

# EXECUTIVE SUMMARY OF THE FINAL EVALUATION REPORT

## PREPARED FOR PRACTICE IN SOMALILAND



PHILANTHROPY ADVISORS

BY  
Philanthropy Advisors



**King's Global  
Health Partnerships**  
in Somaliland

# **Summative Evaluation of** Prepared for Practice in Somaliland

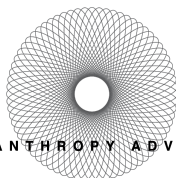
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## Acronyms

<b>AU</b>	Amoud University College of Health Sciences
<b>EAU</b>	Edna Adan University
<b>ESG</b>	Evaluation Steering Group
<b>DAC</b>	Development Assistance Committee
<b>FCDO</b>	Foreign, Commonwealth and Development Office
<b>FGD</b>	Focus Group Discussion
<b>HPE</b>	Health Professions Education
<b>KGHP</b>	King's Global Health Partnerships
<b>KII</b>	Key Informant Interview
<b>KSP</b>	King's Somaliland Partnership
<b>MA</b>	MedicineAfrica
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NHS</b>	National Health Service
<b>OECD</b>	Organization for Economic Cooperation and Development
<b>PA</b>	Philanthropy Advisors
<b>PfP</b>	Prepared for Practice
<b>SPHEIR</b>	Strategic Partnerships for Higher Education Innovation and Reform
<b>THET</b>	Tropical Health Education Trust
<b>ToC</b>	Theory of Change
<b>UK</b>	United Kingdom
<b>UOH</b>	University of Hargeisa College of Medicine and Health Science

## Overview of KGHP and PfP

King's Global Health Partnerships (KGHP) works to strengthen health systems and improve the quality of care in four countries: Somaliland, Sierra Leone, the Democratic Republic of Congo and Zambia. The partnership brings together health, academic and international development expertise from King's College London, the UK's National Health Service (NHS) and international partners to educate, train and support healthcare workers, strengthen healthcare and training institutions and enhance national health policies and systems.

The **King's Somaliland Partnership (KSP)** has been ongoing for twenty years and works with more than 150 UK volunteers. The partnership also benefits from collaboration with the Somaliland Ministry of Health Development. The KSP's key objectives are to improve the quality of higher education for health professions; improve the quality of health service delivery and contribute to evidence-based policy and practice across the health system.

## Somaliland context

### The healthcare system

With a population of an estimated 5.7 million in 2021, Somaliland is a rapidly expanding nation. Since 1991, Somaliland has experienced extended periods of conflict and insecurity exacerbated by a lack of institutional and regulatory capacity from national entities in overseeing health education, health certification and quality, severely damaging its fragile health system. Despite the immense challenges, the country's health sector is emerging from the crises and is forging a path forward.

In 2018, the region ranked 161 out of 163 of the least developed in the world.<sup>1</sup> Life expectancy was 45 years (compared to a regional average of 58 years), and Somaliland ranked 5th in the world with the highest maternal mortality rate at 955 deaths per 100,000 live births.<sup>2</sup> The causes of death and disability in Somaliland were communicable, maternal, neonatal and nutritional diseases, injuries, as well as non-communicable diseases.<sup>3</sup>

One of the biggest problems faced by the Somali health system is a lack of human resources such as qualified doctors, nurses and technicians. In 2014 a health workforce survey estimated that 197 doctors, 1,256 nurses and 344 midwives were serving the population of around 3.5 million, falling far short of the WHO-recommended minimum threshold of 23 health workers per 10,000 population.<sup>4</sup> This was further aggravated by the urban-rural divide in terms of health care provision: in many rural areas of the country the nearest health care facilities are hours away. The WHO estimated that barely 40% of the population had access to public health care.<sup>5</sup>

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<sup>1</sup> Devi, S. (2015). Slowly and steadily, Somaliland builds its health system. *The Lancet*, 385(9983), 2139–2140. [https://doi.org/10.1016/S0140-6736\(15\)61009-1](https://doi.org/10.1016/S0140-6736(15)61009-1)

<sup>2</sup> WHO. (2014). *Somaliland Women of Reproductive Age Mortality Survey 2014: Analytical report on Cause-specific maternal mortality*. Retrieved from World Health Organization, Regional office (WHO-EMRO), WHO Country office, University of Aberdeen, and Data and Research Solutions (DARS), [Somaliland website](#)

<sup>3</sup> Zaman, R., Morris, R., Law, B., Brouwer, L., Thayil, S., & Lipcan, A. (2018a). *Assessing the capacity of the private health system in Somalia: Final Report*. Oxford, UK: Oxford Policy Management and Forcier Consulting.

<sup>4</sup> Zaman, 2018a.

<sup>5</sup> Devi, 2015.



Key issues in the health sector ranged from a chronic shortage of qualified health professionals to poor governance, and few resources to finance the health service. The inability of the government to pay adequate salaries for health workers greatly hampered the rebuilding of capacity in hospitals and health centres throughout the country. In 2017, the Government of Somaliland allocated just 4.5% of the overall budget to health, making the health system heavily reliant on international agencies and diaspora private funding for support<sup>6</sup>. With this limited support for the public health sector, private health facilities have filled the vacuum. Currently, hundreds of private practitioners operate clinics, hospitals, pharmacies and other outlets in a predominantly deregulated system, a “policy and strategic vacuum” alongside international aid organizations running vertical programs.<sup>7</sup>

## Progress on health workforce

Whilst systemic challenges across the health system contribute to poor health outcomes, Somaliland’s health workforce crisis was very much interlinked with significant weaknesses in the Somali tertiary education sector including gaps in the curricula, insufficient teaching expertise within universities and little national oversight of institutions producing health workers. These major limitations to the training of medical, nursing and midwifery students has severely curtailed the country’s ability to produce graduates with the appropriate knowledge, skills, behaviours and practical experience they required to practice safe and quality healthcare.

## PfP Project Description

The Somaliland Prepared for Practice (PfP) project, supported by the SPHEIR Programme, was led by KGHP, in partnership with Edna Adan University (EAU), Amoud University College of Health Sciences (AU), University of Hargeisa College of Medicine and Health Science (UOH), Tropical Health Education Trust (THET) and MedicineAfrica (MA) on a five-year initiative to improve the quality of medical, nursing and midwifery graduates’ preparedness for practice. The project was set to operate from October 2016 to October 2021 with three strategic aims:

- Sustained quality teaching and assessment in target higher education institutions
- An enabling institutional environment for practice-oriented learning
- An enabling policy environment for practice-oriented learning

PfP was an initiative of King’s Global Health Partnerships, housed within King’s College London, that brought together research capacity from the University, expertise from the National Health Service (NHS) and other partners through 3 NHS trusts in London. PfP was funded by the Foreign Commonwealth and Development Office (FCDO). The project was set up to address a specific set of challenges common in Somaliland, notably the lack of opportunities for students to practice their skills in professional or clinical settings. With little teaching experience, no standardized curriculum and an oft-overstretched faculty, the development of medical and nursing students as well as their readiness for clinical practice was being hindered. At the national level, there has been limited regulation of medical schools resulting in graduates with a wide range of competencies, skills and preparedness. The PfP project developed

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<sup>6</sup> UNICEF. (2017). *FUNDING REQUEST APPLICATION FORM Tailored to Challenging Operating Environments*. Retrieved from [Global Fund website](#)

<sup>7</sup> WHO. (2006). *Health Systems Profile: Somalia*. Retrieved from Regional Health Systems Observatory, [WHO website](#)



interventions at three levels, targeting undergraduate learning, teaching and assessment capacity and the policy environment.

## Evaluation scope

### Rationale, Purpose and Objectives of the Evaluation

As the PfP project was entering into its final year of operation, KGHP and its funding partner (SPHEIR) contracted a team of external consultants, Philanthropy Advisors, to conduct a review of the programme's theory of change (ToC) and evaluate its overall effectiveness and impact. The purpose of the evaluation was two-fold; providing findings at the project and partnership levels.

For this evaluation, the objectives were to:

- Facilitate a review of the project's ToC (separate from the rest of the evaluation mission)
- Assess the extent to which the project has achieved its intended outcomes based on the project Theory of Change and the indicators in the project results framework and SPHEIR logframe.
- Evaluate the Prepared for Practice project against selected OECD-DAC criteria (relevance, efficiency, effectiveness, impact and sustainability)
- Document lessons learned and best practices and make recommendations for improvements to partners involved in the project
- Engage and involve project participants and partners throughout the evaluation process to strengthen ownership of findings and recommendations

This evaluation covered the past developments of the project (October 2016 - June 2021). PA consultants made sure to acknowledge new issues that emerged during the course of the project (including in relation to the Covid-19 crisis).

## Methodology

The evaluation was based on the collection and analysis of **primary and secondary data** and undertook a **mixed-methods approach**. PA set out a blended in-person/remote methodology for data collection, conditional on the authorisation of local authorities and project targeting undergraduate learning, teaching and assessment capacity and the policy environment partners, which followed strict PA guidelines for in-person data collection to protect the health and safety of data collectors and participants.

### Analytical framework

The PfP Project was assessed according to the OECD-DAC criteria of relevance, effectiveness, efficiency and sustainability. Impact was assessed according to the AAER Framework<sup>8</sup>. The evaluators employed contribution analysis as the framework to evaluate the PfP project. Contribution analysis is a framework coined by John Mayne which examines how project activities and inputs contributed to different outputs,

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<sup>8</sup> Lomax, Jake. (2020). AAER Revisited: from systemic change narrative to systemic change analysis. 10.13140/RG.2.2.32996.81288.

outcomes and impact. The evaluators assess this contribution in an iterative manner through data collection and analysis, creating, testing and re-testing hypotheses.

## Evaluation questions

Detailed evaluation sub-questions in the evaluation matrix are available in Annex 2.

### Evaluation Questions:

1. **Relevance:** Explore and assess the extent to which the PfP project responded to the policies and priorities of the intended target group(s) and stakeholders.
2. **Effectiveness:** Explore and analyze the extent to which the project attained its outcomes, how it did so, and what were the factors of success or failure.
3. **Efficiency:** Explore and analyze the extent to which the project used the least costly resources possible in order to achieve desired results, considering inputs in relation to outputs.
4. **Impact:** Assess the positive and negative changes produced by the project at three levels: individual, organisational and national, directly or indirectly, intended or unintended.
5. **Sustainability:** Analyze the extent to which the benefits (outputs, outcomes) of the project are likely to continue after donor funding has been withdrawn, how and why.

## Study design and methodology

### Quantitative Data Collection

#### Online Survey : Volunteers

The survey sought to understand why volunteers wanted to participate and the benefits to them and their employers, as well as to understand their motivations. This included knowledge skills, behaviours and lessons. The survey was sent to 120 volunteers (doctors, nurses, academics, educationalists, and other medical or health professionals) having volunteered with the PfP project at least once between October 2016 and May 2021. The survey remained open for 3 weeks and received responses from 45 volunteers.

#### Online Survey: Graduates

The objective of the Graduates survey was to understand their experience entering the Somaliland health workforce (either as interns or once they have been hired); how they contributed to the Somaliland health sector, the barriers they faced to employment and how they were prepared for their roles. The survey for graduates was adapted into two versions to apply to medical and nursing/midwifery graduates. Surveys were translated into Somali, and prizes were offered to five graduates who completed the survey. The survey was sent to 500 graduates having studied medicine at Hargeisa or Amoud and nursing or midwifery at Edna Adan Universities between 2018 and 2021 and having benefited from project activities. The survey remained open for 3 weeks and received responses from 75 medical graduates and 44 nursing/midwifery graduates. Five winners were selected at random and sent \$20 USD each via mobile app. Demographic information of survey participants (all three surveys) are below.

**Table 1: Demographics of survey respondents (medical graduates)**

Medical graduates survey: Demographics of respondents				
Gender	Female	Male		
	26.8%	73.2%		
University	Amoud	Hargeisa		
	81.7%	18.3%		
Year of graduation	2018	2019	2020	2021
	9.9%	16.9%	23.9%	49.3%
Highest level of parental education	Primary	Secondary	Vocational	University
	29.6%	16.9%	16.9%	36.6%
Completed internship	Yes	No		
	39.4%	60.6%		
Currently employed as health worker	Yes	No		
	50.7%	49.3%		

**Table 2: Demographics of survey respondents (nursing/midwifery)**

Nursing/Midwifery graduates survey: Demographics of respondents				
Gender	Female	Male		
	94.9%	5.1%		
Course of study	Nursing	Midwifery		
	64.1%	35.9%		
Year of graduation	2018	2019	2020	2021
	15.4%	7.7%	0%	76.9%
Highest level of parental education	Primary	Secondary	Vocational	University

	46.2%	12.8%	17.9%	23.1%
<b>Completed internship</b>	Yes	No		
	59%	41%		
<b>Currently employed as health worker</b>	Yes	No		
	35.9%	64.1%		

**Table 3: Demographics of survey respondents (volunteers)**

Volunteer survey: Demographics of respondents						
<b>Gender</b>	Female	Male	Prefer not to say			
	63.2%	34.2%	2.6%			
<b>Age</b>	<35	35-44	45-54	55-64	65+	
	34.2%	13.1%	15.8%	23.7%	13.2%	
<b>Volunteer role</b>	Group Lead (Undergraduate)	Tutor for online course	Tutor for undergrad mental health course	Tutor for HPE module	Tutor for admin course	Medical examination
	10.5%	44.7%	7.9%	27%	7.9%	5.3%
<b>Place of employment</b>	KHP NHS Trust	Medicines and Healthcare products Regulatory Agency (MHRA)	NHS Trust (other)	Retired	Tribunals Service	University
	15.8%	2.6%	34.2%	13.2%	5.3%	29%

### Qualitative Data Collection

Alongside quantitative data collection, qualitative methods including KIs and FGDs were employed for triangulation, enabling better understanding of the experiences of project partners, beneficiaries and other stakeholders. The qualitative approach helped to build a deeper understanding of quantitative data collected and provided a richer understanding of the project's outcomes.

Key Informant Interviews: the selection of eligible respondents focused on those individuals and groups of individuals that had deep insights into how the project had affected things at an institutional or systemic level. This included but was not limited to donors, project partners, KGHP staff, volunteers, government institutions at national level, and project beneficiaries.

**Kills focused on the following themes:**

**WAVE 1 :** the objective was to obtain an understanding of the project design, its intended outcomes, successes and challenges in order to assess the project's Theory of Change. For this matter, 18 interviews were conducted remotely. The main targets were KGHP staff, partners, volunteers and donors.

