EQUAL
EVIDENCE & IMPACT FOR MOTHERS & NEWBORNS LIVING IN CONFLICT

RAPID ASSESSMENT OF MIDWIFERY EDUCATION IN SOMALIA

POLICY BRIEF

BACKGROUND

WHO advocates for skilled health personnel at every birth, defined as competent maternal and newborn health (MNH) professionals educated and regulated to national and international standards. They are equipped to provide evidence-based, human-rights-based, quality, socio-culturally sensitive, and dignified care to women and newborns. This includes facilitating physiological processes during labor and delivery, identifying and managing complications, and collaborating with an integrated team to perform emergency maternal and newborn care.[1] As vital members of the skilled health workforce, midwives educated and regulated to international standards can deliver nearly all of the essential care needed for mothers and newborns.[2]

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 in Somalia where there are only 0.4 midwives per 10,000 people.[3, 4]

Midwives are more likely than other SRMNAH workers to remain in humanitarian and fragile settings throughout a crisis. In such settings, the challenges facing health-care workers are amplified, including threats to personal safety.

The acute shortage of midwives coupled with an inequitable distribution of health workers across the country creates a significant gap in access to care and contributes to poor MNH outcomes. Latest estimates from the UN indicate 621 maternal deaths per 100,000 live births (2020);[5] 35 neonatal deaths per 1,000 live births (2022);[6] and 28 stillbirths for every 1,000 births (2021)[7] with only 32% of deliveries happening with a skilled birth attendant.[8]

Midwifery education in Somalia

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.[9] Somalia has expanded its midwifery education significantly, and currently offers a mix of direct-entry programs, typically lasting 3 to 4 years, and post-nursing education programs, typically lasting 18 months. There are presently public midwifery programs run by the Federal Ministry of Health and the United Nations Population Fund (UNFPA) as well as privately run midwifery institutions approved by the government. Since 2009, UNFPA has helped establish 14 midwifery schools in Somalia, in addition to several private universities offering midwifery programs.[10]

Because limited evidence exists on the effectiveness of midwifery education models in conflict-affected settings, the EQUAL Research Consortium – funded by UK International Development from the UK government – sought to gain deeper understanding of and actionable insights into the quality of midwifery pre-service education in conflict-affected areas of Somalia – specifically in Banaadir and Galguduud regions.

Somali Research and Development Institute SORDI
JOHNS HOPKINS CENTER for HUMANITARIAN HEALTH
UK International Development
Partnership | Progress | Prosperity

STUDY OVERVIEW

From December 2022 through February 2023, 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, ICM) standards; and 2) explore how conflict affects pre-service midwifery education in Banaadir and Galguduud regions.

Study location

Banaadir region, where the capital Mogadishu is located, hosts a large number of internally displaced persons and experiences persistent insecurity. More than 50% of all births in Benadir are delivered without skilled personnel present.[11] Galguduud, located in central Somalia near the border with Ethiopia, has experienced consecutive poor rainy seasons leading to large-scale displacement. People have limited access to essential health services and nearly 60% of births in the region occur without a skilled health professional.[12]

EQUAL assessed six out of 12 midwifery programs in Banaadir and one in Galguduud.

EQUAL PROJECT OVERVIEW

Funder: UK International Development from the UK government

Length: July 2021 – April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan.

Partners: Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

Study design

EQUAL conducted a cross-sectional systematic assessment of the two midwifery schools using the Midwifery Education Rapid Assessment Tool endorsed by the ICM and 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 across the tools six domains of pre-service education: infrastructure and management, teachers and preceptors, clinical practice sites, curriculum and students, and influencing factors.[13]

EQUAL adapted the tool to also reflect national policies and added questions to capture considerations unique to conflict-affected contexts. The tools were pilot tested in Abrar University, a midwifery program not included in our assessment.

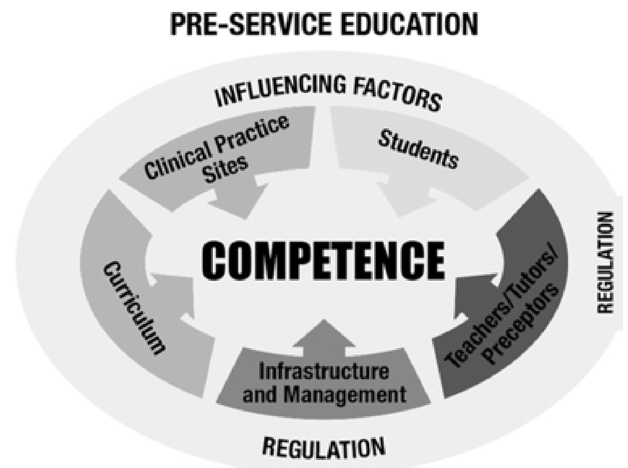

Figure 1: Pre-service education conceptual model (Johnson et al. 2013) [14]

A total of 106 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 were analyzed following guidance in the same Midwifery Education Rapid Assessment Tool to assess the compliance with global and national standards.

Results

Overall, schools met between six to ten out of the 18 standards for which data were available (33.3%-55.6%). Table 1 below provides a summary of assessment findings, organized based on the six domains evaluated, along with insights into the impact of insecurity on education access.

