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# MCHIP Lesotho Pre-service Education (PSE) End of Project Report

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May 2010-June 2014



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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

MCHIP brings together a partnership of organizations with demonstrated success in reducing maternal, newborn and child mortality rates and malnutrition. Each partner will take the lead in developing programs around specific technical areas:

**Jhpiego**, as the Prime, will lead maternal health, family planning/reproductive health, and prevention of mother-to-child transmission of HIV (PMTCT);

**JSI**—child health, immunization, and pediatric AIDS;

**Save the Children**—newborn health, community interventions for MNCH, and community mobilization;

**PATH**—nutrition and health technology;

**JHU/IIP**—research and evaluation;

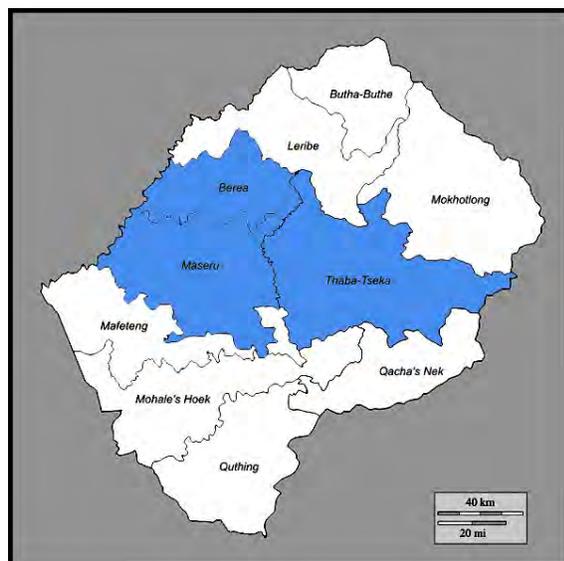
**Broad Branch**—health financing;

**PSI**—social marketing; and

**ICF International**—continues support for the Child Survival and Health Grants Program (CSHGP) and the Malaria Communities Program (MCP).

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# Country Summary: Lesotho



## Selected Health and Demographic Data for Lesotho

GDP per capita (USD)	2,000
Total population	2,194,000
HIV prevalence in women	27%
HIV prevalence in men	18%
Comprehensive knowledge of HIV transmission and prevention (women)	38%
Comprehensive knowledge of HIV transmission and prevention (men)	29%
Women ever tested for HIV	66%
Men ever tested for HIV	37%
Maternal mortality ratio (deaths/100,000 live births)	1,155
Under-five mortality rate (per 1,000 live births)	86
Modern contraceptive prevalence rate	46%

Sources: Demographic information and health systems 2010, UNICEF Annual Report on Lesotho 2011, WHO Lesotho Health Profile 2011

## Major Activities

1. Strengthened Christian Health Association-affiliated Schools of Nursing' capacity to house and educate nursing and midwifery students;
2. Strengthened current didactic and clinical teaching practices; and
3. Supported the development of an enabling regulatory environment for nursing education through strengthening the Lesotho Nursing Council.

<b>Program Dates</b>	January 1, 2010- June 30, 2014					
<b>Overall Budget</b>	\$3,910,000					
<b>Total Mission Funding</b>	\$3,910,000					
<b>Geographic Coverage</b>	<b>No. (%) of provinces</b>	N/A	<b>No. of districts</b>	10 (100%)	<b>No. of facilities</b>	50
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# Acronyms and Abbreviations

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AIDS	Acquired immunodeficiency syndrome
CHAI	Clinton HIV/AIDS Initiative
CHAL	Christian Health Association of Lesotho
CHE	Council on Higher Education
CPD	Continuing Professional Development
EmONC	Emergency Obstetrics and Newborn Care
ETS	Effective Teaching Skills
FP	Family Planning
HDP	Health Development Partners
HIV	Human immunodeficiency virus
HRAA	Human Resources Alliance for Africa
HRH	Human Resources for Health
ICT	Information Communication Technology
IT	Information technology
LNA	Lesotho Nurses Association
LNC	Lesotho Nursing Council
M&E	Monitoring and evaluation
MCC	Millennium Challenge Corporation
MCHIP	Maternal and Child Health Integrated Program
MOH	Ministry of Health
MOU	Memorandum of Understanding
NEPI	Nursing Education Partnership Initiative
NGO	Non-governmental organization
NHTC	National Health Training College
NTI	National Training Institute
NUL	National University of Lesotho
PC	Preceptor Corner
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMTCT	Prevention of mother-to-child transmission
PMP	Program Management Plan
PSE	Pre-service Education
RN	Registered Nurse
RM	Registered Midwife
SBM-R	Standards-Based Management and Recognition
SI	Strategic Information
SLC	Satellite Learning Center
SON	School(s) of Nursing
SPA	Student Performance Assessment
SPARRC	Strengthening Professional Association's Recruitment and Retention Capacity
TB	Tuberculosis
TOT	Training of Trainers
TS	Training Skills
QA	Quality Assurance
USAID	United States Agency for International Development

# Acknowledgements

The Maternal and Child Health Integrated Program (MCHIP) is the U.S. Agency for International Development Bureau for Global Health's flagship maternal, neonatal, and child health program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health, and health systems strengthening. Visit [www.mchip.net](http://www.mchip.net) to learn more.

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The Maternal and Child Health Integrated Program (MCHIP) gratefully acknowledges the Ministry of Health as well as USAID/Lesotho, which has provided financial support and guidance to MCHIP in the implementation of this program.

The Maternal and Child Health Integrated Program (MCHIP) would also like to acknowledge the contributions of our partners, the Lesotho Nursing Council, the Christian Health Association of Lesotho, Maluti School of Nursing, Scott School of Nursing, Roma School of Nursing, Paray School of Nursing, the Lesotho Nurses Association, and the Council on Higher Education.

Without the talent and dedication of the following MCHIP staff members in Lesotho, success would not have been possible:

Name	Title	Service
Makatlheho Rantso	Finance Manager	2 years 6 months
Malillo Matlokotsi	Receptionist	2 years 2 months
Maleshoane Monethi-Seeiso	PSE Technical Advisor	2 years
Moipone Mphahlele	Monitoring & Evaluation Officer	1 year 5 months
Melida Lepheane	PSE Program Coordinator	1 year 4 months
Fumane Tsehlana	Operations Manager	1 year 4 months
Phoka Ramahloli	Driver	1 year 2 months
Mabusetsa Siimane	Human Resources Coordinator	1 year
Thabo Monapati	Procurement Assistant	1 year
Polo Motsoari	Communications Officer	Under 1 year
Kagiso Mokone	Driver	Under 1 year
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Liteboho Moteuli	Receptionist	Under 1 year
Sylvia Ndabeni	Administrative Assistant	Under 1 year
Latela Foloko	Finance Officer	Under 1 year
Semakaleng Phafoli	Nursing Clinical Placement Coordinator	Under 1 year
Stephanie Reinhardt	Program Management Officer	Under 1 year
Thabiso Motsoane	Finance Assistant	Under 1 year

We would also like to thank our regional technical assistance contributors, Lastina Lwatula, Regional Preservice Advisor, Rosemary Kamunya, Training Advisor, Phelelo Marole, Preservice Education Advisor,

and Mothusi Korwe, Program Technology Officer, for their commitment to the technical excellence of the program.

# Executive Summary

As a country with one of the highest HIV prevalence rates in the world at 23.3%, Lesotho has a dire need to address the state of HIV/AIDS care and treatment by urgently and effectively preparing nurses in HIV/AIDS care, treatment, and support systems. The vision of the Maternal and Child Health Integrated Program (MCHIP) has been to accelerate the reduction of maternal, newborn, and child mortality in 30 priority countries by increasing the use of a focused set of interventions that address the major causes of death among mothers, newborns, and children under five years of age. MCHIP recognizes that successful interventions must employ multifaceted, high impact, innovative strategies in order to achieve quantifiable improvements in neonatal, infant, and maternal mortality rates. One such approach - strengthening pre-service nursing education in order to improve the quality of nurse-delivered care in countries facing significant constraints in skilled human resources for health - has the potential to improve the overall level of care across national systems.

