A PROJECT TO ESTABLISH PRE-SERVICE TRAINING COURSES FOR REGISTERED NURSE MIDWIVES AND CLINICAL OFFICERS AT
EKWENDENI COLLEGE OF HEALTH SCIENCES

EVALUATION REPORT
“DETERMINING SPACE BETWEEN LEARNING AND RESULTS”

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Project delivered by : EMMS International and Ekwendeni College of Health Sciences
Purpose of the Report

EMMS commissioned an evaluation study to establish whether its project to establish pre-service training for registered nurse midwives and clinical officers at Ekwendeni College of Health Sciences (ECHS) has achieved its objectives. This evaluation report provides insight to institutions considering implementing similar projects. The report will be shared with all major project stakeholders and published on the EMMS International website.

Biography of the Author

From 1998 to 2009, Eric Phiri worked for World Vision as Community Development Programme and Monitoring and Evaluation Manager, and for the European Union Micro-Project Programme and National AIDS Commission of Malawi, as Monitoring and Evaluation Officer. He is now a Consultant, and has undertaken work in Malawi, Mozambique, Zambia and Swaziland. Consultancy roles have included facilitating baseline surveys, mid-term and final evaluations of community development projects and programmes, establishing and maintaining monitoring and evaluation systems, and training in monitoring and evaluation, data entry and processing, data quality and auditing. Eric has trained at the Universities of Malawi, South Africa and Queen Magaret (Edinburgh), World Bank with Carleton University (Ottawa) and MEASURE Evaluation (US consulting firm).

Acknowledgments

The evaluation of the training courses engaged various stakeholders to generate relevant data. The study is therefore indebted to them for their valued input into the process. Specific acknowledgement goes to: Cathy Ratcliff (Director of International Programmes at EMMS International) for commissioning and coordinating the process at international level; Esau Kasonda (ECHS Principal) for coordinating the process at local level; CO and RNM Course Coordinators and the Faculty Dean for their support and coordination at facility level. Acknowledgements go to College Tutors, Adjunct Tutors, Students, Preceptors and the Synod Deputy General Secretary who supported and / or attended group discussions and individual interviews. They are therefore thanked for informing the study.

Eric Phiri

External Consultant
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<td>Christian Hospitals Association of Malawi</td>
</tr>
<tr>
<td>CO</td>
<td>Clinical Officer</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>ECHS</td>
<td>Ekwendeni College of Health Sciences</td>
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<tr>
<td>EMH</td>
<td>Ekwendeni Mission Hospital</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
</tr>
<tr>
<td>KCN</td>
<td>Kamuzu College of Nursing</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interviews</td>
</tr>
<tr>
<td>MCH</td>
<td>Mzuzu Central Hospital</td>
</tr>
<tr>
<td>MCM</td>
<td>Medical Council of Malawi</td>
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<td>NMCM</td>
<td>Nurses and Midwives Council of Malawi</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>NMT</td>
<td>Nurses Midwife Technician</td>
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<tr>
<td>RNM</td>
<td>Registered Nurse Midwife</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
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<tr>
<td>TBA</td>
<td>Traditional Birth Attendants</td>
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<td>ToR</td>
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Executive Summary

In May 2013, Malawi’s WHO health profile reported that there were only 2 physicians per 10,000 population and 3.4 nurses and midwives per 10,000 population. Additionally, the few health workers are not evenly distributed in the healthcare system. Low outputs of medical training institutions is one challenge leading to this shortage. In 2005, Malawi began to implement an emergency human resource programme which concentrates on increasing the output of trained medical personnel, amongst other measures.

Therefore, ECHS and EMMS International sourced funding from the Scottish Government and other partners to establish pre-service training courses for registered nurse midwife and clinical officers, and hence improve maternal health and increase the capacity of ECHS to train these health professionals. The overall objective is: by 2016, ECHS is running accredited 3-year RNM Diplomas, and 3-year Clinical Officer training, sufficient to graduate > 20 COs/year and > 80 RNM/year.

EMMS International commissioned an end of project evaluation and commissioned an independent consultant to facilitate it. He engaged the most widely used tool (Donald Kirkpatrick’s four-level model), and a mixed methodology approach (quantitative and qualitative processes) to collect relevant data. He sampled respondents purposively, to ensure representativeness and proportionality of groups. He conducted three focus group discussions and ten key informant interviews to collect qualitative data. He obtained secondary data largely through review of relevant literature. He administered a questionnaire on all 46 RNM and CO students who were on campus, a sample size of 40%.

This report presents its results and provides recommendations to inform project implementation and similar projects elsewhere.

Key Findings

i. Progress of planned interventions

All planned interventions were implemented. This led to the realisation of outputs and outcomes. The impacts stated in the project documents will be realised once the health workers start working. Immediate impacts were also observed.

1 http://www.hrh-observatory.afro.who.int/images/Document_Centre/malawi_country_profile.pdf?ua=1
ii. **Achievements of objectives**
The training has transferred knowledge and skills. Immediate impacts are being observed and medium and long time impacts should be realised.

iii. **Training elements**
The training meets the need for training, the courses are appropriate, and the College is able to run the training. The College needs to improve its selection of students.

iv. **Sustainability**
Public awareness of the course, networking, stakeholder involvement, and monitoring and evaluation are all good. The College needs to improve its ability to develop and manage a balanced budget.

v. **Project compliance with EMMS Operational Framework**
The EMMS vision, mission, values and principles are compatible with those of the project. The project contributes to many Ministry of Health aspirations.

vi. **Students**
They are attaining further education, which would not have been possible without the project, given their economic challenges. After graduating, they will support their families and contribute meaningfully to society. Their confidence has been enhanced by being assigned duties in clinical sessions, making them feel worthy and important.

vii. **The College and Synod**
The training project has given the College a chance to improve its status. A senior representative said, “It is a pride to the Synod to finally have these courses. Apart from Government, it was only Malamulo being respected for offering this level of training.” The new development has motivated highly qualified tutors to remain. Some tutors have begun advanced studies in Kenya, Tanzania, East Anglia, Capetown, Universities of Livingstonia and Malawi (KCN) and elsewhere.

