

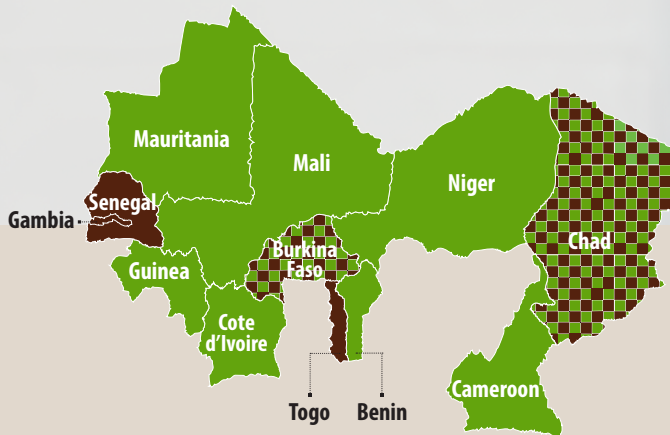
SWEDD SERIES: BEST PRACTICE GUIDE

# REGIONAL CENTRES OF EXCELLENCE TO IMPROVE THE QUALITY OF REPRODUCTIVE, MATERNAL, NEONATAL AND CHILD HEALTH SERVICES

*The research informing this Guide was led by the Centre Humanitaire des Métiers de la Pharmacie (CHMP) and focused on the SWEDD project. The information will guide the implementation of SWEDD+*



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The project covers countries in West and Central Africa

■ SWEDD (2015–2024) ■ SWEDD+ (2024–2028) ■ SWEDD & SWEDD+

The implementation of the Centres of Excellence in the SWEDD countries aimed to improve the quality of reproductive, maternal, infant and neonatal health services by improving the quality of teaching in nursing and obstetrics, through the training of Master's-level teachers. In order to organise this Master's training, UNFPA and the West African Health Organisation (WAHO) obtained funding from the World Bank to implement three Centres of Excellence in the project area.



The process was managed directly by the UNFPA Regional Technical Secretariat (RTS) in collaboration with WAHO, and followed the same steps in all three countries in which the Centres are located. The training process in the three Centres started with the participation of six countries. Each country sent seven students to each of the Centres, a total cohort of 126 students (midwives and nurses) per year. The training course lasts two years, divided into four semesters.

The purpose of this Guide is to present the process of establishing Centres of Excellence, the lessons learned, the challenges and the good practices identified throughout the process. Even before the Centres were rolled out, a harmonised curriculum was needed. The Centres were then rolled out in two phases: (1) the conceptualisation phase; and (2) the implementation phase.



**Sample:** Respondents from three SWEDD countries: Côte d'Ivoire, Niger and Mali.

**Main data sources:**

➤ **Interviews with staff of the Centres of Excellence** (administrative staff and supervisors), local authority representatives and students. Qualitative data was collected using an interview guide.

➤ **Document review:** Examination of the mission reports of the UNFPA RTS for the SWEDD project, tools and documents produced such as the Call for Expressions of Interest, the Centres Evaluation Grid, and the harmonised training curriculum for the Master's degree in Nursing and Obstetrics in West Africa.

**Collection methodology:** Transcription of notes from interviews conducted by persons other than those who drafted this Guide.