The MCHIP Lesotho nursing pre-service education (PSE) program began in May 2010 to improve the quality of nurse and midwife delivered care in the country. In addition to the Lesotho Ministry of Health (MOH), MCHIP worked closely with the Christian Health Association of Lesotho (CHAL) to provide technical assistance and build capacity, provide support to nursing and midwifery training institutions and clinical sites, and improve the clinical experiences of graduating nursing and midwifery students<sup>1</sup> to prepare them to address community health needs.

The capacity at nursing training institutions in Lesotho has been a major limitation to increasing the intake of trainees to match service demands. Poor infrastructure at some of the training institutions, CHAL schools specifically, is an added challenge. There is a general concern about the quality of nurse preparation at these institutions. Training is mainly theoretical with limited guided skills development and practicum to enable graduates to provide services without the need for immediate in-service training. The majority of practicum training sites are inadequate due to poor infrastructure, staff shortages, lack of practice standards, and communication gaps between the schools and clinical site staff.

The program goal has been to build sustainable capacity in nursing pre-service education in Lesotho, focusing on CHAL institutions. The program has contributed to increasing the number and quality of nursing and midwifery graduates in Lesotho with skills appropriate to the context of the country, taking into account the burden of disease and government priorities. The specific objectives were to:

1. Strengthen CHAL Schools of Nursing’ capacity to house and educate nursing and midwifery students;
2. Strengthen current didactic and clinical teaching practices; and
3. Support the development of an enabling regulatory environment for nursing education through strengthening the Lesotho Nursing Council.

**Figure 1 Key Elements**

**Key Elements of PSE Activities**



MCHIP’s nursing and midwifery pre-service education program has strengthened the key element areas outlined in MCHIP’s Lesotho PSE Strategic framework as shown in Figure 1. The program has developed an innovative primary care clinical placement program to

<sup>1</sup> Throughout the document, references to nursing students and nursing institutions/schools also includes midwifery students

improve the clinical education of nursing students and to strengthen the infrastructure of the nursing schools. The primary care clinical placements expose students to varied clinical activities in health centers, thereby strengthening students' clinical education experience, as well as improving the student to preceptor ratios at the clinical sites. Exposure to comprehensive primary care clinical services during training contributes to nursing students being more confident and competent to assess, prevent, diagnose and treat common conditions, as well as develop skills in community outreach. Given the distribution of the population within this remote, mountainous country, it is essential to ensure clinicians, including nurses and midwives, are able to provide essential services in rural settings, which will more broadly impact the recruitment and retention of nurses to these clinics. To date all four CHAL schools have implemented over 600 primary clinical placements with nursing and midwifery students.

As strengthening the current didactic and clinical education practices has been a key area of focus in the program, MCHIP provided training to many preceptors at the CHAL schools, who consequently identified gaps in the availability of tools and resources for teaching and assessing students and also noted a lack of communication between CHAL schools and clinical sites. As a result, MCHIP supported the development of standard tools, checklists and logbooks to facilitate capacity building efforts and facilitated communication between the CHAL schools and clinical sites to foster collaboration. Overall, MCHIP improved the clinical teaching practices among nurse clinicians and educators by providing clinical teaching methodology training, student performance assessment training and conducting related supportive supervision visits.



Student nurse observing patient education techniques  
Photo: Alice Christensen

In the area of policy and regulatory development, MCHIP developed a very close working relationship with the Lesotho Nursing Council (LNC). MCHIP developed scopes of practice for nursing, midwifery, and nursing assistants in partnership with the LNC and provided a tool to ensure that standard qualifications are met. This focus on regulation has aimed to ensure that the quality of education, service delivery and safety of the public meets established quality standards. To further strengthen the LNC's regulatory work, MCHIP provided technical assistance in drafting a revised Nurse and Midwifery Act and developed a framework for the accompanying rules and regulations. Furthermore, MCHIP supported the LNC by providing logistical and technical assistance, including building the capacity of the LNC's board to undertake regulatory work needed to strengthen nursing and midwifery education.

Notably, MCHIP worked hand-in-hand with the LNC in the development and implementation of LNC's five year strategic plan and two year operational plans to outline specific regulatory activities that will strengthen the nursing profession. MCHIP also worked with the LNC to develop an electronic database of all nurses in Lesotho. This has been vital to ensuring that a nurse is correctly licensed and qualified to work in a hospital or clinic.

A large proportion of the Basotho people live in rural areas where access to health care remains a challenge. MCHIP's approach to improving the quality of nursing care has centered on strengthening nursing education, the primary health care system, and the accrediting bodies. All these are important structures in ensuring retention of nurses in Lesotho and the provision of quality health care. MCHIP's approach to building the capacity of nurse educators and clinicians to provide supportive supervision to

students has also had a positive influence on their job satisfaction and retention. Finally, the documents that MCHIP assisted the LNC to develop have created a sustainable enabling environment for the growth and development of the nursing profession in Lesotho. In order to expand upon these achievements, it is critical that nursing and midwifery institutions and students continue to be supported to improve the quality of healthcare in Lesotho.

# Introduction

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A small, landlocked country surrounded by South Africa, Lesotho one of highest HIV prevalence rates (23%) in the world. Lesotho's HIV prevalence rate underscores the urgent need to effectively support the health sector in HIV/AIDS prevention, care, treatment and support. However, like many other sub-Saharan countries, Lesotho suffers from a shortage of human resources in the health sector as a result of "brain drain" to other countries and low numbers graduating from health education institutions, as well as the impact of HIV/AIDS on the health sector. There are 0.62 nurses and midwives per 1,000 people in the country (verses 1.172 nurses per 1,000 people in the rest of the region), further stressing the human resource shortage.<sup>2</sup> Nursing education institutions in Lesotho require an infusion of assistance to strengthen their capacity to effectively train current students, while also expanding the overall number of nursing graduates. Meanwhile, the nursing regulatory structure also needs to be supported to ensure the quality of education, service delivery and safety of the public meets established quality standards.

The MCHIP Lesotho nursing pre-service education (PSE) program began in May 2010 as part of a wider USAID/PEPFAR funded effort to improve the quality of nursing and midwifery in countries with significant constraints in skilled human resources facing a large HIV/AIDS burden. Lesotho has focused on decentralizing health care services to meet the needs of Basotho people spread throughout Lesotho's rural areas. However, there were concerns that nursing graduates were not well equipped to manage primary health care (PHC) priorities at the district level.

Following preliminary site visits by MCHIP/Jhpiego and PEPFAR/USAID in September 2009 and June 2010, MCHIP/Jhpiego conducted a participatory assessment together with the Christian Health Association of Lesotho (CHAL) of CHAL nursing schools as well as with the Lesotho Nursing Council (LNC) in September 2010, which identified gaps in nursing policy, education, and practice and developed recommendations to address critical areas within CHAL nursing schools and the LNC. CHAL is responsible for the administration of eight hospitals, many health centers, and four schools of nursing affiliated with CHAL hospitals (Maluti, Paray, Roma, and Scott).

The assessment highlighted a general concern about the quality of nurse preparation at the training institutions. The capacity of nursing training institutions, due to human resource challenges, lack of proper training and skills standardization as well as gaps in infrastructure and supplies, was also a major limitation to increasing the intake of trainees to match service demands. Training was mainly theoretical with limited guided skills development and practice to enable graduates to provide services without the need for immediate in-service training. Clinical practicums for students were not found to be standardized and were in need of strengthening. The majority of practicum training sites were found to be inadequate due to poor infrastructure, staff shortages, unclear/unstandardized learning objectives for students, lack of preparation for clinical staff to precept students, and limited central oversight.

MCHIP responded to the identified key areas of need to support nursing and midwifery education, which included the need to develop the capacity of nurse educators and refresh their clinical skills, as well as for clinical nurses to be trained as clinical preceptors<sup>3</sup>, and to continue working at the facility level to mentor students. During this time, MCHIP worked closely with the Lesotho Ministry of Health

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<sup>2</sup> Abt Associates HSS Assessment for Lesotho, 2010.

