

# EXECUTIVE SUMMARY OF THE FINAL EVALUATION REPORT

## PREPARED FOR PRACTICE IN SOMALILAND



PHILANTHROPY ADVISORS

BY  
Philanthropy Advisors



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

# ***Executive Summary, Final Evaluation of Prepared for Practice in Somaliland***

for



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## **Overview of KGHP**

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 partnerships bring 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**

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. One of the biggest problems faced by the Somali health system is a lack of human resources such as qualified doctors, nurses and technicians. 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, worked with Tropical Health Education Trust (THET), MedicineAfrica (MA), Amoud University College of Health Sciences (AU), University of Hargeisa College of Medicine and Health Science (UOH) and Edna Adan University (EAU) on a five-year initiative to improve the quality of medical, nursing and midwifery education. The project operated from 2016 through 2021 to address a specific set of challenges common in Somaliland, including the lack of opportunities for students to practice their skills in professional or clinical settings. The PfP project developed interventions at three strategic levels, targeting undergraduate learning, teaching and assessment capacity and the policy environment in order to improve health education and prepare medical and nursing students for clinical practice.

## **Evaluation Scope**

In 2021, as the PfP project was entering into its final year of operation, the KGHP and its funding partner (FCDO through 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 evaluation team assessed the extent to which the project has achieved its intended outcomes based on the project theory of change against OECD-DAC criteria (relevance, efficiency, effectiveness, impact and sustainability). The evaluation team conducted 43 Key Informant Interviews (KIIs) and 10 Focus Group Discussions (FGDs), consulting 105 individuals to obtain feedback on their experience with the PfP project. This was complemented by quantitative data collection conducted through online surveys,

administered to Medical and Nursing graduates as well as UK-based volunteers. The surveys received 75, 44 and 45 responses, respectively.

### *Limitations*

There are many challenges to conducting credible evaluations of projects or initiatives, particularly those that include an assessment of their impact on behaviors. 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 viewpoints.
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 KIs, 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

### Relevance

*This evaluation found that the project design was highly relevant to the needs of beneficiaries, demands of partners and context.*

#### *Project level*

As a twenty-year partnership, the project was based on a strong foundation of trust and incremental gains. Project objectives, methods and interventions were determined in collaboration with partners and in response to the needs of participants. KSP can be considered a unique project in Somaliland, both for students and faculty, that accurately addresses critical gaps in the Somaliland health system through a comprehensive approach focusing on the lack of qualified human resources. And 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.

One missed opportunity at the project level is the fact that **the impact statement is not aligned with the project scope**. The title “Prepared for practice” was not entirely accurate when describing the impact of the project, which goes far beyond preparing cohorts of graduates for practice but is rather centered on strengthening the Somaliland health system as a whole to regularly produce strong medical personnel.

#### *Undergraduate*

In the undergraduate workstream, the project filled a critical gap in the health education system by providing online education and regular opportunities for students to have case-based discussions with a specialist doctor. Students noted that these courses were exceptionally interesting and made them feel more confident in their preparedness to practice medicine and nursing. From a gender-based perspective, online learning was also a relevant method when it came to providing female students with the opportunity to attend and participate in more courses than they would normally do.

Even though early on in the project administrators noticed a low attendance in the online course due to internet connection problems, universities such as Amoud University mitigated this problem by providing students with a free centralized space on campus with access to computers and WiFi. This solution was highly successful, but it was negatively impacted by the timing set for the courses which ended close to 10pm local time, presenting a challenge for female students who had to walk home in the dark.

A missed opportunity at the undergraduate level was regarding:

- **The lack of coherence between online courses and regular curriculum.** Some students noted that although online courses offered learning in subjects not otherwise taught at their universities, there was little integration with their regular curriculum in terms of subject matter and timing, making it difficult to make connections between their courses. This is particularly true for the basic research courses. Considering that research is entirely new to university students and even most faculty in Somaliland, research modules should be better articulated to strengthen their relevance.

#### *Faculty level*

The HPE program was exceptionally relevant as an intervention, and unique to the KSP project. The partnership was 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.

#### *Policy level*

**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 allowed KGHP and THET to identify how the project activities could support the policy workstream.

#### *Effectiveness*

***The project was highly effective in achieving outputs and outcomes due to collaborative approach***

#### *Project level*

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. The project's approach to improving the quality of undergraduate education emphasized the capacity building of university faculty and administration; however the sequence of interventions overlooked 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.

### *Undergraduate level*

A major intervention of the PfP project was the development of course content for medical, nursing and midwifery undergraduate students; this content was delivered through an online platform called MedicinaAfrica. According to students, two 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. Nevertheless, this intervention was challenged by low digital literacy, poor internet access, poor coordination between university and online course administrators, language barriers and timing.

In terms of providing practical training for students, community visits and clinical supervision were highly relevant interventions for Somaliland Nursing, Midwifery and Medical graduates who need direct, hands-on training accompanied by expert supervision and guidance. Both community visits and clinical supervision provided students with a better perspective of the interlinkages between community, primary, secondary, and tertiary healthcare, filling a clear need in the training curriculum, which is often hospital-centric and lacking in opportunities to practice primary health care (PHC).



