



## Strategic Partnerships for Higher Education Innovation and Reform

# MEETING SOMALILAND'S HEALTH NEEDS THROUGH PRACTICE-ORIENTATED HIGHER EDUCATION – PREPARED FOR PRACTICE

Somaliland's poor health indicators are in part driven by a shortage of well-trained health workers. This health workforce challenge is rooted in issues in the tertiary education sector: critical gaps in the curricula, insufficient expertise within universities to design and deliver relevant courses, limited formal pedagogical training amongst faculty and lack of opportunities for students to develop skills in clinical settings. As a result, graduates often lack the knowledge, skills, behaviours and practical experience to deliver safe and quality healthcare.

Part of the Strategic Partnerships for Higher Education Innovation and Reform (SPHEIR) programme, the Prepared for Practice (PfP) partnership addressed Somaliland's health workforce challenge through an integrated approach to health education system reform with interventions at individual, institutional and national level:



### Improving undergraduate teaching, examination and clinical supervision

- Online tutorials to medical, nursing and midwifery students provided by UK health experts
- Supervision of hospital ward rounds and field trips to health facilities
- Evidence-based examinations



### Strengthening capacity of academic staff and teaching institutions

- Certificate, diploma and master's level courses in health education
- Postgraduate certificate in administration



### Supporting national policy and regulation

- National medical education policy
- Standardised national medical curriculum

## SPHEIR programme management



# Key achievements

## Quality and relevant learning for students

- **Improvements in the learning environment.** Case-based discussions and clinical reasoning on pre-existing courses – such as paediatrics, obstetrics and mental health – facilitated by UK NHS volunteers helped students to feel more confident in their practice. More structured supervision of ward rotations, visits to health facilities and hands-on support to practical examinations have transformed clinical learning. Community visits, for example, enabled new medical and nursing students to experience all levels of the health system and to observe the referral pathways between health centres and hospitals.
- **Student readiness to deliver safe and quality healthcare.** The project has strengthened teaching, learning and assessment methods for undergraduate medical, nursing and midwifery students at three partner universities. As well as improving the clinical learning environment, PfP has also enhanced the experience of graduates through the achievement of national, system-wide reforms to the medical internship and its governance.

## Faculty and administrative staff development

- **Institutionalisation of the HPE courses.** The suite of Health Professions Education (HPE) courses – delivered in person and online and leading to an accredited qualification – have been the first of their kind delivered in Somaliland. Aimed at building the capacity of faculty in the design and delivery of quality education to future health professionals through pedagogy, student-centred teaching and evidence-based assessment, the HPE courses have been adopted by partner and non-partner universities. 95% of HPE course participants are sharing what they learnt with their peers.
- **Increased motivation and confidence.** Through the HPE courses, lecturers studied new teaching approaches and were mentored on evidence-based pedagogy that improved their skills and connected them to a global community of learning. As a result, they became more motivated to continuously learn and improve their teaching practice.

*“Before I joined the course, teaching was just an option. But now, because I have learnt more about my job, [...] I feel even happier when I’m in the class. I feel time is always too short for me which felt longer before joining this course.”*

Lecturer at Edna Adan University

Staff completing the accredited course in University Administration for Professional Services reported improved ability to meet deadlines, manage budgets, communicate and work as part of a team.

- **Improved teaching practice and assessment.** Teachers were exposed to student-centred education and planning and, as a result, started using practical and problem-solving methods. They also felt more confident in structuring and delivering lessons and student feedback mechanisms were introduced. The HPE course

*“changed the way we teach from spoon-feeding to actively making the students [...] participate and learn and develop their personal way of learning.”*

Lecturer at Amoud University. Examiners and teachers also started using evidence-based methods for designing valid assessments and followed consistent marking approaches.

## Long-lasting institutional change

- **Adoption of new policies at partner institutions.** As a result of PfP, new assessment and clinical teaching policies were introduced at partner universities. For instance, a new Assessment Policy based on the guidance provided by the HPE course was adopted at Amoud University, alongside new policies on common standards for clinical teaching. Evidence-based assessments – written papers and Objective Structured Clinical Examinations (OSCEs) – are now used by all medical schools in Somaliland. Over 320 medical, nursing and midwifery students have been assessed in practical, clinical examinations held independently by their own universities.

