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ASEC Special Evaluation Report

3 GOOD HEALTH
AND WELL-BEING



GOOD HEALTH & WELL-BEING: ASEC'S IMPACT



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ASEC



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April 2022

ASEC Special Evaluation Report



Good Health & Well-Being: ASEC's Impact

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On the Cover: ASEC alumnae assist in increasing children's interest and understanding of healthcare careers at Career Day in Nigeria.

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Good Health & Well-Being: ASEC's Impact

ASEC Special Evaluation Report (April 2022) Executive Summary

Ensuring healthy lives of individuals is key to achieving the United Nation's Sustainable Development Goals (SDGs) for 2030. Access to quality healthcare has been found to greatly improve life expectancy but inequalities in access, especially in sub-Saharan Africa, persist. Catholic sisters are working to improve access to much needed health services and change these statistics.

2022 ASEC Special Report

The central goal of this special evaluation report of ASEC is to explore how alumnae of the SLDI and HESA programs **are impacting ministries in healthcare in Africa.**

The UN's SDG 3 Target indicators informed the questions on the ASEC Special Report 2022 Healthcare Ministries Survey, which was then distributed to selected participants. The survey focused on five thematic areas:

1. Improved Health Service Areas
2. Patient Increased Due to COVID-19
3. The Pandemic's Impact on Ministry
4. Changes Made in Ministry
5. Use of ASEC Acquired Knowledge & Skills



Sr. Constanca Lungu, LSSF, SLDI Alum, with her staff at Makunka Health Center in rural Zambia.

Healthcare Ministries Surveys were distributed to all ASEC alumnae who were in attendance at the 2021 ASEC Alumnae Workshops and serving in a related healthcare ministry. In total, 237 alumnae completed the survey (155 SLDI, 60 HESA, 18 HESA/SLDI, and 4 Scholarship).

Some of the final results from the 2022 Special Report include:



Healthcare Improvement

57% of sisters serving in healthcare assisted in improving nutritional services, followed by 43% improving infant health



Patient Increases

58% of sisters reported experiencing an increase in patients since the COVID-19 pandemic began



COVID-19 Impact

Most sisters reported that COVID-19 had a **significant or moderate impact** on their ministries, with 66% making a change in their ministry as a result



Using Knowledge & Skills

90% of sisters have used their ASEC acquired knowledge and skills to assist them during the COVID-19 pandemic

●●●●● *Left: SLDI participants assist children in understanding healthcare related careers at Career Day in Nigeria.*

Introduction

The central goal of this special evaluation report of the African Sisters Education Collaborative (ASEC) is to explore how alumnae of the Sisters Leadership Development Initiative (SLDI), Higher Education for Sisters in Africa (HESA) and Scholarship programs are impacting ministries in healthcare in Africa. Annual evaluation reports of each program show that many alumnae work in healthcare settings as nurses, midwives, social workers, hospital administrators, nutritionists, and a variety of other positions. Reports also show evidence that alumnae in healthcare ministries improve the internal systems of clinics and hospitals, have taken on various leadership positions, and have mobilized resources to improve the quality of care provided in ASEC's 10 countries of operation. ASEC's 10 countries of operation include Cameroon, Ghana, Kenya, Lesotho, Malawi, Nigeria, South Sudan, Tanzania, Uganda and Zambia. In addition, given the unprecedented events of the coronavirus disease of 2019 (COVID-19) over the past two years, ASEC felt it was timely to specifically address the impact of its programs on the promotion of good health and well-being. Therefore, this report will take a deeper look at how the SLDI, HESA, and Scholarship programs are enabling sisters to make positive impacts in their ministries and improve the health and well-being of all.

This is the third special report produced by ASEC, all of which have focused on qualitative data. Through its special reports, ASEC aims to provide a complete picture of the outcomes and impact of ASEC's programs.

RESEARCH QUESTION

The research question for this special evaluation report stemmed directly from each program's evaluation objectives. The central research question to be answered by this report is: What impact do alumnae of the SLDI, HESA, and/or Scholarship programs have on their healthcare ministries in Africa?