viii. **Malawi’s health sector**
The students on placement help staff in facilities with too few staff. The students take the initiative to participate in theatre procedures, making the procedures shorter. They also provide basic care to patients. Both help hospitals to improve care for patients. The training project is and will contribute towards reducing shortages of health workers in Malawi. RNM and CO at health centres will improve the quality of care. The College is meeting its target of taking in 20 new Clinical Officer students per year, and so far in academic year 2015/16 has recruited 64 new RNM students, against a target of 80 for the year.
Lessons Learned and Recommendations

i. New courses take a year to establish.
ii. Being ambitious results in valuable achievements.
iii. The College and Synod must commission annual external audits of their accounts, and budget income from fees and the Ministry of Health to balance expenditure.
iv. Any future new course should again have its first year’s intake of students be half the number that ECHS aims for in later intakes, according to Malawian practice.
v. ECHS should plan for the unexpected. The Malawian policy requiring affiliation to a University, announced during the project, brought unplanned logistics and costs.
vi. Nurses can teach CO modules such as reproductive health, basic patient care, community health, pyschology and sociology, if a CO teacher is unavailable.
vii. The College should decide when to stop teaching the NMT course, to stop overstretching tutors, who are teaching on both the RNM and NMT courses.
viii. Through saving money on stopping the NMT course, ECHS might spend more on transport to attachments, staffing on attachments, books and computers.
ix. ECHS should order book editions required and allow 3 months for delivery.
x. ECHS should continue allowing students to live off-campus, reducing fees.
xi. ECHS should recruit students for both academic ability and passion for the course.
xii. ECHS must communicate well with prospective students, must remind students to read their student handbook, and must communicate with students quarterly about course content, details of scholarships, evolving Ministry of Health policy, and any concerns.
xiii. ECHS must ensure that supervisors treat students respectfully on attachments and praise where it is due.
xiv. EMMS International’s new policy of requiring partners to show contact details of EMMS International in a public place, to enable stakeholders to communicate directly with EMMS International, should now be applied to ECHS.

Conclusion
Having students from rural areas has brought uniqueness to the courses. It will be a landmark when these students work in rural areas, which are often abandoned by health professionals. Students who could not enrol in public universities have been given a chance to pursue careers. Experiences from this project will improve future initiatives by ECHS and others.
INTRODUCTION

Country Background

In May 2013, Malawi’s health profile reported that there were only 2 physicians per 10,000 population and 3.4 nurses and midwives per 10,000 population. Additionally, the few health workers are not evenly distributed in the healthcare system. Low outputs of medical training institutions is one challenge leading to this shortage. In the 1990s Malawi stopped training auxiliary nurses and medical assistants. The training was resumed in 2001 to increase personnel for healthcare. In 2005, Malawi began to implement an emergency human resource programme which concentrates on increasing output of trained medical personnel and improving health worker compensation and retention.

Project Background

In response to this important human resource programme, ECHS and EMMS sourced funding from the Scottish Government to establish pre-service training courses for registered nurse midwives and clinical officers. The grant to ECHS amounted to £103,819 to establish the two courses, and for fees and maintenance of 12 RNM. Fees and maintenance of the second intake of 20 Clinical Officer students and of 8 of the first year’s intake of RNM students are funded by the Kwacha Foundation and the Medical Benevolence Foundation respectively.

The Project aims to improve maternal health through training nurse midwives and clinical officers, and to increase the capacity of ECHS to run these new training courses. The overall objective is: by 2016, ECHS is running accredited 3-year RNM Diplomas, and 3-year Clinical Officer training, sufficient to graduate > 20 COs/year and > 80 RNM/year.

Ekwendeni College has a long path of development. Established under Ekwendeni Mission Hospital (EMH) in 1949, the College started with offering midwifery training for Synod health facilities. The course was taught in local language Tumbuka until 1961, when the Nurses and Midwives Council of Malawi (NMCM) recognised the College as a health training institution. Then the midwifery course was run formally and in English, Malawi’s business language. In 1975, the nursing component was included in the midwifery course, and in 2000, the course changed to be a nursing and midwifery technician diploma. In 2013, the Malawi Government requested the College to train community midwives to replace the traditional birth attendants (TBAs). In 2014, training for diplomas in CO and RNM was introduced with funding from the Scottish Government.
Methodology

The project is about to end, thereby necessitating an evaluation to determine the achievements of the project. The evaluation design is informed by an understanding of the scope of work stipulated in the Terms of Reference (ToR). A mixed methodology approach was engaged in which both qualitative and quantitative methods were employed to collect and triangulate collected data. Data collection processes included: literature review, development and review of data tools, data collection, data processing and report writing.

The review of documents gave the consultant understanding of the task, informing the sampling process, development of data collection tools and overall planning of the study. Once drafted, the data collection tools were subjected to a review exercise. Prior to data collection, the consultant held meetings with ECHS management to review and clarify the ToR, to agree on the study’s principal objectives, and select key stakeholders to participate.

The consultant engaged Donald Kirspatrick’s four-level model to evaluate the effectiveness of the training in relation to the organization’s specific and overall objectives. Developed in the 1950s, modified, refined and adapted over time, the tool is one of the most widely used and a “one size fits all” model. Each level needs to be satisfied, for the training to be considered successful.

i. First level - measures reactions of the students towards the training.
ii. Second level - measures progress of the students in terms of acquisition of knowledge, skills and/or attitude, and thus their resulting increased capability.
iii. Third level - evaluates actual implementation of newly acquired competencies in the workplace; thus the extent of behaviour and capability improvement and implementation/application.
iv. Fourth level - measures the actual benefits of the training in terms of attainment of pre-defined performance indicators, results that have occurred after the learner applied the new skills to the tasks in the organization.