**Date:** November 2022

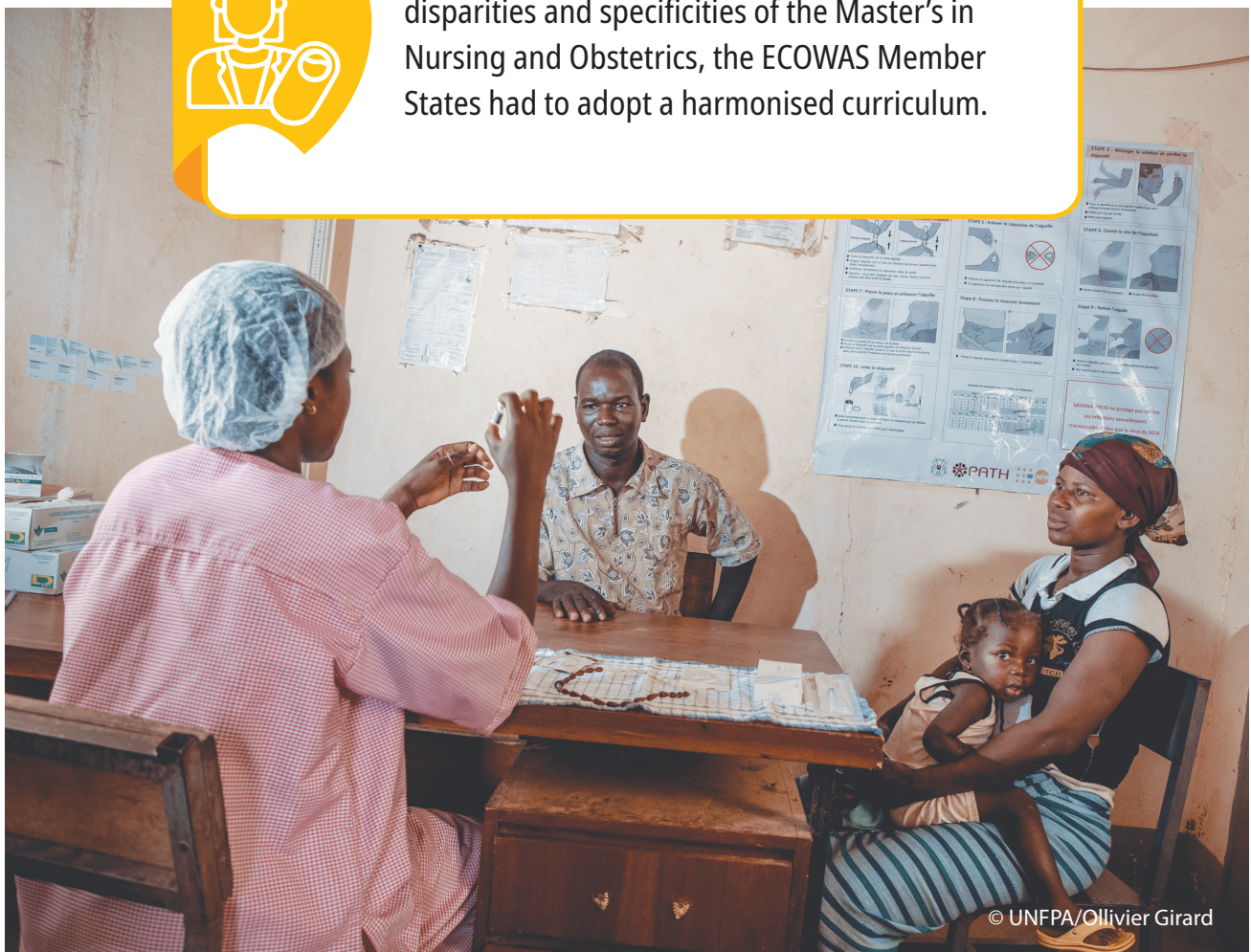
*See the attached annexes for more details on methodology and sampling.*

# ADDRESSING REGIONAL DISPARITIES IN THE CURRICULUM OF THE CENTRES OF EXCELLENCE

The nursing and obstetrics training offered by the Centres is based on a harmonised curriculum developed by WAHO and adopted by the countries of the Community of West African States (ECOWAS).<sup>1</sup> Prior to the adoption of this harmonised curriculum by the ECOWAS Member States, each country had its own training curriculum and admission eligibility criteria for midwifery and nursing training varied from one country to another. For example, in Burkina Faso, nursing and obstetrics students were recruited at BEPC (High School Diploma) level, whereas in Niger and other countries the required education level was the Baccalauréat. For the implementation of the SWEDD project, it was therefore necessary to agree on a harmonised curriculum, accepted by all the project member states.



**LESSON 1:** In order to address regional disparities and specificities of the Master's in Nursing and Obstetrics, the ECOWAS Member States had to adopt a harmonised curriculum.



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<sup>1</sup> See Best practice guide Number 13 (Training and deployment of midwives in rural areas) for further information on the harmonised curriculum.

## PROJECT CONCEPTUALISATION AND SELECTION OF CENTRES

The centres hosting the Master's programme were selected using a methodology and *modus operandi*, and information-gathering tools developed in collaboration with all the key actors in the healthcare sectors (Ministries of Health, training establishments for health workers, national maternal and child health programmes, UNFPA, WAHO, JHPIEGO and the International Confederation of Midwives (ICM)), as well as institutions of higher education (African and Mauritian Council for Higher Education (CAMES), and the ministries of higher education in the SWEDD countries).

The conceptualisation was divided into the following stages:

- 1 call for expressions of interest;
- 2 development and validation of selection criteria for the Centres;
- 3 evaluation of the conditions required for the Centres to host the Master's course; and
- 4 final selection of Centres.