<sup>3</sup> A preceptor is an individual proficient in a particular skill who assists with the development of this competency in another individual through modelling of best practices and mentorship.

(MOH), LNC and CHAL. The MCHIP/Lesotho program goal has been to build sustainable capacity in nursing and midwifery pre-service education in Lesotho. Objectives were to:

1. Strengthen CHAL Schools of Nursing's capacity to educate nursing and midwifery students;
2. Strengthen current didactic and clinical teaching practices; and
3. Support the development of an enabling regulatory environment for nursing education through strengthening the Lesotho Nursing Council.

MCHIP's long term strategy in Lesotho has been to educate stakeholders including nursing institutions and clinical practical sites of the important role of clinical experience to nursing and midwifery students' education. MCHIP has held Memoranda of Understanding (MOUs) with both CHAL and the LNC since 2010. MCHIP worked with both the nursing institutions and the clinical practical sites to strengthen clinical education for students. MCHIP fostered the relationships between the schools and clinical sites by initiating and supporting clinical placement planning meetings, supporting appropriate



Paray nursing students onsite during a rural clinical placement  
Photo: Alice Christensen

clinical assessment tools and providing commodities for student placements. MCHIP was instrumental in the development of clinical preceptors that have the capacity to teach nursing students clinical skills and therefore strengthen the clinical education of nursing students. MCHIP provided training workshops to nurse educators and clinical nurses in effective teaching skills, student performance assessment, and preceptor skills. Previously, high numbers of students had been placed in district hospitals which often had low patient numbers, placing the nursing students in a position to have to compete with nurses for time with patients. This contributed to inadequate clinical experience as well as lack of rotations in more rural settings, resulting in traditionally low community health skills and test scores. MCHIP recognized that the relationship between the schools and the health facilities are essential to ensure a comprehensive clinical experience for nursing and midwifery students; MCHIP trainings always contain a mix of nurse educators and clinical nurses in order to foster these relationships.

MCHIP provided substantial support to the LNC since 2011. The LNC is an autonomous regulatory body which has been mandated to regulate the training and practice of nurses and midwives in Lesotho. However, at the time of MCHIP's introduction, the LNC was found to be facing many operational challenges that were directly affecting their ability to regulate nursing and midwifery in the country. Specifically, the Registrar was the only full time employee of the LNC, the Board was not fully functional, and the LNC had no office infrastructure.

After the 2010 MCHIP in-depth assessment and subsequent expert regulatory consultant technical visits, the LNC prioritized strategic activities aimed at strengthening the regulatory capacity of the Council including capacity building of the Registrar, the Board and its committees. These priority activities were outlined in the MCHIP-supported LNC five-year strategic plan and two-year operational plan. The LNC and MCHIP subsequently used these key documents to develop a strategy that builds the foundation of the LNC's regulatory structure. With MCHIP support, this has included the revision of the Nurses and



MCHIP PSE Advisor, LNC Registrar & President, and MCHIP consultant working on LNC's Strategic Plan  
Photo by Alice Christensen

Midwives Act of 1998, a consultation process for consensus building for the revised Nurses and Midwives Act, development of administrative rules and regulations (to support the Act), development of scopes of practice for three cadres (nursing assistant, nurse and midwife), development of nursing and midwifery practice standards and education standards, revision of the registration and licensure process, development of a board orientation manual, an advocacy plan for passage of the new Act, and development of a Code of Conduct and development of a Code of Ethics (in collaboration with Lesotho Nurses Association). MCHIP also supported the development of the LNC Board and Registrar through provision of various governance trainings. MCHIP supported the LNC in

introducing a new electronic nursing registration and licensure database. Prior to MCHIP's assistance, the LNC maintained paper-based records. Onsite training and support with data entry was provided for the electronic registration database. Having an electronic database enable the LNC to efficiently track professionals to ensure they are maintaining licensure and continuous professional development requirements, track disciplinary processes of individuals, and run various reports that can aid in human resource development and planning.

There are several Health Development Partners (HDPs) in Lesotho focusing on building capacity of human resources for health in Lesotho: Irish Aid is currently offering financial incentives to nurses choosing to work rurally in Lesotho; the Nursing Education Partnership Initiative (NEPI) focuses among others things on the training of midwives, and the Millennium Challenge Corporation (MCC)-Lesotho has supported building or revitalization of more than 80 percent of the Lesotho's health centers. Supporting training institutions to ensure that nurses acquire the needed primary health care (PHC) skills has never been implemented in Lesotho. Therefore, the multi-faceted approach employed by MCHIP of equipping student nurses from the grassroots level with appropriate skills to work competently and confidently at the PHC settings, developing the necessary students' supportive supervisory skills among nurse educators and clinical nurses, as well as availing continuous professional development resources for both the clinicians and the students while at the health centres have been invaluable and unique, and has complemented the strategies implemented by the other HDPs.

**Figure 2. MCHIP’s Model of PSE for Quality Healthcare for Individuals and Communities**

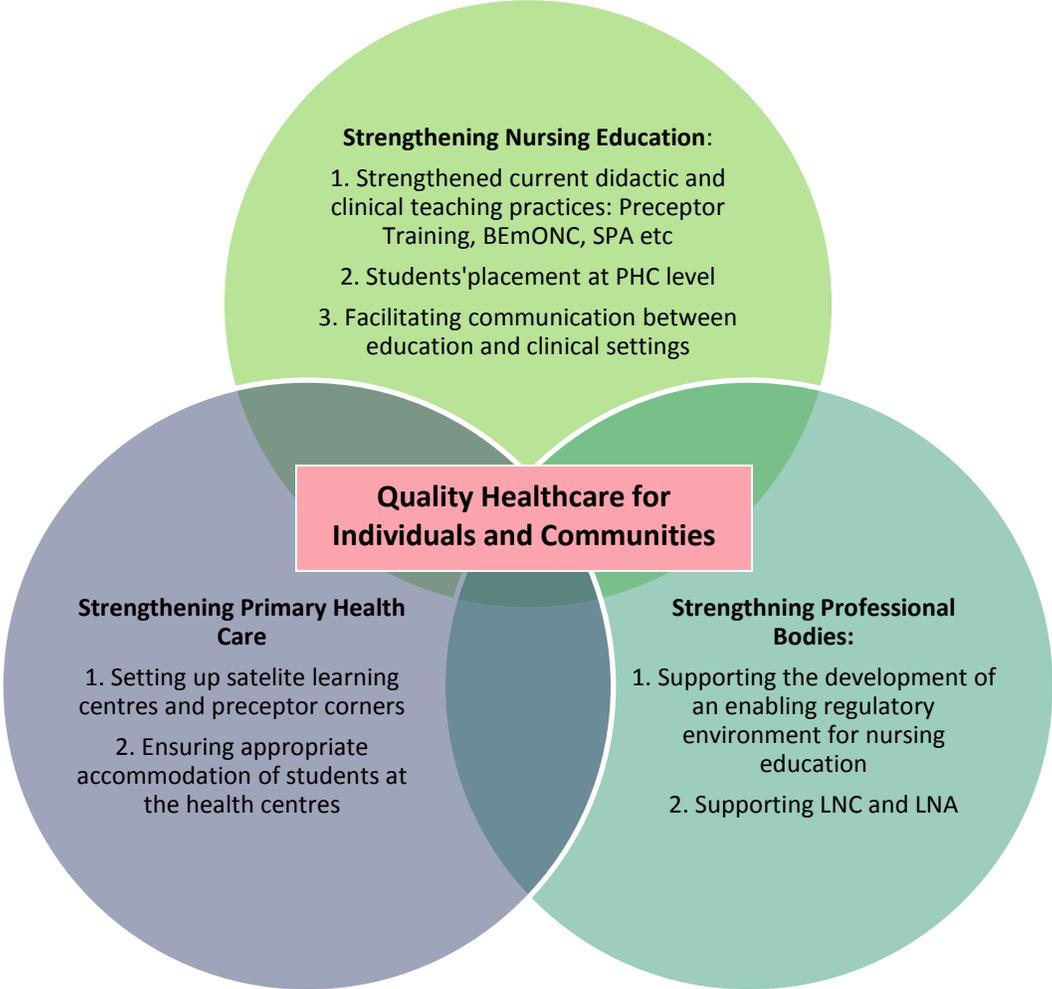


Figure 2 illustrates the unique and sustainable strategy that MCHIP developed which unifies three key elements for provision of quality nursing care, namely strengthening nursing education, primary health care and professional bodies.