Respondents were purposively sampled to ensure representativeness and proportionality of people groups. Three focus group discussions and ten key informant interviews were conducted to collect qualitative data. Secondary data was obtained largely through review of relevant literature. The study administered a questionnaire to all 46 RNM and CO students
who were on campus at the time, representing a 40% sample size. Female interviewees represented 48% of the sample size; while 52% were male. 23% are receiving the EMMS sponsorship, 42% the Kwacha Foundation scholarship, 9% the MBF scholarship, 2% the Synod of Kenya sponsorship, and 23% are self-funding. 6.5% did not indicate their funding. 41% are RNM students and 59% are CO students. 42% are in first year and 58% are in second year.

Both quantitative and qualitative data gathered were analyzed accordingly. Data from key informant interviews and focus group discussions were developed into themes and analysed using thematic content analysis. The quantitative data were analyzed in the SPSS computer package to measure the proportion of health workers currently using the skills acquired, the degree of perceived training relevance and other variables.
KEY EVALUATION FINDINGS

The study findings indicate that the project has achieved establishment of pre-service Registered Nurse Midwife and Clinical Officer courses at ECHS. Eventually, this will contribute towards increasing the number of trained health workers in Malawi. Immediate results have already been realised, which gives hope for medium and long-term results, once the students start working. This chapter therefore presents details of these results.

Progress on Planned Interventions

Interventions were planned and implemented, which led to attainment of both outputs and outcomes. It is these outcomes that have and will influence realisation of the impacts.

Activity 1 - Develop RNM and CO curricula; recruit 2 staff; order textbooks and equipment; request and gain accreditations. Progress on this activity is that:

i. The Coordinator and Deputy Coordinator were both appointed. The latter will start on 1st April 2016, when housing will become available for her.

ii. The Nurses and Midwives Council of Malawi (NMCM) and Medical Council of Malawi (MCM) approved the RNM and CO curricula by May 2014.

iii. A new requirement is that the RNM course must be delivered in 4 years and by a university health faculty or by a college affiliated to a university health faculty. Ekwendeni College of Health Sciences therefore affiliated with Mzuzu University in May 2014, and the University approved the College’s examinations in March 2016. In October 2016, the University will give its midwifery curriculum and a University Certificate to the College. This means that all RNM students at ECHS, including the first intake, will do their fourth year as a midwifery course at ECHS certified by Mzuzu University. EMMS intends to remain closely in touch with ECHS to monitor this, and intends to withhold remaining fees and maintenance for the 12 RNM students which it sponsors until this certificate is received by ECHS.

iv. Computers and most of the textbooks were procured in 2014 with the final delivery in December 2014. Equipment has not yet been needed, and the courses were approved without this equipment.

Activity 2 - Repair 2 CO classrooms and upgrade accommodation for 100 students.

The classrooms were repaired and 100 bedrooms were renovated by mid-2014.
Activity 3 - Recruit students (at least 40% of whom are female, for both RNM and CO training), prepare for start of classes, including liaising with adjunct Tutors.

Candidates were recruited, the courses started and details are in the table below:

<table>
<thead>
<tr>
<th>Course</th>
<th>1st Year students (2nd intake)</th>
<th>2nd Year students (1st intake)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>CO</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>RNM</td>
<td>39</td>
<td>25</td>
</tr>
</tbody>
</table>

Activities 4 & 5 - Start and continue RNM and CO training courses.

i. The RNM and CO courses both started in July 2014.

ii. The CO course had a first intake of 10 self-funding students (5 female, 5 male) in July 2014. It had a second intake of 21 students (8 female, 12 male), of whom 20 are funded by the Kwacha Foundation and 1 is self-funding, in July 2015.

iii. The RNM course had a first intake of 21 students in July 2014, and a second intake of 64 students, in October 2015.

Current students are as follows: self-funding (62), sponsored by Kwacha Foundation (20), by EMMS (12) and by MBF (3).

The Project has two outcomes which state that by March 2016, Ekwendeni College of Health Sciences will graduate 20 Clinical Officers/year, of which first graduates will be bonded to Synod hospitals, and of whom >40% are women; it will also graduate > 80 RNM/year, of whom some will be bonded to rural areas, and at least 40% of which are women.

These outcomes are on track to be attained, with annual intakes being sufficient to start achieving this from the graduation of the first 20 Clinical Officers in June 2017 and the graduation of the first RNMs in June 2018.
Impact 1 - In Malawi, by March 2016, the Maternal Mortality Rate is reduced from 675 deaths per 100,000 live births to 155/100,000. This is a national level impact, whose attainment is long term. Such high level achievement is influenced by many factors and is as a result of efforts by various actors. The only way the training success can reasonably be linked to realisation of the impact is through making inferences. Embracing this view, the study ascertains here that the training will contribute towards this impact once the health workers join the health sector from July 2017.

Impact 2 - In Malawi, by March 2016, more health centres have minimum clinician and nurse staffing norms to offer EHP (Essential Health Package) services. The study confirms that progress on the project suggests a high probability of contributing to this impact, and this will start when the first cohort of graduates is deployed to health centres from July 2017 (COs) and July 2018 (RNM).

Progress on Training Project Objectives
Kirkpatrick's model was engaged to assess the degree to which the training is achieving its specific and overall objectives. The model has four levels which invariably complement each other in measuring effectiveness of training. In this case, short term evaluation measurement determines how the training is imparting knowledge relevant to the health sector goals. Evaluating behavioural changes and impact on the organization assesses the extent to which the training is both successful and beneficial to the health sector.

Students' Reaction Towards the Course
Firstly, the study obtained the students’ perception of relevance and quality of the training courses, thereby measuring satisfaction derived from training. Their reactions were largely influenced by their academic performance. Only 6% of the students – (3 students - 2 male, 1 female, 2 pursuing CO, 1 pursuing RNM) said that the course is not worth investing resources and time. Reasons influencing this view were: long study period and inadequate resources in the library.
Thus the overwhelming majority, 94%, see the courses as worthwhile, because it meets their expectations, and has helped to change them mentally, physically and spiritually. Responses in table 1 below support this majority view.