METHODOLOGY

ASEC staff analyzed the United Nation's Sustainable Development Goal 3 Good Health and Well-Being's target measures. The target measures were then used to create an applied Healthcare Ministries Survey, included in the annual 2021 ASEC Alumnae Survey. This was the first instance in which the Healthcare Ministries Survey was distributed to alumnae. Sisters who indicated serving in ministries related to healthcare were asked questions surrounding the target measures, results of which were collected via Survey Monkey. This produced quantitative and qualitative

data that was then analyzed for themes using Excel, employing the constant comparative method for analysis.

PARTICIPANTS

Purposive convenience sampling was used to identify which program participants would be surveyed. Only SLDI, HESA, and Scholarship alumnae who met specific criteria were selected to complete the survey. Required criteria included graduation from the SLDI, HESA, and/or Scholarship programs, indication of working towards SDG 3 in ministry, and agreement to complete the survey. Efforts were made to include participants from each of ASEC's countries of operation. Using this selection criteria, Healthcare Ministry Surveys were completed by 36% (N = 656) of the total alumnae surveyed in 2021 (237 total, 155 SLDI, 60 HESA, 18 SLDI/HESA, and 4 Scholarship alumnae).



Sustainable Development Goal (SDG) 3: Good Health & Well-Being

In 2015, all United Nations Member States adopted the 2030 Agenda for Sustainable Development. As part of this agenda, SDG 3 is to "ensure healthy lives and promote well-being for all at all ages."¹ Progress towards meeting SDG 3 is measured by a set of 9 targets and their corresponding indicators. Targets include: reduce the maternal mortality ratio, end preventable deaths of children, end the AIDS epidemic, and strengthen substance abuse treatment, among others. As a result of the COVID-19 pandemic, much of the progress made towards meeting SDG 3 targets in sub-Saharan Africa has been stalled or reversed.²

GOOD HEALTH + WELL-BEING

Ensuring healthy lives of individuals is key to achieving the United Nation's Sustainable Development Goals (SDGs) for 2030. Access to quality healthcare has been found to greatly improve life expectancy but inequalities in access, especially in sub-Saharan Africa, persist.² Unfortunately, the COVID-19 pandemic has also negatively impacted the achievement of SDG 3 Good Health and Well-Being, halting much of the positive change that had prior been emerging throughout the globe.³

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines well-being as "a feeling of satisfaction with life, a state characterized by health, happiness, and prosperity."⁴

UNESCO also proposes that good health comes from caring for the human body, protecting it from sickness and intoxication.

Knowledge gained through ASEC's prior evaluative studies indicates that the second largest number of program alumnae are working towards achieving SDG 3 in their communities (41%, $N = 648$). In addition, many alumnae are serving in healthcare settings (i.e. nurses, midwives, etc.).⁵

SUB-SAHARAN AFRICA

In order to reach its full potential, the population of sub-Saharan Africa requires quality health services. Poor health limits economic development in many African countries and it has been estimated that disease costs Africa \$2.4 trillion annually.⁶

The disease burden in sub-Saharan Africa remains high, accounting for just 15% of the world's population the region bears 24% of the global disease burden. Further, as countries develop, so does the need for healthcare infrastructure to meet the complex health needs of patients.⁶

IMPACT OF COVID-19

Sub-Saharan African has been greatly effected by the COVID-19 pandemic. The pandemic exposed weaknesses in the healthcare systems of many countries, especially in Africa. The long-term impact of the pandemic is yet to be seen but it is anticipated that as COVID-19 becomes endemic, African countries will continue to experience difficulties due to the combination of biological and social challenges in Africa that will ultimately increase the risk of serious disease.⁷

Good Health & Well-Being Indicators of Impact

To complete the 2022 ASEC Special Report, SDG 3 targets and indicators were closely analyzed by ASEC staff and utilized to develop the Healthcare Ministries Survey. Areas included in the survey included alumnae impact in the areas of nutrition, maternal health, infant health, emergency services, trauma/abuse, substance abuse, environmental toxins, reproductive health, and/or HIV/AIDS. Given prior research conducted by ASEC, it was known that alumnae have been greatly effected by the COVID-19 pandemic, as such questions regarding changes made in ministry as a result of the pandemic were also included.