# Major Accomplishments<sup>4</sup>

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## Objective 1: Strengthened CHAL Schools of Nursing's capacity to educate nursing and midwifery students

- *Conducted site assessments and strengthened health centers for student clinical placements*

MCHIP, in collaboration with CHAL schools, conducted site assessments of potential health center clinical sites related to Roma, Maluti, Scott and Paray Schools of Nursing. For appropriate planning, a clinic assessment tool was developed to assess the suitability of these health centres for clinical placements. Based on these site assessments, action plans and resources lists were developed to support the unique needs of students at their clinical placement sites to gain practical experience in nursing. MCHIP supported CHAL training institutions to provide necessary resource requirements for student accommodation, such as basic furniture and supplies, as well as transportation costs for students and educators to ensure that they have sufficient resources to succeed.

During the academic year 2011/12 three health centers were assessed and found conducive to support student clinical placements while an additional seven health centers were assessed for the year 2012/13 and found suitable for students' primary health care (PHC) clinical placement. Out of the 40 health centers earmarked by CHAL training institutions for the PHC clinical placement, currently (academic year 2013/14) a total of 36 health centres are in use, following their assessment and/or re-assessment after being renovated by the MCC. More information on the expansion of student clinical placements is described under Content area 2.

- *Provided computers and learning materials for schools of nursing*

As part of efforts to strengthen the CHAL schools' infrastructure and learning materials, MCHIP procured a variety of resources for the schools. Sixty computers (15 per school) and servers were procured and networked within the CHAL computer labs; training was conducted with nurse educators and librarians in intermediate and advanced computer skills. This computer procurement has enabled schools to increase the enrollment of students by having effective computer-to-student ratios. Schools in the future may use computers for e-learning activities also contributing to increased enrollment capacity.



Nursing students attending an eGranary training  
Photo: Stephanie Reinhardt

MCHIP also procured textbooks and learning materials for school libraries, filling key gaps in available resources for educators and students. MCHIP assessment findings indicated that many schools had out-of-date textbooks making it difficult for students and educators to train in evidence-based practice and apply research findings to clinical skills.

After the computers had been set up at each school, MCHIP purchased eGranaries for each of the schools of nursing. The eGranary Digital Library provides an off-line collection of over 4 million educational resources, including books and full-text journals. Having access to this

Library will significantly improve the knowledge base of nurses and midwives. A one-day orientation was provided at each school of nursing for students, faculty and librarians.

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<sup>4</sup> Accomplishments regarding numbers trained are as of February 2014.

- *Supported satellite learning centers and preceptor corners with expanded up-to-date educational resources*

MCHIP established four Satellite Learning Centers (SLCs), one SLC per training institution, and 12 Preceptor Corners (PCs) to support onsite teaching and learning during clinical placements. SLCs are regional resource points based at a school-selected health center where students are hosted. The SLCs allow preceptors and students to access necessary clinical materials, including clinical models, teaching and job aids, and educational resources all supplied by MCHIP, and apply them to their clinical practice. Preceptor Corners have also been established in 12 health facilities (three PCs for each training institution) to provide preceptors and students with a subset of the onsite learning resources available at SLCs, particularly at sites that are not located close to a School of Nursing (SON) or SLC. In an effort to have SLCs and PCs be sustainable, schools identified each health center where a SLC or PC would be placed and were encouraged to identify a point person who would be in charge of tracking and maintaining the centers while students were on clinical placements.

**Objective 2: Strengthened current didactic and clinical teaching practices with an emphasis on primary healthcare clinical education**

MCHIP worked closely with CHAL to improve the pre-service education system by strengthening current didactic and clinical teaching practices. MCHIP’s “PSE building blocks” for this objective centered on faculty training/mentoring, clinical/didactic education, and educational quality assurance, with a focus on:

1. Strengthening education practices (working directly with SONs and clinical sites);
2. Augmenting teaching practices (faculty skills development, preceptor skills development, supportive supervision);
3. Facilitating and strengthening clinical placements in primary care settings; and
4. Improving quality assurance monitoring (including collaboration with LNC on quality assurance).



MNH champion training Lesotho nurses on BEMONC  
Photo: Lastina Lwatula

- *Developed qualified trainers and preceptors*

MCHIP worked with both the nursing institutions and the clinical practical sites to develop clinical preceptors that have the capacity to teach nursing and midwifery students’ clinical skills that link the theory and practice education component, thereby strengthening the education of nursing and midwifery students. MCHIP conducted training with close to 300 CHAL nursing and midwifery educators and nurses/midwives working in the clinical setting in areas such as effective teaching skills, student performance assessment, and preceptor skills. MCHIP recognizes that the relationship between the schools and the health facilities are essential to ensure a comprehensive clinical experience for nursing and midwifery students; trainings always contain a mix of nurse faculty and clinical nurses, fostering these relationships. MCHIP also focused on expanding partnership and ensuring collaboration with a wide range of partners, including Human Resources Alliance for Africa (HRAA), Nursing Education

*Development of Standardized Checklists and Logbooks:*

During the preceptor trainings in FY13, nurse educators and clinicians identified a need for tools for CHAL to use in teaching and assessing students during the students’ clinical education. CHAL educators requested MCHIP’s support in the development of standard tools, checklists and logbooks. Draft checklists and logbooks were created during a participatory workshop in FY13. The checklists and logbooks were finalized in FY14 and launched in collaboration with the LNC. Following the launch, educators, clinical staff and other staff members were oriented to the tools.

Partnership Initiative (NEPI), Millennium Challenge Corporation (MCC), Irish AID, Clinton HIV/AIDS Initiative (CHAI), Strengthening Professional Association's Recruitment and Retention Capacity (SPARRC), and others.

Recognizing the need for trained educators, MCHIP trained 169 preceptors in a variety of topics (see Table 1 for a list of trainings). Through a process that comprised of Training Skills (TS) courses, refresher skills trainings (EmONC), ICT training, preceptor follow-up and supportive supervision, clinical educators were trained to be more effective teachers. The various trainings built the capacity of nursing educators to be able to deliver nursing and education curriculum with more up-to-date and relevant content through effective teaching methods and assessments. The trainings of the clinical nurses as preceptors allowed students to tap into a new resource; by pairing clinical nurses with clinical teaching schools MCHIP effectively expanded the access students have to clinical educators. Although CHAL Schools of Nursing were the focus, MCHIP also included National University of Lesotho (NUL) and National Health Training College (NHTC) when appropriate.