<table>
<thead>
<tr>
<th>Table 1: Assessing Students’ Perception of Course Relevance</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Strongly Agree</strong></td>
</tr>
<tr>
<td>The course meets my expectations</td>
</tr>
<tr>
<td>Material covered is relevant to my career</td>
</tr>
<tr>
<td>I will apply course material to my job</td>
</tr>
<tr>
<td>I would recommend this course to others</td>
</tr>
</tbody>
</table>

Factors students considered when accepting the courses also indicate their perception of the worthwhileness of the courses. These factors included:

i. Appropriateness and marketability of the course.

ii. Desire to acquire knowledge and skills of how to help the sick and vulnerable, en route to becoming a doctor

iii. Number of years to spend on the course and associated risks and benefits involved

iv. Their only chance of pursuing tertiary education and becoming independent.

Feedback from placement hospitals was positive. Teachers also indicated that the students are excited and show a lot of interest. Given the chance, the NMT students would switch to the RNM course. Training in critical thinking will enable them to fix problems even where resources are lacking.

**Achieving Learning Objectives**

Reviewing achievement of learning objectives helps in evaluating the knowledge and skills gained through the training, which will ultimately translate to improving job performance. A positive emotional reaction and increased practical skills and knowledge are indications of successful training.
The students are gaining knowledge and skills. Passing examinations (although a few sat repeat examinations) is one piece of evidence. The students also mentioned the most interesting parts of the training:

- Learning ICT and critical thinking;
- Gaining knowledge on patients’ health conditions such as those related to cancer and heart disease, understanding of human anatomy and physiology, understanding psychology, for example how people behave when in pain;
- Knowing how to care for patients, including critically ill patients, helping people to recover from ailments, and seeing a bedridden patient discharged;
- How to handle complicated conditions like surgery;
- Observing theory becoming reality;
- Knowledge which has created passion to help those suffering, the value of patients as fellow human beings, patient-centred care;
- Pursuing a recognized course; qualifying as a CO and doing the job they have trained for.

**Students' Behavioural Changes**

The study also explored work-related behavioral changes among the students that can be attributed to the training. A common response from teachers and others was that the students are hard-working, and their manner of relating to patients has improved, as they respect patients. Changes attributable to the training are presented in categories of knowledge, attitude, practice and skills development.

i. **Knowledge Acquisition** – the students know the causes of some diseases, how the human body works, patient behaviour, how to talk with patients and get them to tell their problems, how to diagnose diseases and the kind of drug to give, basic patient care, community nursing skills, and skills for theatre and intensive care units.

ii. **Attitude Change** – students now have good approaches to patients, listening to their problems without judging them, being confidential and trustworthy, having compassion for patients with big wounds or chronic illnesses, seeing patients as alive even though they will die soon, being courageous and strong, being sympathetic, controlling their tempers when faced with different peoples’ perceptions, and being sympathetic after learning of people’s HIV positive status. They have also gained confidence in public speaking, and change has occurred in the way they think. Before
pursuing this course, one said that she was childish, but has been taught how to handle everyday challenges.

iii. **On skills development** – the students can search for more knowledge and therefore make discoveries, communicate and counsel patients, motivate patients to reveal more about their conditions, teach community members about healthy living, and have developed skills in decision-making and laboratory and clinical skills. One thought that patients on oxygen therapy would surely die, but now knows that it helps them to breathe well.

iv. **Putting learning into practice** – all students reported that they are able to apply theory in practice, for instance: managing and caring for patients with various conditions, performing nursing duties with little assistance, doing procedures competently, and approaching sick people and helping them understand their conditions.

**Impact of Training Programme**

The model’s fourth level focuses on whether the training has had any impact on the organization. This is based on the notion that a training is judged successful if its outcomes align closely with the organisation’s goals. This study observed impacts as follows:

**Students**

i. Their academic status has changed from just high school education, to attaining post-high school education. This would not have been possible without the project, given their economic status. After graduating, students will support their families.

ii. The training has unleashed the potential in students to contribute meaningfully to society. Their confidence levels have been enhanced, by being assigned duties during clinical sessions as they feel worthy and important.

**The College & Synod**

iii. The courses have given the College the chance to improve its status, now providing higher learning at diploma level. A senior representative of the Synod said, “It is a pride to the Synod to finally have these courses. Apart from Government, it was only
Malamulo being respected for offering this level of training,” said one Synod representative. The new development has motivated highly qualified tutors to remain.

iv. Some tutors have started advanced studies in Kenya, Tanzania, East Anglia, Capetown, universities of Livingstonia and Malawi (KCN) and others, to keep up with their new tasks.

**Malawi’s Health Sector**

ii. Students on attachments are already helping staff in facilities with staff shortages. Students are taking the initiative to participate in theatre procedures, shortening the time of these procedures. They also provide basic care to patients. Both these duties help hospitals to improve their quality of care for patients.

iii. The training courses do and will contribute towards reducing shortages of health workers in Malawi. RNMs and CO at health centres will improve the quality of care at village level.

**Training Elements as Determinants of Project Success**

Key elements of training have the potential to determine training effectiveness. The consultant examined training needs identification, selection of training participants and appropriateness of course content.

**Need for Training**

Training needs are met when related activities are well structured. For training to be useful, it must be directly related to core business activities. On this issue, some Synod and College staff gave their responses on how the two training courses were conceived.

i. The shortage of health workers in Malawi leads to limited personnel to supervise NMTs, while the shortage of doctors leaves a critical gap that could be filled by the COs if they were available. But there are few COs partly because only Malawi College of Health Sciences and Malamulo Mission College were training them. Therefore, these courses will contribute towards increasing their numbers.

ii. The Malawi Government is developing new staff establishments (staffing lists) for health centres, district and central hospitals. This has created even more demand for health workers, which the two courses will help to meet.

iii. For a long time, the College has been planning (as reflected in its 2009 to 2015 strategy) to expand the courses it offers. This project has enabled it to do so.
Appropriateness of Course

This assesses whether the course content appropriately suits the purpose for which it was designed. The consultant looked at the fit between course content and knowledge and skills acquisition by students. Both students and staff viewed the courses as appropriate in that they were aligned to the NMCM syllabus. The CO curriculum is an adaptation of that of Malawi College of Health Sciences. To make them relevant and up-to-date, a research methodologies module was incorporated into first and third years. RNM and CO courses have been taught in Malawi for many years, enabling experiences to inform the new curricula at ECHS.