ACKNOWLEDGEMENTS

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HEALTHCARE MINISTRIES SURVEY QUESTIONS

1. After completion of SLDI and/or HESA, have you improved services in any of the following areas?

- Nutrition
- Maternal Health
- Infant Health
- Emergency Services
- Trauma/Abuse
- Substance Abuse
- Environmental Toxins
- Reproductive Health
- HIV/AIDS

2. Have you seen an increase in patients since the COVID-19 pandemic began?

3. How has your ministry been impacted by the COVID-19 pandemic?

4. Have you actively made changes in your ministry as a result of the COVID-19 pandemic?

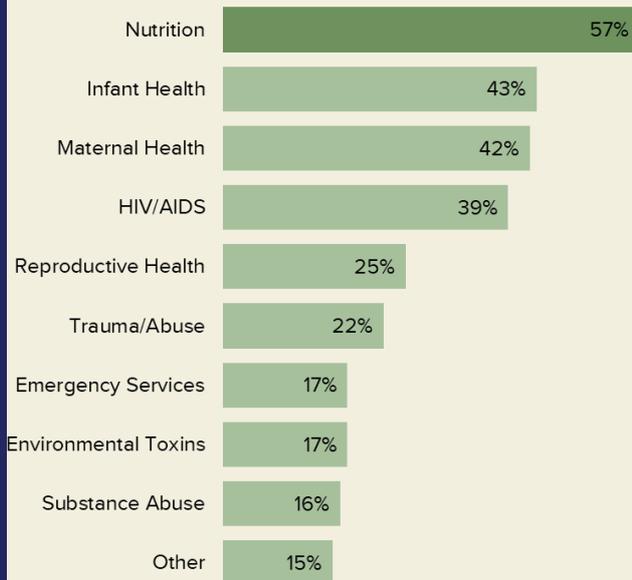
5. Have you used skills or knowledge gained in SLDI and/or HESA to assist you during the COVID-19 pandemic?

1. Improved Health Service Areas

Data collected from ASEC alumnae over the last 10 years has revealed that sisters apply the skills and knowledge they acquired through SLDI and/or HESA to the benefit of their ministries. Many alumnae report making internal systems improvements in their ministries in the forms of human resources management, strategic planning, and financial management, among others. The Healthcare Ministries Survey specifically aimed to assess the types of changes or improvements alumnae are making in the healthcare sector. ASEC staff derived potential areas of improvement from the SDG 3 indicators and used these areas as potential responses to the question, "After completion of SLDI and/or HESA, have you improved services in any of the following areas?" Results of which are detailed below.

IMPROVED SERVICE AREAS

ASEC alumnae in healthcare ministries most commonly report improving **nutritional services** after completing SLDI and/or HESA (n = 237).



Other commonly reported areas included infant health, maternal health, and HIV/AIDS related services. The areas of emergency services, environmental toxins, and substance abuse were the least commonly reported areas.

Alumnae were also provided an opportunity to expand upon how they are making improvements in these service areas. These open ended responses revealed a vast array of ways in which alumnae have worked to improved their ministries.

EXPANDING ACCESS TO MEDICAL SERVICES

Sisters often stated that they have been able to increase access to medical services which included items such as improved neonatal/maternal care and outreach, expanding reproductive health services for males and females, and providing access to immunizations/medications.

PROVISION OF HEALTH EDUCATION

Sisters also reported that they have been able to provide health education to those they serve, including education for youth, the elderly, and adult males/females. When describing the education they provide, sisters reported topics such as domestic violence, sexually transmitted infections, substance abuse, welfare, and human trafficking.

PROCUREMENT OF RESOURCES

Lastly, sisters stated that they have been able to increase resources within their ministries which included things like increased staffing, sanitation materials, medical technology, economic assistance, water, and energy supplies.

Introduced a new service to mitigate maternal death by providing shelter for expectant mothers and have bought ultra sound to provide that of checking whether a babe is growing well in her mother. -SLDI Alum

2. Patient Increases Due to COVID-19

Healthcare systems around the world saw an influx of patients beginning in 2020 as a result of the COVID-19 pandemic. African communities and their healthcare system were no different. Africa's health system, in particular, is noted as having a low level of preparedness for the pandemic, insufficient resources to prevent the spread or combat the symptoms of COVID-19, and an increased demand for essential workers.⁸ As a response, Africa's government and health system adopted the World Health Organization's COVID-19 guidelines, increased the accessibility to healthcare services for patients, and provided isolation centers and personal protective equipment (PPE) for suspected or confirmed COVID-19 cases.⁸ ASEC alumnae who worked within the healthcare system during the pandemic were asked to identify whether they noticed an increase in patients, and if so, what efforts were made as a result of that increase. Emerging themes are listed below.