### Call for expressions of interest (CEI)

A CEI formulated by the UNFPA Regional Office and validated by WAHO was issued to identify Centres interested in hosting the Master's programme. This public call was preceded by a letter sent to the health ministers of the six SWEDD countries, requesting that the call be published in the main national dailies for 15 days to ensure broad visibility. In addition, the letter requested that the CEI be posted in the main public sector institutions and sent to all midwifery training institutions in each country. Following the CEI, seven nursing and obstetrics training institutions were selected for the final evaluation.<sup>2</sup>

### The development and validation of selection criteria for Centres of Excellence and future students

**Development and validation of criteria for Centres:** Prior to evaluating potential institutions, a regional workshop to validate the selection criteria for Training Centres and future students was held in Burkina Faso 31 July - 3 August 2017. Representatives of UNFPA, WAHO, CAMES, the Federation of Midwifery Associations of Francophone Africa (FASFAF) and Jhpiego participated. The workshop was an opportunity to validate the evaluation criteria for institutions applying to host the Master's in Nursing and Obstetrics.

To validate the criteria, each country appointed experts specialising in human resources and training, more specifically in nursing and obstetrics training. Dialogue on the choice of criteria was a catalyst to bring together countries during the selection process for centres operating in countries with different legislation, while the adoption of the criteria was an important step towards harmonising healthcare staff training practices in the ECOWAS region.

<sup>2</sup> Final evaluation report on the institutions applying to host the Master's degree in Nursing and Midwifery.

The criteria adopted at the end of the workshop were subdivided into several major areas: (i) the organisational system and governance; (ii) human resources; (iii) financial management of resources; (iv) teaching activity; and (v) safety aspects.

**Development and validation of student selection criteria:** Three criteria were used to select Master's students at the three Centres: (i) a bachelor's degree or a diploma deemed equivalent by a higher education institution; (ii) bachelor's degree in nursing and obstetrics or a diploma deemed equivalent by an accredited institution; and (iii) at least three years' professional experience.

**Recruitment of students proceeded as follows:** (i) WAHO and UNFPA provided information to participating countries for the call for applications to recruit students to the Centres of Excellence; (ii) countries selected applicants by 15 September 2018 at the latest (for the first cohort), in accordance with the provisions in force in each country and the selection criteria listed above; (iii) the provisional list of applicants was transmitted to the Centres of Excellence, WAHO, UNFPA and the SWEDD project managers; and (iv) WAHO, UNFPA and the Centres of Excellence drafted the final lists after confirming that selection criteria were appropriately complied with, no later than the end of September 2018.

The participation of human resources departments in the organisation of in-service training for healthcare staff in the SWEDD countries has required the engagement of the ministries responsible for the students. This engagement was demonstrated by their actual presence at the various stages prior to the launch of the training courses, to improve planning the return of the trainees to their countries of origin and to facilitate their reinstatement to their jobs or promotion to higher positions.

With regard to the reinstatement and retention of trained staff, it was agreed that: (i) the student undertakes, after training, to work for three years as a teacher in the health worker training institutions of his or her country; (ii) countries facilitate the career development of the student by offering in-service training and encouraging enrolment for a doctorate; and (iii) countries develop and implement a career plan. *"This Master's degree is a first step towards inter-university exchanges and greater mobility for medical staff in the ECOWAS region"* said a lecturer in Niger.



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## Evaluation of the selection criteria for the Centres that would host the Master's programme

Based on the criteria selected during the workshop on 31 July - 3 August 2017, the evaluation of the Centres of Excellence resulted in a visit to each of the seven candidate schools. The visit, in November 2017, was led by a multidisciplinary team of experts from UNFPA, WAHO, CAMES, SAGO (African Society of Gynaecology and Obstetrics), Jhpiego, ICM, and FASFAF, the stakeholders that participated in the criteria validation workshop. The main aim of the visit was to confirm the existence of documents, in physical or virtual form, and to test the operation of certain systems, such as fire safety systems. This involved:

- ▶ Collecting information for each institution on:
  - » The organisational system (30 per cent of the evaluation);
  - » The financial, purchasing and fixed asset management system (20 per cent of the evaluation);
  - » Human resources management (20 per cent of the evaluation); and
  - » Academic management, teaching and training (30 per cent of the evaluation);
- ▶ Analysis of the data collected by institution; and
- ▶ Recommendations to the SWEDD project Regional Steering Committee (RSC) for the final selection of the Centres of Excellence, based on the final score obtained by each candidate institution.



