



# Event Booklet

KML Nairobi, 19 – 21 September 2023

## JOINT KNOWLEDGE MANAGEMENT AND LEARNING EVENT

### Programmes

Quality Improvement of Integrated HIV, TB and Malaria Services in Antenatal and Postnatal Care

Design, Implementation and Evaluation of Nursing/Midwifery Continuous Professional Development Programme in Kenya





**Partners of Programme**  
**“Quality Improvement of Integrated HIV, TB and Malaria Services in ANC and PNC”**

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**



**Ministry of Health**



**OYO STATE**  
GOVERNMENT



Ministry of Health, Tanzania



Bocconi University





Partners of Programme “Design, Implementation and Evaluation of Nursing/Midwifery  
Continuous Professional Development Programme in Kenya”

REPUBLIC OF KENYA



MINISTRY OF HEALTH



UNIVERSITY OF NAIROBI





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## Welcome



A warm welcome to all participants of the 2<sup>nd</sup> Knowledge Management and Learning (KML) event of the **'Quality Improvement of Integrated HIV, TB & Malaria Services in ANC & PNC'** programme (2020-2023). This year, the KML is held jointly with the end of programme dissemination of the Johnson and Johnson funded project **'Design, Implementation and Evaluation of Nursing/Midwifery Continuous Professional Development (CPD) Programme in Kenya'**.

The event builds on the success of our first KML event held last year in Liverpool, UK. The event was attended by researchers and representatives from ministries of health (MoH) from the 4 implementing countries, our donors and staff based in UK and overseas. It was a unique occasion to connect with each other in person and virtually to share experiences, ideas and draw on lessons learnt from in-country implementation programmes and research collaborations.

We are now in year 4 of our 5-year programme to improve the quality of integrated HIV, TB & Malaria services in ANC & PNC. Together with our partners in-country and respective MoH we are on track to achieve the programme deliverables, and our goal to improve the quality of care for mothers and babies in Africa.

The programme has a strong approach to build local research capacity and provides scholarships for two PhD students from Tanzania. We shall hear from them during the KML event.

We are grateful for the continuous support of the local MoH and for the funding from Takeda Pharmaceuticals through the Global Fund and from J&J. We wish to thank you for supporting LSTM's vision to improve the quality of care for women and newborns; and to ending preventable maternal and newborn mortality and stillbirths.

The Improving maternal and newborn health and survival and reducing stillbirth progress report 2023 (WHO) highlights the below.

- Global progress in reducing maternal and newborn deaths and stillbirths has slowed during the last decade.
- Global challenges posed by the COVID-19 pandemic, climate change, conflicts and other emergencies, as well as cost of living increases within countries have the potential to further slow progress in this decade, warranting greater urgency and investment towards maternal and newborn health targets.
- ENAP-EPMM 2025 Shared Targets (90/90/80/80)

Target 1 (global): 90% coverage of four or more antenatal care contacts

Target 2 (global): 90% births attended by skilled birth attendants.

Target 3 (global): 80% early routine postnatal care (within 2 days)

Sub-national: 80% of districts with at least 70% ANC4, 80% SBA, and 60% PNC coverage

- However, current projections show that it is unlikely that global targets will be met for any of the joint ENAP-EPMM population-based coverage indicators without considerable action and investments.

Evidence shows that even if pregnant women, new mothers and newborns have access to services, ensuring they benefit from respectful and quality care remains a critical gap. This project really showcases what collaborative working can achieve in scaling up coverage for quality MNH services in these areas. We have received positive feedback from the direct beneficiaries of the programme including the healthcare workers, women and their families on the improved coverage and quality of service that is now in place.

This KML event is structured into 3 days.

Day 1: We will hear from the host MoH in each country on their ANC & PNC strategy and current performance on key indicators and from the implementation teams and partners about their implementation approach. We will also present new, innovative capacity strengthening methods that have been developed over the past year.

Day 2: Will focus on implementation research and dissemination of outputs of the pre-service midwifery education and faculty development programme.

Day 3: Will be an opportunity for our partners involved in the Quality Improvement of Integrated HIV, TB & Malaria services programme to discuss approaches to sustain the quality improvement strategies beyond 2025.

We hope this will be an informative and collaborative event and hope you enjoy the hospitality of Kenya.

Thank you for your time. I wish you all a very successful workshop.

***Professor Charles Ameh, Head Emergency Obstetric Care and Quality of Care Unit / Head International Public Health Department, Liverpool School of Tropical Medicine***



Hello, honoured guests and esteemed colleagues!

As the host of the 2<sup>nd</sup> Knowledge Management and Learning (KML) event of the **'Quality Improvement of Integrated HIV, TB & Malaria Services in ANC & PNC'** programme (2020-2023), that is being held jointly with the end of programme dissemination of the Johnson and Johnson funded project **'Design, Implementation and Evaluation of Nursing/Midwifery Continuous Professional Development (CPD) Programme in Kenya'**, I am pleased to welcome you to what we hope will be an exciting and impactful event for you and for mothers and their newborns. Our mission is to provide all in attendance with the most informative, interactive, and stimulating experience possible. To achieve this goal, we have assembled a roster of authoritative speakers who represent the best in the field of maternal and newborn Health (MNH). Our presenters and participants range from donors, policymakers, seasoned researchers, programme managers and promising upcoming

researchers. We know that each one of you here is committed to improving maternal and newborn health and survival. We are grateful to have you with us!

We appreciate having you in attendance and look forward to fruitful interactions during this KML event. As your host, LSTM Kenya considers these interactions fruitful not only when speakers make their presentations, participants engage in discussion, and when plans are drafted, but when ultimately each one of us here, plays their role in ensuring that mothers and their newborns receive quality health care. Ladies and gentlemen, there is a reason why each of us should play their role, now, more than ever. Evidence on MMR across many Sub-Saharan Africa (SSA) countries is not promising. For instance, despite Kenya showing increased coverage of antenatal care, Skilled birth Attendance (SBA) and Postnatal Care services, the maternal mortality ratio (MMR) has stagnated - 362/100,000 in 2014 and 355/100,000 in 2019 - over the past decade. This is far from reaching the SDG target of 140 per 100,000 live births by 2030. This is a major concern for Kenya and reflects the quality of care provided at the health facilities. Despite the current state, the good news is that the Kenyan Ministry of Health, (MoH) is committed to improving quality of care for mothers and their newborns and has stepped up strategies to do this. In June 2022, the Kenya MoH launched and disseminated technical guidelines on MNH standards for improving quality of care in health facilities. Additionally, the Kenyan MoH issued the framework designed to guide regular assessment, improvement and maintenance of delivery of quality health services at all levels of the health care in Kenya. Just recently, following the IMNHC conference of May 2023 held in Cape town South Africa, the MoH has developed the Kenya Country Plan of achieving the 90,90,80,80 coverage targets of the Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan (ENAP) indicators of ANC, SBA and timely PNC and sub national coverage of indicators, which remain critical in reducing maternal and perinatal morbidity and mortality.