College's Capacity to offer CO and RNM Courses

The consultant assessed the College’s capacity to offer the courses effectively through examining infrastructure and human resources. Structures at the old campus were identified to accommodate the courses, and here classrooms, a boys’ hostels and a bathroom block were renovated. For safety, female students are housed in hostels at the new campus, constructed from other funding sources. The kitchen and dining hall, two girls’ hostels, library and ITC centre, skills laboratory and several classrooms are shared with students of other courses.

NMT tutors were asked to teach the RNM course (in addition to teaching the NMT) until new staff were recruited. Due to changes in Ministry of Health policy, the second CO lecturer was recruited late, once it became clear that the MoH would not pay for them, as they used to pay for all teaching staff. When the College realised that the MoH would not pay for new staff, it eventually decided to recruit and pay for the second CO lecturer itself.

While preparing for the courses, a new government policy came into being, whereby only a university is eligible to offer the midwifery module of the RNM course. Therefore, as described above, ECHS asked Mzuzu University, a public university about 5 km from the College, to affiliate the College. The affiliation was completed in May 2014, and the University will release its midwifery curriculum to the College at the beginning of the next academic session, in October 2016. This gives the College one year to prepare to teach its fourth year RNM students, who are currently finishing their second year.

Student selection

Two methods are used to select students: advertising in daily newspapers and through Synod Presybetaries. Use of the second method aimed at satisfying the donor’s condition which
suggested that candidates must come from remote areas (catchment areas of the Synod’s health facilities) who after training will be willing to work in Synod health facilities. Each Presbytery identified 2 candidates who had 6 credits in Mathematics, English, Biology, Physical Science and any other subjects. These candidates underwent interviews, resulting in 22 students (6 of whom are not members of the Presbytery Church) being enrolled on merit for RNM and 10 for the CO course.

The second year’s RNM intake has started with the enrolment of 64 RNM students, against a target of 80 for the year. The College intends to recruit a further full class of at least 50, to make the running of the class economic.

Measures to bond students to their rural locations include the above-described recruitment from these areas, withholding certificates until after the bond has been completed, introducing the students to the place of bonding well before it starts, and making clear that good references from the College are dependent on the completion of bonds.

**Sustainability**

Awareness creation, good budgeting, networking and collaboration help determine sustainability.

**Creation of awareness about courses**

The College is visible, mainly owing to its long existence, since 1949. This visibility will be enhanced when it becomes part of Livingstonia University.

The College believes that the two courses are visible, as it receives calls about next intakes from across the country. However, at a meeting where central hospitals were represented, participants did not know of the existence of these courses, perhaps because they are new.

To address this, tutors use every opportunity available to market the courses, and the College places advertisements in daily newspapers. E-learning which the College is introducing soon will also aid awareness.

**Good budgeting**

The College has never had its annual accounts audited. The College acknowledges that this is a serious shortcoming, and plans to remedy this in 2016.
The College does not show its partners that it is making good financial plans. This is also a serious shortcoming. The College must employ finance staff who are capable and self-motivated to budget well. The College is donor-funded, and as a consequence must run an effective finance department with competent staff, who are worth the salaries which ultimately the donors are subsidising. During this project, EMMS gave ECHS considerable support in financial management, through several visits by a Scottish accountant, to train ECHS finance staff. This was very valuable input, of which ECHS intends to prove the worth through producing its first externally audited accounts in 2016.

The College is running both an NMT course and an RNM course, and will make better use of its resources when it stops running the NMT course. The College should decide in 2016 when to stop running its NMT course.

Sources of funding are student fees, regulated by CHAM, and MoH salaries for RNM tutors and administrative staff. The College cannot adjust its fees in accordance with the rising cost of keeping students. Realistic plans to boost income include introducing short courses and attaching the College to Livingstonia University. The College has a significant amount of land and a permanent river nearby, and may exploit these for income-generation.

**Stakeholder involvement and networking**

For years, the College has made efforts to network and collaborate with relevant individuals and institutions. Examples of working and networking with key stakeholders include:

i. Consulting partners to play critical roles during start-up of courses. Curriculum development involved College staff, MoH and Malawi College of Health Sciences and Malawi College of Health.

ii. The College has entered into formal working partnership (though MoUs) with all the Northern Region DHOs (MoUs), enabling the College to send students there on placement, and ask some of them to teach both on campus and bedside. For example, EMH sends four tutors to the College, including the MD, while MCH, apart from providing adjunct tutors, provides four staff to be Preceptors to students on placement.

iii. The College uses the CHAM network for relationships with many sister colleges.

iv. Livingstonia Synod, of which the College is part, has many connections, both locally and internationally. International connections include institutions of higher learning like East Anglia University, which trained some mentors, Queens University which is
helping to arrange twining for midwifey, and Diakonhemmet, whose students come for placements.

v. EMMS has been a long-term partner to ECHS. The College and EMMS together developed the proposal for this project, and EMMS support ensured the good quality of both curriculums and probity in financial management and financial reporting.

**Monitoring, Evaluation and Learning**

Monitoring and evaluation are critical to projects like this one, because they provide a valuable opportunity for reflection and learning.

Attempts have been made to institute M&E function at the College. A quality improvement committee looks at quality issues. The faculty holds meetings to look at curriculum implementation and monthly meetings to review activity reports, followed by development of action points. The College invites external people from CHAM, NMCM and Clinton Health Access Initiative to monitor the College’s operations.