The evaluation questionnaire was pre-tested in a non-participating institution before its roll-out to candidate institutions. Corrections were made to the evaluation tool, and scoring methods were standardised. The aim was to reach agreement on the interpretation and validation of the criteria, in particular the concepts of “fully met, partially met and not met”, or the weighting to be given to teaching, the *raison d'être* of educational institutions. The rapporteur of the mission to evaluate the establishments pointed out that “the pre-testing, prior to the use of the tool in a real-life context, enabled various sections to be checked and the criteria to be harmonised”.

For the on-site evaluation, the evaluation team was divided into two groups. Following the evaluations in the schools, the two groups met to pool their findings and make the final selection of the Centres at a workshop in Senegal in November 2017.

## Final selection of Centres

The selection was made at a workshop in November 2017 in Senegal, chaired by WAHO's Deputy Director General and co-chaired by UNFPA's Regional Director for West and Central Africa. The aim of the workshop was to examine the reports of the two evaluation assignments and the results of the evaluations scored as a percentage. The scores and evaluations of the seven schools that had expressed an interest were reported to all participants, along with their ranking in order of merit. This ranking gave rise to a number of requests for clarification and was then accepted by the two key institutions (WAHO and UNFPA).

The selection involved identifying, from the evaluation reports, the institutions that met the governance, academic, human resources management, financial management and safety management conditions required to take on Master's students in Nursing and Obstetrics, as part of the regional programme. At the end of the workshop, the results and the ranking of the applicant institutions were sent to the RSC for final approval. The 3 entities selected were INFAS (Côte d'Ivoire), ENSP Niamey (Niger) and INFSS (Mali).

A Memorandum of Understanding was signed by WAHO, UNFPA, and the Ministries of Higher Education and Scientific Research to define the terms and conditions under which WAHO and UNFPA would provide multifaceted support to the selected training institutions, to enable them to meet the required conditions for

### **Roles and responsibilities defined in the Memorandum of Understanding (MOU): Example of Mali**

#### **Roles and obligations of WAHO and UNFPA:**

Under this MOU, WAHO and UNFPA jointly undertake to contribute to building the capacity of the Centres of Excellence, in particular through:

- Guidelines for upgrading the premises of the institutes;
- Equipping the institutes with teaching and support materials;
- Capacity building for teachers (training of trainers, guidance for teachers and other stakeholders, mobilisation of additional teachers);
- Participation in the supervision of the Centre of Excellence;
- Support for the mobilisation of technical and financial resources from countries and partners for the institutes;
- Support for the Centre of Excellence to fulfil CAMES requirements for recognition of the Master's degree.

#### **Role and obligations of the National Health and Science Training Institute (INFSS) in Bamako:**

Under this MOU, the INFSS undertakes to:

- Mobilise available resources from the SWEDD project's national coordinators to bring premises and equipment up to standard;
- Mobilise the additional resources needed to ensure that the training runs smoothly and is sustainable;
- Ensure the administrative, financial and pedagogical management of the Master's degree;
- Welcome students from SWEDD member countries that do not have a Centre of Excellence.

teaching and obtaining a Master's degree in Nursing and Obstetrics. The Memorandum of Understanding defined the roles and responsibilities of the stakeholders, to enable the Centres of Excellence to be established in the three countries without any major hindrances.

### **Role and obligations of the Ministry of Higher Education and Scientific Research:**

- Ensure the smooth administrative, financial and pedagogical running of the course;
- Support the mobilisation of resources for the implementation and sustainability of the training;
- Ensure the quality of the training;
- Support the Centre in opening other Master's courses.

## **Lessons**

**2**

Issuing a public call for expressions of interest, preceded by a letter to the countries' health ministers, helps to encourage the transparency of the process, while opening up the competition to private training schools.

**3**

The participation of the lead ministries (Health and Higher Education) from the outset of the process provides an enabling policy framework for its subsequent and successful completion, and a guarantee that students will be reinstated to their posts after their training.

**4**

The decision to use an evaluation to select the Centres of Excellence is important for emphasising performance as the sole criterion for making the choice.

**5**

It is important to organise a pre-test of the evaluation tools to identify and correct weaknesses before the actual evaluation.

**6**

The co-chairing of the workshop to select Centres by the directors of the key institutions (in this case, WAHO and UNFPA) strengthens the leadership of these sub-regional institutions in the establishment of the Centres.