In an effort to support the MoH, the Liverpool School of Tropical Medicine (LSTM) in collaboration with National MoH, the MoH-led Pre-service Taskforce, preservice regulatory and training institutions, Kenyan Universities, and county health departments of Uasin Gishu, Vihiga and Garissa are implementing two programmes; the *'Quality Improvement for Integrated HIV, TB, and Malaria Services during Antenatal and Postnatal Care in Kenya'* and the *'Design, Implementation and Evaluation of Nursing/Midwifery Continuous Professional Development (CPD) Programme in Kenya'*. The programmes are funded by Takeda CSR program through Global Fund, and Johnson and Johnson Foundation respectively. The QI programme supports 61 health facilities and has, to-date trained almost 300 frontline health care providers and 46 trainers in integrated ANC and PNC; and quality improvement (QI) standards for ANC and PNC. Using the national MNH standards, **97%** of the targeted health facilities are currently implementing standards-based audits (StBA) of

MNH clinical standards and reorganisation of patient care with the aim of ensuring that mothers and babies receive high quality care and subsequently achieve better health outcomes. The CPD programme supports strengthening of pre-service midwifery education and training and has evidence showing improved quality of pre-service midwifery education and practice. We are optimistic that with these programmes, we will make our mark!

To support your familiarization with the KML event, we have provided you with the KML event booklet. Therein, you will find the KML agenda. This listing details daily happenings, provides locations and times for each activity, and outlines the abstracts that will be presented during the KML event. Please peruse the pages at your leisure. Should you require support, our friendly and ever helpful LSTM Kenya team is at your service. You will find contacts of our team members within the booklet. Our social media details are within your booklet and are also displayed at strategic points at the conference venue. Please connect with us to learn more as the event unfolds. We have time during our breaks for further interactions. We have arranged for you a more detailed interaction session during the social event on Wednesday 20<sup>th</sup> September at the Sarova Panafric Hotel Pool Deck bar & lounge. Please join us and enjoy the networking session coupled with some bites and drinks.

As we interact during these three days, enjoy our unique Kenyan hospitality, enjoy our Kenya, a land of ***hakuna matata***. Enjoy the land of the optimists.

***Ahsanteni sana,  
Karibu Kenya!***

***Lucy Nyaga, Country Director Liverpool School of Tropical Medicine Kenya***

## Good to know

### Venue

The joint Knowledge Management and Learning Event will take place at Sarova Panafric Hotel Nairobi. The participants of the programme “Quality Improvement of integrated HIV, TB and Malaria Services in ANC and PNC” will be accommodated in the same hotel.

URL: <https://www.sarovahotels.com/panafric-nairobi/>

Phone number: +254 709 111 000 | Email: [centralreservations@sarovahotels.com](mailto:centralreservations@sarovahotels.com)



### Internet access

Access to Wi-Fi will be made available at the venue on the day.

For participants staying at the Sarova Hotel Wi-Fi is included in the rate.

### Contacts

**LSTM Contact 1:** Roselyne Githinji, Mobile number: +254725705647

**LSTM Contact 2:** Martin Eyinda, Mobile number: +254725705639

Contacts also serve as emergency contact!

### Nearest Pharmacy (24-hour service):

Malibu Pharmacy, Arwings Kodhek Road, Hurlingham, Mobile number: +254702747474

### Lunch

Lunch will be served at the hotel during lunch breaks, see programme.

### Dinner

At hotel: Flame Tree Restaurant and Pool Deck bar & lounge

Other: Dining options within Upper Hill area

<https://www.myguidekenya.com/restaurants/upper-hill>

### Social events

- **Social & Networking Reception** with finger food and soft drinks 20<sup>th</sup> September, 16:45 – 18:00, at Sarova Panafric Hotel Pool Deck bar & lounge.
- Optional visit to **Nairobi National Park** on Friday 22<sup>nd</sup> September. An early game drive will be organized for interested participants. Please confirm to the LSTM contacts by 19<sup>th</sup> September. Please note the entrance fee of USD 35 is NOT included in the event packages.



# Social Media Toolkit

## Key Hashtags & Handles

### HASHTAGS

Primary Hashtag: #KML\_MNHQoC

Other Hashtags: #MaternalHealth #NewbornHealth #MNH #SDG3 #MNHCommunity

#AcceleratingTogether #SavingLivesTogether #Antenatal #Postnatal #MNH policy

#EffectiveANC&PNC #EquityANC&PNC

#Midwife #Midwives #midwifery #pregnancy #Newborn #nursemidwife #JNJ

### TWITTER HANDLES

@LSTM\_MNHQoC

@LSTMnews

@LSTM\_Kenya

@LSTMNigeria

@ZankliMedical

@StateSuza

@udomofficial

@GlobalFund

@TakedaPharma

@MOH\_Kenya

@UGC\_TheChampion

@garissahealth

@VihigaCountyGov

@mohznz

@wizara\_afyatz

@KadunaMOH

@OyoStateMOH

@world\_midwives

@Kmtc\_official

@Kenyamidwives

@SONAM\_AKU

@KenyattaUni

@KenyattaUni

@WHOKenya

@NCKenya

@UNFPA + @UNFPAKen + @UNFPA\_ESARO

@uonbi + @NunsaUon + @UoN\_FHS

@KenyattaUni

@MoiUniKenya

@UNICEFKenya

@JNJGlobalHealth

## Key Messages

#KML\_MNHQoC working collaboratively so that mothers and newborns receive the best quality of care.

### Quality Improvement of Integrated HIB, TB and Malaria Services in ANC and PNC

#### TOGETHER WE WILL:

- Improve QoC and reduce maternal mortality by conducting implementation research.
- Cross country collaboration, planning and learning to optimise impact within the #MNHCommunity.
- Generate evidence to improve quality of integrated HIV, TB and Malaria services in ANC and PNC and inform #MNH policy.
- Improve effective coverage of ANC and PNC #EffectiveANC&PNC #EPMM #ENAP.
- Improve equity for mothers and babies in ANC and PNC #EquityANC&PNC.

#### Preservice Messages

- A remarkable achievement #LSTMinKenya has supported 129 academic and training institutions to offer competency-based learning equipping the next generation of healthcare workforce with much needed skills in #EmONC.
- Midwives play a vital role in preventing maternal and newborn deaths and stillbirths. increasing access to competent and regulated midwives could save many lives each year. #LSTMinKenya has documented lessons on how we can do this effectively across Kenya.





## KNOWLEDGE MANAGEMENT & LEARNING EVENT

The second KML event of the '**Quality Improvement of Integrated HIV, TB & Malaria Services in ANC & PNC**' programme will be held jointly with the end of programme dissemination of the Johnson and Johnson funded project '**Design, Implementation and Evaluation Of Nursing/Midwifery Continuous Professional Development (CPD) Programme in Kenya**'.