There was a lack of meetings with adjunct tutors to seek mutual feedback. One adjunct Tutor said, “We are just called to teach but there are no forums where we can reflect and get feedback on our teaching.”

**Advocacy and Lobbying**

Together with sister institutions, the College has been advocating for the Nurses and Midwives Council of Malawi to allow CHAM colleges to replace the nurse midwife technician programme with the RNM, and for the Ministry of Health to raise tuition fees, increase staff establishments (staff lists, paid for by the Ministry of Health), fund tutor Masters degrees, fund CO tutors and students, and second CO tutors to Ekwendeni College.
Compliance with EMMS Operational Framework and MoH policy

Coherence with in-country development programmes

The project is contributing towards the Ministry of Health’s aspirations such as:

i. The Malawi Health Sector Strategic Plan 2011-2016, whose aim is to reduce the Maternal Mortality Rate from 675/100,000 live births to 155/100,000; and increase the percentage of health centres with sufficient Clinicians from 30% to 80%; and those with sufficient Nurses and Midwives from 50% to 75%.

ii. The MoH’s ‘human resources for health system strengthening’.

iii. Through bonding donor- and government-sponsored students to serve rural areas, the project will address ‘universal coverage of essential health services’.

Compliance with EMMS International Operational Framework

The project aligns with key aspirations of the EMMS Operational Framework, including the vision, mission, approaches, values and principles of sustainability, inclusion and participation of key stakeholders. For instance:

a. **Sustainability**

For EMMS International, sustainability includes enduring impact on the health and healthcare of those assisted. The courses’ impact will be sustainable, because the trained workers will continue to provide service many years after the project ends, and the College is expected to continue to run both courses, as mentioned above.

b. **Participation Considerations (of Clients and Key Stakeholders)**

EMMS International views participation as both a right and a responsibility. Malawi Government and partners also view participation in this way, and so the Malawi Health Sector policy and guidelines call for a multi-sectoral approach to health service delivery, and the College has been providing a conducive environment for active stakeholder participation.

c. **Inclusion Considerations (of Marginalised Groups)**

For EMMS International, inclusion is promotion of diversity, tolerance, freedom of identity and participation in society, and protection from harassment, and absence of discrimination. The student selection process has been inclusive. Students come from both rural and urban areas, and include a vulnerable group - girls - by purposively determining how many are on scholarships. The bonding of trained workers will improve the healthcare service to the rural
population who are generally less educated and poorer than the urban population. This inclusion will also fulfill EMMS’s vision - a just world in which all people have access to good quality and dignified healthcare; and EMMS’s principle - helping the most vulnerable.

d. Rights-based approaches
Access to education and healthcare are human rights. The training contributes towards attainment of these rights.

e. Value - we are empowering
The training is empowering both students and College. Through such empowerment, people’s strengths and gifts will be recognized and will help Malawi reach its full potential in healthcare provision.
LESSONS, RECOMMENDATIONS, CONCLUSION

Lessons learned and recommendations

i. New courses take a year to establish.

ii. Being ambitious results in valuable achievements.

iii. The College and Synod must commission annual external audits of their accounts, and budget income from fees and the Ministry of Health to balance expenditure.

iv. Any future new course should again have its first year’s intake of students be half the number that ECHS aims for in later intakes, according to Malawian practice.

v. ECHS should plan for the unexpected. The Malawian policy requiring affiliation to a University, announced during the project, brought unplanned logistics and costs.

vi. Nurses can teach CO modules such as reproductive health, basic patient care, community health, psychology and sociology, if a CO teacher is unavailable.

vii. The College should decide when to stop teaching the NMT course, to stop overstretching tutors, who are teaching on both the RNM and NMT courses.

viii. Through saving money on stopping the NMT course, ECHS might spend more on transport to attachments, staffing on attachments, books and computers.

ix. ECHS should order book editions required and allow 3 months for delivery.

x. ECHS should continue allowing students to live off-campus, reducing fees.

xi. ECHS should recruit students for both academic ability and passion for the course.

xii. ECHS must communicate well with prospective students, must remind students to read their student handbook, and must communicate with students quarterly about course content, details of scholarships, evolving Ministry of Health policy, and any concerns.

xiii. ECHS must ensure that supervisors treat students respectfully on attachments EMMS International’s new policy of requiring partners to show contact details of EMMS International in a public place, to enable stakeholders to communicate directly with EMMS International, should now be applied to ECHS.

Conclusion

Having students from rural areas has brought uniqueness to the courses. It will be a landmark when these students work in rural areas, which are often abandoned by health professionals. Students who could not enrol in public universities have been given a chance to pursue careers. Experiences from this project will improve future initiatives by ECHS and others.
BIBLIOGRAPHY

1.1 Malawi Development Programme 2013-2016 End of 1st Year Report
1.2 Malawi Development Programme 2013-2016 End of 2nd Year Report
1.3 Malawi Development Programme 2013-2016 October 2015 Mid-Year Report
1.4 Malawi Development Programme 2013-2016 Case Study Year 2
1.5 Malawi Development Programme 2013-2016 Case Study October 2015
1.6 Malawi Development Programme Mid year Report of September 2014
1.7 Malawi Development Programme End of Year 1 Financial Report
1.8 Malawi Development Programme End of Year 2 Financial Report
1.9 EMMS International Response to M&E Report of June 2014
1.10 EMMS International RNM and CO Training Application to SG June 2013
1.11 EMMS International – ECHS Project Agreement – RNM & CO Training Courses
1.12 EMMS International Response to SG Feedback on Year 2 Report
1.13 ToRs for ECHS Training Project Evaluation
1.14 Confirmation Letter from CHAM
1.15 Approval Documents from NMCM and MCM
1.16 MoUs from All the Northern Region DHOs
1.17 Child and vulnerable adult protection policy; June 2012
1.18 EMMS International - Operational framework, 2015
ANNEXES


1. Introduction/background
EMMS International is a charity based in Edinburgh, Scotland, which works to improve healthcare, through partners in Malawi, India, Nepal and Scotland. In Malawi, it works with partners in the south, centre and north. This final evaluation is of the above-named project, which concerns increasing the number of qualified staff entering the Malawian healthcare system.