## PHASE 3 ESTABLISHMENT OF CENTRES

Following the RSC's approval of the choices of regional Centres of Excellence, a workshop to prepare for the actual start-up of the activities of the Centres was organised in Côte d'Ivoire in April 2018. The meeting was an opportunity to define how the Master's in Nursing and Obstetrics would be implemented in the three Centres of Excellence.



**At the end of the meeting, a number of points of agreement were reached, together with a roadmap:**

**Point of agreement No. 1:** Three specialties were selected for Master's training in the three Centres of Excellence: Master in Health Sciences Pedagogy (INFAS); Master in Health Services Management (INFSS); and, Master in Obstetrics and Gynaecology (ENSP).

**Point of agreement No. 2 - Organisation of teaching:** As specified above, the first three Centres to provide training for the Master's in Nursing and Obstetrics each had their own specialty, with the number of students per cohort and per specialty/Centre set at 42. They are: INFAS Abidjan-Côte d'Ivoire for the Master in Pedagogy; ENSP Damoure Zika Niamey-Niger for the Master in Obstetrics and Gynaecology; and INFSS Bamako-Mali for the Master in Health Services Management.

The Master's candidates were selected in all the SWEDD countries under the aegis of the human resources departments of the Ministries of Health, in collaboration with the Ministries of Higher Education and the senior management of the training institutions in question. This practice has given credibility to the Master's programme based on the above-mentioned criteria. However, practices vary from country to country. In Côte d'Ivoire, the selection takes place after analysis of the applications submitted following a public call posted in the local press. In Niger, selection is based on a public call for applications, analysis of the applications and an entrance exam. In Mali, the selection proceeds as follows: (i) publication of notices of competitive examinations; (ii) appointment of a technical secretariat to organise and mark competitive examinations; (iii) receipt of applications from candidates; (iv) analysis of applications and drafting of a list of candidates; (v) competitive examinations in the three streams; (vi) marking of candidates' papers; and (vii) ranking of successful candidates, deliberation and publication of the final list of successful candidates.

To improve the organisation of teaching in the Centres of Excellence, several actions need to be undertaken - the establishment of a Scientific and Teaching Council, the appointment of a Head of Department, the appointment of a Head of Teaching Unit (TU) and the designation of a teacher to manage each component of the TU (TUC).

**Point of agreement No. 3:** Evaluations will be based on continuous assessments. Students will undergo two types of evaluation: formative and summative evaluation, accounting for 40 and 60 per cent respectively.

**Point of agreement No. 4:** Trainees will be evaluated using the available standardised tools. Students may repeat a year only once.

**Point of agreement No. 5:** The Master's course culminates in a dissertation. The defence of the dissertation will take place in the 4<sup>th</sup> semester with individual scheduling by students.

**Point of agreement No. 6:** Remuneration and ensuring objectivity of teachers, supervisors and members of the examination panel are left to the discretion of each institution, in accordance with the legislation in force in the country concerned;

**Point of agreement No. 7:** The harmonised registration and tuition fees are as follows:

- Tuition fees: Three million (3,000,000 F CFA);
- Registration fees: Seventy-five thousand (75,000 CFA francs);
- Student grants are governed by the relevant national provisions.

**Point of agreement No. 8:** The selection criteria for future students, the admission conditions and the administrative arrangements for the professional reinstatement of students returning to their country are described in the section above.

The identification of the teachers followed the same process as that used to identify the students - an open call for applications in the national press and in the university network of the respective countries. In Côte d'Ivoire, this was led by the Félix Houphouët Boigny University, following a call for applications and a review of CVs focused on experience, skills and availability. In Niger, recruitment was managed by the Ministry of the Civil Service in collaboration with the Ministry of Health using a list of teachers already working in higher education. In Mali, each year the Minister of Higher Education is responsible for scheduling the entrance exam for the Centre of Excellence. The rest of the process is steered by the management of the INFSS, which hosts the Centre of Excellence, and which sets up a committee to organise and mark the entrance exam results under the auspices of the Ministry of Higher Education. Each year, the three Centres of Excellence have noted the large number of candidates wishing to join the courses, reflecting the interest shown by professionals in the teaching provided by the Centres of Excellence.

A delay in the start of lessons was noted in all the Centres during the first cohort. Although scheduled for October 2018, teaching began in January 2019 at all three Centres. The delay was mainly due to: (i) delay in signing the Tripartite Agreements between the States, WAHO and UNFPA; (ii) refurbishment and provision of accommodation sites; (iii) infrastructure and equipment upgrades; (iv) receipt of transfers of funds for registration fees and student insurance; and finally (v) delay in identifying teachers for the Master's programme.