**WAVE 2:** the objective was to delve deeper into the experiences of project beneficiaries, their reasons for engaging in the project, their experience of partnership and alignment, and the wider consequences and influence of project activities. For this matter, 11 interviews were conducted remotely. This time the main targets were KGHP staff, partners, volunteers, NHS employers and donors.

**WAVE 3:** the objective was to delve deeper into the experiences of project beneficiaries, their experience of the partnership, the alignment of the project within the Somaliland context and the wider consequences and impact of the project. For this matter 17 interviews were conducted in Somaliland. The main targets were senior management at partner universities, policy makers, employers and health stakeholders.

Focus Group Discussions: the objective of the FGDs was to generate rich qualitative data on the experiences of HPE faculty and students and graduates who are and have engaged in the project. The consulting team relied on support from partners in Somaliland to assist with recruitment.

The consultants conducted a total of **10 FGDs** in order to reach the target groups: three were conducted with faculty having participated in the HPE program, four with current undergraduate students (one at each partner university and one at a non-partner university), and three with working graduates who benefitted from the program, one at each hospital.

**For undergraduate students:** Participants were current students at one of the three universities in Year 5 or 6 at University of Hargeisa and Amoud, or Year 3 or 4 for Nursing/Midwifery students at Edna Adan.

- 3 of the selected groups included participants who were enrolled in an online course or having recently completed an online course, and receiving clinical supervision.
- 1 group of participants was selected at a non-partner university ; the participants were enrolled in a medical or nursing program and had not benefited from the PfP project. PA worked with THET and the partner universities to connect with management at a partner university and recruit those participants.

**For HPE faculty:** Participants were current faculty members at one of the partner universities who enrolled in and completed at least one year of the HPE program.

**For working graduates:** Participants were professional doctors, nurses or midwives currently working at one of the two identified hospitals, who attended one of the three partner institutions and benefited from project activities.

Please find a summary below of the qualitative interviews conducted.

**Table 4 : Qualitative Interviews Conducted (April - September 2021)**

Key Informant Interviews			
Respondent Group	Type of consultation	#	Purpose
<i>Wave 1 (Remote, April - May 2021)</i>			
Project staff	KII	7	Develop a good understanding of the project, including its design and intent, the Theory of Change, the evolution of activities, main achievements and challenges.
Partners	KII	6	
Volunteers	KII	2	
Donor	KII	2	
<b>Subtotal</b>		<b>17</b>	
<i>Wave 2 (Remote, August - September 2021)</i>			
Project staff	KII	1	Developing a good contextual understanding of the project, including the evolution of activities, main achievements, challenges, experiences and impressions of stakeholders close to the implementation.
Volunteers	KII	5	Develop an understanding of the volunteer's experience with the project, value add, and recommendations.
<b>Subtotal</b>		<b>6</b>	
<i>Wave 3 (Somaliland, June 2021)</i>			
Senior management at partner universities, including ex-staff and those running EDCs	KII	8	Sustainability of changes, story of how change happened, institutional level reforms
Senior management at non-partners/non-partner departments	KII	2	To understand how the project has influenced others and in what ways
Beneficiaries: policy	KII	4	Focused on ascertaining wider impact, long-term sustainability, scalability, systemic changes achieved, unplanned outcomes and/or unintended consequences of the project.
Employers and health stakeholders	KII	6	

<b>Subtotal</b>		<b>20</b>	
<b>TOTAL KIIs</b>		<b>43</b>	
Undergraduate students	FGD	4	28 participants
Working graduates	FGD	3	15 participants
HPE faculty	FGD	3	19 participants
<b>TOTAL FGDs</b>		<b>10</b>	<b>62 participants total</b>
<b>TOTAL RESPONDENTS CONSULTED</b>			<b>105</b>

A full overview of the methodology employed can be found in Annex 1: Inception Report.



## Limitations

There are many challenges to conducting credible evaluations of projects or initiatives, particularly those that include an assessment of their impact on behaviors. Longer-term outcomes, such as sustained quality teaching and assessment or an enabling policy environment, are expensive and difficult to measure accurately and attribute to a specific initiative. And more short-term outcomes, such as enhanced capacity of teaching staff or improved knowledge and skills of students, are typically complex and multi-dimensional, making it difficult to create summary measures of the extent of the environmental changes and their likely impact on behavior. Specific challenges and limitations related to measurement should be noted:

1. **Sample size:** the survey conducted relied on self-reporting by graduates and volunteers. While there were enough respondents to analyze the data, this does not guarantee that there is a balance of respondents or view points.
2. **Quantitative data collection conducted via online survey:** which may have limited the respondents to those with reliable internet access and knowledge of online survey tools.
3. **Understanding of behavioural outcomes of the project is based on self-reporting:** in the KIIs, FGDs and online surveys. The ability or willingness to recall accurately and reliably without bias is difficult for many respondents.
4. **Access to NHS employers:** was limited, as all those who responded to requests for interviews were not able to make the connection between their staff and the project. Therefore, the evaluators could not include their perspectives in the assessment.
5. **Access to clinical supervisors at Edna Adan:** the data collection from clinical staff at Edna Adan was limited due to the resignation of most of the clinical supervisors at EAU, thus perspectives may be missing.

## Findings

This section presents evaluation findings organised under each of the following OECD-DAC criteria: relevance, effectiveness, efficiency, impact and sustainability. The evaluators used these criteria to assess project performance, responding to evaluation questions developed in the Evaluation Matrix (Annex 2). Within each criterion, the evaluators provided an overall assessment as well as an evaluation of each pillar of the PfP project (Undergraduate, Faculty and Policy). The objective of this manner of organization of findings was to allow for a methodological approach to the assessment of each pillar.

The evaluation report uses the simple qualitative scale below to highlight positive and negative findings or aspects of the project and help the reader in understanding the successes, challenges, enabling and disabling factors of the PfP project. The rating is based on the qualitative appreciation of the evaluators. Please note that the scale's objective is geared towards learning rather than a static judgment, and is used only as a visual indication to foster discussion, reflection and aid readability.

-- Very poor	- Poor	+ - Satisfactory	+ Good	++ Very good
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## Relevance

### Learning Questions

1. To what extent was the project design and theory of change relevant and did the project respond to the priorities and policies of intended target groups? And to what extent did the project remain responsive to the needs, priorities and policies of these groups as circumstances changed?
2. To what extent has the project addressed inequities and issues of exclusion, and where has it failed?
3. To what extent was the project able to adapt to changing priorities and circumstances, i.e. COVID-19?
4. Do our partnership approach and ways of working allow for equitable partnerships and actively challenge deep rooted imbalances of power?

### *Project level*

#### **(++) Project design highly relevant to needs of partners, beneficiaries and the context**

This evaluation found that the project design was very relevant to the context intervention. As a twenty-year partnership, the project is based on a strong foundation of trust and incremental gains. Project objectives, methods and interventions are determined in collaboration with partners and in response to the needs of participants. As such, partners and beneficiaries voice their appreciation of the relevance of the project, as it addresses critical gaps in the Somaliland health system: specifically the lack of qualified human resources, coherence and standardization. The structure of the project into three pillars is coherent in its effort to address these gaps, focusing on critical areas of need for a comprehensive approach. This three-pillar approach is relevant to producing the intended objectives, due in large part to their base in clearly defined needs and implementation in partnership with local stakeholders.

#### **(++) Unique project in Somaliland, addressing key gaps in the health system: training medical students to become specialists and conducting general capacity building in the health system**

Overwhelmingly, respondents indicated that the project was unique in its selection of activities and interventions, particularly the choice of the HPE program, the first of its kind targeting faculty. The project identified key gaps in the health education system that were not being filled by other actors, improving staff capacity by plugging in experts to co-create programs.

#### **(++) Partnership approach highly valued by partners**

The PfP project was highly valued by partners at THET, partner universities and within the Somaliland government, for its partnership approach, again imbued with a focus on equity. The KGHP staff adapted to methods of communication appropriate to the context, exchanging with their partners via WhatsApp and Zoom. Respondents indicated that they felt like one team, clearly the result of efforts made by the KGHP staff to streamline a sense of true partnership. This is largely due to the history of the project, the long time presence in the country and the values-based leadership approach that has been maintained throughout.

*“The communication that we had with King’s, you would think that you are all in the same office, just exchanging emails and WhatsApps all the time. We communicate all the time, even during holidays if anything rises up. We communicate and share information by any means possible”- Clinical Coordinator, University of Hargeisa*

#### **(++) Project is highly relevant to partnership and equity objectives of fund manager**

The approach employed by the PfP project fits with the objectives of SPHEIR, the fund manager, which specifically seeks out projects that promote reciprocity, partnership and transparency. The project focus on co-creation, exchange and equity reflect those values and principles.

*“[The Prepared for Practice project] is a really strong fit with that overarching theory of change. It is a really easy example to fit into our overall framework. It fits the real idea of partnership – you should have elements of reciprocity, transparency. You should have strong governance which allows partners to have a say – which this project has always had. One of the fears we had at the beginning was having Northern dominating projects, where people from the North would dominate and dictate. But because of the long-standing relationships between the partners, that is less of a risk” – Fund manager*

Evidence suggests that long standing relationship between KGHP and Somaliland partners has built trust and reciprocity between partners. The vigilant approach taken by KGHP to ensure that they do not dominate the relationship has created space for co-creation.

*“When we are planning the course, one of the teachers in the UK and the Somaliland faculty, will plan the course. I co-created a session, I share with them, they put it on in their side for the session. We are making core delivery for the students. We work together, we are communicating in the planning, in the arrangement of the students, in the co-creation of the courses and the core delivery” – Clinical Coordinator, Edna Adan University*

#### **(++) Project objectives identified through relationship-building and regular self-assessment**

The success of the project can largely be attributed to the long-standing partnership at its core, and its focus on building and maintaining relationships. Project partners recall their first meetings with project leaders over 20 years ago where they brainstormed together and co-designed the objectives of the intervention. The humble and dignified approach of project leadership set the tone for the partnership which has been maintained throughout.

### Box 1: Missed opportunity: impact statement and project scope

#### **Missed Opportunity: Impact statement not aligned with project scope, which goes beyond higher education**

The title “Prepared for practice” is not entirely accurate when describing the impact of the project, which goes far beyond preparing cohorts of graduates for practice but is rather more centered on strengthening the Somaliland health system to regularly produce strong health workers. The project is exceptionally relevant to the gaps in the health system, but it goes broader than simply preparing students to practice medicine or nursing. By training professionals and students in Somaliland, the project is building the backbone of a high-functioning medical education and health system. The beneficiaries of the project are those that go on from being students, to being teachers themselves, regulators, policy- and decision-makers. The project missed an opportunity to expand the partnership and present the objectives to donors who would be interested in this type of long-term capacity building in Somaliland.

#### *Undergraduate*

##### **(++) Instruction from specialists fills a critical gap and responds to requests from students**

Data retrieved from the online survey conducted as part of the evaluation indicates that medical and nursing graduates believe that specialist education is critical to improving their preparedness for practice. Somaliland lacks in specialist doctors (despite progress in recent years), with hospitals often filling these gaps with generalists or family doctors.<sup>9</sup> Multiple respondents in the KIIs and FGDs also noted that a lack of specialized doctors was a major challenge in the health system. This highlights the relevance of the PfP project and the emphasis on bringing onboard medical specialists to conduct case-based discussions and clinical reasoning on pre-existing courses such as pediatrics, obstetrics and mental health. Students noted that these courses were exceptionally interesting and made them feel more confident in their preparedness to practice medicine and nursing.

*“Borama Referral Hospital is one of the general hospitals in Borama, Somaliland, there are many gaps that are present in the health sector of Somaliland. If it is the quality of health, delivering health services, especially when it comes to specialization, it is very limited. If you look at BRH the people with specialization that are working here are the graduates of Family Medicine, other specialties are less in number that are present here in the hospital, there is known shortage”. – Senior hospital staff, Boroma Referral Hospital*

*“The hospital workers have also greatly benefited through participation in the bedside teachings by international experts and ability of the students to confidently and with minimal support undertake various medical and surgical procedures which are a relief for the staff.” Ministry of Health Development staff, Hargeisa*

##### **(+) Online courses are a relevant method, especially for reaching female students, but they should be run during daylight hours**

It was discovered that women are more likely to attend the online courses. Some respondents speculated that this was because women are more likely to be spending time indoors than their male colleagues. Online learning can be highly relevant for reaching female students, and a way to challenge existing gender norms by providing more opportunities for female students to attend and participate in

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<sup>9</sup> Mahfud, M., Nour, F., Abdi, H., Muse, S., & Fader, T. (2021). Strengthening the Somaliland health system by integrating public and private sector family medicine. *African Journal of Primary Health Care & Family Medicine*, 13(1), 3 pages. doi:<https://doi.org/10.4102/phcfm.v13i1.3049>

courses. Early on in the project, the administrators noticed that attendance was low in the online courses, likely because students did not feel obligated to go, and because it required strong internet connection and computer skills.

In an effort to mitigate these problems, Amoud University provided free centralized space on the university campus with access to computers and WiFi for the students. This solution was highly successful, however it was negatively impacted by the timing set for the courses which end close to 10pm local time. This presented a challenge for female students who had to walk home in the dark, and would either require a family member to accompany them or would not attend. The solution provided by Amoud was highly relevant to the problem, but would have been more successful if the courses were run during daylight hours (to allow women to come and go safely) or else providing safe escort for female students.

**(+) Online learning addresses clear gaps in subject knowledge of students, though not always well aligned with broader university curriculum content and timing**

This was especially true for Nursing and Midwifery graduates: 57% of currently employed Nursing and Midwifery graduates noted that their online courses with Medicine Africa were “very important” in preparing them for the workplace, compared to just 22% of employed Medical graduates. The online courses offered learning in subjects not otherwise taught at their universities which was highly appreciated by the students, particularly for the Nursing and Midwifery students and their courses in mental health, emergency care, pediatrics, obstetrics and others. Respondents across all disciplines mentioned clinical reasoning as an excellent and essential class.

*“The course content is quite helpful in filling existing gaps in our programmes, additional sessions that covered neonatology, radiology and communication skills are quite helpful” – Course Administrator, Amoud University*

*“Sometimes it was hard to focus on the online lectures due to our busy timetables, preparing for exams and all” – Working graduate, Boroma*

Some students noted in the FGDs that while the courses were interesting, they found little coherence with their regular curriculum, making it difficult to make connections between their courses. This appears to be an issue of perception among the students, who perceive the online courses from PfP as an addition to their regular curriculum, rather than an integral part of it. This is due to the fact that the online courses take place in the evenings, and are run separately from their regular courses.

