

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 Nigeria where there are only six midwives per 10,000 people.^{3,4} 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 East.⁵

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.⁶ 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.⁷ As of 2024, there are 137 accredited schools of midwifery in Nigeria – 12 of which are located in the North East. Post-nursing education programs exist, but in recent years, direct-entry midwifery programs ranging from two and three years have been introduced.

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.

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.

STUDY OVERVIEW

In December 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, ICM) 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 conducted a cross-sectional systematic assessment of the two midwifery schools using the Midwifery Education Rapid Assessment Tool endorsed by 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 tool’s six domains of pre-service education (Figure 1): infrastructure and management, teachers and preceptors, clinical practice sites, curriculum and students, and influencing factors.⁸ 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 the Kano Midwifery School, a program not assessed through our research.

39 interviews were conducted with midwifery education program leadership, teachers, students, and other essential stakeholders, 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 using descriptive analysis and assigned scores based on guidance in the same Midwifery Education Rapid Assessment Tool to assess the compliance with global and national standards.

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.

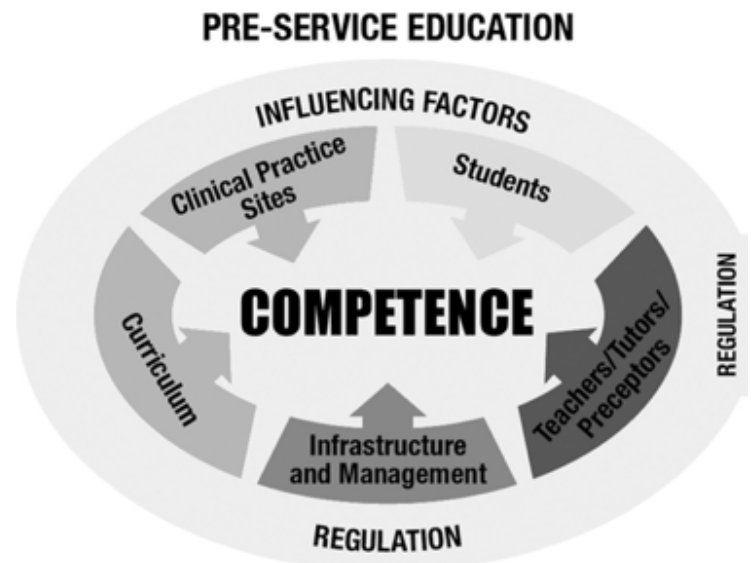


Figure 1: Pre-service education conceptual model (Johnson et al. 2013)⁹

Results

In Nigeria, each school met between 17 to 18 standards respectively out of 22 across assessment domains (77.3% - 81.8%). 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	<ul style="list-style-type: none"> The two schools assessed indicated that Nursing and Midwifery Council of Nigeria is responsible for reviewing and endorsing the curriculum. They also confirmed that the curriculum is competency-based and undergoes a review, typically every five years. Teachers have an active role in updating the curriculum.
Teachers and Preceptor	<ul style="list-style-type: none"> Neither school met the <u>ICM standard</u> for having enough midwives and suitable non-midwives on staff needed for the academic/theory components of the curriculum. Observations across three classes revealed the teacher-to-student ratios ranging from 1:40 to 1:83 in the basic program and 1:33 in the community program, all failing to comply with global standards. In only one of the two programs, teachers reported completing the teacher preparation requirement. Both schools adhered to the competency standard, requiring teachers to have recent clinical practice or relevant experience before transitioning to an academic role. Teachers in both schools had the necessary amenities and resources, including desks, internet access, toilets, running water, and office supplies. In general, teachers received salaries comparable to clinical midwives and clinicians. Neither school had enough preceptors available for students on clinical rotations, with preceptor-to-student ratios falling short of the ICM recommended guidance of 1:4. None of the preceptors received formal preparatory training for their roles.
Students	<ul style="list-style-type: none"> Each classroom accommodated between 50 and 100 students, aligning with the country's maximum capacity guideline. The community program enrolled 125 students while the basic program had 190 with no vacant slots in either. Most students expressed enthusiasm for joining the profession. Admissions gave extra consideration for students from specific regions, underserved or minority groups, and to those who intended to work in an underserved area post-graduation.
Clinical practice sites	<ul style="list-style-type: none"> While both schools had sufficient clinical sites for student practical experience, neither met the average number of supervised clinical practice experiences as outlined in the ICM guidelines. The clinical practice sites for both schools assessed were deemed accessible. Both programs met all criteria for the availability of medical supplies as well as the required standards for evidence-based practice.
Infrastructure and Managements	<ul style="list-style-type: none"> Both schools fulfilled all standards within this domain; each was led by a qualified midwife with at least two years of teaching experience in the nursing school, complemented by clinical experience. They had sufficient space needed to facilitate classroom learning including textbooks and internet access, functional skills labs for practice and simulation, and computer labs equipped with necessary tools and support staff.
Influencing factors	<ul style="list-style-type: none"> Stakeholders agreed there is a regulatory body – the Nursing and Midwifery Council of Nigeria. Stakeholders universally confirmed the existence and operation of a midwifery education accreditation system that reviews educational quality every five years. Consensus among stakeholders about the country's licensing examination before deploying students to formally enter the health system.
Safety and Security	<ul style="list-style-type: none"> 95% of students assessed reported feeling safe on campus and at clinical practice sites with no reported challenges of tardiness or absence due to insecurity. All interviewed teachers felt safe traveling to and being on campus, while, 50% of preceptors expressed concerns over the safety and security of their students while travelling to the facility.

Recommendations

- 1 Expand Community Midwifery Program in Yobe State to increase the number of trained community midwives capable of rapidly deploying to deliver essential healthcare services in rural areas. This would help expand healthcare accessibility and tackle the shortage of midwives graduating from the limited number of midwifery schools in the state, as revealed by our findings.
- 2 Identify innovative strategies to provide additional "supervised student practice experiences" in both midwifery programs in alignment with ICM standards.
- 3 Recruit and train additional preceptors to increase school capacity to deliver effective mentorship and supervision and increased clinical practice time for midwifery students.
- 4 Advocate for more funding to midwifery education in Yobe State health sector budget.

Next steps

To expand the knowledge further, EQUAL has enrolled 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 was completed in Somalia, with a cohort study underway.

For more information visit www.EQUALresearch.org and contact Charity Maina (cmaina@ihvnigeria.org), Shatha Elnakib (selnaki1@jhu.edu), and/or Equal@rescue.org

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