### **Course roll-outs**

Based on the experience of the course roll-outs, the students, teams of supervisors and managers of the various Centres appraised the following educational, material and social aspects:

- The teaching style based on the facilitator and companion relationship, rather than the traditional teacher-student relationship, facilitated learning conditions and the general organisation of teaching. Students at all the Centres expressed satisfaction. In Côte d'Ivoire, one student said: *"I find the teaching quality to be very good"*. Mali had an updated curriculum even before the Master's was established in the Centre of Excellence. On the subject of teaching content, a student from Niger said: *"...although the courses were judged satisfactory overall, they could be supplemented with modules such as EmONC,*

*pedagogy* (the Centres of Excellence are supposed to train future higher level teachers), *ultrasound* and *e-learning*.”

- ▶ In terms of equipment, materials and study conditions, previous interviews and evaluations have shown that the Centres of Excellence are not all in the same situation. In Mali, in particular, teaching conditions (size of rooms, internet connection, etc.) are not optimal according to some students, while logistical aspects already appear to have been addressed by the Centre of Excellence. Teachers are also asking for teaching aids (such as mannequins). The Mali INFSS student representative on the Master in Nursing and Obstetrics, interviewed during an evaluation visit to the three centres, said: *“We study in difficult physical and sanitary conditions. The classrooms are cramped and they lack adequate teaching materials”*. One student said *“my appreciation of the training materials varies depending on the type of material, but on the whole I’m very satisfied”*.
- ▶ Online teaching has proved an effective alternative, especially during the COVID-19 period. This offers a glimmer of hope for the planned interconnection of the three institutions. At the same time, for teachers in Mali, *“IT tools should be given greater prominence”* in the three schools.
- ▶ Once the training course is completed, the Centres of Excellence have a directory of students. However, it appears that the organisations responsible for sending students have not put in place post-training follow-up. Nonetheless, *“after the training and graduation of the first cohort, all the students returned to their respective countries, some to their former posts (INFAS) or to new roles. In all cases, they were reinstated to the national civil service.”*<sup>3</sup> Institutions hiring these students once trained need to systematise post-training activities.

The implementation of the Centre of Excellence was a success, but there were also bottlenecks.

#### **Successes:**

- ▶ A teaching approach based on a facilitator-companion relationship, rather than a teacher-student approach;
- ▶ The availability of online teaching, which was important during COVID-19, and critical for the planned interconnection between the Centres.

#### **Bottlenecks:**

- ▶ Inadequate facilities for reception, logistics and teaching materials in some of the Centres;
- ▶ The need for more systematic post-training activities;
- ▶ Disruptions linked to students, security issues and the COVID-19 pandemic;
- ▶ Student training costs considered high;
- ▶ The absence of a permanent framework for consultation between the heads of training institutions in some of the Centres of Excellence.



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<sup>3</sup> Outlook for the Centres of Excellence for the Master in Nursing and Obstetrics, Working Document, 2021.

At the same time, the following implementation difficulties were encountered:

- ▶ Student-related disturbances and security issues: The first academic year was marked by events such as student strikes and moves from the initially planned accommodation sites. In Mali, this disruption was linked to “security issues.”<sup>4</sup> In Côte d'Ivoire, there were problems with the ease of travel, as students felt that the site was too far from the training venue. In Niger, we were told that it was difficult for men and women to live together in the same residence. To overcome this difficulty, the Centre in Niger tries, as far as possible, to find separate accommodation for men and women at the training sites.
- ▶ Training costs for students travelling long distances for their course: All SWEDD countries noted through their PCUs the high cost of training fees, which include: (i) a return air ticket; (ii) registration and tuition fees; and (iii) the cost of health and liability insurance. At the same time, students voiced their concerns about the limited number of grants.
- ▶ Difficult learning conditions: Learning conditions were heavily criticised in Mali in the initial stages of the programme, with students demanding rooms dedicated solely to teaching the Master's in Nursing and Obstetrics. Students complained in particular about unsuitable classrooms (no air conditioning) and poor hygiene (toilets/WC). The Implementation Unit took all the necessary steps to bring the training rooms up to standard, and equipped the Centres of Excellence with all the necessary facilities, including teaching and learning materials.
- ▶ The absence of a permanent framework for consultation between the heads of training: Apart from the progress meetings and regional workshops, the heads of the Centres of Excellence, like the Côte d'Ivoire contact point, lament the lack of a framework for consultation and exchange between the heads of training institutions for the Master's in Nursing and Obstetrics. The main problem is the lack of formal consultation, which would have provided a means of benchmarking and incorporating each other's good practice. These institutions are thus depriving themselves of the comparative advantages they could draw from each other's experience.
- ▶ The impact of the COVID-19 pandemic on training: All the courses for the first cohort were mainly delivered face-to-face. COVID-19 had no direct impact on the Master's teaching schedule, since almost all the teaching had already been completed. However, a small proportion of the teaching took place via e-learning because of COVID-19. “The COVID-19 pandemic gave our school the opportunity to focus on e-learning. However, technological constraints in our developing countries were a hindrance to our optimising this practice” said an INFAS manager from Abidjan, Côte d'Ivoire. Following the pandemic, WAHO began thinking about how to make e-learning operational at all three centres. Indirectly, the closure of international borders as a result of the pandemic impeded the return of some foreign students to their home countries to collect data for their dissertations. This resulted in the postponement of the dissertations until December 2020.