**(-) Basic research methods course essential to long term development of medical teaching in Somaliland, but delivered too late to be relevant to students**

Respondents in two undergraduate FGDs mentioned that the courses on basic research were difficult to understand, and they don’t necessarily see the value in it. Research is entirely new to university students and even most faculty in Somaliland, and is a critical element of any university and particularly medical curriculum. One participant remarked *“basic research methods was a bit difficult to understand and was not that relevant for us at that time. This course was not applicable to us as we did not know how to apply it in real life”*. However, older students who had graduated and were working believe that it is a serious gap in the health education system in terms of linkages with overall public health standards and quality. Therefore, in its current form, the research modules are not relevant for students as they do not understand its applicability. This is not to say that the students do not find the course useful or

interesting, but rather they don't understand the coherence with their curriculum or career trajectory. This should be better articulated to strengthen its relevance.

**(-) Community visits highly relevant intervention, but approach is insufficient to a comprehensive practical training experience, with potential unintended consequences for communities**

In terms of providing practical training for students, community visits are a highly relevant intervention, particularly so for students coming from wealthy or city backgrounds in order to understand the reality of health service delivery in smaller communities. Interviews suggest that this type of exposure makes students better health practitioners and also provides a better perspective of the interlinkages between community, primary, secondary and tertiary healthcare.

*"(The community visits) improved us a lot and made us address the needs of the community. It changed our way of seeing things, for example it made me understand the problems being faced at community-level like non-communicable diseases". - Undergraduate, Amoud University*

So too is it relevant for filling a clear need in the training curriculum, which is often hospital-centric and lacking in opportunities to practice primary health care (PHC). However the intervention of PfP was insufficient, providing only funding and no structure, organization and inadequate supervision, which proved detrimental to the experience of the students and the communities.

It must be noted that support for community visits was not part of the original project design, but was added at a later stage.

*"The community visits were poorly organized: the communities were not informed well in advance, so we showed up without their awareness." - Working Graduate, Edna Adan University*

*"Sometimes it seemed that they didn't have an objective, and the supervision was not good enough" - Working Graduate, Hargeisa Group Hospital*

Several students pointed out that when they referred community members to hospitals or other health facilities, the hospitals were not able to accept them or the referral was misunderstood. Students recalled visits to communities who were not informed prior to the arrival of the students, with no sustained contact or follow-up for patients. The exception here is the community visits organized by Edna Adan University, where community visits target specific communities on a regular basis.

**(+/-) Clinical supervision meets a real need in the Somaliland health system, but requires comprehensive approach**

PfP funded clinical coordinators and one of their roles was to monitor and manage the performance of clinical supervisors, including the development of a management tool. According to project staff, most clinical supervisors accessed the HPE course. The project also funded clinical supervision, temporarily.

Clinical supervision is a highly relevant intervention for Somaliland Nursing, Midwifery and Medical graduates who need direct, hands-on training accompanied by expert supervision and guidance. Responses to the online survey indicate that students now working as health professionals identified greater clinical practice during their studies as a means to feeling more confident and prepared for their role. In response to the question "How could your university have better prepared you for your role?", students responded:

*“Increase clinical rotations under good supervision and vary clinical exposure in different teaching hospitals”  
- Medical school graduate, Borama Regional Hospital*

*“To do more practical, more hospital stay, more guidance by an experienced skilled supervisor” - Medical student, University of Hargeisa*

As described further in the Effectiveness section, project objectives were seriously challenged by the clinical supervision system which varies greatly between the university hospitals. For example, at Hargeisa Group Hospital, the clinical supervisors are contracted and paid by the MoH, and have minimal links to the university. According to respondents, this results in weaker accountability towards the University and students there, likely a contributing factor to the disappointment voiced by students in their clinical supervision.

A more comprehensive approach to clinical supervision, including involvement in the contracting, training and monitoring of supervisors, would be more relevant to achieving objectives.

**(-) Coordination with partners and responsiveness of project would be improved with local presence**

While the project worked closely with partners on the ground in Somaliland, several respondents noted that the project design could have been more appropriate, and more quickly adapted, if there was a permanent staff based in Hargeisa or Borama to liaise with partners, beneficiaries and stakeholders. The project benefits enormously from the partnership with THET, which is well-connected and integrated in the communities. However, the disadvantage of not having a locally-based coordinator became even more clear in the COVID-19 pandemic, when the reliance on UK-based volunteers was heavily tested.

*“A lesson from COVID-19 was, the project didn’t have a physical presence in the country. I think that made it much more challenging to kind of maintain the threads and keep partners moving in a line than would have been the case if they were there on the ground. Sierra Leone is an interesting contrast, because they have a team in Sierra Leone. The fact that they have been on the ground has meant that they have been able to get over some of those operational hiccups” - Fund manager, SPHEIR*

**Box 2 : Prepared for Practice and COVID-19**

**Prepared for Practice and COVID-19**

According to respondents, the COVID-19 pandemic caused schools in Somaliland to close, with almost all education switching online. This abrupt change resulted in heterogeneous teaching of university students. Some teachers were better equipped, knowing how to use Google Classrooms and shifting online easily. Others were less digitally literate and the change was more difficult. Notably, the shift online limited interactions with tutors and mentors for students. For the Medical graduates, clinical rotations stopped. University of Hargeisa was closed for four months, with several faculty members contracting COVID-19 and missing their HPE classes.

**(+) MedicineAfrica platform highly adaptable**

According to respondents, when COVID-19 struck and all in-person contact was halted, the MedicineAfrica platform became critical to continuing the project. The tutorials and HPE course switched to being fully online (instead of a mix of online and in-person), which was challenging as the administrators recognized, considering that in Somaliland the culture is heavily oral, and having in-person interaction is important. However, due to the flexible leadership of MedicineAfrica, they could address problems quickly for users and maximize their experience.



*"We had no drop in participation whatsoever. We had a tutor in Somaliland to run a program with them in parallel. We didn't drop any classes. So that was a huge success" – MedicineAfrica staff*

**(++) COVID-19 demonstrated the flexibility of the project to adapt methods and approaches, empower partners to respond**

While extremely challenging, the COVID-19 pandemic demonstrated the strength of the partnership and the extent to which partners are empowered to adopt, adapt and own the project activities. In an effort to replace the clinical rotations that the students were missing, University of Hargeisa coordinators set up mock exercises in a large hall at the university, using social distancing and practicing with mannequins. This demonstrates the adaptability and empowerment of the project and partners.

**Faculty**

**(+) HPE program highly relevant in terms of responding to a real need, but lacked targeted recruitment and flexibility for participants**

The HPE program was exceptionally relevant as an intervention, and unique to the KSP project. The partnership is especially well positioned to respond to this critical gap in the Somaliland health system and this intervention proved to be highly relevant by working closely with stakeholders to identify the needs and appropriate solutions. The only issue spotted by some respondents was in the targeting and recruitment of participants. The project made the decision early on to allow the universities to nominate and select their participants, however it is clear that sometimes they missed the mark. Some of those chosen were too senior and busy. As one respondent said of the senior people who participated:

*"I think for those people to show an example and to be leaders and encourage others, but it was very difficult for those people. They were a lot older, a lot busier. That disparity can produce hierarchy problems within the group. Most of those people did one module and didn't complete the year" – HPE Volunteer*

**Policy**

**(++) KGHP and partners correctly identified a critical need for a national, standardized curriculum**

The identification of the need for a national medical education policy, followed by a national standardized curriculum was exceptionally well-done and relevant to the context of intervention. By organizing a conference in September of 2017 with relevant stakeholders from the Ministry of Health Development (MoHD), Ministry of Education and Higher Education (MoEHE), the National Commission for Higher Education and the National Health Professions Commission, the project was able to solicit feedback and build buy-in from stakeholders on a plan of action to address this gap. These smart political maneuverings early in the project led to the MoH and MoE signing a mandate on medical education, approving the medical education policy which allowed KGHP and THET to identify how the project activities could support the policy workstream.

**(++) Project approach to policy change focuses on equity, highly relevant to context**

The success of the policy workstream is largely due to the partnership with THET and the focus on equity in the approach. By ensuring that project activities were locally owned and led, the project developed buy-in and ownership by project and national stakeholders. Decisions were taken by partners and supported by KGHP. The project staff were highly conscious that in order to navigate the political context and ensure sustainability, activities had to be led and owned by national stakeholders. This was a key enabling factor in the success of the policy stream.

*“...King’s has always taken the approach that they don’t want to be in the position of telling partners how to do things. They always take the position that the decisions have to be taken by their partners, they should not be taken by King’s. So when they were doing a review of all of the medical schools in Somaliland against international standards, they took the position that King’s could not lead this evaluation. Any kind of political fallout would have jeopardized their relationships. I think that was a great example of how they navigate the political context, with always the view to maintain their relationships and to remain working in Somaliland past one project. We have tried to instill this ethos with other projects” – Fund manager, SPHEIR*

### **NHS**

#### **(++) Highly relevant to the priorities of NHS Volunteers, and for Somaliland counterparts**

The evaluation found that the project methods were highly relevant to the objectives and priorities of NHS volunteers. Respondents to the Volunteer Survey indicated that they have a strong interest in global health, a significant reason for volunteering with the project. Most also joined because they wanted to make a difference, and 86% of respondents indicated that they felt they had. 60% of survey respondents rated their experience volunteering a 5/5. The mobilization of UK volunteers also appears to have been highly relevant to Somaliland counterparts, who appreciated the expertise brought by the volunteers and their attitude of partnership.

*“[I appreciated] exchanging experience, preparing lectures, marking and grading of students, how to deliver the lecture...” – Lecturer and HPE graduate, Amoud University*

## Effectiveness

### Learning Questions

1. To what extent were the projects' intended outcomes and results achieved, how did results differ across workstreams? What were the main drivers or barriers influencing the achievement or non-achievement of the outcomes and results (institutional, contextual, logistical etc.)?
2. To what extent did the project succeed in benefiting the NHS through creating opportunities for health workers to develop their skills and engage in reciprocal learning?
3. How effective is the online learning component at contributing to students' preparedness for practice and how can it be improved?
4. What have been the enabling and disabling factors to improving the quality of undergraduate education and what have been the most effective strategies for preparing students for practice?
5. What lessons and recommendations are there for continuing and expanding upon this work?

### *Project level*

#### **(++) Project highly effective in achieving outputs and outcomes due to collaborative approach**

Across workstreams, the project was most effective in strengthening the institutional environment through faculty training and support. In including Somaliland colleagues in the creation and delivery of the HPE course, the PfP project was able to build the capacity of their counterparts while simultaneously building a long-term and effective mechanism for improving the quality of teaching at partner universities. Further, the co-creation of courses between UK and Somaliland faculty proved to be very effective in enhancing the capacity of health faculty both in Somaliland and the UK. Enabling factors for the success of the HPE course are elaborated below, but notably include the collaborative approach to the partnership and strong leaders championing the project at partner universities.

The project approach to improving the quality of undergraduate education emphasizes the capacity building of university faculty and administration, however the sequence of interventions overlooks the role the project can play in strengthening the wider health education system, for example by cultivating research capacity and exposure to primary and community healthcare among medical students. The activities in these areas are effective but not sufficient to achieve the desired and potential outcomes, and there is room for the project to build upon these gains and expand to further improve medical and nursing education in Somaliland.

### *Undergraduate*

#### **(+/-) Clinical supervision moderately effective intervention, project investment was insufficient to build capacity and did not consider varying contextual factors**

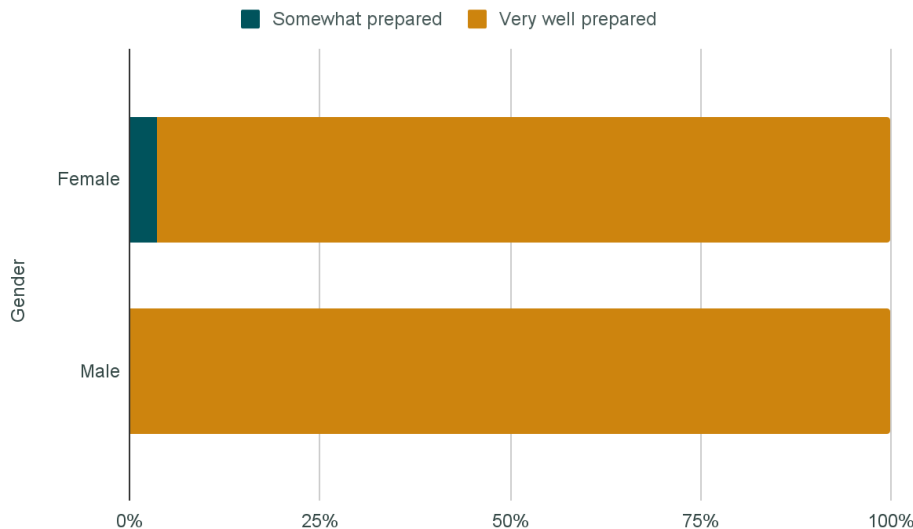
The quality of clinical supervision is an important factor contributing to the preparedness for practice of medical, nursing and midwifery students. As such, intervention to support quality clinical supervision is part of the PfP project. The project created a system to monitor and manage the work of clinical supervisors through the clinical coordinators. On top of paying salaries for clinical supervisors, the project developed Terms of Reference, reviewed contracts and SOPs, supported log book reviews, developed a performance review tool and worked closely with clinical coordinators to review and manage the clinical supervisors. Many of the clinical supervisors also went through the HPE course.