19th - 21st  
September 2023



Sarova Panafric Hotel  
Nairobi, Kenya

## OBJECTIVES

1. SHARE THE RESULTS FROM OUR RESEARCH INTO
  - Quality Improvement of Integrated HIV, TB and Malaria Services in ANC and PNC
  - Pre-service Nursing & Midwifery Education and Faculty Development
2. LAUNCH INNOVATIVE HEALTH WORKER CAPACITY STRENGTHENING TRAINING PACKAGES
3. FACILITATE CROSS LEARNING ACROSS THE RESEARCH TEAMS AND IMPLEMENTING COUNTRIES
4. ENABLE COLLABORATIVE PROGRAMME PLANNING



visit our website  
<https://www.lstmed.ac.uk/emoc>



@LSTM\_MNHQoC  
@LSTM\_Kenya  
@LSTMNigeria

@uodom\_public\_hdp  
@StateSuza  
@UniveLomeTg





# Agenda

## TUESDAY 19<sup>TH</sup> SEPTEMBER 2023 - WELCOME AND PROGRAMME OVERVIEW

<b>Master of Ceremonies:</b> <i>Dr. Rael Mutai, LSTM Kenya</i>	
08:30 – 09:00	<b>Coffee and Registration (30min)</b>
<b>Morning Session Co Chairs:</b> <i>Dr. Serem, MoH Kenya / Dr. Olubunmi Akinboye, Oyo State MoH</i>	
09:00 – 09:15	<b>INTRODUCTION &amp; WELCOME (15min)</b> <ul style="list-style-type: none"><li>• <i>Prof. Charles Ameh, LSTM (5mins)</i></li><li>• <i>Dr. Issak Bashir, Kenya Ministry of Health (10mins)</i></li></ul>
09:15 – 10:15	<b>STRATEGIC APPROACH TO EVIDENCE-BASED ANC &amp; PNC INTERVENTIONS IN IMPLEMENTING COUNTRIES</b> <b>Kenya (10 mins)</b> <ul style="list-style-type: none"><li>• <i>Dr. Issak Bashir, Kenya Ministry of Health</i></li></ul> <b>Nigeria (20mins)</b> <ul style="list-style-type: none"><li>• <i>Mrs Nafisat Musa Isah, Kaduna State Primary Health Care Development Agency</i></li><li>• <i>Dr. Olubunmi Akinboye, Oyo State Ministry of Health</i></li></ul> <b>Tanzania (20mins)</b> <ul style="list-style-type: none"><li>• <i>Dr Ahmad Mohamed Makuwani, Tanzania Ministry of Health</i></li><li>• <i>Dr. Kamilya Ali Omar, Zanzibar Ministry of Health</i></li></ul> <b>Togo (10mins)</b> <ul style="list-style-type: none"><li>• <i>Mr. Mossiyamba Séwédé, Unité de Gestion des Projets du Fonds Mondial</i></li></ul>
10:15 – 10:40	<b>Photograph opportunity (25mins)</b>
10:40 – 11:10	<b>Morning break (30mins)</b>
11:10 – 12:30	<b>PROGRAMME OVERVIEW (20mins)</b> <ul style="list-style-type: none"><li>• <i>Prof. Charles Ameh, LSTM</i></li></ul> <b>Kenya (20mins)</b> <ul style="list-style-type: none"><li>• <i>Dr. Rael Mutai, LSTM Kenya</i></li></ul> <b>Nigeria (20mins)</b> <ul style="list-style-type: none"><li>• <i>Dr. Hauwa Mohamed, LSTM Nigeria</i></li></ul> <b>Tanzania (20mins)</b> <ul style="list-style-type: none"><li>• <i>Dr. Leonard Katalambula, University of Dodoma</i></li><li>• <i>Dr. Salma Mahmoud, State University of Zanzibar</i></li></ul>
12:30 – 13:30	<b>Lunch (60mins)</b>
<b>Afternoon Session Co Chairs:</b> <i>Dr Ahmad Mohamed Makuwani, MoH Tanzania / Mrs Nafisat Musa Isah, Kaduna State Primary Health Care Development Agency</i>	
13:30 – 14:20	<b>PROGRAMMATIC OVERVIEW CONTINUED (50min)</b> <b>Togo (20mins)</b> <ul style="list-style-type: none"><li>• <i>Dr. Marion Ravit, LSTM</i></li></ul> <b>Question &amp; answers from programme overview presentations (30mins)</b>
14:20 – 14:40	<b>Afternoon break (20mins)</b>

14.40 – 15:40	<p><b>PRESENTATION AND LAUNCH OF INNOVATIVE HEALTH WORKER CAPACITY STRENGTHENING TRAINING PACKAGES</b></p> <p><b>ANC/PNC blended learning training package in Swahili (20mins)</b></p> <ul style="list-style-type: none"><li>• <i>Dr. Leonard Katalambula, University of Dodoma</i></li></ul> <p><b>Development of the ANC/PNC quality improvement blended learning training package (20mins)</b></p> <ul style="list-style-type: none"><li>• <i>Dr. Fiona Dickinson, LSTM</i></li><li>• <i>Dr. Lydia Mwanza, LSTM Kenya</i></li></ul> <p><b>Formal launch of innovative health worker capacity strengthening training packages (10mins)</b></p> <ul style="list-style-type: none"><li>• <i>Prof. Charles Ameh, LSTM</i></li></ul> <p><b>Questions and answers (10mins)</b></p>
15:40	<p><b>Close of day 1</b></p>