## An enabling environment

- **Development of the country’s first national Medical Education Policy.** PfP played a catalytic role in the Somaliland government developing a policy that outlines how government, regulators, universities and other health-system leaders collaborate to produce a medical workforce that meets the health needs of people in Somaliland.
- **Creation of a National Harmonised Medical Curriculum.** In line with Somaliland’s Medical Education Policy and global medical education standards and for use by all medical faculties to standardise the competencies of medical graduates, the harmonised medical curriculum supported by PfP will contribute to a high-quality health workforce, improving the health system and the services provided to the population of Somaliland. The partnership also contributed to the adoption of standardised national medical examinations.
- **Introduction of independent assessment of medical schools.** To ensure institutions training health workers meet internationally recognised standards, the project worked with national regulatory bodies to introduce assessment and accreditation mechanisms.
- **Strengthened health system.** Through its multi-tiered approach, PfP exceeded its own expectations. The project’s external evaluator found that *“The individuals who engage with the PfP project become teachers who pass on knowledge, supervisors who empower students, and stakeholders who take on responsibilities in hospitals and within the Ministry of Health, strengthening the backbone of the health system. This means that the health personnel produced by the system is of a higher, more harmonized quality. The impact of the project is not just in producing better graduates, but rather through the interlinking interventions across teaching, practice and policy, the PfP project is strengthening the Somaliland health system as a whole.”*

## Main lessons

### Nurturing long-standing partnership

The successes of PfP are grounded in a 20-year partnership between King's Global Health Partnerships (KGHP) and Somaliland institutions characterised by trust and equity. Regular and flexible communication driven by a desire to co-create solutions while deploying partners' distinct capabilities further nurtured the partnership. "The approach to partnership employed by the KGHP staff was appreciated by project partners who felt like part of a team, despite being separated by long distance." PfP External Evaluation

### Evidence-based collaborative approach

Local ownership and co-development complemented an approach based on robust evidence. While the UK partners facilitated valuable expert contributions from NHS volunteers, decisions were made collaboratively, with project partners challenging each other's assumptions based on external evidence as well as data and feedback generated by project participants.

### Strategic stakeholder engagement and national alignment

To achieve sustainable change, it was important to work at multiple levels and in line with national priorities. The project engaged closely with universities, the Ministry of Health Development and the National Health Professions Commission to align objectives for a stronger health education system and provided the space and tools to empower each in their role. It helped stakeholders to clarify responsibilities and to collaborate on the harmonised curriculum, leading to better working relationships between these agencies and greatly

improving the potential for future collaboration. The engagement of students as a key stakeholder group in the design and harmonisation of the six-year curriculum is noteworthy.

### National leadership, ownership and policy influencing

At the start of the project, a taskforce was developed with representatives from key ministries, commissions and regulators, professional associations and universities, facilitated by KGHP and THET. Beyond its core function, the taskforce generated collaborative leadership, improving relationships between regulatory bodies and relevant ministries and positioning the UK partner as an impartial broker. Setting up such early engagement with policymakers and tasking in-country staff with facilitating ongoing dialogue amongst key stakeholders has accelerated the project's policy influencing ability.

### Contextualisation and adaptation

Continuous adaptation to changes in context has enabled effective working in a complex, long-term, multi-stakeholder project such as PfP. Flexibility allowed the partnership to take advantage of policy windows, expanding in areas of success and contracting in areas of lower priority for partners in Somaliland. Regular assessments of gaps in the local curriculum and teaching capacity, for example, led to the addition of new courses such as midwifery and neurology. Similarly, online education for undergraduates in a low-resource environment was possible in response to Covid-19, but significant adjustments had to be made to content and delivery approaches.

## PfP in numbers

1,800 medical, nursing and midwifery students reached, including 838 through PfP's online learning platform

16 different departments at three universities positively impacted by the HPE

77% of medical and 93% of nursing and midwifery undergraduates surveyed feel prepared for practice

129 teachers and administrators benefitted from capacity development

144 NHS volunteers delivered online undergraduate tutorials

24 clinical supervisors trained and supported

12 unique online courses collaboratively designed and delivered with partners

## Regular review against global standards

As healthcare systems and standards are frequently updated, regulators should regularly benchmark national standards against them. For example, the Somaliland medical school standards were reviewed in 2018 and again in 2021 to align with the World Federation for Medical Education standards.

## Accreditation by regulators and ongoing assessment

Effective accreditation by regulators is important. Where enforcement of regulations is weak, continuous assessment and publication of findings will contribute to improved medical education and quality of graduates. Ongoing support, both financial and technical, is needed to assist regulatory bodies to exercise their mandates effectively in order to maintain standards and protect the public and this should be matched by enforcement powers to stop education programmes that fall short of national standards.