Quantitative and qualitative data collected for the evaluation suggests that the quality of clinical learning experiences varied greatly between universities. According to the survey results, Nursing and Midwifery

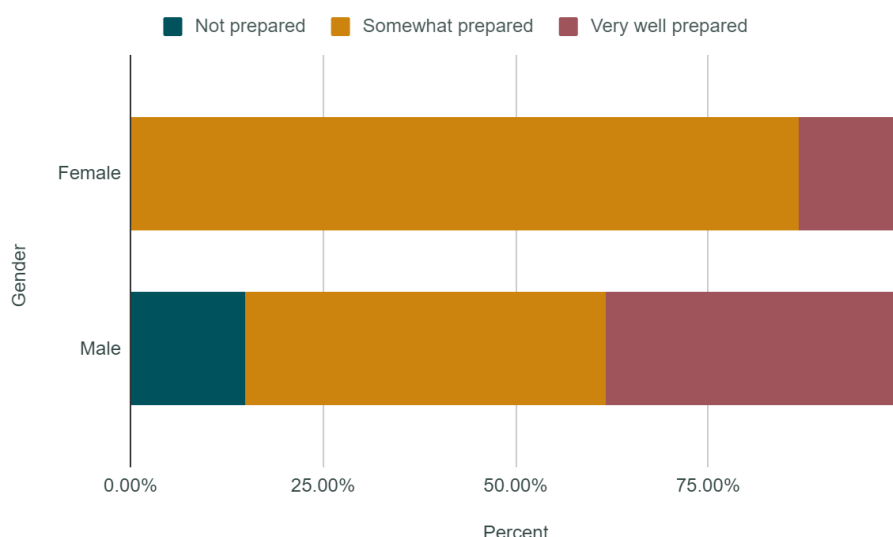
graduates at EAU felt significantly more prepared for practice compared to their medical counterparts at Amoud and Hargeisa, with graduates of Amoud feeling much more prepared than those at Hargeisa. Nursing and midwifery graduates overwhelmingly reported feeling “very well prepared” for practice in knowledge (91.2%) and practice (96.6%) of clinical procedures, compared to 64.2% and 38.8% from Amoud and 38.5% and 8% from University of Hargeisa. Interestingly, within this data there are some differences between male and female respondents: female respondents to the medical graduates survey were in general less likely to express confidence in their preparedness in practical skills for clinical procedures (86.6% indicating “somewhat prepared”) than their male colleagues (46% “somewhat prepared” and 38.3% “very prepared”).

This suggests that the quality of teaching and clinical supervision varied greatly between the universities: At Amoud, 37.9% of respondents indicated that the teaching at the university was “excellent”, with around the same proportion (34.4%) rating the same for clinical supervision. At Hargeisa, just 7.7% of graduates rated both the quality of their teaching and clinical supervision as “excellent”. Over 50% of graduates from University of Hargeisa indicated that they found their clinical supervision to be “poor”.

**Figure 1: Preparedness among Nursing/Midwifery respondents in practical skills in clinical procedures**



**Figure 2: Preparedness among Medical respondents in practical skills in clinical procedures by gender**



Unfortunately the project did not fully address the factors that contribute to quality clinical supervision, which include exposure to clinical cases, group size and linkages between supervisors and the university.

Respondents at Edna Adan University who received clinical supervision at Edna Adan Hospital indicated that clinical supervision was very strong and that they learned a great deal. Group sizes for clinical supervision are also relatively small compared to the other hospitals. The linkages between the university and hospital are very strong, through a shared administration. While is not a full range hospital, and has limited opportunities for exposure to different cases, this did not appear to have an impact on the students feelings of preparedness.

At Amoud University, where survey respondents indicated high levels of preparedness in clinical procedures, the supervisors are hired, contracted and paid by the University, and managed by one person. Respondents also indicated that there was a large variety of cases among patients, which was helpful for their learning, despite larger group sizes. Qualitative data suggests that Amoud University is a much more closed ecosystem compared to Hargeisa - it is far from the capital, staff are closely tied to the university and hospital, meaning that staff and students spend more time together, creating more of a community. Qualitative feedback from students reinforces the positive community at Amoud which provides strong clinical practice experiences and supervision through the university and at the hospital.

At Hargeisa Group Hospital the link between the Hospital and the University is relatively weak. Clinical supervisors at Hargeisa Group Hospital are paid by the MoH, with little accountability to the University, and often work several different jobs with different employers in the city. At Hargeisa Group Hospital, students are exposed to a wide variety of cases, but in large groups and with limited supervision to correct their mistakes or provide teaching moments. Qualitative data paints a picture of a university in the middle of a major capital, where the environment is much more convoluted, with more stakeholders and politics. Hospital and university staff do not necessarily answer to the same managers and accountability is more complicated to monitor. This is reflected in the qualitative anecdotes from

students who perceive a more chaotic environment, where having adequate supervision and fair opportunities is more of a challenge.

While the project intervention to provide and improve clinical supervision of students was highly relevant, it was not sufficient to address the challenges to effective clinical supervision.

#### **(+) Online learning courses were high quality with some challenges**

A major intervention of the PfP project was the development of course content for medical, nursing and midwifery undergraduate students. This course content was delivered through an online platform. In qualitative and quantitative data collection, the evaluators assessed how these courses were received by students. From the survey, 36.1% of medical graduate respondents who indicated that they are currently employed as a health worker indicated that the courses they took via the online platform were “important” in preparing them for the workplace, with 22.2% indicating that it was “very important” and just 8.3% indicating “not important”. Among the Nursing/Midwifery students who are currently employed as a health worker, 57.1% indicated that the courses had been “very important”. Qualitative interviews indicate that students find the courses organized, systematic and easy to follow. This is reflected in survey findings, where year after year more respondents indicate that the online courses were “very important” (0% of medical respondents who graduated in 2018 indicated it was “very important”, while for graduates of 2021 this has risen to 37%).

In Focus Group Discussions, students indicated that the factors that made their experience with the online courses easier included having clinical supervisors on-site and engaged and the KGHP volunteers who taught and supervised courses and discussions. Disabling factors for the online courses were low digital literacy and poor internet access. Further, some respondents noted the difficulty in focusing on the online courses in addition to their regular curriculum (discussed above).

*“The supervisors would combine cases together so that we see things from multiple angles which was the most experience we got from the online courses from Medicine Africa” - Working graduate, Borama Regional Hospital*

*“The platform provided a secondary review by experts for the challenges we encountered in the clinical areas” - Working graduate, Hargeisa University Hospital*

#### **(-) Community visits not effective for students due to lack of clear objectives and supervision, missed opportunity for impact**

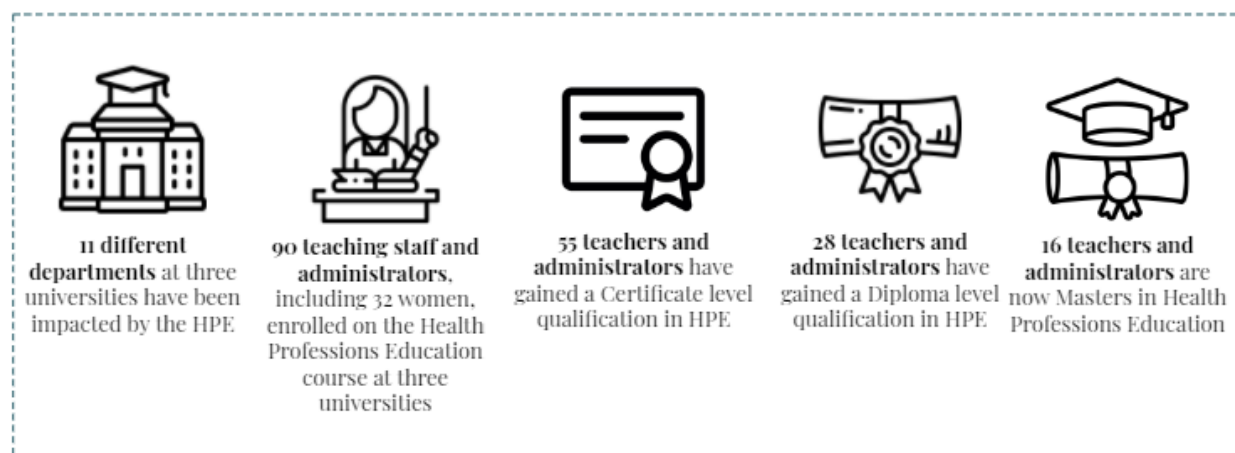
Community visits were not a main focus area of the project, however feedback from respondents from Hargeisa and Amoud indicated that it was a missed opportunity for improved clinical practice as well as health systems strengthening. Respondents indicated that the exposure to primary health care needs was exceptionally helpful, as it emphasized areas of medicine not necessarily explored in their hospital settings. It was also an opportunity for students to get acquainted with different conditions in the country, which they may not have been familiar with prior.

Challenges to the effectiveness of community health visits include developing trust within the communities, who may feel as if they are being “practiced on” and cannot expect follow up. For communities with limited access to medical treatment, this does not build trust. Further, students reported that there were no clear objectives when they attended the communities, a lack of supplies and little supervision. The students often were not prepared before they went, and the communities themselves were not informed or organized to receive them. As a result, communities receive limited and

inconsistent care, and students' experience and training are similarly limited. It should be noted that the community visits organized by Edna Adan University were much more organized and consistent, and consequently received better reviews from students.

*“It’s a problem, [it’s] not effective, we only go and provide medicine, not documentation, no data collection...”*  
 – Undergraduate student, Hargeisa, Somaliland

### Faculty



According to project data, the HPE program has reached faculty at 11 departments at at least 3 universities (Amoud, Hargeisa and Edna Adan) with 90 teaching staff and administrators participating.

### (++) HPE course challenging but highly effective at improving quality of teaching and learning

The HPE course created and delivered by the project was overwhelmingly well-received by the university administrations, with feedback indicating that it was highly effective at engaging staff and transmitting new ideas about teaching. According to one member of the Edna Adan faculty, “the lecturers’ teaching skills have improved significantly and they are more confident to handle their courses with mixed teaching styles”.

Major enabling factors for this success include the use of a needs assessment done at the beginning of the project, the close engagement with universities to design and deliver the courses, and a core team of UK volunteers who engage with the project regularly.

When asked, students at Edna Adan and Amoud University noted differences in their professors' teaching styles which they attributed to the HPE course. At Edna Adan, students indicated that the changes depended on the individual professor.

*“It depends on the teachers, some teachers are good in teaching while others are not, even though they had some training”* – Nursing student, Edna Adan University

The Amoud University students had positive feedback on the changes in their professors since the HPE course.



*“We noticed many changes in teaching style since the introduction of the HPE program. There is more involvement and participation of the students, learning has become more fun and lectures easy to digest with clear and better delivery and slides. Examinations are [also] changed, the questions are more understandable and the exam covers [the entire] course”. – Medical student, Amoud University*

While students at all universities expressed positive reflections on the HPE program, the strongest qualitative data came from Amoud University students. This is likely due to the relatively small size of the university, the fact that almost all teachers at Amoud completed the HPE course. This contributed to an environment where teachers could test their practices with the same groups of students, share with and challenge their peers, and in general go through the process together. This is not the case at Hargeisa University, for example, where many teachers have several different jobs, and the community group dynamic is less present.

#### **(+) Direct collaboration with NHS Volunteers proved effective for improving teaching skills and knowledge**

Several respondents, on both the Somaliland and UK sides, indicated that the direct collaboration between professionals was exceptionally effective at improving the teaching skills and knowledge of both parties. Despite language barriers, Somaliland partners found the experience of exchanging directly with UK colleagues through joint lesson planning and brainstorming, development of assessments and exams, to be exceptionally effective in improving teaching skills. Somaliland partners indicated that this also improved soft skills like diplomacy, class management and communication.

### **Policy**

#### **(++) Effective development of medical education policy, which allowed for development of harmonized medical curriculum a huge success for project**

According to stakeholders interviewed for the evaluation and available evidence, the project was successful in formulating a harmonized national curriculum for Somaliland medical schools, ratified by the Ministry of Higher Education and the MoHD and currently in use by Amoud, Hargeisa and Burao Universities as well as Gollis and Edna Adan Universities in the private sector. By mobilizing stakeholders in Somaliland and building on years-long relationships, the PfP project improved the working relationships between the Commission of Higher Education, the MoHD, the National Health Professional's Commission (NHPC) and the Universities. PfP brought together these institutions, organized and supported them to strengthen the health education system through the creation of a harmonized national medical curriculum. The Harmonized National Medical Curriculum was developed and adopted by all colleges of Health Sciences at all public universities, and two private universities. While there is no “hard” timeline currently set for the full adoption of the curriculum, it is an exceptional feat of the project to have achieved this.

#### **(++) Policy successes achieved early in project thanks to clear objectives and joint action**

Early in the project, PfP brought together stakeholders at a key meeting to identify needs and roles and to set objectives. A clear need was a medical education policy, including the regulation and assessment of medical schools.

*“But we brought together the key stakeholders, which was a huge success, the regulators, the policy people, the Commission for Higher Education, universities, MOE and MOH, various NGOs. Until it came together, there wasn't a recognition about people's different roles. And it brought some clarity to that, and I think that was useful” – KGHP staff*

*“The project improved the working relationship between the Commission of Higher Education, the MoHD, NHPS and the Universities which was lacking in the past” – Ministry of Health stakeholder, Hargeisa*

Through the Policy and Regulation Working Group and by bringing together a task force chaired by the Director General of Health, the project facilitated key policy successes including the development of the harmonized curriculum, the assessment of training at medical schools and the development of accreditation standards for medical, nursing and midwifery programmes. The project supported the government to develop a medical education policy in 2017, outlining how doctors are trained. *“There was so much willingness on the side of stakeholders, that we did it within 18 months of the project. Then the government was like, ‘we want you to help us implement this’”*. The project also effectively supported the development of national standards for assessing medical schools.

While successful in creating the task force, it has been more challenging to implement decisions, with clan loyalties preventing standards from being enforced, and overlapping mandates between bodies. In this case, there was a challenge as the NHPC would not accept standards developed by the MoE and MoH. This lack of buy-in from the team at the NHPC presented difficulties in implementation of the results of the medical schools assessment. The project proved adaptable, however, working closely with the NHPC to revise the standards, involving them in the process, and embarking on a review and creation of nursing and midwifery standards together. The project expects that the NHPC will roll out these standards soon.

*“In order to implement the medical education policy, we had a group of representatives from the NHPC and the National Commission of Higher Education, from the Ministries and from the referral hospitals. That body was responsible for implementing the new medical education policy. So, that group oversaw the medical school’s assessment. It was a very participatory process, and NHPC (the regulator) was involved, but there is a feeling now that it may have tread on their toes a bit. Because in the medical world, there is an idea that assessment should really sit with the regulator. But because they lacked capacity, it was managed by this task force. And so the regulator may have felt that this was very squarely their responsibility, but it was being managed by a wider group of stakeholders. This may have affected how much they owned the results of the assessment”*. – KGHP Staff

The success of the policy arm of the project meant that the objectives evolved with each success. Enabling factors include the strong, organized and well-connected partners at THET, engaging stakeholders early, and the approach of the project as an enabler and supporter rather than leader. Factors that make the work at policy level more challenging include the constantly changing stakeholders and a political environment that favours clan connections.