IMPLEMENT NEW POLICIES

Approximately half of the ASEC alumnae reported new policies or procedures being implemented within their ministries as a result of the COVID-19 pandemic. Implementations that were reported included observing state and federal policy recommendations, implementing health safety measures, providing training and education regarding COVID-19 prevention, and social distancing. The majority of alumnae indicated that numerous policies were put in place as a result of an increased number of patients within the medical system.

RESOURCE MOBILIZATION

The impact of COVID-19 has led to a need to increase access to resources to be utilized by healthcare workers in order to be equipped to treat the influx of patients seen in their healthcare facilities. As patient numbers increased within hospitals, significant efforts were made to manage the number of hospitalizations and the severity of their patients. Alumnae described increasing their patients' access to healthcare through home visits or mobile clinics for non-severe cases, improving the level of healthcare their facility provides to more

quickly address their symptomatology (e.g., increasing the use of oxygen or prescribed medications), and acknowledging the level of care that their facilities could provide and if a patient needs more extensive medical care. Resources such as increasing medical resources accessible to staff, utilizing technological advancements for medical care (e.g., telehealth), and increasing the number of staff occurred, but were often viewed as secondary resources in fighting the spread of COVID-19.

COLLABORATION

Collaborative efforts amongst healthcare workers and governmental agencies could be an integral part of improving the healthcare system in Sub-Saharan Africa. However, this was minimally endorsed by alumnae. Those who reported collaboration occurring explained that they were able to network and collaborate through partnerships with other healthcare facilities and their staff, as well as creating committees to best serve their ministries and greater communities.

UNABLE TO MEET DEMAND

Lastly, a small subset of ASEC alumnae reported that no changes were made within their healthcare facilities and ministries as a result of their increased patient numbers.

3. Pandemic Impact on Ministry

The impact of the COVID-19 pandemic on health, social, and economic well-being has been felt by people around the world, and especially in Sub-Saharan Africa. Prior to 2020, the region underwent human and social development gains, which stalled due to the effects of the pandemic.⁷ Alumnae experienced these effects in their ministries across sectors. With 10 nursing/midwifery personnel per 10,000 people, the effect of the pandemic on the regional healthcare sector, which has been described as having "the heaviest health burden and ... weakest infrastructure in the world" was significant.⁸

COMMUNITY HEALTHCARE CHANGE

Alumnae working in healthcare were asked about the extent of the impact of the COVID-19 pandemic on their ministry. Results indicated that 46% were significantly impacted, 39% were moderately impacted, and 15% were minimally impacted (n = 262). The data suggest the pandemic is having major repercussions in Africa, with nearly half of the respondents reporting that the COVID-19 pandemic significantly effected their healthcare ministries.

PERSONAL LIFESTYLE CHANGES

The impact of COVID-19 on the lives and ministries of alumnae was dynamic. Alumnae reported lifestyle changes related to the pandemic, including psychological distress, financial challenges, and social isolation. They also reported positive changes such as more time to share with others, to pursue interests, and to volunteer.



Sr. Astridah Banda, OP, started a radio program and campaign in Zambia to translate COVID public health messages into local languages. In 2020, she was recognized by the Bill & Melinda Gates Foundation as an "unsung hero" of the pandemic.

WORKPLACE CHANGE

Healthcare organizations underwent significant change as a result of COVID-19. Strain on financial, personnel, and technical resources resulted in increased workloads, decreased educational opportunities, and transitions to remote work. Some alumnae reported increased staffing at their workplaces to address the pandemic, while others experience staff shortages related to cuts and infection among staff. 17 alumnae experienced closure or a pause in services at their workplaces. Lack of PPE and other equipment and fewer patients due to the stigma of COVID were reported as challenges among alumnae.