**Table 1 List of Trainings**

Training	Course Description	No of participants trained
BEmONC Skills Refresher	Through hands-on demonstration, the participants were updated on the care of a woman and her family during labour, child birth and immediate postpartum period, including active management of third stage of labour using the clinical decision-making process, use of the partograph as a documentation and management tool for women in labour as well as newborn care and resuscitation for a mother and newborn using Kangaroo Mother Care (KMC).	20
Preceptor Skills Training (ModCal)	Blended learning approaches were utilized using Jhpiego's ModCAL for training skills learning resource package, with focus on teaching in clinical settings. Preceptors were also provided with a chance to practice demonstration, coaching and feedback skills, including feedback from peers and mentors during the group based learning. Co-training opportunities were given to those with potential to develop as trainers to facilitate sustainability of the training program.	169
ICT Skills Training	MCHIP conducted ICT training for the SONs to equip nurse educators with skills to computers, MS Office software, and multimedia resources to achieve an intermediate skills level at document and presentation creation, editing, and formatting.	40
Student Performance Assessment Training	This training prepared educators to develop and use standardized, evidence based assessment tools and methods. This included the development of test items, critiquing and validation test items, exam blue book printing and setting item banks, establishing criterion pass scores and developing objective skills assessment tools.	35
Effective Teaching Skills	Learning resource designed for preservice faculty development educators, to strengthen their classroom and clinical teaching skills, through providing them with opportunities to practice effective teaching skills under supervision of qualified trainers who provide coaching and feedback during and post training. Participants had opportunities to prepare and deliver interactive classroom presentations including formulation of learning objectives, lesson plans, preparation and effective use of audio visual aids, and other effective learning and effective strategies.	17
TOT	Participants who demonstrated teaching abilities and interest were given opportunities to co-train under mentorship of regional trainers to build local capacity for program sustainability. The Jhpiego Trainer pathway was followed by taking the candidate trainers through the co-training experiences in training skills using ModCAL for training skills learning resource package.	11

High performing trained educators and preceptors were identified as candidate trainers and were invited to co-train with Jhpiego trainers to become qualified trainers. A total of 8 candidate trainers successfully became qualified trainers under MCHIP.

- *Facilitated intermediate and advanced computer training*

Following the purchase of computers for the SONs, 40 nurse educators and librarians were trained in intermediate and advanced computer skills in July 2013 with follow-up in November 2013. Participants were found to have implemented the new skills acquired at a satisfactory level including effective teaching presentations with multimedia, utilization of documents using cloud storage and calculation of continuous assessment. With the knowledge gained from MCHIP's ICT trainings, nurse educators and librarians are now well equipped to teach students how to use new multi-media tools to support their education.

In addition MCHIP identified and introduced a new learning management system to CHAL NTI. In the selection of the system, the core system functionalities were (1) tracking of students from admission until graduation and (2) ability to allow faculty members to manage the courses they teach. The identified system offered more flexibility and lower costs to the NTI office whenever they had to change program details. Fedena, an opensource web based school management system, offers the following functionalities: a) Student Admission; b) Employee registration; c) Course/program, subject creation; d) Employee course assignment; e) Course Exams management; f) Reports generation; g) Transcript Generation; and h) Human resources management.

- *Established standardized primary healthcare clinical placement system which increased hand-on clinical experience for students and improved clinical site and school collaboration*

Building on a successful pilot in 2011-2012, MCHIP developed an innovative primary care clinical placement program to improve the clinical education of students within the partner CHAL Schools of Nursing. The primary care clinical placements expose students to varied clinical activities in health centers, thereby strengthening students' primary health care clinical education experience, as well as improving the student to preceptor ratios at the clinical sites. Exposure to comprehensive primary care clinical services during training contributes to nursing students being more comfortable to assess, prevent, diagnosis and treat common conditions. Given the distribution of the population within this remote, mountainous country, it is essential to ensure clinicians, including registered nurses (RNs) and registered midwives (RMs), are competent and confident to provide services in rural settings, which will more broadly impact the recruitment and retention to these clinics. Through MCHIP all four CHAL schools implemented over 600 primary clinical placements in over 35 health centers on rotational basis.

During each clinical rotation, the students and clinical staff were given evaluation forms developed by MCHIP with the aim to:

- Evaluate primary health care clinic venues providing placements to nurse and midwifery students;
- Identify strengths and/ or limitations of clinical placement venues;
- Provide an opportunity for students, clinic staff and faculty staff to comment on their perception of clinical learning and on the clinical placements; and
- Assist clinical venues in improving and enhancing the learning environment they provide students.

Findings from these clinical evaluations revealed that the PHC clinical placements are a successful model from the perspectives of faculty, clinical staff and students. The evaluations revealed that majority of students agreed that the placements assisted their learning and enhanced their confidence in clinical skills which nurses must possess to enable them to provide quality nursing care at the PHC settings where a large population of Basotho people lives.

More than 85% of students agreed / strongly agreed that, overall the clinical placement was a relevant learning experience and the placements enhanced their clinical skills, the top 5 being – diagnosis and treatment, physical exam, communication skills, HIV care and treatment and maternal child health skills. They highlighted the following as some of the best experiences they had: diversity of clinical learning, supportive staff, good learning atmosphere, and exposure to maternal child health and HIV care. Most students indicated an increase in confidence level regarding their clinical skills following these placements. Upon graduation, 67% of students that did a clinical rotation at a health center stated they would like to work in a similar setting. Both students and preceptors requested that the time for clinical placements be increased to at least 4 weeks.

*“I would like to thank the school for the opportunity, which contributed so much to our learning, and prepared us for situations we may find ourselves in.”*

– 2<sup>nd</sup> year nursing student.

Feedback from preceptors and students identified a need for additional educational resources, such as texts, online learning materials, job aides, and models, at the clinical sites. As a result, MCHIP procured items that have been sent to the four SLCs and 12 PCs where they are used as learning resources for preceptors and students.

**Table 2 Clinical Placements by Year**

Academic Year	Number of Health Centers utilized	Total students placed in HCs
2011 – 2012	3	15
2012 – 2013	35	256
2013 – 2014	37	401 (estimated by end June 2014)

Through this clinical placement program, MCHIP was able to greatly strengthen the relationship between healthcare facilities and the nursing schools. Prior to MCHIP’s involvement in formalizing and standardizing the clinical placement program, there was limited communication between the schools of nursing and the healthcare facilities regarding expected student outcomes and expectations.

MCHIP supported regular meetings between schools, clinical sites, educators and preceptors to develop relationships that foster the clinical placements. Each school has established co-chairs for the meeting and sets their own agendas. The purpose was also to conduct planning meetings/pre- conferences prior to placement of students with preceptors. Prior to MCHIP’s involvement the schools and the clinical sites did not have structured communication channels and planning forums.

- *Conducted operational research on primary health care clinical placements and evaluated primary care clinical placements*

Operational research for the primary health care clinical placements was launched in August 2013. The aim of this research is to determine whether clinical placements ultimately better prepare students and their preceptors to address the health priorities of Lesotho. The study employs both qualitative and quantitative methodologies where questionnaires, observation of preceptors’ interaction with students and focus group discussions with both students and preceptors will be used to collect the needed data. A total of 87 preceptors, 22 clinicians and 257 diploma students (61 of which are Midwives from Roma and Scott Schools of Nursing) were recruited as research participants. Findings will be available in June 2014.

**Objective 3: Supported the development of an enabling regulatory environment for nursing education through strengthening of the Lesotho Nursing Council (LNC)**

- *Supported the development and implementation of LNC's strategic and operational plans*

MCHIP worked hand-in-hand with the LNC in the development and implementation of LNC's strategic and operational plans. Through board trainings on good governance, regulation basics, and advocacy, the board has a greater capacity to undertake the regulatory work that is needed to strengthen nursing and midwifery in Lesotho. Furthermore, MCHIP supported the board in developing effective rules and regulations and policies that clearly outline how the LNC functions, effectively delegating key regulatory activities to the sub-committees and task teams so that the work-load become more manageable for the LNC's limited staff. The key regulatory documents supported by MCHIP provide a foundation for LNC to implement its regulatory work including development of accreditation strategies (in collaboration with the Council of Higher Education), registration and licensure standards, and professional conduct and practice activities; all of these activities contribute to the LNC's mission to keep the public safe by ensuring competent and safe practice of nurses and midwives in Lesotho.

The LNC strategic plan has provided the LNC a framework to develop key regulatory activities which ensures they have the necessary building blocks to undertake their regulatory activities. Given LNC's minimal staff, the strategic plan clearly outlines the priority tasks that are needed to build the capacity of the council from the ground up. This also allows the LNC to effectively plan future activities including ensuring various donors can support them in these planned activities. The strategic plan was finalized and printed in December 2013 and has provided a framework for the LNC to increase its effectiveness.

