Consequently, the project management team had to identify individuals who are fluent in both English and French to assist with research supervision. The team further agreed that two research supervisors were needed per student; eight supervisors were identified for the research supervision of the sixteen students in the DRC.

CONCLUSION

For the consortium universities who agreed to develop and teach the master's programme in East Africa, it was a first experience in working together with other Southern African universities in a project and of working outside their borders. It involved great effort to make a commitment of offering professional service and working within a situation of scarce resources over a period of years. The two sides, host university and consortium university staff learnt a great deal from each other during their interactions from the situation analysis stage through to the curriculum development and teaching implementation stages.

The CHENMA project is ongoing; challenges and project outcomes are carefully monitored to enable further reporting and where indicated, interventions. The resources for teaching are gradually being built up and students have written most of the summative examinations. Currently, due to various delays, students in East Africa are still working on their research projects. Evaluation of the East Africa part of the project is in progress and forms the first phase of overall project evaluation.

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