This project is intended to establish a pre-service Registered Nurse Midwife course and a pre-service Clinical Officer course in Ekwendeni College of Health Sciences (ECHS). It has direct costs as follows:
- £75,162 through EMMS International from the Scottish Government (of which £58,819 is for ECHS), to establish two training courses, and £150,000 from EMMS International, the Medical Benevolence Foundation and the Kwacha Foundation (of which £45,000 is for EMMS International) to pay the fees and maintenance of the first intakes of Clinical Officer and RNM students.
- This evaluation is of the £58,819 + £45,000 = £103,819 granted to ECHS from EMMS International.

The purpose of the final evaluation is to find out how well the project met its objectives, make recommendations for the future, and provide a report to be published by EMMS International.

The report will be the copyright of EMMS International. EMMS International and Ekwendeni College of Health Sciences will circulate the report to all their staff and key stakeholders of the project, and will aim to present key findings in conferences and in academic research papers.

2. Scope of final evaluation to be carried out by the consultant
1. Review attached programme documentation and by Skype, interview the EMMS International Director of International Programmes.
2. In Ekwendeni College of Health Sciences, interview the Principal (Mr. Esau Kasonda), Finance staff (Mr. Ben Wyson and Mr. Fumba Mogha), RNM Course Coordinator (Mrs. Violet Kaonga), CO Course Coordinator (Mr. Saulos Owen Sikwese) and any other relevant staff there recommended by Mr. Kasonda.
3. View all statistics and relevant documentation in the ECHS office.
4. Conduct focus group discussions and interviews with both RNM and CO students.
5. Visit the project sites:
   a. The old campus, where renovations were undertaken,
   b. The new campus, where some students stay,
c. Teaching rooms used in other sites on Ekwendeni Mission.

6. Interview relevant staff and students in hospitals where the students are placed on clinical attachments in Mzuzu Central Hospital and one other hospital, to be agreed with the Principal.

7. Consolidate and analyse data, write draft evaluation report using the format attached, send to EMMS International and ECHS for review, and incorporate feedback into final evaluation report.

8. Conduct all the above in relation to the attached project documents.

9. Travel from home to Ekwendeni and back home.

3. **Main purpose and questions to be answered in the report**

   - To what extent did the project meet its objectives?
   - What did staff learn through working on this project?
   - Will systems instituted by the project continue after it, so that health and healthcare continue to improve?
   - Could ECHS usefully institute more advocacy, to improve its future direction?
   - Has the project yielded data which could be used in research to be presented or published?

4. **Confidentiality and publication**

   The report is for publication, and therefore will comply with EMMS International’s Child and Vulnerable Adult Protection Policy, in terms of which people to name in the report, and gaining permission from such people.

   EMMS International and ECHS will distribute the mid-term evaluation report internally, to relevant stakeholders in Malawi and to potential donors to healthcare in Malawi. EMMS International will put the mid-term evaluation report on its website and on IATI (International Aid Transparency Initiative). EMMS International or ECHS may present the report at conferences, and will inform the other parties before doing so. Any party may reference the report, and in so doing will always refer to EMMS International and ECHS as co-implementers.

   EMMS International will use the mid-term evaluation report as a learning document amongst its staff. ECHS will use the report to debrief all the project’s stakeholders (including Livingstonia Synod staff, CHAM, government staff, staff in hospitals accepting clinical attachments, NGOs and senior and junior government health staff) about challenges and successes.

5. **Profile of the Consultant**

   An independent consultant with minimal prior experience of ECHS and its staff, who has conducted at least 5 external evaluations, including several concerning healthcare in Malawi, and has a demonstrable grounding in and knowledge of the issues surrounding healthcare in Malawi.
6. **Outputs**
   - A draft final evaluation report, using the format attached, to be submitted to EMMS International and ECHS within a month after the evaluation visit.
   - A final draft of the final evaluation report, still using the format attached, to be submitted to EMMS International and ECHS by 30th April 2016, after receiving feedback from EMMS International and ECHS on the draft evaluation report.

**Data Collection Tools**

END OF PROJECT EVALUATION - Protocol for KII & FGDs

1. **What are your comments on the following key elements of training courses?**
   i. Identification of training needs
   ii. Selection of students
   iii. Appropriate course content in relation to organization needs

2. **What has been the emotional reaction** of the students regarding the courses (i.e. the attitudes of the students after the training - toward content, attainment of course objectives and overall course value.

3. **Do you think learning objectives** have been achieved? This is an evaluation of knowledge and skill gained through the training intervention and which will ultimately translate to improving job performance.

4. **Have there been any behavioural changes** among the students as a result of undergoing this course? This is about work related behavioural changes which are reflected in the students’ performance - as a result of training.

5. Extent to which the project has met its objectives (please explain to participants what is stipulated in the proposal documents about the impact and outcomes)

6. Discuss what are considered to have been key:
   a. Impacts of the project (both intended and unintended)
   b. Success stories
   c. Lessons for learning
   d. Challenges
   e. Recommendations

7. **Comment on the following sustainability aspects:**
   i. Visibility of the ECHS in general and the two courses in particular
   
   ii. Networking/collaboration among and with stakeholders
   iii. Resource mobilisation efforts
   iv. Capacity of ECHS to institute more advocacy, to improve its future direction
   v. Fate of systems instituted by the project after phase out.

8. **Discuss aspects of an M&E System**
END OF PROGRAMME EVALUATION - STUDENTS’ QUESTIONNAIRE

Thank you for agreeing to provide feedback on the RNM/CO Training. The survey aims at determining how the training has fared, regarding achievement of its objectives. The survey is anonymous, so please answer the questions honestly and frankly.