- *Provided registration support in the form of electronic record-keeping of registered nurses and midwives*

MCHIP introduced and supported the electronic record-keeping of registered nurses and midwives through the LNC registration database. The electronic database allows the LNC to quickly and efficiently report the number of registered nurses/midwives in Lesotho as well as determine who is up to date on their registration/licensure. This has greatly improved the efficiency of the office compared to the old paper registers. MCHIP also supported the LNC in data entry, back-up and software procurement. In addition, MCHIP provided technical assistance in the development of an action plan to increase registration and licensure of nurses and midwives in Lesotho a key element that will increase the revenue for the LNC as well as ensuring that nurses are working legally and professionally within Lesotho. The registration system was installed and configured in 2013. User training was tailored and attended by all system users and focused on the data capturing including biographical data, educational qualifications and registration information. Data migration was done to ensure previously paper-based information was captured in the database. In 2014 a second training session was held focusing on registration and licensure approval and report generation.

- *Provided technical assistance for LNC review of the Nursing and Midwifery Act and associated rules and regulations*

MCHIP regulation consultants have provided technical assistance to the LNC to review the Nurses and Midwifery Act. MCHIP further supported technical assistance in the development of an advocacy plan that outlines key activities for passage of the drafted Nursing Act. The current Act of 1998 is outdated and does not take into account many of the new health priorities of Lesotho and the related tasks that nurses are performing. Furthermore, the Act has stringent and outdated policies and guidelines binding the LNC to procedures that are no longer relevant. Previous attempts to revise and pass a new Act have failed primarily because there was but no formal advocacy plan in place. The MCHIP supported advocacy plan stipulates processes and key steps that the Nursing Bill has to follow prior to becoming an Act, including lobbying strategies the LNC must employ, to ensure the bill reaches parliament.

- *Supported LNC to develop scopes of practice for nursing, midwifery, and nursing assistants and to operationalize national education standards and link to national accreditation*

MCHIP supported the LNC to develop Scopes of Practice for nursing, midwifery and nursing assistants in June and August 2013. In addition, MCHIP supported the development of Standards for nursing and midwifery education and practice in June and August, 2013. These foundational documents provide a point of reference for the LNC's regulatory framework and define measurable elements to ensure that institutions and professionals meet professional qualifications. The standards provide a tool for nurses and institutions to be measured against. Similarly, the Code of Conduct outlines key areas that each nurse must meet and maintain to be considered a professional. Previously, these national documents did not exist making it impossible for the LNC to appropriately accredit institutions and confer professional qualifications. The development of national standards will allow the LNC to effectively measure current



Nursing student working in the maternity house during her clinical placement outside of Thaba Tseka  
Photo: AZ Tice

level of care/education, identify current gaps and will eventually inform key activities that will improve the quality of nursing and midwifery care and education in Lesotho. The draft documents were shared with stakeholders (nurses, midwives and nursing assistants) for comments and feedback in June 2013. They were finalized in 2013 and will be endorsed by the Council and vetted by the Minister for Health. Every licensed nurse/midwife will be required to possess a Code of Conduct to reference during their professional practice. In addition, the Standards of Nursing and Midwifery Education have been used to develop a pilot quality improvement tool that will be linked to LNC accreditation of nursing and midwifery schools (in collaboration with Council of Higher Education (CHE). Accreditation of the schools is a key regulatory activity that ensures that schools are all meeting a standardized level in teaching elements, infrastructure, governance and program outcomes ensuring that all nursing and midwifery students are graduating with the appropriate education for registration and licensure. By accrediting institutions, the LNC is ensuring that graduates from the schools are receiving the appropriate education and are ready to enter the workforce.

# Cross-Cutting Themes

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## Quality

- Matched education to practice: Ensured new graduates who are deployed to provide healthcare for the Basotho population have the relevant education and training for deployment.
- Ensured clinicians who precept students know how to 'grow' these upcoming leaders, not just delegate tasks without giving scientific reasoning behind clinical processes.
- Ensured educators are using modern, relevant technologies and information to teach this next generation.
- Ensured the LNC has the capacity to meet its mandate by strengthening the LNC's credentialing committee and operationalizing national education standards.
- Provided nurses/midwives and nursing/midwifery students with modern, updated resources at clinical sites and at schools to ensure they are practicing with the best knowledge available in the field of nursing. SLCs enabled students to keep practicing their skills with trained preceptors.

## Scale-Up

- Clinical placement program introduced and scaled-up to provide the opportunity for more students to gain hands-on clinical experience and know-how before entering the workforce.
- Clinical placements enabled a focus on redefining nursing and midwifery education to make it relevant to Lesotho's needs and supported MOH efforts to revitalize primary health care (PHC) in Lesotho. The clinical placements demonstrated that since PHC is the first point of contact for most patients accessing services, supporting students at PHC rotations is feasible and relevant.
- Technical assistance provided to the LNC for review of the Nursing and Midwifery Act and associated rules and regulations allowed national support for the growth of the nursing profession in Lesotho.
- Supported the development and implementation of the LNC strategic and operational plan, which outlines priority tasks for building capacity of the LNC to support nurses on a national scale.

## Measurement

- The study on clinical placements enabled MCHIP to assess key issues related to competency, retention and deployment for nursing and midwifery students. The overall aim of the study was to understand the acceptability and usefulness of PHC clinical placements for nursing and midwifery students. Main objectives included:
  - To determine whether PHC clinical placements improve competency and confidence of nursing and midwifery students.
  - To describe whether PHC clinical placements increase students' likelihood of accepting deployment at a PHC clinic post-graduation.
  - To determine whether the PHC clinical rotation increases exposure to country-relevant clinical experiences compared to the hospital setting.
  - To determine whether PHC clinical placements contribute to increased job satisfaction and professional performance of RNs and RMs as preceptors in the PHC setting.
- Development of scopes of practice for nursing, midwifery, and nursing assistance in partnership with the LNC provided a tool to measure students and institutions against in order to ensure that standard qualifications are met.

# Recommendations and Way Forward

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A large proportion of the Basotho people live in rural areas where access to health care remains a challenge. PHC is an important strategy that addresses the main health problems in communities through the provision of promotive, preventive, curative and rehabilitative services. MCHIP developed a unique and sustainable strategy that unifies three key elements for provision of quality nursing care, namely strengthening nursing education, PHC and the accrediting bodies (See Figure 2). All these are important structures in ensuring retention of nurses in Lesotho, which remains a challenge.

The development of nurses from the early stage of their education and training - so that by the time they complete their training, they are well prepared to be placed anywhere in Lesotho - motivates them as young professionals to see that there is growth and development in nursing. When placed at these facilities, student nurses acquire critical thinking and problem solving skills. Placement at PHC settings further instills a love and willingness among nurses to serve people in primary health care settings – another important aspect for retention. Supportive supervision for students as well as for the clinicians has been found one of the key issues in the retention of staff working in rural settings. Therefore, building capacity for educators and clinicians to provide supportive supervision to students has a positive influence to the nurse educators and clinicians' job satisfaction and retention.

The LNC has developed a continuing professional development (CPD) program which is a prerequisite for all nurses to renew their licensure annually. One of the aspects to acquire a CPD point is reading/studying relevant nursing/medical literature. Placement of SLC and PCs at the PHC settings will assist these nurses to access reading resources at their working sites and to acquire the needed CPD points for re-licensure with LNC, while at the same time studying will improve the quality of work-life for these practitioners. The documents that MCHIP assisted the LNC to develop have created a sustainable enabling environment for the growth and development of the nursing profession in Lesotho.

The MCHIP program has worked hand-in-hand with local nursing professionals for all program activities, ensuring skills building and program sustainability. These important initiatives should be continued for the betterment of nursing and the provision of quality health care for Basotho.

## Continue improvements in clinical education

- Clinical placements relevant to the country context should be continued to close the gap between theory and practice.
- Education and practice should be strongly linked to ensure that education changes at the same time (or before) practice does. Educators should be included in policy discussions so that they can prepare nursing and midwifery graduates with the required skills.
- Clinical placements should be institutionalized, with schools and facilities taking joint responsibility. Co-funded pre- and in-service preceptorship training initiatives should be explored to ensure competency in specific clinical skills.
- There is a continued need to find housing solutions for students in clinical placements, as some of the housing was inadequate.
- Model sites for clinical placements should be developed to showcase best practices, through ensuring preceptors are trained and remunerated for their role in precepting students, addressing the issue of housing sites, and ensuring that patient volume is adequate for the clinical experience to be fruitful.