### **Box 3: Lesson learned: navigating the Somaliland institutional context**

In her 2020 article “Fragility within stability: the state, the clan and political resilience in Somaliland”, Rebecca Richards argues that even in the context of a relatively flourishing state, fragility can be an enduring feature of a political system.<sup>10</sup> Stability and fragility are inextricably linked, argues Richards, as the clan system is a critical force in stabilizing the state, while also being a point of fragility.

<sup>10</sup> Rebecca Richards (2020) Fragility within stability: the state, the clan and political resilience in Somaliland, Third World Quarterly, 41:6, 1067-1083, DOI: [10.1080/01436597.2020.1730693](https://doi.org/10.1080/01436597.2020.1730693)

After declaring independence from Somalia, Somaliland's peace- and state-building efforts were driven by traditional Somali norms of governance: broad participation from local leaders and establishment of locally-relevant government institutions.<sup>11</sup> As Mohamed Farah Hersi puts it in his 2020 article "State fragility in Somaliland and Somalia: a contrast in peace and state building", the nature of Somaliland's political settlement is essentially an agreed division of economic opportunities between business elites. Government institutions in Somaliland are generally operational but fragile, with a lack of technical and financial capacity to implement laws.<sup>12</sup> The capacity to deliver basic services is severely limited, with some reports of corruption, and a lack of proper regulation. Business elites are too powerful for proper taxation, and clan leaders hold significant political power which prevents government institutions from establishing a more meritocratic civil service.<sup>13</sup>

In this context interventions to strengthen the health education system encounter significant challenges which require local knowledge, adaptability and long-term presence to succeed. The PfP project has achieved results largely due to the long-term relationships built over time with local officials and partners, with whom common objectives have been established and worked towards. The challenges stemming from the context described above include a lack of clear roles of government institutions, limited capacity for implementation of policy and regulation, and an ever changing set of government officials to liaise with. This was made evident when dealing with all institutions early in the project, when it became clear that the mandates of the NHPC, MoH and Commission of Higher Education all overlapped, while none had the resources to fulfill them alone. The context within which the PfP project is operating is highly complex and dependent on factors outside of its control.

## *NHS*

### **(++) Volunteers report personal improvements in communication, equality and diversity**

Survey respondents were asked to indicate whether their experience volunteering with PfP improved any of the areas listed, which related to competencies and domains used in a range of health professional Continuing Professional Development (CPD) frameworks. According to the results, the volunteers experienced the greatest improvements in their communication skills (54.6%), personal development (56.8%) and equality and diversity (47.4%). This correlates with qualitative feedback indicating that increased cultural awareness, and a greater appreciation for diversity and communication were key outcomes for many volunteers.

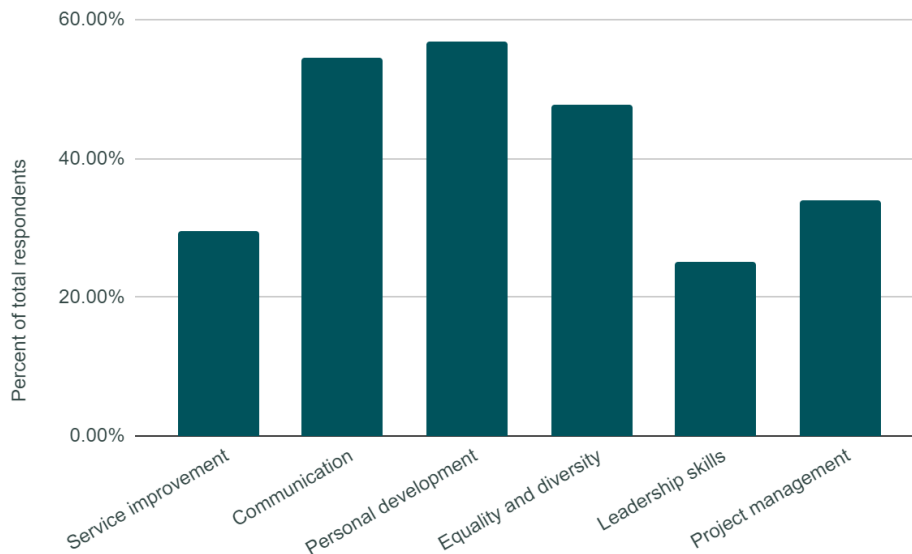
*"[In] the partnership, it's a two-way street. It's not just the Western country teaching the developing country, it's taking the local context into consideration, patients get treated differently. If your doctors and nurses are exposed to this kind of thing, they are more prepared to treat any kind of patient. People get exposed to more cultures, more people, more ways to practice medicine" – PfP volunteer*

**Figure 3: Personal improvements due to volunteering, according to volunteers**

<sup>11</sup> Hersi, Mohamed Farah. 2018, *State Fragility in Somaliland and Somalia: A Contrast in Peace and State Building*.

<sup>12</sup> Hersi, 2018.

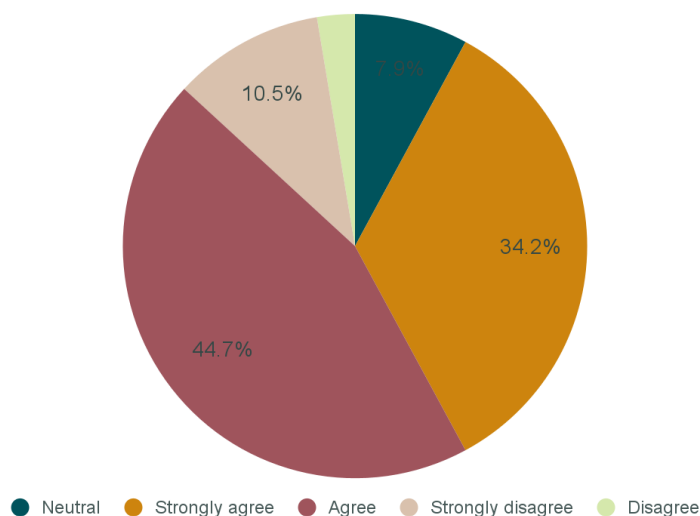
<sup>13</sup> Hersi, 2018.



#### (++) Strong influence on volunteers' knowledge of global health, ability to work in limited resource settings

The project had a strong influence on volunteers' knowledge of global health and ability to work in limited resource settings. According to survey results, respondents indicated the project "strongly influenced" them in "knowledge of global health" (42.1%), "new knowledge and learning" (50%), "new skills" (44.7%) and "ability to work with limited resources" (42.1%). These findings suggest that the project was most effective in exposing UK professionals to new opportunities for learning, strongly enriching their knowledge and abilities, particularly in working with limited resources. Several respondents indicated that the project had a strong influence on them professionally, suggesting that volunteering with PfP improved the professional skills and abilities of volunteers.

**Figure 4: Extent to which volunteering with PfP improved the professional skills of volunteers**



*“I was able to bring my experience back into my work and I think it has made me a more empathetic manager”  
– Pfp Volunteer, University lecturer, from survey*

*“In particular I have brought my increased confidence and leadership skills back to my role in the NHS” – Pfp Volunteer, Clinical support staff, from survey*

*“(I have gained) transferable skills in delivering education at university and particularly when it became necessary to use online delivery in UK due to COVID-19” –Pfp Volunteer, Retired, from survey*

**Table 6: Influence on volunteers’ knowledge and skills**

	No influence	Somewhat influenced	Strongly influence
Career change	65.79%	21.05%	13.16%
Approach to work	31.58%	57.89%	10.53%
Knowledge of global health	18.42%	39.47%	42.11%
Increased adaptability	18.42%	63.16%	18.42%
Increased confidence	36.84%	42.11%	21.05%
Increased resilience	50.00%	31.58%	18.42%
Increased motivation	42.11%	47.37%	10.53%
Increased self awareness	39.47%	44.74%	15.79%
New knowledge and learning	13.16%	36.84%	50.00%
New skills	18.42%	36.84%	44.74%
Ability to work with limited resources	31.58%	26.32%	42.11%

#### **(+) Project leaders, experienced volunteers are critical to volunteer success and satisfaction**

Several respondents also indicated that the meetings with KGHP management, particularly experts who are leaders in their field, were exceptionally helpful. Support from KGHP leaders, experienced volunteers and experts was noted as especially helpful. “We would always test things out, show what we produced, and do visit reports. There were experts like Dr. John Rees, who we could bounce things off of, and change things as a result of their feedback” (Interview with UK Volunteer). Many respondents also felt that KGHP was looking out for them: “I certainly think that with King’s, they were looking after us. There was a whole manual on how to remain safe, on visas, lord knows what else, they produced material for us on that. They took care of us like that” (Interview with UK Volunteer).

Despite the positive feedback, some qualitative data from the survey indicate that more support would be welcome during the volunteering process. The elaborations provided include difficulty reaching the

project staff, feeling a lack of connection to the project team, limited input on teaching and communication skills, and a lack of guidance on how to run the course. Taken together, this feedback makes it clear that a personal connection, either to a member of KGHP staff or one of the lead volunteers is crucial to the satisfaction of the volunteers.

## Efficiency

### Learning Questions

1. To what extent does the project and its interventions represent good value for money?

#### *Project level*

##### **(++) Project management is highly efficient due to long experience, trust and relationships with partners**

The management of the PfP project is highly efficient due to the ability of the partners to act quickly, identify the correct stakeholders and generate buy-in in the community and among stakeholders. In the early stages of the project, there was no loss of time in developing relationships or other time-consuming activities because the groundwork was already established. This represents good value for money as the dollars put into the project go further with each iteration, building on relationships built years ago and largely skipping introduction and inception phases. The quote below illustrates this point:

*“Right since the beginning, our team saw this project as a high performing project. It came more fully formed than some of the others, because the relationships that King’s College has within the health sector in Somaliland is very well-established, which is a very positive point for us, and underlines the principle of partnership. These relationships will remain after the project. Long-standing relationships mean that they are operating from a position of a high degree of trust. They don’t have to go through the kind of stormy phase that many have to go through at the beginning. They knew exactly what they wanted to do and how they wanted to do it. That has been interesting to see over the years, the links that some have with King’s. In terms of the evolution – it had a clear purpose from the beginning, and it has not deviated from that. The level of sophistication with which they manage the project is clear – [the KGHP team] have a good idea of development outcomes and development practice” – Fund manager*

##### **(++) Expert volunteers contribute to and promote program**

The PfP project is run by a small staff, supported in many important ways by volunteers. Many of these volunteers have a strong historical background of the project, and most importantly are experienced professionals. They provide their knowledge and expertise free of charge to the project, seeking mostly to enrich their lives and improve their own knowledge through their service. This is an important value for money for the project.

#### *Undergraduate*

##### **(+) MedicineAfrica platform efficient partner for KGHP**

MedicineAfrica is an efficient partner for KGHP due to their strong commitment to the objectives of the project and willingness to adapt and respond to evolving needs. In the early days of the project, MedicineAfrica built a custom platform, building on it as Somaliland went from 2G to 4G. The team is focused on building long-term solutions that respond to the needs in Somaliland and continue to build on the successes of the project, making them an efficient partner.

#### *Faculty*

##### **(-) HPE program not targeted to ideal candidates is negative for efficiency**

In establishing the HPE program, the project partners worked closely with universities to set up the framework, invite participants and deliver the courses. However, there was no criteria given to identify



and invite candidates who would benefit the most from the course content. A more targeted approach would be more efficient to reduce dropout rates and improve uptake.

### *Policy*

#### **(++) THET highly efficient partner: the right connections, history, reputation**

Evidence collected during the evaluation made it clear that the partnership with THET was key to the success of the project. The political savvy, connections and history of the organization made them a critically important factor when mobilizing and generating buy-in from stakeholders.

*“Nura on the ground knows everybody and everything, so we relied on her a lot” – PfP Volunteer*

### *NHS*

#### **(-) Lack of volunteer coordinator role presented challenges for efficiently managing volunteers**

The PfP project is largely reliant on volunteers. With very active, very strong staff at the centre, the project nevertheless required volunteers to be largely independent and take a degree of initiative. Noted by both volunteers and staff was the challenge of not having a single volunteer coordinator to manage and respond to volunteers systematically. This was a missed opportunity in terms of efficiency for the project, as it led to some negative experiences and potential losses of returning volunteers.

#### **Box 4: Cultivating “champion” universities, a strategy capitalizing on the free-market education system in Somaliland**

The PfP project used a highly effective strategy, capitalizing on the free-market education system in Somaliland by empowering three major universities with programs - giving them a competitive advantage and enticing others to adopt them as well. These universities become “champions”, modeling the success of the programs both in terms of effectiveness and impact, and also giving them a competitive advantage for attracting students. Universities in Somaliland are mostly private institutions, and are therefore always on the lookout for a competitive edge which would allow them to recruit better teachers, attract more students and charge higher fees. KGHP made a strategic choice in capitalizing on this environment. This allows the programs and their impact to expand organically through the health education system in Somaliland, as other universities will adopt the project to stay relevant in the competitive landscape.

## Impact

### Learning Questions

1. What is the impact of achievements made in the policy workstream and to what extent will these changes be sustained when the project ends?
2. To what extent has the project generated or contributed to the generation of significant higher-level impacts at the individual, organizational and systemic levels, including positive or negative, intended or unintended, at partner and non-partner departments and universities?

### *Project level*

#### **(++) A systemic impact and strong contribution to the health system as a whole**

The Prepared for Practice project achieved impact beyond that identified at the design stage. Indeed the project succeeds in improving the quality of education of doctors, nurses and midwives, but the impact extends to strengthening the entire Somaliland health system at institutional, health facility and policy levels. Beyond just contributing to the knowledge and skills of future doctors and supervisors, the project is also contributing to the training of future health personnel across the entire system. 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 MoH, strengthening the backbone of the health system. This means that the health personnel produced by the system is of a higher, more harmonized quality. It also means that the aims and objectives of the project are taken on by individuals in positions of power, who move on to amplify efforts to achieve them. 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.