## Sustainability and scalability potential

- The development of national curriculum frameworks, including for assessment, will continue to contribute to the production of a high-quality health workforce, improving the health system and the services provided to the population of Somaliland.
- The strong collaboration that PfP facilitated across ministries, regulators, universities and other key stakeholders has been formalised in structures that will outlive the project.
- The accredited degree courses (online and in-person)

will continue to improve the teaching capacity of health education faculty moving from lecture-based to case-based learning, with a focus on critical thinking skills for students.

- The project has built staff capacity in partner institutions, with its training-of-trainers model enhancing sustainability. HPE courses are being delivered by previously trained educators and Education Development Centres for professional development of health faculty are expanding into other faculties and non-partner universities, setting the ground for national-level change.
- Institutionalisation and independent delivery of the OSCE exams is one of the key achievements of the project, with long-term positive effects on the health system. OSCEs have now been adopted at Gollis, Frantz Fanon and Burao Universities.
- The model for training university administrative staff is relevant beyond health education. The PfP model and logbooks used for internships and clinical supervision (ward and community) have potential for use in healthcare reform and reform of curricula for public service sectors in other countries, as does the approach to assessment of medical schools and the introduction of scenario-based assessments.

## Partners

The PfP partnership was led by King's Global Health Partnerships, an initiative of King's College London (UK), working with Amoud University (Somaliland), Edna Adan University and Teaching Hospital (Somaliland), University of Hargeisa (Somaliland), MedicineAfrica (UK), and the Tropical Health and Education Trust (UK).



### Find out more

[View the PfP summative evaluation report.](#)

[View the PfP impact report.](#)

[Visit the PfP profile on the SPHEIR website.](#)

[Visit the PfP profile on the King's College London website.](#)

# STRATEGIC PARTNERSHIPS FOR HIGHER EDUCATION INNOVATION AND REFORM (SPHEIR)

Transforming the quality, relevance, scale, access and affordability of higher education in low-income countries

8 partnerships

58 organisations

16 countries

## About SPHEIR

Strong higher education systems are key for accelerating development, building inclusive societies and promoting sustainable economic growth. SPHEIR was a UK Aid programme (2016-2022) supporting change in higher education to better meet the needs of students, employers and society in focus countries in Sub-Saharan Africa, Asia and the Middle East.

The programme was managed by a consortium of organisations, led by the British Council in association with PricewaterhouseCoopers and Universities UK International.

## SPHEIR's transformational impact

**Quality** – In Sierra Leone, a National Qualification Framework for Tertiary Education set new quality standards for higher education institutions. Across East Africa, a new quality review tool was applied in **21 universities** to improve institutional blended learning capacity.

**Relevance** – In Somaliland and Sierra Leone, **13 degree programmes** were redesigned with contextualised content and practice-based learning. In Tanzania and Uganda, four universities are engaging public and private sector representatives through new Joint Advisory Groups.

**Scale** – **4,470** academic and support staff were trained in curriculum design, student-centred and gender-responsive pedagogy, assessment, blended learning and distance

## The SPHEIR approach

Mutually beneficial partnerships brought together different types of organisations – including higher education institutions, authorities and associations, civil society and private sector organisations – to design and deliver innovative solutions to higher education challenges by focusing on transformative change at individual, institutional and sector-wide levels.

education. Over **77,600** students benefitted directly from SPHEIR, including 12,400 from Myanmar who accessed online courses.

**Access** – More than **12,500** students in Lebanon and Jordan accessed study tracks and bespoke short courses with a further **1.1 million learners worldwide** enrolled online.

**Affordability** – **913** students in Kenya received an affordable loan to start or continue university, of whom **82%** were from the bottom three wealth quintiles and nearly half were the first in their family to progress to tertiary education.

## SPHEIR partnerships

**AQHEd-SL:** Assuring Quality Higher Education in Sierra Leone

**PADILEIA:** Partnership for Digital Learning and Increased Access in Lebanon and Jordan

**PEBL:** Partnership for Enhanced and Blended Learning in Kenya, Rwanda, Tanzania and Uganda

**PedaL:** Pedagogical Leadership in Africa in Ghana, Kenya, Nigeria, Tanzania and Uganda

**PfP:** Prepared for Practice in Somaliland

**LEAP:** The Lending for Education in Africa Partnership in Kenya

**TESCEA:** Transforming Employability for Social Change in East Africa in Tanzania and Uganda

**TIDE:** Transformation by Innovation in Distance Education in Myanmar