## WEDNESDAY 20<sup>TH</sup> SEPTEMBER 2023 - RESEARCH OUTPUTS

<b>Master of Ceremonies:</b> <i>Lucy Nyaga, LSTM Kenya</i>	
08:00 – 08:30	<b>Coffee and Registration (30mins)</b>
<b>Morning Session Co-Chairs:</b> <i>Dr. Leonard Katalambula, University of Dodoma / Dr. Abednego Ongeso of Aga Khan University / Dr. Abiodun Oyeyipo, UNFPA Deputy Country Representative</i>	
08:30 – 08:45	<b>INTRODUCTION &amp; WELCOME (15mins)</b> <ul style="list-style-type: none"> <li><i>Lucy Nyaga, LSTM Kenya</i></li> </ul>
08:45 – 10:25	<b>SESSION 1 - SYSTEMATIC REVIEW OUTPUTS</b> <p><b>Quality adjusted coverage of ANC in sub-Sahara Africa (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Maria Rweyemamu, University of Dodoma, Tanzania</i></li> </ul> <p><b>Systematic Review Outputs - Effectiveness of In-service Reproductive, Maternal and Newborn Health Blended Learning versus Face-to-Face Learning for Capacity Strengthening of Healthcare Practitioners in Low-and Middle-Income Countries: A Systematic Review and Meta-analysis (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Zainab Suleiman, State University of Zanzibar</i></li> </ul> <p><b>Prevalence and risk factors of mental illness and domestic abuse among pregnant and six weeks postpartum women in sub-Saharan Africa: A systematic review and meta-analysis (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Ummi-Rahmat Ahmed Abubakar, LSTM</i></li> </ul> <p><b>Effectiveness of Skilled Health Personnel in Reproductive Health Services in Low-middle income Countries (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Hauwa Mohammed, LSTM Nigeria</i></li> </ul> <p><b>Questions &amp; answers systematic review outputs (20mins)</b></p>
10:25 – 10:40	<b>Morning break (15mins)</b>
10:40 – 12:30	<b>SESSION 2 -PROGRAMME RESULTS</b> <p><b>Methodology for performance monitoring using routine indicators for integrated HIV, Malaria and TB in ANC and PNC in Kenya, Nigeria and Tanzania (10mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Uzochukwu Egere, LSTM</i></li> </ul> <p><b>Results Impact Indicators Nigeria (15mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Hauwa Mohammed, LSTM Nigeria</i></li> <li><i>Dr. Fiona Dickinson, LSTM</i></li> </ul> <p><b>Results Impact Indicators Kenya (15mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Rael Mutai, LSTM Kenya</i></li> </ul> <p><b>Results Impact Indicators Tanzania (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr Katalambula, University of Dodoma</i></li> <li><i>Dr Salma Abdi Mahmoud, State University of Zanzibar</i></li> </ul> <p><b>Results Impact Indicators Togo (15mins)</b></p> <ul style="list-style-type: none"> <li><i>Mr. Dodzi Ganke, University of Lomé</i></li> </ul> <p><b>Results economic analysis (20mins)</b></p> <ul style="list-style-type: none"> <li><i>Dr. Carlo Federici, Bocconi University</i></li> </ul> <p><b>Questions &amp; answers results session (15mins)</b></p>
12:30 – 13:30	<b>Lunch (60mins)</b>

**Afternoon Session Co-Chairs:** *Mr. Mossiyamba Séwédé, Unité de Gestion des Projets du Fonds Mondial / Dr. Kamilya Ali Omar, Ministry of Health Zanzibar*

13:30 – 14:15	<p><b>OVERVIEW OF OUTPUTS: SUPPORT FOR MAK, PRE-SERVICE MIDWIFERY EDUCATION AND FACULTY DEVELOPMENT PROGRAMME (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Duncan Shikuku, LSTM Kenya</i></li> </ul> <p><b>PANEL DISCUSSION ON JNJ PRESERVICE IMPACT (25mins)</b></p> <ul style="list-style-type: none"> <li>• <b>Panel facilitator:</b> <i>Dan Okoro, UNFPA</i></li> <li>• <b>Panellists:</b> LSTM (Prof. Charles Ameh); Pre-service Task force chair, NCK, MAK; KMTC (Kelly CEO/Dr. Waweru); Moi (Dr Chelagat)</li> </ul>	
14:15 – 15:35	<p><b>Chair:</b> <i>Prof. Cheserem UoN/Dr. Serem, MoH Kenya</i></p> <p><b>PARALLEL SESSION 1 PHD STUDY PROTOCOLS &amp; RESULTS</b></p> <p><b>PhD 1: Effective coverage of ANC in Tanzania; A situation analysis of specific packages of interventions (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Dr. Maria Rweyemamu, University of Dodoma</i></li> </ul> <p><b>PhD 2: Improving the effectiveness of Reproductive Health In-Service Capacity Strengthening Programs: A Comparison of blended and face-to-face Training Approaches (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Dr. Zainab Sulieman, State University of Zanzibar</i></li> </ul> <p><b>PhD 3: Prevalence and risk factors of mental illness and domestic abuse among pregnant and six weeks postpartum women in sub-Saharan Africa: A systematic review and meta-analysis (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Ummi-Rahmat Ahmed Abubakar, LSTM</i></li> </ul> <p><b>PhD 4: Analysis of work-related stress amongst skilled health personnel in Nigeria (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Dr. Hauwa Mohammed, LSTM Nigeria</i></li> </ul>	<p><b>Chair:</b> <i>Dr. Emma Kanini, University of Nairobi / Dan Okoro, UNFPA</i></p> <p><b>PARALLEL SESSION 2 MIDWIFERY RESEARCH</b></p> <p><b>Evaluation of the implementation of the updated midwifery curriculum for pre-service training in Kenya: A randomized cluster control trial (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Duncan Shikuku, LSTM Kenya</i></li> </ul> <p><b>Assessing Maternal and Perinatal Death Surveillance and Response (MPDSR) competency gaps in pre-service midwifery curricula in Kenya and Nigeria: Cross sectional mixed methods study design (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Dr. Lydia Mwanza, LSTM Kenya</i></li> </ul> <p><b>Evaluation of the feasibility of a midwifery educator continuous professional development (CPD) programme in Kenya and Nigeria: a mixed methods study (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Duncan Shikuku, LSTM Kenya</i></li> </ul> <p><b>Feasibility of integration of abortion care competencies in preservice midwifery curricula in Kenya and Nigeria: A cross sectional mixed methods study design (20mins)</b></p> <ul style="list-style-type: none"> <li>• <i>Dr. Lydia Mwanzia</i></li> </ul>
15:35 – 16:00	<p><b>Afternoon Break (25mins)</b></p>	
16:00 – 16:30	<p><b>PARALLEL SESSION 1 Questions &amp; answers (30mins)</b></p>	<p><b>PARALLEL SESSION 2 Questions &amp; answers (30mins)</b></p>
16:30 – 16:45	<p><b>Summary and close (15mins)</b></p>	
16:45 – 18:00	<p><b>Social &amp; Networking Reception (1hr15mins)</b></p>	

## THURSDAY 21<sup>ST</sup> SEPTEMBER 2023 - QUALITY IMPROVEMENT OF INTEGRATED HIV, TB & MALARIA SERVICES IN ANC & PNC: PLANNING FOR 2025 AND BEYOND