A. General Information

1. Year of Study………… Course Studied:…………… Sex…………………..

2. Who is financing your studies here? …………………………………………..

3. What factors did you consider important when accepting to pursue this course?

B. Evaluating students’ emotional reaction towards the course (thus satisfaction derived from the course).

4. Tick the box under the number that closely matches your view on each of the statements. 1 stands for ‘Strongly Disagree’, while 5 stands for ‘Strongly Agree’; 2,3&4 are between the two assertions.

<table>
<thead>
<tr>
<th>Statement</th>
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<th>2</th>
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<th>5</th>
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<tbody>
<tr>
<td>a. The course meets my expectations</td>
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<td>b. Material covered is relevant to my career</td>
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<td>c. I will apply course material to my job</td>
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<td>d. I would recommend this course to colleagues</td>
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5. Is this course worth the investment of resources including your time?

1=Yes  2=No
C. **Evaluating the learning process - measuring the progress of students in terms of gained knowledge, skills and/or attitude.**

6. What did you actually learn in this course?
   i. Knowledge that has been learned
   ii. Skills that have /are being developed

7. What is the most interesting and challenging thing you have learnt or experienced during this course?
   i. Interesting
   ii. Challenging

8. What do you value most about the training programme?
   i. Value Most
   ii. Value Least

9. What were the unexpected areas of your learning?

D. **Evaluating Behavioural Change as a Result of Training - evaluating the actual implementation of newly acquired competencies in the work place; changes in student’s work performance as a result of training; how much transfer of knowledge, skills, and attitudes has occurred as a result of training.**

10. Please describe any particular achievements that you attribute, at least in part, to the effect of the training.

11. Attitudes that were changed that ultimately translate to improving job performance.

12. State the extent to which training has impacted on your work related attitude.

13. What confidence have you gained based on your participation in the training course?

14. Have you ever put any of your learning to use? Please explain.

15. Has there been any change in the way you think now? Please elaborate.

E. **Evaluating Results - thus measuring the actual benefits of the training program in terms of pre-defined performance indicators.**

16. What results do you think have and will occur as a result of you applying the new knowledge and skills on your tasks? Please explain
i. Immediate results
ii. Short term results
iii. Long term results

17. What are the other relevant issues about the training programme you can share?
18. What would you recommend for future training programmes?

**Evaluation Programme**

**FINAL PROJECT EVALUATION PROGRAMME (15th – 24th FEBRUARY 2016)**

<table>
<thead>
<tr>
<th>DAY NUMBER</th>
<th>MORNING ACTIVITIES</th>
<th>AFTERNOON ACTIVITIES</th>
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<tbody>
<tr>
<td>Day 1</td>
<td>• Reviewing Project Documents</td>
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<td>(1st &amp; 2nd Feb)</td>
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<tr>
<td>Day 2</td>
<td>• Developing draft data collection tools and submit them to EMMS &amp; ECHS for review</td>
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<td>(3rd &amp; 4th Feb)</td>
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<tr>
<td>Day 3</td>
<td>• Travel from Blantyre to Ekwendeni</td>
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<td>(14th Feb)</td>
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<tr>
<td>Day 4</td>
<td>• Meet ECHS Principal and Staff to consult on the evaluation logistics&lt;br&gt;• Facilitate an interview with the ECHS Principal</td>
<td>• Facilitate interviews with&lt;br&gt; i. RNM Course Coordinator (Mrs Kaonga at 2 pm)&lt;br&gt; ii. Dr Chipolombwe (3pm) 882676544</td>
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<tr>
<td>(15th Feb)</td>
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<tr>
<td>Day 5</td>
<td>• Dean of Faculty @ 8 am&lt;br&gt;• Synod Deputy General Secretary (9:30) 993935694</td>
<td>• EMH Hospital Director (3 pm) 882646987</td>
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<tr>
<td>(16th Feb)</td>
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<tr>
<td>Day 6</td>
<td>• CO Course Coordinator (Mr Sikwese at 8 am) 888608116&lt;br&gt;• Deputy Principal at 9 am&lt;br&gt;• EMH COs at 10:30 am</td>
<td>• Questionnaire admin by RNM &amp; CO students @ 2 pm&lt;br&gt; • FGD with Tutors @ 4 pm</td>
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<tr>
<td>(17th Feb)</td>
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<tr>
<td>Day 7</td>
<td>• Finance staff @ 8:30 am&lt;br&gt;• Preceptors (12:30) 888578001 – Solomoni</td>
<td>• Visit the project sites, i.e.:&lt;br&gt; - The old campus, where renovations were undertaken&lt;br&gt; - The new campus, where some students stay&lt;br&gt; - Teaching rooms used in other sites on Ekwendeni Mission.</td>
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<td>18th Feb</td>
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<td>Day 8</td>
<td>• View all relevant ECHS statistics and documents</td>
<td>• Exit meeting&lt;br&gt; -</td>
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<tr>
<td>19th Feb</td>
<td>Day 9</td>
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<tr>
<td>20th Feb</td>
<td>• Travel from Ekwendeni to Blantyre</td>
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<tr>
<td>Days 10, 11 &amp; 12</td>
<td>• Consolidate and analyse data, write draft evaluation report, send to EMMS International and ECHS for review.</td>
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<td>22nd to 24th Feb</td>
<td>Day 13</td>
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<td></td>
<td>• Incorporate feedback into final evaluation report</td>
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**Evaluation Participants**

1. Esau Kasonda College Principal
2. R. Mwagomba Deputy Principal
3. Dr. John Chipolombwe MCH
4. Jessie Kaunda Dean of Faculty
5. Rev J.P.V. Mwale Synod Deputy General Secretary
6. Dr. Chihana EMH Medical Director
7. O.N.I. Mwalwanda CO Tutor from EMH
8. Saulos Sikwese CO Course Coordinator
9. Violet Kaonga RNM Course Coordinator
10. RNM & CO Students (46)
11. ECHS Tutors (16)
12. Finance Staff (3)
13. MCH Preceptors (4)
14. Cathy Ratcliff EMMS International Director of Programmes