WHO advocates for “skilled care at every birth” by a qualified health worker, such as a midwife, doctor, or nurse trained to manage uncomplicated pregnancies, deliveries, and the immediate post-natal period and to identify, manage, and refer complications. Midwives educated and regulated to international standards can deliver more than 80% of all essential sexual, reproductive, maternal and newborn health services and could help prevent roughly two thirds of all maternal and newborn deaths.¹

Despite this, midwives account for less than 10% of the global sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce and are in short supply in many developing countries, including Nigeria where there are only six midwives per 10,000 people.² ³ Inequitable distribution of health workers across the country leaves the North East zone facing acute shortages due in part to challenges recruiting and retaining providers to work in these insecure environments.

Unfortunately, it is in the areas where it is most difficult to recruit and retain midwives that their services are most vital given the high burden of preventable maternal and neonatal deaths. In Nigeria, the latest UN estimates report the maternal mortality ratio to be 1,047 maternal deaths per 100,000 live births and it is estimated to be even higher in the North.⁴

Midwifery education in Nigeria

Quality midwifery education gives individuals the competencies needed to make an immediate impact yet the content, quality, and duration of education programs vary greatly across contexts.⁵ The Nursing and Midwifery Council of Nigeria is responsible for ensuring the delivery of safe and effective nursing and midwifery care through quality education and best practices.⁶ As of 2023, there are 88 accredited schools of midwifery in Nigeria – 12 of which are located in the North East zone.

Because limited evidence exists on the effectiveness of midwifery education models in conflict-affected settings, the EQUAL research consortium sought to gain deeper understanding and actionable insights into the quality of midwifery pre-service education in conflict-affected areas of Nigeria – specifically in Yobe State.
In November 2022, EQUAL conducted a rapid assessment to
1) assess the extent to which midwifery pre-service education
programs meet national and global (International Confederation of
Midwives) standards; and 2) to explore how conflict affects pre-
service midwifery education in Yobe State.

**Study location**

Yobe State, located in the North East zone of Nigeria, has been
affected by the decade-long conflict with the majority of people now
living in insecure areas and experiencing displacement, social and
economic suffering, and severe food insecurity. The delivery of MNH
care is negatively impacted by difficult terrain, lack of access to health
facilities, and a shortage of well-trained health workers. Yobe was one
of the first states in northern Nigeria to receive national approval to
train “community midwives” through a two-year program for a lower
cadre of midwives serving rural community settings, intended to help
increase the availability of skilled MNH care.

EQUAL’s research focused on two midwifery education programs
in Yobe State – the College of Basic Midwifery and the Community
Midwifery Programme – both based at Dr. Shehu Sule College of
Nursing Sciences in Damaturu.

**Study design**

EQUAL’s research used the Midwifery Education Rapid Assessment Tool endorsed by the International Confederation of
Midwives (ICM) and United Nations Population Fund (UNFPA) that includes a set of standards, verification criteria,
and a scoring rubric to help identify potential “quick fixes” and bottlenecks that require greater investments. EQUAL
adapted the tool to also reflect national policies and added questions to capture considerations unique to conflict-
affected contexts.

A total of 38 interviews were conducted with midwifery education program leadership, teachers, students, and other
essential stakeholders to collect information on a range of topics outlined in figure 1 while tours of the schools and
practice sites were conducted to assess availability of equipment, staff, and other resources needed to train students
to competency. Data was analyzed following guidance in the same Midwifery Education Rapid Assessment Tool to
assess the compliance with global and national standards.

**Figure 1**

<table>
<thead>
<tr>
<th>Stakeholder interviewed</th>
<th>Topics covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Student admissions, curriculum, infrastructure and management, qualifications of teachers, available resources, clinical practice requirements, safety and security</td>
</tr>
<tr>
<td>Teachers</td>
<td>Qualifications, infrastructure, available resources, teaching/learning methods, student assessment methods, safety and security</td>
</tr>
<tr>
<td>Students</td>
<td>Professional aspirations, academic experience, safety and security</td>
</tr>
<tr>
<td>Clinical Preceptors</td>
<td>Qualifications, infrastructure, available resources, client caseload, clinical practice requirements, attendance, safety and security</td>
</tr>
<tr>
<td>Other midwifery education stakeholders</td>
<td>Midwifery education standards, accreditation, licensing, financing, gender and social inclusion, safety and security, experience in the community</td>
</tr>
</tbody>
</table>
Findings

Findings from this rapid assessment are anticipated in mid-2023.

Next steps

To expand the knowledge further, EQUAL will enroll a cohort of midwifery students and graduates in the study and follow their experiences over several years. As part of this, EQUAL will identify factors affecting workforce participation, performance and retention, as well as document their experiences working in conflict-affected communities. A similar rapid assessment and cohort study is being implemented in Somalia.

For more information visit www.EQUALresearch.org and contact Charity Maina (cmaina@ihvnigeria.org) and Shatha Elnakib (slnaki1@jhu.edu)

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References


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