<b>Master of Ceremonies: Dr. Uzochukwu Egere, LSTM</b>	
08:15 – 08:45	<b>Coffee and Registration (30mins)</b>
08:45 – 09:00	<b>INTRODUCTION &amp; WELCOME (15mins)</b> <ul style="list-style-type: none"> <li>• Dr. Uzochukwu Egere, LSTM</li> </ul>
09:00 – 09:30	<b>SETTING THE SCENE (30mins)</b> <ul style="list-style-type: none"> <li>• Prof. Charles Ameh, LSTM</li> </ul>
09:30 – 10:00	<b>TAKEDA NEXT PHASE 2025 AND BEYOND (30mins)</b> <ul style="list-style-type: none"> <li>• Dr. Alice Ladur, LSTM</li> </ul>
10:00 – 11:00	<b>GROUPWORK (60mins)</b> <ul style="list-style-type: none"> <li>• What should a future programme look like for maximum impact?</li> <li>• Expansion to other sites?</li> <li>• What other organisations and initiatives are implementing related interventions in your community?</li> <li>• How do we ensure community stakeholder participation?</li> <li>• How do we ensure ongoing dissemination and engagement of policy pathway (all levels)</li> <li>• How do we ensure the interventions are sustainable beyond the life of the programme</li> <li>• How do we leverage funding from in country sources and other partners for scale up and sustainability?</li> </ul> <p><b>Country Groups:</b></p> <ul style="list-style-type: none"> <li>• Kenya – Lucy, <b>Alice</b>, County Representatives, MoH</li> <li>• Nigeria – <b>Hauwa</b>, Adacha, Fiona, Kaduna &amp; Oyo State Representatives</li> <li>• Mainland Tanzania – <b>Rael</b>, Leonard, Maria, MoH representative</li> <li>• Zanzibar – <b>Uzoh</b>, Salma, Zainab, MoH representative</li> <li>• Togo – <b>Marion</b>, Helen, Dodzi, Ketoh, UGP representative</li> </ul>
11:00 – 11:30	<b>Morning Break</b>
11:30 – 12:30	<b>GROUPWORK CONTINUED (60mins)</b>
12:30 – 13:30	<b>Lunch</b>
13:30 – 14:30	<b>COUNTRY FEEDBACK IN PLENARY (60mins)</b> <ul style="list-style-type: none"> <li>• Kenya</li> <li>• Nigeria</li> <li>• Mainland Tanzania</li> </ul>
14:30 – 15:00	<b>Afternoon Break</b>

15:00—16:00	<b>COUNTRY FEEDBACK CONTINUED (60mins)</b> <ul style="list-style-type: none"> <li>• Zanzibar</li> <li>• Togo</li> </ul> <b>Questions and answers</b>
16:00	<b>CLOSING REMARKS AND VOTE OF THANKS</b> <ul style="list-style-type: none"> <li>• <i>Prof. Charles Ameh, LSTM</i></li> </ul>
	<b>Group photograph</b>



## Abstracts

**Please note:** Abstracts that were not ready for inclusion into this booklet are accessible on a website via the QR code.



### DAY 1: TUESDAY 10<sup>TH</sup> SEPTEMBER 2023 – WELCOME AND PROGRAMME OVERVIEW

#### Quality improvement for integrated HIV, TB and Malaria services in Antenatal and Postnatal Care in Kenya - Programme Overview

Dr Rael Mutai, Regional Technical Advisor, LSTM

##### **Background**

Maternal and perinatal mortality is a major public health concern across the globe and more so in low and middle-income countries. SSA alone accounted for approximately 70% of global maternal deaths in 2020. In Kenya, more than 6000 maternal deaths, and 35,000 stillbirths occur each year. The 16 essential interventions for ANC and 12 for PNC are meant to be implemented as a continuum of integrated care, inclusive of the recognition and management of obstetric complications, as well as the burden of infectious disease (Syphilis, HIV/AIDS, TB and malaria) (PMNCH 2011; WHO, 2016). LSTM received a grant from the Global Fund (Takeda Pharmaceuticals) in support of quality improvement of integrated HIV, TB and Malaria Services in ANC and PNC. The programme has been implemented in Kenya since 2021.

##### **Objectives**

The objective of the programme is to increase availability and improve quality of care for integrated HIV, TB and malaria services during antenatal and postnatal care in healthcare facilities in Kenya.

##### **Methods**

The programme is implemented through 4 broad interventions namely

1. In-service capacity strengthening of healthcare providers on ANC and PNC
2. Improving quality of MNH care through training of healthcare providers in Standards Based Audit
3. Monitoring and evaluation and implementation research
4. Procurement and distribution of basic MNH Equipment to project facilities.

The programme is implemented in the three counties of Uasin Gishu, Vhiga and Garissa, covering a total of 61 healthcare facilities. The capacity building interventions were delivered through a combination of face-to-face trainings and the blended learning module.

##### **Results**

To-date, the programme has trained 300 frontline health care providers and 38 master trainers in integrated ANC and PNC; 270 health care providers and 56 Master trainers on Standards based audit for quality improvement in ANC and PNC. Using the national MNH standards, **97%** of the targeted health facilities are currently implementing standards-based audits (StBA). Additionally, a total of 29 HCPs were trained as mentors in ANC & PNC and QI.

##### **Conclusion**

The project leverages the Country momentum on UHC that has quality of health services as a key pillar. Key project interventions complement the National guidelines on MNH QOC. The roll out of standards-based

audit for QI provides the means for government to pilot own tools and the evidence generated will inform policy and scale up.

## Quality improvement for Integrated HIV, TB and Malaria services during Antenatal and Postnatal Care in Tanzania

Leonard Katalambula<sup>1</sup>, Deogratius Bintabara<sup>2</sup>, Mwajuma Mdoe<sup>3</sup>, Maria Rweyemamu<sup>4</sup>, Lalashe Kiretuni<sup>1</sup>, Ahmad Makuani<sup>5</sup> and Charles Ameh<sup>6</sup>.

<sup>1</sup>The University of Dodoma, Department of Public health

<sup>2</sup>The University of Dodoma, Department of Community Medicine

<sup>3</sup>The University of Dodoma, Department of Clinical Nursing

<sup>4</sup>The University of Dodoma, Department of Obstetrics and Gynaecology

<sup>5</sup>Ministry of Health Tanzania, Reproductive, Maternal, Newborn, Child and Adolescent health

<sup>6</sup>Liverpool School of Tropical Medicine, Centre for Maternal and Newborn Health

### **Background**

Tanzania is one of the leading contributors to the high maternal and neonatal mortality that characterizes the sub-Saharan region to date. Most of these deaths can be averted by available and effective health interventions during antenatal (ANC) and postnatal (PNC) care, where screening may be prioritized as the first step toward treatment and, wherever necessary, prevention of transmission. The aim of this study is to determine the availability, functioning and utilization of ANC&PNC, HIV, TB and Malaria services in the identified healthcare facilities in Tanzania to assist in the implementation of a programme for integrated HIV, TB and Malaria services in ANC&PNC facilities.

### **Methodology**

Baseline was conducted to determine level of indicators before intervention and endline assessment will be done at the end to determine changes, Capacity building of healthcare workers (Training, mentorship, coaching) is still going on and also equipment to improve quality of services have been provided. Standard audits for quality improvement of service provided will be conducted in each facility.

### **Results**

Fifteen master trainers (15) were trained on quality improvement of ANC/PNC, one hundred and forty (140) health care providers from 20 facilities have been trained on ANC/PNC. Thirty health care providers have been trained on mentorship and coaching where more than 150 health care providers will be mentored by this group. Equipment for quality improvement of integrated HIV, TB and Malaria services worth 45 million TSH have been donated to 20 facilities and one Udom staff have been sponsored to pursue PhD in Liverpool.

### **Conclusion**

This project complements government efforts in improving quality of healthcare services in Tanzania. Antenatal and postnatal care are the key areas for maternal and child outcomes.