**Abdinassir, Hargeisa.**

**Medical student, University of Hargeisa**

*"I am Abdinassir, I am one of the medical students at University of Hargeisa. My experience during my last cohort, which is basically clinical reasoning, was so nice and beneficial to me and my career. I felt supported towards my career goal of being a good doctor in the future. These courses really gave me a platform, a chance to make a difference in my mind by having a strong clinical decision making. Something else that I was able to get from these courses is the fact that now I know the best initial step when meeting a patient for the first time (especially in terms of the examination and learning on the patient's history).*

*I know that I'm really competent to take this step in a well, reliable way. Lastly, I would*

*finish by saying that another thing that I see from these courses and that was very beneficial to me is that now I have the skills to make the different investigation modalities. That is so good and beneficial to the patient, just by looking and basing myself on the scenario and the case by case. I see a really different person than the person that started the clinical reasoning. The clinical reasoning really put my career into making me a good physician for the future. A physician that serves his society so greatly and nicely, I see the background i have inherited from this course*

**Photo: © Vincent Mudry | Philanthropy Advisors**

### *Undergraduate*

#### **(++) PfP strengthens the health system beyond producing quality practitioners**

According to a respondent from the Ministry of Health, they have observed improvements in the skills and abilities of graduates from medical and nursing universities, which has a direct impact on the healthcare system. According to this official, students and teachers have both benefited from the guidance of international experts, visible in the increased confidence of students and their ability to undertake medical and surgical procedures with minimal support.

University of Hargeisa, Amoud University and EAU are all prestigious institutions in Somaliland, such that their graduates go on to positions of leadership at the University, in the community, in the Ministry of Health Development or other government posts. As such, the PfP project has the potential to impact not only on students but on the future leaders of Somaliland. The project has embedded good practices and international standards among students and faculty, as well as the system as a whole.

*“Yes, when they train you as a student, the future doctor who is going to serve the community, you have been trained with skills that the city doesn't have... The outcome would be you would do great things for your community, care given to the patients, general aspects we see a lot of benefits indeed. Now in this hospital it is run by the students who are the product of this program. And in every department the supervisor or the attending doctor is the product of Amoud University”. – Senior staff, Boroma Regional Hospital*

#### **Box 5 : PfP and gender dynamics**

##### **SPOTLIGHT: Prepared for Practice and Gender Dynamics**

As part of the evaluation the consultants specifically looked into gendered aspects of the project. While not a gender-transformative project, there are gendered aspects to any intervention and it was important to assess to what extent gender played a role in the project.

In Somaliland, women experience weak security and justice, which are governed by a traditional patriarchal clan system and influenced by Sharia law.<sup>14</sup> Women have a subordinate status and value, creating important power imbalances based on gender. Sexual and gender-based violence is normalized, with little accountability for crimes against women.<sup>15</sup> Further, a fear of social stigma and persecution prevents women from seeking justice or speaking out.<sup>16</sup>

In 2018, academic researchers in collaboration with the PfP project team developed a mixed-methods, online survey to explore workplace differences among Somaliland and UK-based staff and volunteers through the PfP project. Somaliland women reported significantly more gender prejudice and

<sup>14</sup> Carter, B. (2021). Women's and girls' experiences of security and justice in Somaliland. K4D Helpdesk Report 946. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2021.077

<sup>15</sup> *ibid*

<sup>16</sup> *ibid*

discrimination than their UK counterparts, while front-line Somaliland health workers described overt gender discrimination.<sup>17</sup>

This finding was reflected to some extent in the present evaluation, where qualitative data suggests that women face discrimination in the clinical setting, usually from patients who would prefer a male doctor. Female respondents to the medical graduates survey were less likely to be employed as a health worker than their male counterparts (26.2% compared to 59/6%). However in areas of project intervention, notably preparedness, there were some marked differences between male and female respondents. Women were more likely to express uncertainty about their preparedness in leadership skills than their male colleagues (73.3% “somewhat prepared” compared to 50%). This is interesting to compare to the nursing/midwifery survey respondents, (94.8% female) who were more confident about their leadership skills (54.17% “very well prepared”). However, female medical graduates were also more likely to express confidence in teamwork skills (78.6% “very well prepared” compared to 56.5% among male colleagues). Though not directly attributable, it is possible that female students in a male-dominated field, and who face discrimination in that field, are likely to internalize those perceptions of unsuitability or unpreparedness for their role - however they reflect confidence in more traditionally female skills such as teamwork.

While female students do not report feeling more confident than their male counterparts in terms of preparedness, UK volunteers noted an increase in the confidence of female students engaging with the project, particularly when assessing their future education and careers. In the classroom, students and teachers note very little difference in participation between men and women, noting that women did not appear overly shy or reluctant to speak among male colleagues. This is potentially linked to the fact that medical education is accessed mostly by higher socio-economic classes in Somaliland and are more likely to be progressive about women’s education and careers.

While the project does not currently employ a gender lens, this would be a relevant objective for a future project. Specifically, it may be interesting to work on improving the confidence of female students and targeting traditional perceptions of female capacities.

#### **(+) HPE course impacts learning of students**

The major success of the PfP project was undoubtedly the HPE program, which improved the approach and skills of teachers. In turn, project stakeholders have reported further impact due to the HPE program beyond the direct beneficiaries, including improved confidence and communication skills of students. Qualitative data suggests that these improved skills encourage students to take on greater responsibilities, pursue their education further or take on management roles and thus enhance the capacity of the program to impact the health system in the long term.

*“Some surveys have shown students are appreciating the change and participate the classes more than before. Student learning skills and communication has been greatly improved there is more competition among them. Group works and problem-solving have created a strong team work as well” - Faculty Coordinator, Amoud University*

*“There were considerable changes in the curriculum setting [from teachers who went through the HPE course]; The courses have been better, which brings less stress and workload for students. We noticed changes in their teaching styles as well, in problem-solving skills and fostering collaborative learning. Learning has become more fun and the lectures easy to digest, with clear delivery and slides. There is also better communication,*

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<sup>17</sup> Keynejad RC, Mekonnen FD, Qabile A, et al/Gender equality in the global health workplace: learning from a Somaliland–UK paired institutional partnership *BMJ Global Health* 2018;**3**:e001073.

*better case discussions and improved supervision that improves our work” - Medical student, Amoud University*



**Asyia, 23, Boroma.**  
**Medical student at Amoud University.**

*“I am Asiya from Hargeisa and I am 23 years old. I am a 5th Year medical student. I was born and raised in Hargeisa and I have been in Amoud University for six years.*

*I came here and chose Amoud University because it was at the top of my list. My parents and family encouraged me to come here and join Amoud University. Before coming here, I didn't know a lot about it but as soon as I came here, I observed greatness and what I have been searching for. After finishing freshman classes, everyone was choosing medical school and only 30 students were needed. Competition was high and the chance was very slim. I was a bit scared but confident. Finally I got*

*my wish and joined medical school which was a big achievement. Teaching in the medical school is encouraging and supportive.*

*Being a medical student and preparing to be a doctor, it's really important to be able to know what you have to offer to the patient, so it is so important to practice, practice, practice before going out to the community as a doctor to serve them. Amoud has been able to provide that so far, and we have seen excellent doctors come out of it. We are really thrilled and happy to be a part of this program, and to be able to have supervised clinical rotations, and to practice our skills”.*

**Photo: © Vincent Mudry | Philanthropy Advisors**

### ***Faculty***

#### **(++) Introduction of OSCEs by the project has standardized student assessment, laying the groundwork for national alignment**

The work done by the project on implementation of the Objective Structured Clinical Examinations (OSCE's) and standardizing student assessment has created the strong potential for much wider impact beyond a few beneficiaries. The project worked closely with the MoHD, NHPC and the universities to align on objectives for a stronger health education system, and provided the space, tools and leadership to empower each in their role. The project helped stakeholders to clarify their roles and responsibilities, and organize to collaborate on the harmonized curriculum. This has led to better working relationships between these agencies and their stakeholders, greatly improving the potential for future collaboration.



*“How has the partnership filled existing gaps in Somaliland? Well, it has improved medical education, through the harmonization of a training curriculum and the HPE faculty trainings. The Commission of Higher Education, the MoHD and the NHPC now work closely with the universities to supervise the adoption of the harmonized curriculum. The project improved the working relationship between the Commission of Higher Education, MoHD, NHPS and the universities which was lacking in the past” – Ministry of Health and Development official*

The project succeeded in empowering partners to organize and run these examinations. Factors challenging the impact of this success include the regulatory environment in Somaliland, as well as the political context which makes enforcement difficult (detailed in Box 3, page 29-30).

**(++) HPE program increased confidence of teachers, a potential catalyst for wider change**

Confidence can give rise to long-term outcomes and be a catalyst for creating wider change. Educators said that their confidence had increased because of what they learnt on the HPE and because of the process of participating in the course. According to project reports, this confidence has led to teachers taking part in discussions at a more senior level than before, taking on more responsibilities and gaining more job satisfaction.<sup>18</sup> This was particularly marked among female participants, one of whom noted that she felt that on the HPE course, as opposed to her work/life context, men and women were equal.

**(++) Evidence that HPE program transformed teaching and learning at beneficiary universities and beyond**

According to the interviews, the HPE training was transformative. The rush by all universities to customize and adopt it and make it mandatory for other teaching staff is a clear indicator of its importance. One respondent indicated that prior to the HPE course, teaching was not professionalized. Now, training style has completely transformed, exams and assessments are goal-oriented, and student-teacher interaction has improved. According to internal project data, 68% of HPE students surveyed gave examples of how the HPE course has led to or enabled their increased engagement with education. 36% reported that they have an increased ability or interest in further study or pedagogical theory as a result of their participation in the HPE. One respondent to the evaluation, a senior manager at Hargeisa Group Hospital indicated that the students from University of Hargeisa, Edna Adan University and Amoud University are well-grounded in theoretical and clinical skills, unlike their counterparts, which she attributes to the HPE faculty training.

*“Lecturers encourage student-centered learning by allowing students to share in decisions, believing in their capacity to lead, and remembering how it feels to learn” – Clinical coordinator, Amoud University*

The HPE program has not only been adopted, but adapted and transformed into locally-owned programming at Amoud and Hargeisa. As evidenced by the qualitative interviews and reports obtained for the evaluation, Amoud University and University of Hargeisa have institutionalized the HPE program. Certificate level of the HPE training will be available at Amoud University College of Health Science from the start of the academic year of 2020-2021 and will be a mandatory requirement for all the teaching staff of Amoud University College of Health Science.<sup>19</sup> At Hargeisa, all full time teachers will participate in

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<sup>18</sup> Training Somaliland's Future Health Workforce: Strengthening the quality of teaching (*PfP Impact Report Series*).

<sup>19</sup> EDC plan of CERTIFICATE 2020-2021 (*KSP document*)

course training and obtain a certificate.<sup>20</sup> Even faculty members who did not take the course have benefitted from it: HPE graduates are building on what they have learned and teaching their peers.

**(++) HPE course has contributed to improved collaboration between lecturers, formed a community of educators at Amoud University**

There is evidence that the benefits of the HPE program extended far beyond just the beneficiaries and host universities. Interviews with project beneficiaries and stakeholders suggest that the candidates who go through the HPE program use their new leadership skills to teach others, pass on their knowledge, and transfer their skills during meetings. Further, as lecturers get positive feedback from students, other lecturers are encouraged to adopt similar approaches. Not only has it changed teaching, but it has also changed learning. According to project data, 95% of respondents shared what they learned in the HPE course with colleagues. HPE graduates from Amoud University and EAU noted that peer support has improved due to the HPE course, and has improved relationships between lecturers. A community has been built among lecturers at Amoud University, noted above for being a smaller, more coherent ecosystem than other institutions, who gather to share their learnings and experiences with the HPE program, and adapt to the evolving needs of students and teachers at the university.

*“The HPE course changed not only at an individual level, but at the institution level as well. One of the most beneficial aspects that we gained from HPE is the transference of knowledge to the other lecturers. It became a part of accountability. For exams each member of the HPE faculty is responsible for reviewing the exams of his or her respective department. The EDC provides them with the ideal criteria to set an exam, and each department needs to follow the criteria so that the exams have a good flow. We rely on peer support and peer review, and it has made the relationship between lecturers better” – Lecturer, Amoud University*

*“Peer review of our work is no longer viewed as a threat, but an opportunity to improve our skills” – Lecturer, Edna Adan University*

*“Because you are teaching adults, you are teaching someone that may be better than you. This puts pressure and it makes me read more and understand more information from different sources. That makes me develop better and understand more” – KII with male HPE graduate, retrieved from Training Somaliland’s Future Health Workforce: Strengthening the quality of teaching (PfP Impact Report Series).*

**(++) HPE program adopted, adapted at one non-beneficiary university**

Beyond implementation at 11 departments within 3 partner universities, the HPE program has extended its impact to Gollis University. Gollis University is building their own HPE course, customizing the modules to be adapted into a certificate and Master’s course which will be mandatory for future lecturers. The institutionalization of the HPE program at Gollis University indicates the wide acceptance and sustainability of the program beyond partner universities. Further evidence suggests that the impact goes further, as lecturers working at multiple institutions are able to spread their teaching methods. According to interviews at Gollis University, lecturers who completed the HPE course were given priority in recruitment because of the value they see in their training. Gollis university administrators recognized the value of the HPE course and made efforts to learn more about it, contacting their counterparts at partner universities and learning how they could adapt it to their institution.

*“The project was very helpful in health professional training in Somaliland, it’s the first of its kind targeted to improving faculty. The HPE training itself was transformative. The rush by all universities to customize it,*

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<sup>20</sup> EDC Program Objectives & Timeline (KSP document)

*adopt it and make it mandatory for other teaching staff is a clear indicator of its importance” - Senior administrative official, non-partner university*

*“We recently recruited lecturers, seven of whom have completed the HPE training. We gave them priority in the recruitment because of the value we saw in the part time lecturers who had completed the training” - Senior administrative official, non-partner university*

*“I will term this as a “revolution” the course completely transformed my teaching skills and approach to teaching at the College of Health Science” - Lecturer, Edna Adan University*

#### **Box 6: Women in the HPE Program**

Anecdotal evidence suggests that the gendered implications of the HPE program include boosted confidence for women, empowering them in their professional situations.

“Women are not seen seriously overall in our community. When we are talking to educated men, because our tradition made women a second (class) citizen to a man, we aren’t seen that seriously. So this might influence things due to that traditional background. Prioritizing the male in every aspect might have an impact as well. Most of the time they will tell you, “Oh my God, you are so emotional with this, you are very out-loud with this, you have to give it a rest somehow” and “Why are you emphasizing this?”.

What I do is just back off a little bit and again [speak] to the same issue all over again. I talk about it a lot, that’s one of my bad habits! So I speak up until they realize that it is important. My colleague who is a male, he just talks once and it happens or not, but in my situation I have to follow-up and go relentlessly and by the end of the day they say “Oh she may have a point in what she is saying”. One of the amazing things that I see in our [project] group is that we are mainly females.

