

RAPID ASSESSMENT OF MIDWIFERY EDUCATION IN SOMALIA

621

Maternal deaths
per 100,000 live births

36

Newborn deaths
per 1,000 live births

32%

Deliveries with a
skilled birth attendant

4

Health workers per
10,000 people

BACKGROUND

Midwives, educated and regulated to international standards can provide 87% of essential care needed for women and children. This study conducted between December 2022 and February 2023, aimed to assess the extent to which midwifery pre-service education programs in Somalia meet national and global (International Confederation of Midwives) standards. The work was led by the Somali Research and Development Institute (SORDI) and the Johns Hopkins Center for Humanitarian Health – partners in EQUAL, a research consortium funded by UK International Development from the UK government.

STUDY OVERVIEW

Study Design

A cross-sectional systematic assessment of six midwifery schools in Mogadishu and one in Galgaduud, using an adaptation of the globally validated Midwifery Education Rapid Assessment Tool.

Methodology



Tours of
schools and
practice sites



106 interviews
with midwifery
education
stakeholders

Data Analysis

Descriptive analysis with scores assigned based on the rubric and guidance outlined in the Education Rapid Assessment Tool.

PARTNERS

RESULTS ACROSS THE MIDWIFERY PRE-SERVICE EDUCATION DOMAINS

INFRASTRUCTURE & MANAGEMENT

The midwifery schools assessed lack resources including textbooks, functional skills labs, and internet and do not have the budget for improvement. Only two out of the seven schools assessed were led by qualified midwives.

STUDENTS

The majority of the assessed schools are geographically accessible, yet students face challenges commuting due to traffic and road blockages caused by insecurity. While students demonstrate a strong commitment and enthusiasm for the midwifery profession, the study revealed that none of the private schools give special consideration for students based on region of residence and marginalized group which has implications on deployment and retention.

CURRICULUM

All seven schools utilized diverse teaching approaches, yet the study revealed significant variations in teaching curricula and assessment methods. There were also noted inconsistencies in how schools review and update their curricula.

TEACHERS, TUTORS & PRECEPTORS

Six out of the seven schools lack sufficient midwives to educate students in the theory components of the curriculum, falling short of the required student-to-teacher ratio. While teachers generally have completed courses preparing them for their positions, many teachers do not meet the competency standard, which emphasizes prior clinical practice. Moreover, none of the schools meet the standard for providing necessary resources to teachers in their offices.

CLINICAL PRACTICE SITES

While four out of the seven schools have sufficient and accessible clinical sites for practical experience, none meet global standards for the average number of clinical practice experiences. The existing practice sites often lack the necessary guidelines or medical supplies needed for effective training.

INFLUENCING FACTORS

The study revealed a lack of clarity among stakeholders regarding the existence of a midwifery regulatory body, yet interviewees unanimously agreed there is no mechanism for midwives to provide input within the regulating body. More than one tenth of students and 42% of teachers noted safety and security concerns when traveling to school yet more than 90% felt safe on campus and at clinical practice sites.

For citations and for more details on this study and its findings, visit EQUALresearch.org or contact Hawa Abdullahi (hawa.abdi@sordi.so) or Shatha Elnakib (selnaki1@jhu.edu)