## Quality improvement for integrated HIV, TB and Malaria services in Antenatal and Postnatal Care in Togo - Programme Overview

Dr Marion Ravit, SRA, LSTM

### **Background**

Maternal and neonatal mortality are still high in Togo. To improve maternal and child health, a programme for Quality improvement for integrated HIV, TB and Malaria services in Antenatal and Postnatal Care has been

implemented since 2016, funded by the Global Fund. The partners of the program in charge of the design and implementation are the MoH, the Université de Lomé and LSTM. The objective of the programme is to improve the availability and quality of integrated HIV, TB and Malaria services provided at healthcare facilities as part of antenatal and postnatal care (ANC and PNC) in Togo.

### **Methods**

The programme is implemented along 3 lines of action:

1. improving capacity building of health care providers in ANC-PNC
2. improving the quality of care through standards-based audits and formative supervision
3. monitoring and evaluating and conducting operational research

In the first two phases (2016-2017 and 2019-2020), the programme was implemented in 62 health facilities in 3 regions. In the third phase (2021-2023), the project has been extended to all 6 regions of Togo, covering a total of 112 health facilities. The next phase (2024-2026) will see the programme extended to 50 additional health facilities and the blended learning approach for ANC- PNC tested in a French-speaking country.

### **Results**

Since 2019, 18 facilitators provided ANC/PNC training to a total of 563 healthcare providers. 82.5% of the health care providers demonstrated improved knowledge and after the training. Nearly 250 providers were trained to conduct standards-based audit and 69 facilities have a functioning quality improvement committee. All 112 facilities received formative supervision and 66 health workers and managers were trained in the collection, aggregation and use of routine ANC and PNC data to inform practice.

### **Conclusion**

Partnerships and complementarity with other projects/programmes is very important for sustainability of impact. For example, the ANC/PNC manuals developed with the support of LSTM serve as a national reference for all ANC/PNC training. New challenges are arising, such as the ongoing alignment with the national dimension-based approach to quality improvement instead of standards-based auditing.

## **Quality Improvement in ANC and PNC: Blended Learning Package for health care workers**

Fiona Dickinson, Lydia Mwanzia

### **Background**

Whilst coverage of maternal and newborn health services is important, to improve health outcomes, the quality of care provided also needs to be of a high standard. The LSTM quality improvement (QI) course provides healthcare workers with the necessary tools to evaluate and improve the quality of care provided using standards-based audit. To make the course accessible to as many participants as possible and to be cost-efficient, the existing full face-to-face course was modified to use a blended learning approach, a format that has been found to work well previously<sup>1</sup>. This comprised Self-directed learning (SDL) using the World Continuing Education Alliance online platform, online real-time virtual group learning (OGL), and face-to-face (F2F) group learning.

### **Methods**

Material from the previous standard format QI course were used as a foundation for the new course, and content was allocated to the pedagogic approach most appropriate, ensuring adequate coverage and avoiding unnecessary duplication. The course presentations and supporting materials were developed, reviewed and recorded by members of the team and then piloted. A participant workbook containing templates and worked

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<sup>1</sup> Ladur et al, 2023.

examples and a detailed facilitators' manual were also developed. Once finalised, online orientations were conducted to familiarise existing course facilitators to the new package and a master trainer package was developed for new facilitators not familiar with online QI training approach.

### **Results**

Four online facilitator orientation sessions were conducted, with 58 participants from Kenya, Nigeria and Tanzania.

To date, the QI BL course has been rolled out in two countries, Kenya and Nigeria. A total of 219 healthcare workers have taken part in the SDL component, 132 in the OGL component, and 47 in the F2F component.

	<b>SDL</b>	<b>OGL</b>	<b>F2F</b>
Kenya	134	108	47
Nigeria	85	24	0
<b>Total</b>	<b>219</b>	<b>132</b>	<b>47</b>

Based on participant feedback, most participants were nurse/midwives (93%), had never done blended learning before (56%) and accessed the course using a mobile/cell phone (84%).

Initial course feedback indicates that most participants found the course a useful method of learning, providing flexibility, and requested for further similar courses in the future.

### **Conclusion**

Initial stages of the QI blended learning course have been generally well received, allowing larger numbers to access the learning materials in a short space of time, than would have otherwise been possible with a traditional style course. Implementation experiences and feedback from participants will be used to continue to improve the course content and delivery.

## DAY 2: WEDNESDAY 20<sup>TH</sup> SEPTEMBER 2023 - RESEARCH OUTPUTS

### Methodology for performance monitoring using routine indicators in the QI project for integrated HIV, Malaria and Tuberculosis in ANC and PNC in Kenya, Nigeria, and Tanzania

Uzochukwu Egere, Chris Murray, Rael Mutai, Hauwa Muhammed, Irene Nyaoke, Charles Ameh

#### **Background**

Monitoring and evaluation (M&E) provides programme implementers and decision makers with timely information about the progress, or lack of it, in the delivery of outputs and the achievement of outcomes. This serves as a basis for decision-making to improve the performance of the programme or project and feeds into the learning processes. Monitoring and evaluation data therefore provides an important source of information about the intervention being monitored and/or evaluated. We carried out M&E of the project to improve quality of integrated HIV, TB and Malaria services in ANC and PNC in Kenya, Nigeria and Tanzania, to provide insight into the performance of key indicators in response to the programme implementation as a proxy for assessing impact of the programme interventions over time.

#### **Methods**

The monitoring and evaluation (M&E) was carried out using a prospective before-after comparison of baseline health facility assessment findings with quarterly routine ANC and PNC data collected from participating health facilities after implementation of programme interventions. Baseline data were collected from all health facilities using a cross-sectional survey. Quantitative indicators were selected from the baseline findings for M&E following review of existing documents and published studies. Selected indicators were refined and agreed on after discussions with in-country colleagues and the Unit lead. Data were collected from health facility records using survey CTO electronic forms on mobile phone / tablet platforms and processed in accordance with GDPR principles. Descriptive analysis of the data was performed using percentages and proportions to describe observations and characterize changes in performance of selected indicators over the M&E period.

#### **Results**

Results of analysis will be presented by country, with focus on key indicators relevant to the country context.

#### **Conclusion**

Monitoring and evaluation is important in implementing reproductive, maternal, newborn and child health programs, and will remain a key ongoing activity in the project for quality improvement of integrated HIV, Malaria and Tuberculosis in ANC and PNC in Kenya, Nigeria and Tanzania. Learnings will strengthen programme implementation and inform policy and decision making for improved quality of ANC and PNC services in these countries.

### Results impact indicators - Togo

Mr Ganke Dodzi, M&E, University of Lomé

#### **Context**

Since 2017, LSTM has been implementing this Quality of Services (QoS) project in partnership with the University of Lomé, thanks to generous funding from the Global Fund. Over the three phases of the project intervention packages have been implemented in 112 beneficiary health facilities (HFs). Prior to the intervention in each HF, a baseline assessment was carried out to determine the availability, functioning and use of ANC-PNC, TB, HIV and malaria services. At the end of this third phase, an overall evaluation was carried out to measure the changes that had occurred following the implementation of the interventions in each HF.