HPE gave me a brand new speakers to talk [through]. Because now I can confidently talk about how medical or health professionals should be educated and I am not afraid of it. Previously, I could say this isn’t maybe my area, maybe I have to research and look into it, but now I am equipped. I can say no this is not how we do this, this is how we are supposed to do it or approach it”. Sourced from Training Somaliland's Future Health Workforce: Strengthening the quality of teaching (PfP Impact Report Series).

#### **Policy**

**(++) All three universities have made changes to their policies and practice around teaching and assessment as a result of the HPE.**

At Amoud University, the Education Development Centre has been revitalized to lead the roll out of HPE courses. It is now mandatory for all teaching staff to take the HPE certificate level course. They have implemented committees for the evaluation, assessment and curriculum development to ensure that HPE lessons are applied consistently, and enforce an assessment policy.

At the University of Hargeisa, they have set up an Education Development Centre (EDC), similarly to Amoud University, to lead the roll out of HPE courses. The HPE Masters graduates from the PfP project are leading the delivery of an independent HPE course, and they have developed active committees for evaluation, assessment and curriculum development.



At Edna Adan University, a two-day induction into the HPE topics are mandatory at the start of the academic year for all teaching staff, and the university enforces an audit and evaluation of teaching standards conducted by senior management.

**Ayan, Hargeisa.**

**Former Clinical Supervisor at Edna Adan Teaching Hospital.**

*"I am Ayan Mohamud, I graduated from Edna Adan University school of midwifery in 2015 and was employed at the same hospital due to my stellar academic performance. My duties span cross clinical supervision of students and teaching at the school midwifery*

*In 2017, I joined the HPE Course Cohort 1 and completed the course on time. It was a very helpful 8-module long course on Health professional education that completely transformed my 18 months teaching experience.*

*Before the course I had no idea about teaching skills or styles and I was very harsh both to my students in class and the clinical areas. My ways of teaching in class and wards were so crude, one - sided monologues that I didn't like, but kept doing as I didn't know an alternate way of doing it. I could imagine how awful it has been for my poor students.*

*Taking the HPE Course was a total eye opener for me despite my limited English proficiency. My teaching style and methods have completely changed: now I use a mixed training approach ranging from giving assignments to brainstorming sessions. I also have better class control. My approach to assessment of students at clinical areas and class exams is objective based, I observe relief on the faces of my students these days and our working relationship has greatly improved."*

### **(++) Development of medical education policy and medical school standards and assessment policy likely to have strong impact on the coherence and sustainability of health education in Somaliland**

The development of a harmonized medical education policy, as well as the standards for medical schools and their assessment, has created an impact far beyond the initial scope of the project. The policy resulted in a harmonized national medical curriculum, which will produce long-term impact with implications for student learning, professionalization of teaching and a harmonized health system.

The harmonized curriculum is recognized as the standard in Somaliland, a model to be replicated for other disciplines. This has been demonstrated by the adoption of the curriculum and examinations by at least one non-partner university - Gollis University, and by the enforcement by the NHPC. As noted by a respondent from the NHPC, the agency now assesses medical universities to ensure that they have adopted the harmonized curriculum. Target universities have established active evaluation, assessment and curriculum committees based on learnings from the HPE. These bodies are responsible for monitoring and enforcing standards set by the national policy.

THET was a key partner in organizing and facilitating meetings between groups while remaining neutral. The project has helped to build new working relationships between stakeholders, introduced new tools and methods of collaboration which strengthened the capacity of these institutions and the health system as a whole. The project has contributed to strengthening the overall architecture and coherence of the policy structure in Somaliland.

### **(++) Improved evaluation and assessment at target universities**

All universities have made efforts to improve assessment and evaluation, with changes made to ameliorate exam setting through new policies and procedures, and support for developing examination questions and managing the process. This change has been felt by students, who now appreciate more structured and comprehensive exams. In the qualitative data this change appears most pronounced at Amoud University, where students and lecturers independently raised the question of better exams themselves. At Amoud, the Evaluation and Assessment committee is run by HPE graduates from the PfP project, who, with the support of a new assessment policy developed based on the guidance provided by PfP, set quality assurance standards for assessments. The committee takes lessons from within the HPE community and implements them at an institutional level, ensuring high standards are upheld and the likelihood of sustainable change is augmented. Qualitative data collected by the project and verified by the evaluation suggests that educators at Amoud University possess a unified vision for teaching and learning, a dedication to research and evidence-based pedagogy, and a commitment to making decisions and taking action together.

*“Huge progress has been made in terms of preparing exams and assessing [students]. The PfP program has helped the lecturers to ensure and prepare better and well-understood exams that cover all over the course” - Clinical coordinator, Amoud University*

*“The style of examinations are being changed very well. Questions are more understandable and the exam covers all the course from the first class to the last one” - Medical student, Amoud University*

## Sustainability

### Learning Questions

1. To what extent will the benefits of the project continue in the longer term?
2. To what extent was the project successful in building a sustainable enabling environment for change at institutional and policy level?
3. To what extent has the Health Professions Education course created widespread, sustainable changes to pedagogical practices in higher education institutions?

### *Project findings*

#### **(+) Project achievements likely sustainable, but require some ongoing support**

The fruit of a twenty-year partnership, the PfP project has brought about deep changes in the Somaliland health system that will likely be sustained moving forward. By co-creating activities and interventions with partners and stakeholders, the project has helped to build a roadmap to change within the Somaliland health system and provided partners with the tools to follow it. Due in large part to the collaborative approach of the project, project stakeholders have adopted project activities as their own and built on their successes. This is particularly true when it comes to the HPE program, which has been adopted and adapted at different universities in Somaliland, and also for policy changes which are likely to be sustained by the government. The project supported government and policy officials to build new relationships and ways of working, which are likely to be sustained into the future as they take on new roles to govern the health education system and reach the objectives they have set out together. Due to the intensive relationship-building and co-creation, the benefits of the project are likely to be sustained, with many activities being adopted, adapted and expanded by partners.

### *Undergraduate*

#### **(+) Funding of clinical supervisors will mostly continue**

The project team has been focusing heavily on sustainability, and in terms of the funding of clinical supervisors that has largely paid off. While the project supported salaries for two years, the project team has made significant efforts to have the universities or government take on the salaries. At Amoud and Hargeisa the project was successful in having the government take on the salaries of the clinical supervisors. The rates vary - salaries at Amoud are topped up while at Hargeisa they are not.

At Edna Adan, a private institution, the government does not pay salaries. At Edna Adan when salary support from the project stopped, there was a decision at the university to reduce the number of clinical supervisors from 8 to 5 by having them sit a competitive evaluation. This decision was not well-received by the staff, who resigned unilaterally. Unfortunately this represents a huge loss for the project in terms of institutional memory and sustainability, as these professionals were invested in the project and had received significant training. This was outside the control of the project team, but had significant negative unintended consequences.

#### **(+) Students will likely continue to benefit from harmonized curriculum and assessment**

Despite the project ending, several project achievements are sustainable, including the harmonized curriculum and assessments. The project team was successful in implementing their activities and cultivating champions who will likely carry on the implementation of the harmonized curriculum. This is partly challenged by the reduction in coordination meetings which were run by THET, due to the project ending. In terms of assessment, however, there is evidence from 2020 that the partner universities are willing and able to continue the coordinated and harmonized assessment of students. The incentives to

differentiate one's school and adhere to international standards have historically proven to be strong and could be a positive sign for sustainability of these gains. As discussed in the Relevance section, the partner universities have demonstrated during COVID-19 that they are able to carry on examinations with just external support from the project, a positive sign for sustainability.

*"I think that [the COVID-19 experience] gives us the opportunity to change our involvement. We had always been called external examiners. But we were really helping them to run the thing. But I think there is the possibility to change that now, where we could be actual external examiners - just examining and giving feedback, in the traditional sense" - PfP Volunteer*

### **Faculty**

#### **(+) Long-term impact on teaching and learning of HPE course can be sustained with continued support**

Interviews indicate that the impact of the HPE course is sustainable on teaching and learning at the beneficiary and even non-beneficiary universities. The project equipped lecturers not only to improve their preparation and delivery, but also to pass on their knowledge and skills to colleagues. Educating teachers for the modern classroom however, is complex and multifaceted. Breaking old patterns and learning new behaviours requires ongoing training, capacity building and support from the outside until it can be institutionalized, which requires long-term investment.

#### **(++) HPE course institutionalized at Amoud and Hargeisa universities partly thanks to project approach focused on hand-over from Day 1**

According to qualitative data, the project has been heavily focused on sustainability of the HPE program since Day 1. Part of this model meant involving participants who had been in the program for 2 years as co-tutors. At Amoud, on their own initiative, they started teaching the other faculty who were not involved, cascading to 30-40 faculty members at the university. Both Amoud and Hargeisa have set up education departments, and are now running the HPE program themselves with support from PfP. Now, anyone coming into the Faculty of Medicine at Hargeisa and Amoud will go through the HPE program. The evaluation established that the universities really understood and appreciated the relevance and quality of the HPE program, demonstrated through their willingness to turn it from an external to an internal program, from optional to mandatory.

*"It is now made mandatory for every lecturer to participate [in the] Health Professions Education course in order to be a member and a lecturer in the university. Within 3 years, all the lecturers should complete the first year of the course and take the certificate to ensure [a] better teaching and learning process" -University administrator, Amoud University*

Interviews with senior administrators reflect that Gollis University is building their own HPE course, customizing the modules to be adapted into a certificate and Master's course which will be mandatory for future lecturers. The institutionalization of the HPE program at Gollis University indicates the wide acceptance and sustainability of the program beyond partner universities.

*"The HPE course was transformative. The rush by all universities to customize, adopt it and make it mandatory for all teaching staff is a clear indicator of its importance" - University administrator, non-partner university*

### **Policy**

#### **(++) Ministry of Health will sustain top-ups for interns and clinical supervisors**

The MoHD in Somaliland has taken on salary top-ups for interns and clinical supervisors from the project. While the top-up has reduced from what was provided by the project, they have managed to maintain them. The MoHD supports students to transition into their internship through a dedicated staff responsible for supervising the internship program, who also monitors the clinical supervisors at Hargeisa Group Hospital.

*“The MoHD now has a dedicated budget albeit small to support interns and their supervisors.” – Ministry of Health Development representative, Hargeisa*



**Umalkhayr, 22, Hargeisa.**

**Nursing student at Edna Adan University.**

*“My name is Umalkhayr, I am 22 years old and I am from Hargeisa, Somaliland. I have always dreamt to be a medical professional as none in my family is in health professions.*

*I have always seen people seeking for health and that made me think about becoming one of them. I am in my last year of nursing school and will graduate in fall 2021. My family advised me to enroll at Edna Adan University as one of my family members gave birth at Edna Adan Hospital and witnessed the good quality of care they provide.*

*Due to the good quality of education I received at Edna Adan University, I believe this prepared me for better practices in the future as a nurse. I want to continue my education and become a pediatric nurse in the future. The university has had a positive impact on my personality and has made me more patient, tolerant, to own a sense of responsibility towards patients and think more about the consequences of bad healthcare. As I like teaching, the online courses from King's College made me think about doing teaching. I want to teach nursing students a course called Fundamentals of Nursing, which is very basic and difficult for some students”.*

**Photo: © Vincent Mudry | Philanthropy Advisors**

#### **(+) Creation of national policy as well as a national framework for decisions on health education will likely see long-term sustainability**

Flowing logically from the impact of the project on cultivating the leaders of the Somaliland health system, there is a strong argument for the sustainability of the gains made by the project in terms of standards of health education. The project has not only trained students, teachers and clinical practitioners, but empowered champions and allies in the Somaliland community who want to carry on and amplify the accomplishments of the project. At policy level, the NHPC has indicated that it will enforce the standards and regulations established with support from the project, and the MoHD will continue paying clinical supervisors from Amoud and Hargeisa. Some of these gains will be diluted or slowed by the political challenges in Somaliland, and will need to be sustained and amplified with

continued support. Quality of the regulatory framework and enforcement mechanisms will need to be regularly checked from external sources.

*“We didn’t want to just parachute in, and then disappear. We wanted a sustainable outcome to our visits. We have, since the beginning, insisted that people on the ground take ownership, we have always involved them in making decisions. We wanted to align them with international standards in medical education” – PfP volunteer*

### ***NHS***

#### **(+/-) Core group of enthusiastic volunteers, however model is challenging and requires coordination**

There is currently a core group of volunteers who are enthusiastic and engaged in the project. As with all volunteer-based projects, the model is difficult to sustain in the long-term. Steady involvement from individuals who have other engagements is challenging. Eliciting this type of engagement - regular, enthusiastic and reliable - comes from repeated, reliable and positive contact. As it stands, the model of the PfP project lacks a centralized coordination role to manage this and ensure the sustainability of the volunteer model.

## AAER Framework

The evaluators used the AAER framework to assess the extent to which the PfP project achieved systemic level change according to the revised impact statement uncovered in the contribution analysis Theory of Change approach, i.e. a stronger health education system which produces graduates prepared for clinical practice. This analysis does not include every practice that was adopted by individuals as a result of the project interventions, but focuses on those which led to wider systemic change.

**ADOPT** comprises any individual actor adopting behaviour change. At the actor level the focus is on whether Behaviour Change A happens.

The evaluation found that the project achieved behaviour change in several areas, including:

- Adoption of new teaching methods including course planning, engagement of students through small-group discussions and feedback, by faculty at University of Hargeisa, Amoud University and Edna Adan University;
- Adoption of exam preparation techniques by faculty and university administrators at partner universities;
- Adoption of effective methods for collaboration by stakeholders within government ministries, health and education institutions;
- Government representatives adopting their assigned roles for policy reform.

**ADAPT** comprises any other behaviour changes, made by that same actor, that support their own adoption of the behaviour change.

Evidence gathered in the evaluation suggests that individuals who adopted these behaviours adopted other behaviours in order to support the intended change, including:

- Faculty requesting feedback from students on teaching methods and course material in order to improve;
- Faculty members sharing learnings from the HPE program with colleagues;
- University administrators at non-partner universities recognizing the value of the HPE program and taking the initiative to learn more about it and how it could be expanded;
- MoH and MoE representatives working collaboratively in new ways with regulators and medical education institutions to implement a standardized curriculum and assessment policy.

**EXPAND** aggregates Adopt to the function level, where the focus is on how much of the Behaviour Change A is happening.

Qualitative data suggests that several of the intended behaviour changes have been expanded at function level, by the health education and government system:

- Adoption of a harmonized medical education curriculum and standardized medical examinations by all Colleges of Health Sciences at public universities, with discussions ongoing at private universities;
- Institutionalization of the HPE program at University of Hargeisa and Amoud University;
- Community of educators at Amoud University coming together to share learnings and expand the HPE program as it evolves at the institution.