However, some missed opportunities at the undergraduate level are regarding:

- A more comprehensive approach on **clinical supervision and community outreach** is needed.
- In the undergraduate workstream, support to clinical supervisors was only moderately effective due to an insufficient investment by the project and compounded by contextual factors such as the contracting structures of different hospitals, which explains why the quality of teaching and clinical supervision varied greatly between the universities.
- Like the clinical supervision, community visits would have been a more effective intervention if the project were able to invest more in them by supporting universities to provide structure and supervision to the students, targeting specific communities and returning for follow-up visits. This intervention could contribute to greater student preparation for clinical practice if structured correctly.

### *Faculty and NHS level*

The HPE programme was one of the most effective interventions of the project. 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. 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 engaged with the project regularly.

Volunteers, 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 to be exceptionally effective in improving their communication and teaching skills as well as in improving their cultural awareness and appreciation for diversity. Lastly, the project also had a strong influence on volunteers' knowledge of global health and ability to work in limited resource settings, improving their professional skills and abilities as volunteers.

### *Policy level*

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 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.

## *Efficiency*

***The management of the project is highly efficient due to long experience and the long-standing relationships and trust between partners.***

### *Project level*

Right from the beginning, PfP was considered as a fully formed project that had well-established relationships between the different stakeholders. The PfP project used a highly efficient 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 have become "champions", modeling the success of the program both in terms of effectiveness and impact, which gives them a competitive advantage for attracting students.





- This has allowed the program and its impact to expand organically through the health education system in Somaliland, as other universities start adopting the project to stay relevant in the competitive landscape.

## Impact

***The PfP project has a systematic impact and a strong contribution to the health system as a whole***

### *Project level*

The PfP project achieved impact beyond that identified at the design stage. Beyond just contributing to the knowledge and skills of future doctors and supervisors, the project also contributed to the training of future health personnel across the entire system. The individuals who engaged 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.



### *Undergraduate level*

The PfP project allowed both students and teachers to benefit from the guidance of international experts. This was visible in the increased confidence of students and their ability to undertake medical and surgical procedures with minimal support. This is especially visible for female students who usually face some discrimination in the clinical setting. While female students didn't 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.

### *Faculty & Policy level*

The major success of the PfP project was undoubtedly the HPE program, which improved the approach and skills of teachers. 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.

The PfP project professionalized teaching by preparing well-trained educators with a strong-level of confidence, completely transforming the student-teacher dynamic by introducing modern pedagogical methods and improving the evaluation and assessment system. This change has been felt by students, who appreciate dynamic discussions with lecturers, and more structured and comprehensive exams. These improved skills encouraged students to take on greater responsibilities and to pursue their education further or take on management roles.



Despite Somaliland's complex political and regulatory environment, PfP is laying the groundwork for national alignment in terms of student assessment, faculty training and learning. Faculty participants are using their new leadership skills to teach and inspire others by passing on their knowledge. As a matter of fact, the HPE course has contributed to improving collaboration and support between lecturers, forming a community of educators at Amoud University for example.

But the benefits of this program extend far beyond just the beneficiaries and host universities: beyond implementation at 11 departments within 3 partner universities, the HPE program has extended its impact to a non-partner university (Gollis University). The institutionalization of the HPE program at Gollis University indicates the wide acceptance and sustainability of the program beyond partner universities.

## Sustainability

*PfP is likely to sustain achievements but will need of ongoing support*

### *Project level*

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, especially when considering the intensive relationship-building with partners and stakeholders. The PfP project has not only helped to build a roadmap to change within the Somaliland health system, but it has also provided partners and stakeholders 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.

### *Undergraduate level*

Despite the project ending, several project achievements, including a harmonized curriculum and assessments will be maintained. The project team was successful in implementing their activities and cultivating champions who will likely carry on the implementation of the harmonized curriculum. Even during COVID-19, partner universities demonstrated that they are able to carry on examinations with limited external support from the project, which is a positive sign for sustainability.

However, two key elements in terms of sustainability are the funding of clinical supervisors and top-ups for interns. While the project supported salaries for two years, the project team has made significant efforts to have the universities or government entities, such as the Ministry of Health (MoHD), take on the salaries.

Even though the MoHD in Somaliland has taken on salary top-ups for interns and clinical supervisors, some universities decided to reduce the number of clinical supervisors they had once the funding from the project stopped. Although this was outside the control of the project team, it represents a huge loss for the project in terms of institutional memory and sustainability.

### *Faculty level*

The impact of courses such as the HPE, are sustainable on teaching and learning at both participant and non-participant universities. The project sought to equip lecturers not only to improve their preparation and delivery, but also to pass on their knowledge and skills to colleagues.

Nevertheless, breaking old patterns and the creation of a national policy as well as a national framework on health education requires ongoing capacity building and support from the outside until it can be institutionalized, which requires long-term investment.





The HPE program has not only been adopted but adapted and transformed into locally owned programming at Amoud and Hargeisa. Both universities 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.

#### *Policy level*

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.

#### *NHS level*

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. 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.

However, one of the main challenges the PfP project will face in terms of sustainability is:



- Its reliance on volunteers since guaranteeing a steady involvement from individuals who have other engagements is always difficult. While relying on volunteers is extremely efficient, it is a risk in terms of sustainability.

## Recommendations

### 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 five years.
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>1</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>2</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.

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<sup>1</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>2</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/>





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 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 Amoud University. 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.