### **Objective**

The objective was to assess the impact of the interventions implemented by the LSTM as part of the QoS project on the various indicators of availability and use of integrated ANC and PNC services in the 112 HFs.

### **Method**

This was a quantitative study in which two categories of data were used: the project's contractual indicators and additional data on the availability and quality of ANC and PNC services. DHIS2 data was collected quarterly for the 112 HFs over the period from January 2021 to June 2023, i.e. ten quarters over this third cycle. Additional data were collected in the 112 HFs for June 2023 by interviewers using a digital questionnaire. The techniques used were interviews, observations and document review.

### **Results**

In June 2023, the 50 HFs in phase 3 recorded 12,023 ANC, 3025 ANC1, 2,801 PNC, 3,858 deliveries and 3727 live births. In terms of screening, 3,025 women were tested for HIV, 2,356 for syphilis, 20 for tuberculosis and 1,210 for malaria. 87/112 facilities have a functional HQA team, 85 of which are implementing the standards-based audit cycle. Over the 10 quarters and for the 112 HFs, the percentage of women tested at ANC1 for HIV was 98.7% (94.1% for Togo), the percentage of pregnant women having taken at least 3 doses of IPT was 64.5% (60.8% for Togo) and the percentage of women having had their first ANC before 12 weeks was 21.6% (22% for Togo).

### **Conclusion**

Overall, there has been good progress in the impact indicators. The average for most contractual indicators is higher than the national average. Supervision has made it possible to sustain the benefits of training. With the change in the QI approach, we will be looking at other impact indicators to monitor in the near future.

## **The impact of a training programme to improve the quality of Antenatal and Postnatal care in Kenya – a preliminary cost-consequence analysis**

Federici Carlo<sup>1\*</sup>, Uzochukwu Egere<sup>2</sup>, Rael Mutai<sup>3</sup>, Duncan Shikuku<sup>3</sup>, Viviana Mangiaterra<sup>1</sup>, Aleksandra Torbica<sup>1</sup>, Charles Ameh<sup>2,4</sup>

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### **Introduction**

70% of global maternal deaths occur in sub-Saharan Africa. Kenya is off track to meet SDG maternal mortality ratio target by 2030 (530 vs 140/100, 000 live births). Antenatal care (ANC) and post-natal care (PNC) have long served as effective platforms for providing a range of health services for conditions like HIV, tuberculosis (TB), and malaria, which can reduce the risk of complications during pregnancy and childbirth, resulting in improved health outcomes. In September 2021, with the aim to improve the quality of integrated HIV, TB and malaria services in ANC/PNC, a series of live training sessions was delivered to health care workers (HCWs), including training on 52 essential practices for reproductive, maternal, new-born and child health (RMNCH). The aim of this study was to evaluate the cost of an ANC and PNC face-2-face (F2F) training intervention and the consequences in terms of improved delivery of care services in Kenya.

### **Methods**

A cost-consequence analysis was conducted reporting the costs of implementing and deploying the training package as well as its impact on routinely collected quality indicators for ANC and PNC care in Kenya. An ingredient approach was used to calculate the full economic cost of designing and deploying the intervention. Both the perspectives of the implementers of the training and the costs of the recipients of the course were considered. All costs were converted from local currency to 2021 USD. Quality indicators were derived from the aggregated Kenya Health Information System (KHIS) which contained monthly data at facility level on ANC/PNC indicators. A difference in difference design, using data from intervention and control facilities from the same counties was adopted to estimate the potential impact of the training on indicators related to HIV and Malaria services as well as other ANC quality indicators. No indicators for the screening and treatment of TB during ANC/PNC were available from KHIS.

### **Results**

By December 2022, 80% (30) of all ANC/PNC staff in 13 facilities had been trained. The cost of designing the training package was estimated at USD 34,333, mostly determined by labour costs for the design of course contents and coordinating meetings for the roll-out of the training. Deployment costs of the ANC/PNC training in Kenya were estimated at USD 1,140 per participant. At 6 months after implementation, no significant impact of the training was observed on the proportions of clients tested for HIV or Syphilis during ANC, or the proportions of clients receiving insecticide treated bed-nets or prophylactic treatment for Malaria.

### **Conclusions**

This preliminary analysis of the first 6 months after intervention didn't find significant effects of the F2F training package provided to healthcare workers on the selected indicators for ANC and PNC services. However, the analysis was challenged by the limited sample size in the intervention group, incomplete data on ANC/PNC indicators from KHIS, and limited time horizon of the analysis. More research is needed to validate these results, including exploring the effect of training on TB care; the impact of training on other process outcomes such as customer satisfaction and respectful care; and how training contributes to health system strengthening objectives in the long-term.

## **Nursing and midwifery education & faculty development programme: Overview and achievements**

Duncan N Shikuku<sup>1\*</sup>, Onesmus Maina<sup>1</sup>, Martin Eyinda<sup>1</sup>, Hellen Mutsi<sup>2</sup>, Edward Serem<sup>2</sup>, Issak Bashir<sup>2</sup>, Edna Tallam<sup>3</sup>, Ibrahim Wako<sup>4</sup>, Lucy Waweru<sup>5</sup>, Lydia Mwanzia<sup>1</sup>, Lucy Nyaga<sup>1</sup>, Charles Ameh<sup>1,6</sup>

<sup>1</sup> Liverpool School of Tropical Medicine; <sup>2</sup> Ministry of Health; <sup>3</sup> Nursing Council of Kenya; <sup>4</sup> Clinical Officers Council; <sup>5</sup> Kenya Medical Training College; <sup>6</sup> University of Nairobi

### **Introduction**

The goal of the 'Design, Implementation and Evaluation of Nursing/Midwifery continuous professional development (CPD) Educator Programme in Kenya' funded by Johnson & Johnson, is to strengthen training institutions, faculty, curricula, and quality of education of pre-service skilled health personnel for universal health coverage towards achievement of the MNH SDGs.

### **Methods**

The Pre-service Taskforce led by the Ministry of Health coordinates the implementation of the pre-service component of the programme. The taskforce consists of the Division of Reproductive & Maternal Health, Nursing Council of Kenya (NCK), Clinical Officers Council (COC), Kenya Medical Training College (KMTTC), representatives from midwifery training universities and development partners (FCDO, WHO, UNFPA & JnJ). The programme's key focus areas between June 2021 – June 2023 were (1) update pre-service midwifery training curriculum (2) design accredited midwifery educators CPD programme (3) identify and equip centres

of excellence (CoE) for emergency obstetrics and newborn care (EmONC) CPD programme and (4) midwifery educators in public and private institutions access CoE.