## Continue training preceptors and nursing educators for skills improvement

- Continue to support the education of nurse educators to ensure they are delivering effective didactic and clinical education to students.

- Continue to support the teaching of clinical skills for nursing and midwifery students and ensure the teachers themselves are up-to-date.
- Support the development of a formal job description for clinical preceptors, in order to make this position desirable and competitive. The position should include remuneration.
- Follow-up a cohort of students to assess the long-term aspect of clinical placements and education particularly in the area of recruitment and retention.

LNC should continue to implement the systems and tools developed with MCHIP to increase the effectiveness and quality of nurses in Lesotho

- The LNC should be supported to increase registration and licensure rates of nurses in Lesotho to ensure nurses are working legally and professionally in the country.
- The LNC should continue to implement its advocacy plan as well as the strategic plan to increase its effectiveness as a regulatory body.

On-going support is needed to continue strengthening and expanding the effectiveness the LNC. Examples of future support and collaboration possibilities include:

- LNC is still in need of office space to accommodate the needs of the organization.
- LNC should be supported to hire a Support Education Officer, Professional Practice Officer and Registration and Licensure Officer to support the registrar's heavy workload and increase its ability to implement key regulatory activities.
- LNC should be supported to implement a registration and licensure campaign. Ensuring that nurses and midwives are working with current licenses is important for the regulatory structure as well as the financial stability of the LNC.
- LNC should be provided with IT support to improve the efficiency of current systems.
- LNC should be provided with support to accredit training institutions:
  - Support national and internal SBM-R teams;
  - Provide technical support to accredit clinical sites;
  - Collaborate with Council on Higher Education (CHE) on accreditation activities.
- The LNC should be supported to expand the continuing professional development (CPD) program:
  - Provide support to the LNC to register CPD providers;
  - Develop LNC courses for CPD credit and as income generators for LNC;
  - Conduct formal evaluation of CPD program at 2 years.
- LNC should be supported to ensure national competencies are integrated into curriculum, as the current curriculum uses unknown competencies.
- Roll out a PSE Regulation Module to all nursing and midwifery schools to increase graduates knowledge in the importance of regulation and licensure.

Continue to support the MOH to implement practice standards related to nursing and midwifery

- Support national and internal SBM-R/MOH accreditation teams.
- Provide technical support to develop QA tools in collaboration with the MOH to integrate nursing standards with their current QA tools.

# Annex 1: Indicator Matrix

## Performance Management Plan (PMP)

INDICATOR	DEFINITION/ CLARIFICATION	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS PAST YEARS/PY6 TARGETS	
<b>OBJECTIVE 1:</b> Strengthen CHAL Schools of Nursing' capacity to educate nursing and midwifery students						
1.1	Number of new health care workers who graduated from a pre-service training institution**	Number of nurses, nursing assistants, and midwives who graduate from CHAL.	CHAL pre-service nursing school records	Annual	CHAL nursing pre-service school administrators	PY3: 107 PY4: 151 PY5: 242 PY6: 180
<b>OBJECTIVE 2 :</b> Strengthen current didactic and clinical teaching practices in CHAL Schools of Nursing						
2.1	Number of HCW successfully completing in-service training ** (refresher skills, TOT, SPA, ICT, BEmONC/AMSTL, FP)	This may include clinicians, tutors and preceptors	Training participant tracking sheets	Quarterly	MCHIP staff	PY3:71 PY4:66 PY5:145 PY6: 80
2.2	Number of clinical sites supported for nursing students' primary care clinical experience	Clinical site support	Program records	Quarterly	MCHIP staff	PY3:N/A PY4:3 PY5: 35 PY6:25
2.3	Number of nursing students placed at primary care clinical practical sites	Rural clinic placement	Program records, policy document	Quarterly	MCHIP staff	PY3: N/A PY4: 15 PY5: 230 PY6:300
<b>OBJECTIVE 3:</b> Support the development of an enabling regulatory environment for nursing education through strengthening the Lesotho Nursing Council					Note: regulatory indicators were new in PY6	
3.1	Number of documents developed for increasing the operational and regulatory capacity of the Council	Includes final policies, guidelines, codes, frameworks developed or sponsored by MCHIP with the Council	Program records, technical reports, policy documents,	Quarterly	MCHIP staff	PY3:N/A PY4:N/A PY5:N/A PY6: 3
3.2	Number of sites supported with a piloted QA tool	MCHIP aims to support dissemination and piloting a draft QA tool at one educational institute site with LNC task team	Site visit/site visit reports, LNC meeting notes, technical reports	Monthly	MCHIP staff	PY3:N/A PY4:N/A PY5:N/A PY6: 1

\*\*PEPFAR Next Generation Indicator

## Annex 2: Success Stories

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### Paray School of Nursing Library Assistant Puts Donations to Good Use

Damacina Rameno-Ntsekhe is the Assistant Librarian at Paray School of Nursing in Thaba Tseka in the rural and mountainous country of Lesotho. Against the rural backdrop of blue green mountains dotted by small settlements, which emit streaks of smoke from thatched rondavals, she excitedly explains that this is her first post since graduating from National University of Lesotho with a diploma in library studies in 2012. Paray Hospital, founded in the 1930s by a Swiss doctor, is now a Catholic-affiliated hospital with an attached nursing school educating and housing about 140 nursing and nurse assistant students annually. Damacina is in her mid-twenties and it is clear that she loves her job. “Some say that it’s a profession for quiet people, but I do it because I love cataloging and acquiring new materials. Libraries are centers of education and provide lifelong learning.” With poor internet connection and no nearby cities, students and faculty must rely on resources already at the school to further their education.

Damacina is responsible for maintaining the small library of 1,000 books and assisting students with research assignments. Through MCHIP’s partnership with the school, MCHIP has procured 40 of the most popular and updated books for the school’s physical library, as well as procuring and installing an eGranary, a digital library with over 4 million resources that can be accessed without an internet connection. “The books they provided helped a lot. They bought us the latest editions with the most relevant information. For example, the midwifery books we used to have were so outdated, that they said that HIV-positive women shouldn’t breastfeed. We now know that’s not accurate, but students didn’t know and were confused. Now we have the most updated midwifery books available.”

With medical knowledge constantly changing, both the school and MCHIP knew that new books weren’t enough. MCHIP installed the eGranary in the school’s computer lab and trained students, educators, and librarians to use the software. “We like the eGranary very much and it is easy to use. We don’t have to mess with junk information because we know that the good stuff is on there,” said Beloved Masava, Clinical Supervisor at Paray. The school used to order books from overseas through an agent for their courses, but the books were very expensive and delivery time was unpredictable. “Sometimes we would order books but they wouldn’t be delivered before the course was over,” said Beloved. He plans on encouraging faculty to use the eGranary materials for courses as well as assignments to ensure that all students have the materials they need to succeed in their courses.

In addition, Damacina, along with nurse educators from Paray, were given the opportunity to participate in an MCHIP training on information communication technology (ICT) last year. “Our reports look much better now. They taught us how to download pictures and do Power Point presentations, insert tables, and use animation.” She used this knowledge when compiling Paray’s annual report to the Council of Higher education last year: “It looked nice and I was proud.”



Damacina, Paray School of Nursing Assistant Librarian, stands in front of her office  
Photo: AZ Tice

## MCHIP Partners with Schools of Nursing to Provide Students with Confidence and Skills-Building Clinical Placements for Nursing Students

Tsepiso Jomane is a 21-year-old nursing student at Roma School of Nursing in Lesotho, about 34 kilometers from Maseru, the capital city. She decided to become a nurse when, as a girl, she witnessed firsthand the shortage of nurses in the community in which she grew up: “When my grandmother fell ill, we took her to the local clinic. She was discharged before she regained her health due to a shortage of staff and space in the clinic. She had ulcers and was unable to care for herself, but she still had to leave.”