“ PANDEMIC IMPACT LINKED TO PERSONAL AND ORGANIZATIONAL CHANGE IN THE HEALTHCARE SECTOR

“ During the pandemic times it was very difficult in the health sector. Cost of running the facility went so high as we needed to purchase PPE and adhere to the requirements ... Many people were afraid to come for treatment for fear to contract the virus and also for lack of funds ... We laid off some employees and for those who remained we had a pay cut. Health workers were afraid to work. -SLDI Alum

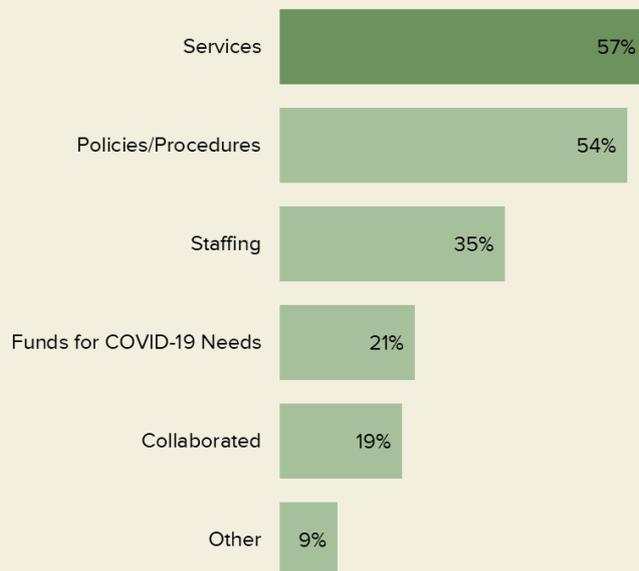
“ Last 2020, personally I experienced fear and anxiety of the pandemic the same was visible from clients and patients even other health workers. -SLDI Alum

4. Changes Made in Ministry

The COVID-19 pandemic has contributed to heightened stress on healthcare systems in particular as they navigate uncertain times and attempt to evolve to the changing demands during a pandemic.⁹ Healthcare facilities require flexibility in order to quickly accommodate the needs and demands within the healthcare sector at any given time, especially during a crisis like COVID-19.¹⁰ Research suggests that common changes made in healthcare in response to COVID-19 include use of PPE, initiation of quarantines, deferment of certain medical procedures, symptom screening, increased testing facilities, and bolstering social support systems.¹¹

Alumnae were asked to report if they had made any changes in their ministries as a result of the COVID-19 pandemic. A total of 157 respondents indicated that they made at least one change in their ministry as a result of the COVID-19 pandemic. The graph below shows the specific types of changes that were made.

The most common change alumnae reported making in their ministry in response to COVID-19 was in **services provided** (n = 157).



HEALTH + SAFETY MEASURES

The majority of sisters described implementation of health and safety measures within their ministries as a result of the COVID-19 pandemic. This includes changes such as utilizing personal protective equipment (PPE; i.e., wearing masks, hand-washing, use of

sanitization), taking temperatures, training and education about disease prevention, use of technology to decrease face-to-face contact, social distancing, attending to psychological well-being, and COVID-19 testing.

CHANGES IN FUNDING/PAY

Sisters also reported financial changes resulting from the pandemic. The COVID-19 pandemic impacted sisters financially by contributing to both increases and decreases in staff pay, as well as the need for increased fundraising due to a lack of funds.

COLLABORATIVE EFFORTS

Collaborative efforts were also identified as an outcome of the COVID-19 pandemic within Sisters' ministries. Sisters reported increased collaborative efforts overall within their ministries, as well as in more specific ways such as in maintaining contact with health and governmental agencies throughout the pandemic; increased community support, including welfare support and donations of food and masks; and occupation changes.

NO CHANGES MADE

Lastly, a small number of sisters responded that no changes were made within their ministries as a result of the COVID-19 pandemic.

5. Use of Knowledge & Skills

Mid-level healthcare workers (MLWs) have been found to hold high value in Africa's health systems because they are more likely to be retained in underserved areas and require shorter training courses than traditional medical doctors.¹⁶ This research demonstrates the importance of up-to-date training for MLWs and for the patients that they serve. Providing access to proper training for MLWs could drastically improve healthcare access and well-being for many individuals in Africa. ASEC programs are assisting in fulfilling this need.

ASEC alumnae were asked if they have used the skills and/or knowledge they gained from the SLDI and/or HESA program(s) to assist them during the COVID-19 pandemic. Of those that responded to this question ($n = 281$) 90% reported that they have been able to use the knowledge and skills they gained from ASEC programming to assist them during the COVID-19 pandemic.

LEADERSHIP + ADMINISTRATION

Leadership and administration skills were often identified by sisters (43).

Administration, management, and leadership skills and strategic planning were identified by sisters as skills gained in SLDI/HESA to assist them during the COVID-19 pandemic.