### **Results**

As at end of August 2023, the programme has achieved the following key results (i) the Bachelor of Science in Nursing syllabus updated with EmONC (diploma syllabi reviewed & updated through funding from FCDO) (ii) strengthened the capacity of 30 university midwifery educators to teach the updated curriculum (<https://doi.org/10.1186/s12909-022-03827-4> ), cumulatively, 383 educators have the capacity to teach EmONC in Kenya (iii) equipped one university with EmONC training equipment and trained its 91 final year medical students in EmONC (iv) trained & improved the capacity of 107 resident obstetricians (& practising medical doctors) in two leading training universities in Kenya on advanced obstetrics surgical and anaesthesia care skills for handling complicated childbirth (v) through a multistakeholder approach, designed the first blended midwifery educator CPD programme for sustaining and improving the educators' professional competencies (over 11,000 nurse-midwives have accessed & completed the self-directed online component globally) (vi) data collection for the feasibility study of the CPD programme in Kenya & Nigeria among 120 midwifery educators has been completed (data analysis in progress) (vii) identified and equipped four CPD CoE with EmONC & teaching equipment in Kenya (viii) strengthened national Midwives Association of Kenya's secretariat (ix) participated in review of global midwifery education resources and dissemination of research outputs in international scientific conferences (IMNCH and ICM 2023).

### **Conclusion**

The programme has achieved its implementation targets. Midwifery educators to undertake regular CPD and clinical practice to update and maintain their competencies.

## **Assessing Maternal and Perinatal Death Surveillance and Response (MPDSR) competency gaps in pre-service midwifery curricula in Kenya and Nigeria: A cross sectional mixed methods study**

Lydia Mwanzia, Duncan N Shikuku, Hauwa Mohammed, Irene Nyaoke, Peter Nandikove, Steve Karangau, Mobollaji-Ojibara Mojisola Ubaidat, Edna Tallam, Sarah Bar Zeev, Charles Ameh

### **Background**

Maternal, Perinatal Death Surveillance and Response (MPDSR) is a strategy used to identify and review causes of maternal and perinatal deaths and develop continuous quality of care improvement plans. Midwives as part of multidisciplinary teams are crucial in ending preventable maternal mortality but the training curriculum of midwives have been found to be deficient in MPDSR competencies. We aimed to determine the extent, acceptability, demand, and practicality of integrating MPDSR in pre-registration midwifery curricula in Kenya and Nigeria.

### **Methods**

A cross sectional mixed methods design was used with 214 participants purposefully selected from 38 universities and 43 middle level colleges in Kenya and Nigeria. MPDSR pre-service content was developed against WHO global standards for Midwifery Education and ICM Essential competencies for midwifery practice. Input was from WHO MPDSR guidance and validated by global maternal and newborn healthcare stakeholders. This was used to assess the adequacy of MPDSR content in midwifery curricula. Key informant and in-depth interviews and eight focused group discussions were conducted using checklist, self-administered questionnaires, and interview guide. Chi square and Fisher's exact tests for association within and between groups were used to describe differences ( $p < .05$ ) and inductive content analysis conducted.



### **Results**

Participants included 108 educators, 86 midwifery students and 30 key stakeholders from ministries of health, regulatory bodies, midwifery associations and principles, deans and heads of midwifery departments. None of the curricula reviewed met all the global MPDSR core and essential competencies for midwifery education and practice. Key stakeholders indicated the timeliness of integration, and educators indicated unclear guidance on the role/scope of midwifery practice in MPDSR, deficient training guidelines and curricula, and low resources for training MPDSR competencies with over 90% of educators indicating a need for upskilling. Majority of the students had covered causes 72(84%) and prevention 68(79%) of maternal death with the least content being assigning causes of perinatal death, bereavement care (38%) and 'no blame culture in MPDSR (22%). A significant difference was noted where 15(31%) Kenyan students compared to 4(11%) of the Nigerian counterparts ( $p < .0211$ ) reported to have covered 'no blame' culture.

### **Conclusion**

MPDSR competencies have not been fully embraced in preservice midwifery education. Clear guidelines on the role/scope of practice for midwives, updated training guidelines and curricula and educator capacity building is required to enhance the effectiveness of MPDSR and abortion care competencies as strategies for ending preventable maternal and perinatal deaths and enhancing every newborn action plan in low- and middle-income countries.

Key words: Maternal, perinatal, surveillance, preservice

## **Feasibility of integrating abortion care competencies in preservice midwifery curricula in Kenya and Nigeria: A cross sectional mixed methods study**

Lydia Mwanzia, Duncan Shikuku, Hauwa Mohammed, Michael Toyin, Millicent Kabiru, Esther Ounza, Eniola Risikat Kadir, Steve Karangau, Edna Tallam, Sarah Bar Zeev, Charles Ameh

### **Background**

Midwives play a crucial role along multidisciplinary teams, in reducing preventable abortion related deaths through competent and quality care but their training curricula for have been found deficient in emergency obstetric care including abortion related lifesaving competencies. We aimed to determine the feasibility of integrating abortion care competencies in preservice midwifery curricula in Kenya and Nigeria.

### **Methods**

A multi-country, multi-site cross sectional mixed methods study design with 214 participants was used. Participants were purposefully selected from 38 universities and 43 mid-level colleges. Pre-service midwifery content was developed in line with ICM global standards for Midwifery Education and Essential competencies for midwifery practice with input from WHO guidance on abortion care and validated by global maternal and newborn healthcare stakeholders. This module content was used to assess the adequacy of curricula abortion content in both countries. Key informant/in-depth interviews and 8 focused group discussions were conducted. Data were collected using a checklist, self-administered questionnaires, and interview guide. Chi square and Fisher's exact tests for association within and between groups were used to describe differences ( $p < .05$ ) and inductive content analysis conducted.

### **Results**

A total 214 participants included 108 educators, 86 midwifery students and 30 key stakeholders from ministries of health, regulatory bodies, midwifery associations and principles, deans and heads of midwifery departments. Educators 86(79.6%) indicated that termination of pregnancy was illegal in some circumstances, 91(84%) agreed that treatment of incomplete abortion was within the scope of midwives' practice and 86 (79.6%) indicated that post abortion care (PAC) was integrated into preservice curricula. Only 24(22%) educators had attended a continuous professional development (CPD) program on abortion care while

46(42%) had never had any CPD on abortion care. A majority 101(97%) agreed they needed competency upskilling and 106(98%) required additional resources to train on abortion care skills. The most covered topics were PAC 40 (83%);25 (66%) in Kenya and Nigeria respectively. Over half 50 (58%) students indicated confidence in post abortion care and 20(45%) middle level and 29(69%) university level perceived competency in performing Manual Vacuum Aspiration (MVA) in post abortion care( $p<.0271$ ). There was a difference between programs where more university students 29(69%) reported MVA competency compared to mid-level college students 20(45%) ( $p<.027$ ).

### ***Conclusion***

There is a midwifery educator core competency and curriculum content gap that reflects on preservice midwifery students' competencies in abortion care. To enhance educator and student competencies, there is need to review and update midwifery curricula and develop continuous professional development (CPD) programs for upskilling midwifery educator competencies on quality post abortion care.

Key words: abortion, competencies, preservice