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<sup>4</sup> Chadian students in Mali moved from their initial accommodation site.



**LESSON 7:** The roll-out of Centres of Excellence enables aligning criteria for access to the Master's degree as well as in the teaching practices in Nursing and Obstetrics across the countries of a sub-region.

In the case of Africa, these criteria are recommended by CAMES.



**LESSON 8:** An absence of benchmarking means that it is not possible to make informed comparisons with other initiatives that design and establish Centres of Excellence.



**LESSON 9:** Delays in starting the programme illustrate the challenges faced by regional initiatives implemented in several countries, where success depends on interaction between a range of actors.

This includes political actors (governments), institutions (United Nations organisations, sub-regional organisations) and academic organisations (CAMES, Centres of Excellence).



**LESSON 10:** The implementation of the Master's programme demonstrates that the Centres of Excellence can satisfactorily develop expertise in maternal, neonatal, child and adolescent reproductive health (RMNCAH).



**LESSON 11:** The implementation of the Master's programme highlights disparities between countries in the availability and level of the material and teaching environment across Centres of Excellence.

This programme addressed disparities, helped Centres to achieve similar high standards, and helped promote harmonisation of content and quality.



**LESSON 12:** Given the long duration of the Master's programme, it would seem appropriate to consider regular review and revision of teaching programmes to include innovations in the sector.

This should be carried out based on a well-defined and respected timetable, in order to contextualise certain information to the participating countries, and while trying not to dilute the content of the programmes.



**LESSON 13:** Building the capacity of the Centres of Excellence in teaching and learning materials, coupled with rigorous selection of trainees, has improved learning conditions and training quality.

## SUMMARY OF KEY LESSONS

Phase 1: Addressing regional disparities in the curriculum of the Centres of Excellence	1	In order to address regional disparities and specificities of the Master's in Nursing and Obstetrics, the ECOWAS Member States had to adopt a harmonised curriculum.
Phase 2: Conceptualisation of the project and selection of the Centres	2	Issuing a public call for expressions of interest, preceded by a letter to the countries' health ministers, helps to encourage the transparency of the process, while opening up the competition to private training schools.
	3	The participation of the lead ministries (Health and Higher Education) from the outset of the process provides an enabling policy framework for its subsequent and successful completion, and a guarantee that students will be reinstated to their posts after their training.
	4	The decision to use an evaluation to select the Centres of Excellence is important for emphasising performance as the sole criterion for making the choice.
	5	It is important to organise a pre-test of the evaluation tools to identify and correct weaknesses before the actual evaluation.
	6	The co-chairing of the workshop to select Centres by the directors of the key institutions (in this case, WAHO and UNFPA) strengthens the leadership of these sub-regional institutions in the establishment of the Centres.
Phase 3: Establishment of Centres	7	The roll-out of Centres of Excellence enables aligning criteria for access to the Master's degree as well as in the teaching practices in Nursing and Obstetrics across the countries of a sub-region.
	8	An absence of benchmarking means that it is not possible to make informed comparisons with other initiatives that design and establish Centres of Excellence.
	9	Delays in starting the programme illustrate the challenges faced by regional initiatives implemented in several countries, where success depends on interaction between a range of actors.
	10	The implementation of the Master's programme demonstrates that the Centres of Excellence can satisfactorily develop expertise in maternal, neonatal, child and adolescent reproductive health (RMNCAH).
	11	The implementation of the Master's programme highlights disparities between countries in the availability and level of the material and teaching environment across Centres of Excellence.
	12	Given the long duration of the Master's programme, it would seem appropriate to consider regular review and revision of the teaching programmes to include innovations in the sector.
	13	Building the capacity of the Centres of Excellence in teaching and learning materials, coupled with rigorous selection of trainees, has improved learning conditions and training quality.