Tsepiso, now a third year student at Roma School of Nursing, was chosen to participate in an MCHIP-supported rural clinical placement. Jhpiego/MCHIP supports four nursing schools, including Roma, in the placement of nursing and midwifery students in primary care clinics. These placements aim to strengthen students’ capacity and experience through exposure to ‘real life conditions’ with an emphasis on having nurses gain experience in clinical decision making. Traditionally, high numbers of students have been placed in district hospitals for their clinical rotations, which has contributed to a lack of a varied clinical experience. The lack of rotations in more rural settings has resulted in traditionally low community health skills and test scores amongst senior students. In addition, many of these health centers experience challenges in recruiting and retaining nurses. By exposing and preparing students for these health centers roles, MCHIP and partners hope graduating nurses will be confident in their work at the health centers and be more willing to be recruited and retained in these essential positions.

Tsepiso was placed in rural Nazareth Clinic for a month-long clinical placement. “The experience was valuable because I got to see all corners of health services. I worked in pharmacy, immunization, HIV counseling and treatment, and the under-5 clinic. The experience was difficult, but worth it. I learned to be independent. When there’s a problem, I had to know how to act. There was no doctor to call, no one to refer to. Now when I see a patient, I feel I immediately have a plan of action instead of waiting for someone else. This experience has given me the power to take care of people.” Tsepiso also noted a



Tsepiso outside Roma College of Nursing  
Photo: AZ Tice

deepened relationship with her peers, preceptors, and patients. “One of the biggest growth experiences I had was the new relationships I formed with clinic staff, who became my supporters, coaches, and teachers.” When asked what she plans to do after graduation, Tsepiso stated without hesitation, “I plan to find a job at a rural clinic. I’ve learned that I really like working with the community. During my clinical placement rotation, I led a community health education group. I was able to create a safe space for people to talk about how HIV had impacted their lives. I feel confident now that I can help people.”

To date, a total of 205 students (including nurse assistants, general nurse students and midwife students) from four nursing schools have been exposed to primary health care clinical placements. An initial evaluation of the placements has been conducted to guide improvement for the next academic year. Eight-two percent of the students stated that the placements enhanced their clinical skills and 81 percent of students stated that as a result of the experience they feel confident working in a (rural) primary care clinic.

MCHIP and the schools will support an estimated 60 nursing assistant students, 244 general nursing students and 101 midwifery students for a total of 405 students in the 2013-2014 academic year. The continued goal of these clinical placements is to ensure that students meet their clinical learning

competencies in health promotion and disease prevention, as well as curative services in the primary care setting. An additional benefit is the confidence students gain as they build their clinical skills, as well as an increased interest in accepting rural clinical placements among young nursing graduates.

## Annex 3: List of Presentations at International Conferences and Publications

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- International AIDS Society 2012, Jhpiego authored multi country poster: *Are Educational Institutions Adequately Preparing the Nurses and Midwives of the Future for Their Expanding Role in HIV?* (July 2012)
- International Council of Nurses Congress, *Improving Nursing Education and Regulation through Task Analysis in Eastern and Southern Africa* presentation by Maleshoane Monethi-Seeiso (May 2013)
- International Council of Nurses Congress poster by Dr. Phafoli: *Variables influencing delay in antenatal clinic attendance among teenagers in Lesotho* (May 2013)
- International Council of Nurses Congress presentation by Flavia Moetsana-Poka: *Lesotho Experiences in Piloting Developed Continuing Professional Development (CPD) Program for Nurses and Midwives* (May 2013)
- International Council of Nurses Congress presentation by 'Makholu N. Lebaka: *Qualitative and Descriptive Study to Evaluate Nurses' Performance in Northern, Southern, and Central Regions of Lesotho* (May 2013)

## Annex 4: List of Materials and Tools Developed or Adapted by the Program

Program area	Document
Clinical education	Research Protocol and Related Tools for Clinical Placement Operational Research
Clinical education	Clinical Site Assessments for Clinical Placements: Paray and Maluti SONs August/September 2013
Clinical education	Revision of Clinical Placement Evaluation Tools for Preceptor, Educator, Student August 2013
Clinical education	Satellite Learning Center Guidelines and Policies August 2013
Clinical education	Lesotho Nurses' Association – ICN Mobile Library Assessment, February 2014
Clinical education	Assessment Report: Nursing Education and Practice In Lesotho, October 2010
Clinical education	Evaluation Summary: Roma SON primary care clinical placements
Clinical education	Evaluation Summary: Maluti SON primary care clinical placements
Clinical education	Evaluation Summary: Scott SON primary care clinical placements
Clinical education	Evaluation Summary: Paray SON primary care clinical placements
Clinical education	Clinical Site Assessment Checklists for Clinical Placements
Clinical education	Clinical Placement Evaluation Tools for Preceptor, Educator, Student
Clinical education	Trip report: Clinic site assessments Roma SON (1-3 and 16 October 2012)
Clinical education	Trip report: Clinic sites assessments Maluti SON, (6-8 November 2012)
Clinical education	Trip report: Clinic site assessments Scott SON, (20-21 November 2012)
Clinical education	Trip Report Thaba-Tseka clinical Site assessment April 2012
Regulation	LNC Scopes of Practice: Nursing, Midwifery and Nursing Assistant, September 2013
Regulation	Report on LNC Study Tour of the General Nursing Council of Zambia
Regulation	LNC Code of Conduct, September 2013
Regulation	LNC Code of Ethics
Regulation	Trip Report: Strengthening the LNC Board on governance and their role in education and practice regulation, 2-9 April 2013
Regulation	LNC Strategic Plan
Regulation	LNC Operational Plan
Nursing scope of practice	Nursing and Midwifery Practice and Education Standards, September 2013
Nursing scope of practice	Trip Report: LNC Scopes of Practice and Standards dissemination meeting, June 18-21st, 2013
Nursing scope of practice	Trip Report: Scope of practice and standards development for education and practice regulation, 5-20 April 2013
Training	Trip report on the development of checklist and logbooks July 2013
Training	Trip report TS/ Preceptor trainings July/August 2013
Training	Trip report follow-up of health center preceptors Sept 2013
Training	Trip report ICT intermediate trainings July 2013
Training	Trip Report on Effective Teaching Skills and Preceptor Skills Training (October 29-November 2, 2012)
Training	STTA Trip Report on PSE Program (February 4th-10, 2013)
Training	Trip Report on Follow up of Educators and Preceptors following Effective Teaching Skills and Preceptor Skills Training (March 11-15, 2013)
Training	Trip Report on Student Performance Assessment Training for Educators (March 18-22, 2013)
Training	Trip Report Preceptor Co-facilitation 28th -30th July 2013
Training	Trip Report Preceptor co-facilitation 31st July- 02 Aug 2013
Training	Trip Report Preceptor Support Supervision Leribe 6th- 11th Oct 2013
Training	Trip Report Preceptor Support supervision Thaba-Tseka Jan 19th -24th 2014
Training	Trip Report Preceptor co-facilitation Feb 1st – 4th 2014
Training	Trip Report Preceptor co-facilitation Feb 4th – 7th 2014

<b>Training</b>	Trip and Event Report on Preceptor Training Skills Workshop, 2010
<b>Training</b>	Trip and Event Report on Preceptor Skills Training Follow up, May and June 2011
<b>Training</b>	Trip report on Preceptor Skills Training Workshop, September 2011
<b>Training</b>	Trip and Event report on Student Performance Assessment Workshop August 2012
<b>Training</b>	Trip and Event report on Training Skills Course and Mentorship of Qualified Trainers, June and July 2012
<b>Research</b>	International AIDS Society 2012 Jhpiego authored multi country poster: Are Educational Institutions Adequately Preparing the Nurses and Midwives of the Future for Their Expanding Role in HIV? (July 2012)
<b>Research</b>	Lesotho Nursing Task Analysis Report, October 2013
<b>Research</b>	Social Work Education and Practice in Lesotho, July 2013, note: co-funded with Human Resources Alliance for Africa