RESOURCE MOBILIZATION/FINANCE

Thirty-three (33) sisters shared positive feedback about using finance and resource mobilization skills. Sisters utilized skills to write proposals and reports, manage resources, and to plan, budget, and procure new supplies. Sisters also promoted farming, crop growing, fundraising, and other income generating projects.

INTERPERSONAL SKILLS

The majority of sisters (84) indicated that they have used interpersonal skills gained from the ASEC programming during the COVID-19 pandemic. This includes mentoring skills, teamwork and collaboration, increased self-confidence,

and counseling skills, conflict resolution, communication skills, and stress and time management.

“Some staff member were infected, as a manager I worked hard to keep my staff going. I communicated with them daily. I contacted the higher health authority while the immediate authority was indecisive on the matter and immediately they responded and safe more staff to be infected. That was the skills given to us as stewardship and be in a better position to communicate. -SLDI Alum

HEALTH + SAFETY SKILLS

A small number of sisters (14) reported gaining and using health and safety skills during the pandemic. These skills include the use of medical and science skills and knowledge and the use of proper PPE (i.e. mask wearing, hand sanitizing, etc.) to prevent the spread of COVID-19.

TECHNOLOGY SKILLS

Technology skills were also identified and used during the pandemic by 19 sisters. These skills were used to safely complete work and education requirements virtually to prevent the spread of COVID-19.

“As a student it has helped to be able to understand and adjust myself to use the new models of learning. I did not find it hard to follow online studies as the pandemic is challenging us to have face to face learning classes. -SLDI Alum

Participant Case Study

SR. ELIZABETH DIDAS SWAI, LSOSF

As of 2011, Tanzania had more people in their population with special needs as compared to other countries.¹² Sr. Elizabeth Didas Swai, LSOSF, is the director of the non-profit Mama Kevina Hope Center for Children with Disabilities in Tanzania. Since graduating from the HESA program with her Masters of Arts in Counseling Psychology, Sr. Elizabeth has developed her leadership roles within her ministry – achieving promotions from bakery manager, to social worker/administrator, and now center director.

As director of the residential and outpatient facility, Sr. Elizabeth works to provide therapeutic services to about 600 children with special needs and their parents. A priority of the Mama Kevina Hope Center for Children with Disabilities is their commitment to agriculture and sustainable resources. Through Sr. Elizabeth's successful grant efforts, she was able to serve about 1,000 people and create 30 new jobs to supply better education, health and medical efforts, food and water, solar energy, and future income generating projects. The work that Sr. Elizabeth, and the entire



“ Sr. Elizabeth expresses that her biggest challenge is “children with disabilities getting the right education... and [for children] to get their rights as human beings.”

Mama Kevina Center for Children with Disabilities team, engages in provides early intervention for children with special needs and disabilities to have more positive outcomes in their future. Early identification and intervention has been proven to mitigate long-term effects of disabilities and their impacts on children in adulthood.¹³ In the present days of the COVID-19 pandemic, access to health care, particularly mental health care, has been difficult due to the overwhelming need and limited psychology and counseling workers.¹⁴ As of 2017, there were only 278 mental health professionals (0.52% of the population) working in Tanzania, with the vast majority being mental health nurses.¹⁵ Sr. Elizabeth believes that the most common mental health concerns in her community today are depressive symptoms. When asked what Sr. Elizabeth would like her congregation and community to know about mental health, Sr. Elizabeth says, “Seeking help from a professional is very important for proper mental health.” Sr. Elizabeth states that she would like to continue her education and obtain a PhD in the future.

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AFRICAN SISTERS EDUCATION COLLABORATIVE (ASEC)

The mission of ASEC is to facilitate access to education for women religious in Africa that leads to the enhancement and expansion of the education, health, economic, social, environmental, and spiritual services they provide. Established in 1999, ASEC was built on a foundation of solidarity and global sisterhood developed between Catholic sisters in the USA and Africa. The organization continues to forge partnerships that enable ASEC to grow, and, in turn, benefit sisters and the people they serve.

ASEC's vision is to be a sustainable organization with a proven capacity to collaborate, develop and deliver educational programs that strengthen the capacity of women religious in Africa. In order to accomplish this, the organization is informed by six core values: transformation, collaboration, leadership, service, capacity building and reverence.