# ANNEX 1: Methodology and sampling

## I. Data collection methodology

The information included in this Guide was gathered during interviews organised by the Centre Hospitalier des Métiers de la Pharmacie (CHMP), with respondents selected to undertake the retrospective documentation of the conceptualisation and establishment of the Centres of Excellence for training midwives and nurses at Master's level. The SWEDD countries that opted to take part in the interviews on this theme were Côte d'Ivoire, Niger and Mali. The respondents from each country were proposed by the technical partner and the consultants, liaising with the members of the Project Management Units (PMU). Conversations were organised face-to-face, or virtually in circumstances where face-to-face was not possible. The facilitators were provided with a conversation guide - developed by the technical partner, which they used to ask questions on the design and implementation of the Centres applicable to the respondent. During the conversations, the facilitators, assisted by personal recording devices (phones, tablets, etc.), recorded the conversations and then transcribed them later before consolidating them into a summary.

## II. Data sources

**1** The information was gathered through key informant interviews on the conceptualisation and establishment of Centres of Excellence in the three SWEDD countries listed above. These informants do not represent a systematic sample, "but, rather, a convenience sample of those with experience in the theme of this Guide across these countries" that make it possible to leverage existing SWEDD capacity. The country informants are listed in Annex 2.

**2** Some data are taken from documents, specifically: the Final Evaluation Report of the institutions applying to host the Master's in Nursing and Obstetrics, December 2017, the Grand-Bassam Workshop Summary; and a working paper entitled "Outlook for the Centres of Excellence for the Master's in Nursing and Obstetrics".

# ANNEX 2: Key informants interviewed

Informants interviewed	Country
6 individuals: 1 coordinator, 1 contact point, 1 teacher representative, 1 student from the first cohort, 1 student from the second cohort, 1 person in charge of guidance	<b>Cote d'Ivoire</b>
19 individuals: 1 representative of the authorities, 1 representative of the midwives' host organisations, 2 students from cohorts 1 and 2, the SWEDD coordinator, 1 representative of the midwives' association, the Centre of Excellence coordinator, 1 Centre of Excellence teacher, 4 community members, 3 midwives, 4 midwives	<b>Mali</b>
11 individuals: 1 teacher representative, 1 orientation staffperson, 1 student from the first cohort, 1 student from the second cohort, 2 mentored midwives, 2 non-mentored midwives, 3 mentor midwives	<b>Niger</b>

This Guide is one of a series that retrospectively documents the implementation of the SWEDD interventions, and documents good practices, challenges and lessons learned. The “Sahel Women’s Empowerment and Demographic Dividend” (SWEDD) project was launched in November 2015 with financial support from the World Bank, and technical support from the United Nations Population Fund (UNFPA) and the West African Health Organisation (WAHO). SWEDD aims to accelerate the demographic transition, trigger the demographic dividend and reduce gender inequalities in the Sahel. The motivation for this series is the fact that SWEDD has become a strategic framework for political decision-makers, opinion leaders (traditional and religious chiefs, and other community leaders), and the community to work together on issues considered sensitive in the region. This is why it was considered important to share the processes through which the project was developed. This includes descriptions of experiences, lessons learned and recommendations. This evidence could be used to enrich interventions in SWEDD+ and other initiatives on gender equality and the empowerment of adolescent girls and young women. This is one of a series of four Guides which aim to document the experiences of implementation under SWEDD component 2 interventions with the objective of improving the provision of reproductive health services. These include Community-Based Distribution (CBD) interventions to bring services and products closer to communities (Guide number 9), experience in building the capacity of healthcare staff, particularly midwives, through the establishment of mentoring (Guide number 10) and Centres of Excellence (Guide number 11), and the deployment of these midwives to make up for the shortage of staff on the ground, particularly in rural areas (Guide number 12) However, the lessons learned from this documentation do not imply that all four interventions need always be simultaneously implemented.

For more information on the documentation of the processes involved in this intervention and on the SWEDD project, visit the SWEDD project’s virtual resource platform: <https://sweddknowledge.org/>.