**RESPOND** like Adapt, comprises any other behaviour changes that support Behaviour Change A. At the system level the focus is on behaviour changes by actors in other functions.

The evaluators have assessed that there has been significant response by non-target groups to the adoption of behaviour changes instigated by the project in Somaliland, including:

- Adoption of standardized curriculum and examinations by a non-partner university;
- Adaptation and institutionalization of the HPE course at non-partner university;
- Creation of HPE programs in faculties outside of medicine at partner universities.

The AAER Framework is a structured way of examining whether a project achieved systems-level change. Applying this framework to the PfP project demonstrates that several activities of the project were not only adopted by project beneficiaries, but adapted and expanded by partners and local stakeholders. This is true for two interventions in particular: the standardization of medical curriculum and examinations and the institutionalization of the HPE program. Not only were these interventions implemented by the project partners, but they were adapted and expanded beyond the scope set out by the project. Further, outside stakeholders responded by adopting them themselves - i.e. by developing HPE programs and adopting the standardized curriculums and examinations. Therefore, the impact of the project has been compounded at systems level as activities have been adopted, adapted and expanded by beneficiaries and further adopted and responded to by external stakeholders.



## Lessons Learned

### Partnership

1. **Regular and adapted contact with partners builds trust.** 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. This was because the project employed informal communications mechanisms adapted to the Somaliland context (WhatsApp, Skype) to keep in touch with their partners. This allowed the partners to build collegial relationships and trust, a key factor of the success of the project.
2. **Assign roles and responsibilities according to strengths and weaknesses of partners.** THET was the right partner for this project for many reasons, not the least of which is their strength on the policy stream. The project should continue to select and mobilize partners based on their strengths.

### Strategy

1. **Empowering key institutions as “champions” can inspire others.** Due to the competitive environment of education institutions in Somaliland, the project can capitalize on the desire for universities to improve and gain competitive advantage. By empowering “champion” universities that act as exemplars for the project, other universities will follow suit (as evidenced by the uptake by Gollis University).
3. **Long-term investments yield impact.** The PfP project was successful in large part due to the long-term presence and investment in the health education community in Somaliland. The project has built trust with stakeholders over the years, which saves time and money every time a new phase of the project kicks off.
4. **Taking the time to develop shared objectives builds trust, buy-in from stakeholders.** Taking the time in the beginning of the project to onboard all relevant stakeholders and empower them to lead in the development of project plans built real trust and buy-in, as well as long-term engagement. It allowed stakeholders to see the long-term benefits of the project and invest accordingly.

### Operations

1. **Project must remain adaptable.** There were certain elements of the project that were not foreseen at its inception, but rather were added later as a result of exceptional gains made early on the policy stream. The project adapted by collaborating to develop new objectives, expanding the project further and improving impact.
2. **Timing is important.** Scheduling online classes at appropriate times is crucial to their success as it impacts their relevance, effectiveness and efficiency. Coordinators in Somaliland and the UK should align to ensure that the times for online courses are appropriate for both parties, to ensure minimal dropout.
3. **Clinical supervision is more effective when supervisors are hired, paid and managed by one actor.** A key finding from the evaluation was the compounding factors that impact clinical supervision. Clinical supervisors who are hired, supervised and paid by the university can feel a stronger commitment and responsibility towards their students. This also provides a centralized mechanism for accountability.
4. **Preparing volunteers for the context is crucial for relevance and effectiveness.** Both volunteers and their Somaliland counterparts gave feedback on volunteers participating in the project without sufficient preparation for the context. Based on the survey data, volunteers who

received lots of information about the context (history, geography, politics, state of the health system) as well as preparation (what to expect from students in terms of engagement, abilities and resources at their disposal) performed well and more easily acclimatized to their volunteer roles.

5. **Students require context for new courses.** Research methodologies are crucial to any health education curriculum. However, in contexts where medical education is a relatively young field, students do not necessarily see the value in this subject. In order to be effective, new courses require context to make them relevant and emphasize their importance for students.

## Recommendations

Evidence from this evaluation demonstrates that the PfP partners and Somaliland stakeholders have a real opportunity to build on major successes from the project, to sustain and amplify impact at the systems level. The following recommendations stem from these findings and suggest changes at both the strategic and operational level in order to do so.

### Strategic

- 1. Keep the momentum: continue the project in Somaliland to build on and sustain successes.** The project achieved significant success in outputs, outcomes and impact in the past four years. It will be important to continue to support partners as they adopt and expand project activities in order to sustain and broaden their impact.
- 2. Change the desired impact of the project to reflect the system's change it has the potential to achieve.** The evaluation found that the impact of the project went beyond simply preparing cohorts of students for practice in medicine, nursing and midwifery. The impact of the project extends to strengthening the overall health system in Somaliland by training practitioners and policy makers, providing tools for collaboration and decision-making, and empowering partners to lead. The PfP project team should draft a new theory of change to reflect this system's change. Further, this theory of change should be drafted strategically into cohorts of activities for funding - i.e., it can be presented to potential funders as elements of a whole.
- 3. Expand the project beyond medical, nursing and midwifery undergraduate students to include other health professions.** The PfP project has proven its effectiveness in preparing medical, nursing and midwifery students for practice through its comprehensive three-pillared intervention. The project would compound this success and further contribute to strengthening the Somaliland healthcare system by expanding beyond these areas into all health professions such as pharmacy, dentistry, radiography and others. This would improve harmonization at country level, expounding upon project objectives and achieving systems-wide change.
- 4. Expand the project to include primary health care and community health to address the critical gap in the Somaliland health system while also enhancing medical and nursing training.** Primary health care is a key sector of the overall health system, tackling not only the important task of providing healthcare to everyone but is also critical to a well-functioning health system. The evaluation found that the current training curriculum lacks in providing exposure to community health and opportunities for students to practice primary healthcare. A greater focus on primary health care would improve students' preparedness as well as fill a critical gap in the Somaliland healthcare system, where education for professionals can be hospital-centric and focused on tertiary care. Connecting students (and teachers) to community-level care would improve relevance as well as the impact of the project and contribute to long-term positive change.
- 5. Facilitate partnerships between Somaliland partners and universities in the region to strengthen research, specialised training, and improve opportunities for funding. *NEW***  
In the last few decades, more international partnerships between universities have been established as they present opportunities to increase the capacity of health professional

programmes, specifically in East Africa.<sup>21</sup> A study of partnerships between universities in the region has demonstrated that this provides opportunities to conduct research, provides trainees with educational opportunities, and in some cases provides opportunities to secure grants. As a strategic recommendation to improve the focus on research, partnerships with universities with a strong research focus would improve the quality of education and training in Somaliland and thus the impact of the project. Further, it can provide exposure and opportunities for training in specialisations that may be lacking in either country, with the opportunity for clinical supervision and practice.

6. **Develop research as a key pillar of the project and an objective for growth within the Somaliland health system.** Research is a critical element of any health education curriculum. As elaborated in medical journals and studies around the world, progress in extending and improving the quality of life is due to technical progress, including advances in knowledge about diseases and about appropriate, cost-effective responses.<sup>22</sup> It is crucial for health education to include comprehensive training on how information gathering can be systematic in the careers of students. This contributes to building an evidence-based approach to public health, health policy and health workforce development, which is critical to the foundation of any modern health system. The PfP project should embed this training into the curriculum, and promote its inclusion into the standardized curriculum of all health faculties. Further, its strategic importance should be impressed upon students early as a systemic gap and need in order to strengthen the Somaliland health system as it informs not only advances in medicine, but in questions of health policy and human resources development.
7. **Employ a gender lens to address inequalities.** The medical profession remains male-dominated and many female doctors, nurses and midwives continue to face discrimination while doing their work. This is a relevant area for PfP to engage in to strengthen the overall health system of Somaliland, by investing in programs to empower women in leadership, target the confidence of female students and sensitize groups to women's equality.

## Operational

### Undergraduate

1. **Build capacity of clinical supervisors and encourage strong links with the university. ENHANCEMENT**

The PfP project should further strengthen the centralization and management of clinical supervisors. Information from the evaluation demonstrates that clinical supervision is most effective when the supervisors are contracted and managed by the university administration. The project should encourage these links and continue to capacitate the university administration to conduct such management. PfP should continue to support university administrations in drafting job descriptions for clinical supervisors. Further, the PfP project should incorporate regular

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<sup>21</sup> Yarmoshuk, A.N., Cole, D.C., Guantai, A.N. *et al.* The international partner universities of East African health professional programmes: why do they do it and what do they value?. *Global Health* 15, 37 (2019). <https://doi.org/10.1186/s12992-019-0477-7>

<sup>22</sup> Jamison DT, Breman JG, Measham AR, *et al.*, editors. *Priorities in Health*. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2006. Chapter 7, Pillars of the Health System. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK10265/>

training to update the clinical capacities of the supervisors, as well as encourage training to improve pedagogical skills. \*

2. **Improve integration between online courses and regular curriculum. *ENHANCEMENT*** In order to articulate the importance of the online courses for the preparedness of medical and nursing/midwifery students, there needs to be better articulation both in terms of content and timing with their regular curriculum. It would be best to have the online courses integrated as part of their regular course lesson routine, but critically the students must have a clear explanation of why and how these courses are integrated into their learning.

#### **Faculty**

3. **Support the institutionalization of the HPE program into a sustainable training program at universities across Somaliland. *ENHANCEMENT***

The success of the HPE program cannot be minimized, and in order to build on its achievements and ensure the continuation of its benefits, the PfP project should support universities to build internal mechanisms with which to adapt and manage the HPE program. This should extend beyond medical faculty as has been demonstrated at University of Hargeisa. This should be coupled with ongoing mentoring and supervision of HPE graduates to consolidate and sustain their new teaching skills.

#### **Policy**

4. **Support the partners to make the Policy and Regulation Working Group and the Health Education Taskforce permanent. *ENHANCEMENT***

These groups proved crucial to the effective collaboration of stakeholders during the lifetime of the PfP project. A subsequent phase of the project should ensure support to sustain the gains made with these groups and continue to provide a centralized, moderated space for stakeholders to meet, define objectives and assign tasks. Alternatively, KGHP could fund an ongoing coordination mechanism to assemble topic-related working groups and achieve tasks and outputs.

5. **Support the MoH and the NHPC in making registration and licensing accessible for medical, nursing and midwifery graduates. *NEW***

Evidence from the evaluation suggests that accreditation for medical, nursing and midwifery graduates is often inaccessible because individuals must pay to be licensed and registered with the NHPC. This fuels a cycle where medical professionals do not officially register, the NHPC remains underfunded and unable to enforce accreditation regulations. A next phase of the PfP project should focus on supporting Somaliland government officials to change this policy so that accreditation is more accessible for graduates and still provides funding to the NHPC. This could include exploring options such as distributing the cost to employers or universities.

#### **NHS**

6. **Hire a dedicated volunteer coordinator to provide volunteer onboarding, orientation and accompaniment. *ENHANCEMENT***

While the PfP project included a volunteer coordination role which sat across several positions, the centrality of volunteers to the success of the project demands a dedicated volunteer coordinator to recruit, supervise and manage volunteers on a regular basis. This coordinator should be the focal point for volunteer recruitment and onboarding, accompanying them throughout the process of their experience with PfP. The coordinator should assign volunteers

tasks and roles based on their experience and preferences, and provide them with a clear description of tasks, responsibilities and duties.

## **Annexes**

**Annex 1:** Inception Report

**Annex 2:** Evaluation Matrix

**Annex 3:** Online surveys\_English

**Annex 4:** Online surveys\_Somali

**Annex 5:** KII Guides

**Annex 6:** FGD Guides

**Annex 7:** Presentation of Findings PPT

## Bibliography

Carter, B. (2021). Women's and girls' experiences of security and justice in Somaliland. K4D Helpdesk Report 946. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2021.077.

Devi, S. (2015). Slowly and steadily, Somaliland builds its health system. *The Lancet*, 385(9983), 2139–2140. [https://doi.org/10.1016/S0140-6736\(15\)61009-1](https://doi.org/10.1016/S0140-6736(15)61009-1)

Hersi, Mohamed Farah. 2018, *State Fragility in Somaliland and Somalia: A Contrast in Peace and State Building*.

Jamison DT, Breman JG, Measham AR, et al., editors. *Priorities in Health*. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2006. Chapter 7, Pillars of the Health System. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK10265/>

Keynejad RC, Mekonnen FD, Qabile A, et al. Gender equality in the global health workplace: learning from a Somaliland–UK paired institutional partnership *BMJ Global Health* 2018;3:e001073.

Lomax, Jake. (2020). AAER Revisited: from systemic change narrative to systemic change analysis. 10.13140/RG.2.2.32996.81288.

Mahfud, M., Nour, F., Abdi, H., Muse, S., & Fader, T. (2021). Strengthening the Somaliland health system by integrating public and private sector family medicine. *African Journal of Primary Health Care & Family Medicine*, 13(1), 3 pages. doi:<https://doi.org/10.4102/phcfm.v13i1.3049>

Rebecca Richards (2020) *Fragility within stability: the state, the clan and political resilience in Somaliland*, *Third World Quarterly*, 41:6, 1067–1083, DOI: [10.1080/01436597.2020.1730693](https://doi.org/10.1080/01436597.2020.1730693)

Training Somaliland's Future Health Workforce: Strengthening the quality of teaching (*PfP Impact Report Series*)

UNICEF. (2017). FUNDING REQUEST APPLICATION FORM Tailored to Challenging Operating Environments. Retrieved from [Global Fund website](#)

WHO. (2006). Health Systems Profile: Somalia. Retrieved from Regional Health Systems Observatory, [WHO website](#)

WHO. (2014). Somaliland Women of Reproductive Age Mortality Survey 2014: Analytical report on Cause-specific maternal mortality. Retrieved from World Health Organization, Regional office (WHO-EMRO), WHO Country office, University of Aberdeen, and Data and Research Solutions (DARS), [Somaliland website](#)

Yarmoshuk, A.N., Cole, D.C., Guantai, A.N. et al. The international partner universities of East African health professional programmes: why do they do it and what do they value?. *Global Health* 15, 37 (2019). <https://doi.org/10.1186/s12992-019-0477-7>

Zaman, R., Morris, R., Law, B., Brouwer, L., Thayil, S., & Lipcan, A. (2018a). Assessing the capacity of the private health system in Somalia: Final Report. Oxford, UK: Oxford Policy Management and Forcier Consulting.