Table 1: Summary of assessment findings organized by domain

Domain	Findings
Curriculum	• Schools used different teaching curricula and assessment methods, highlighting inconsistencies. • Five out of seven schools update their curricula every five years, following a different review process and duration. • All seven schools met competency-based standards, combining simulation, clinical practice opportunities, and diverse teaching approaches.
Teachers and Preceptor	• Six of seven schools assessed failed to employ enough midwives and suitable non-midwives for teaching the academic/theory components of the curriculum. • Teacher to student ratios ranging from 1:25 to 1:59 falling short of the the 1:30 recommended ratio. • All teachers completed preparatory courses, but none met the competency standard, requiring recent clinical practice. • While most teacher offices had essential amenities like internet, electricity, toilets, and office supplies, approximately 70% lacked individual desks.
Students	• The average student body across schools was 77 (ranging from 50 to 111). • Classrooms typically accommodated between 30 and 50 students, with all but two private schools exceeding the 30 student limit set by the country. • All schools except one located on the outskirts of Mogadishu were accessible, yet students noted challenges reaching campuses due to traffic and security-related roadblocks. • None of the private schools gave special consideration for students based on region of residence or marginalized groups while community schools considered residence but not marginalized group status.
Clincal practice sites	• Four out of the seven schools had sufficient clinical sites for student practical experience, but none met the average practice experiences per ICM guidelines. • All but one school had accessible clinical practice sites, but only three had necessary training supplies. • While all wards had 24-hour supervision, only two had available clinical practice guidelines.
Infrastructure and Managements	• Only two schools were led by qualified midwives. • All classrooms met basic requirements with student desks, adequate ventilation and lighting. • Six schools had libraries but only two stocked recommended textbooks. 70% had internet access and a head for the library, yet half lacked budget for new resources. • Six schools had functional skill labs with most essential equipment. • Some universities had skilled lab managers, while others relied on individual teachers. • Only 60% had student lab schedules but most lacked adequately equipped computer labs.
Influencing factors	• Inconsistencies in knowledge of a midwifery education regulatory body or an operational midwifery education accreditation system that reviews quality every five years based on ICM standards.
Security Considerations	• More than 10% of students and 42% of teachers reported challenges getting to the school due to insecurity. Educators expressed concerns about student safety during travel however once on campus, 99% of students felt safe and 94% felt secure at clinical practice sites.

Recommendations

1. Harmonize the midwifery curriculum to create a consistent and unified midwifery education program aligned with ICM global standards and best practices.

2. Progress efforts to establish a comprehensive midwifery regulatory framework in alignment with ICM global standards, including the accreditation of educational institutions and programs, and the issuance of professional licenses for midwifery graduates to enhance the qualifications and competence of midwives.

3. Recruit more midwives to teach midwifery classes.

Next steps

To expand the knowledge further, EQUAL has enrolled a cohort of midwifery students and graduates in the study to 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 underway in North East Nigeria.

For more information visit www.EQUALresearch.org and contact Hawa Abdi (hawa.abdi@sordi.so, Shatha Elnakib (selnaki1@jhu.edu), and/or Equal@rescue.org

Acknowledgements

This research brief was prepared by study partners from the Somali Research and Development Institute (SORDI) and Johns Hopkins Center for Humanitarian Health. Other members of the EQUAL research consortium leading studies in the Democratic Republic of Congo, Nigeria, and South Sudan include the International Rescue Committee (IRC), the Institute of Human Virology Nigeria (IHVN), and Université Catholique de Bukavu (UCB). Funding for this work is provided by UK International Development from the UK government.

References

[1] WHO et al. (2018) Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA, World Health Organization. Available at: https://www.who.int/publications/i/item/WHO-RHR-18.14 (Accessed: 26 March 2024).

[2, 3] State of the World's Midwifery. (2021). In UNFPA. Retrieved from https://www.unfpa.org/sowmy

[4] State of the World's Midwifery - Somalia Country Profile. (2021). In https:/www.unfpa.org/sites/default/files/sowmy21/en/sowmy-2021-profile-so.pdf.

[5] Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

[6, 7] United Nations Inter-agency Group for Child Mortality Estimation (2024)

[8] Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020.

[9] State of the World's Midwifery. (2021). In UNFPA. Retrieved from https://www.unfpa.org/sowmy

[10] UNFPA Support in the Development of Midwifery profession in Somalia and Somaliland. (2022, May 5). Retrieved March 10, 2023, from UNFPA Somalia website: https://somalia.unfpa.org/en/news/unfpa-support-development-midwifery-profession-somalia-and-somaliland

[11] Somalia National Bureau of Statistics (Formerly Directorate of National Statistics, Federal Government of Somalia), Benadir Regional Report 2020, Somali Health and Demographic Survey (SHDS)

[12] Somalia National Bureau of Statistics (Formerly Directorate of National Statistics, Federal Government of Somalia), Somali Health and Demographic survey - Galmudug Report 2021.

[13] Fullerton, J. T., Johnson, P., Lobe, E., Myint, K. H., Aung, N. N., Moe, T., & Linn, N. A. (2016). A Rapid Assessment Tool for affirming good practice in midwifery education programming. Midwifery, 34(34), 36–41. https://doi.org/10.1016/j.midw.2016.01.008

[14] Johnson, P., Fogarty, L., Fullerton, J. et al. An integrative review and evidence-based conceptual model of the essential components of pre-service education. Hum Resour Health 11, 42 (2013). https://doi.org/10.1186/1478-4491-11-42

Brief published March 2024