AFRICAN HEALTH PROFESSIONS

Regulatory Collaborative for Nurses and Midwives

Third Report
Arusha Tanzania October 2011

Lesotho  Malawi  Mauritius  Seychelles  Swaziland

[Image of African map with countries highlighted]

[Image of group photo with people from various countries]
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ACKNOWLEDGEMENTS

This report was written by Jill Iliffe, Executive Secretary, Commonwealth Nurses Federation, on behalf of the ARC team. jill@commonwealthnurses.org
# AFRICAN HEALTH PROFESSIONS REGULATORY COLLABORATIVE
## PARTNERSHIP FOR EXCELLENCE IN AFRICA’S HEALTH WORKFORCE

## LIST OF ABBREVIATIONS

<table>
<thead>
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<th>Abbreviation</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AJM</td>
<td>African Journal of Midwifery and Women’s Health</td>
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<td>ARC</td>
<td>African Health Professions Regulatory Collaborative</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention, Atlanta, Georgia</td>
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<td>CNF</td>
<td>Commonwealth Nurses Federation</td>
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<td>CNO</td>
<td>Chief Nursing Officer</td>
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<td>COSECASA</td>
<td>College of Surgeons of East, Central and Southern Africa</td>
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<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>ECSA</td>
<td>East, Central and Southern Africa region</td>
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<td>ECSACON</td>
<td>East, Central and Southern Africa College of Nursing</td>
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<td>ECSA-HC</td>
<td>East, Central and Southern Africa Health Community</td>
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<td>FPD</td>
<td>Foundation for Professional Development</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HTC</td>
<td>HIV testing and counselling</td>
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<td>ICM</td>
<td>International Confederation of Midwives</td>
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<td>ICN</td>
<td>International Council of Nurses</td>
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<td>IT</td>
<td>Information technology</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NCM</td>
<td>Nursing Council of Mauritius</td>
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<td>NMCM</td>
<td>Nursing and Midwifery Council of Malawi</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PMTCT</td>
<td>Prevention of mother to child transmission (of HIV)</td>
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<td>PRF</td>
<td>Professional Regulatory Framework</td>
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<td>SNMC</td>
<td>Seychelles Nursing and Midwifery Council</td>
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<tr>
<td>SWOT</td>
<td>Strengths, weaknesses, opportunities, threats</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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1. EXECUTIVE SUMMARY

The Commonwealth Secretariat; the United States Centers for Disease Control and Prevention (CDC) under the US President’s Emergency Plan for AIDS Relief (PEPFAR); Emory University’s Lillian Carter Center for Global Health and Social Responsibility (Emory University); the East, Central and Southern Africa Health Community (ECSA-HC); and the Commonwealth Nurses Federation (CNF) have established a collaboration titled: The African Health Professions Regulatory Collaborative (ARC), which creates an innovative South-to-South partnership to engage and build on the capacity of Africa’s health professional regulatory leadership for nursing and midwifery. The aim of this Collaborative is to improve health professional standards and practice in the region using local solutions and peer-based learning.

A number of challenges for the nursing and midwifery workforce were identified when Emory University, the Commonwealth Secretariat, the CDC and ECSA-HC met at a regional meeting for east, central and southern Africa (ECSA) in March 2005. These challenges include that:

- only 42 per cent of births are attended by trained personnel;
- there was an acute shortage of nursing and midwifery personnel;
- there was a lack of capacity for scaling up the education of nurses and midwives; and
- there was inadequate data to inform policies and workforce planning.

The ARC aims to improve care by investing in nursing and midwifery education and nursing and midwifery regulation. The rationale for the ARC initiative is that there is a proven correlation between the number of providers and health outcomes; there is a disproportionate correlation between the high burden of disease in sub-Saharan Africa and the available workforce (25% of global disease burden and 1% of global health workforce); global initiatives have invested in patient services without comparable investments in workforce issues; and the largest workforce in Africa’s health delivery system are nurses and midwives.

Preliminary discussions on a regional approach to strengthening nursing and midwifery took place in April 2010 when PEPFAR and the World Health Organisation (WHO) launched the ‘Educating Nurses for the Future’ initiative. This provided an opportunity to develop the ARC proposal. The concept, to enable countries to expand high quality nursing and midwifery services through strengthening and harmonising midwifery regulation and practice in the ECSA region, was finalised at a meeting in Georgia, Atlanta in June 2010.

The objectives of the four-year Collaborative are to:

1. Ensure that quality standards of nursing and midwifery practice are harmonised within the ECSA region and aligned with global standards.
2. Ensure that national regulatory frameworks for nursing and midwifery are updated to reflect nationally approved reforms to practice and education.
3. Strengthen the capacity of professional regulatory councils to conduct key regulatory functions in nursing and midwifery within the ECSA region.
4. Establish a sustained consortium of African health leadership in nursing and midwifery practice and regulation.

To achieve these objectives, the Collaborative brought together chief nursing officers, registrars of nursing and midwifery councils, the presidents of national nursing and midwifery associations, and a representative of training institutions from 14 countries in the ECSA region.
The first meeting of the African Health Professions Regulatory Collaborative was held in Nairobi, Kenya from 28 February to 2 March 2011 in collaboration with the Kenya Ministry of Health. Thirteen Commonwealth countries in the ECSA region were represented: Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Uganda, United Republic of Tanzania, and Zambia as well as Zimbabwe, and representatives from the CDC, Emory University, the Commonwealth Secretariat, the World Health Organisation, the Commonwealth Nurses Federation, the International Council of Nurses, the International Confederation of Midwives, and the East, Central and Southern Africa Health Community, plus invited guests and speakers.

The specific objectives of the first quarterly ARC meeting were to:

* Foster regional dialogue on shared challenges and promising solutions in nursing and midwifery regulation, practice and standards.
* Facilitate country teams’ identification of regulatory issues that can be advanced through a South-to-South collaborative.
* Foster collaboration between African nursing and midwifery stakeholders within the ECSA region.
* Assess the role of nursing and midwifery regulatory bodies with the ECSA region.
* Advance nursing and midwifery leadership and problem-solving skills through the implementation of mini grants that target nursing and midwifery regulatory advancement.

Following the meeting, 14 countries were invited to submit proposals for four available funding grants of US$10,000 to address a key regulatory issue in their country achievable within the grant period of 12 months. Ten countries subsequently submitted proposals and after a rigorous evaluation, five country proposals were accepted for funding: Lesotho, Malawi, Mauritius, Seychelles and Swaziland. The objectives of each proposal are outlined below.

* **Lesotho:** The Lesotho proposal was to develop a national continuing professional development (CPD) programme for nurses and midwives in Lesotho.

* **Malawi:** The Malawi proposal was to evaluate their existing CPD programme; revisit the implementation strategy to ensure that all nurses and midwives understood the value of CPD; and intensify monitoring and evaluation of CPD across the country in collaboration with all stakeholders.

* **Mauritius:** The objective of the proposal from Mauritius was to insert into legislation and regulation standardised qualifications for nurse and midwife educators covering both the public and private sector.

* **Seychelles:** The Seychelles proposal was to review the Seychelles Nurses and Midwives Act 1985 to establish a full-time registrar for nursing and midwifery.

* **Swaziland:** The purpose of the Swaziland project was to establish and sustain a national CPD model based on a needs assessment of practising nurses in Swaziland and other relevant stakeholders.

The second meeting of the African Health Professions Regulatory Collaborative was held in Durban, South Africa from 24 to 26 June 2011. Representatives from countries which were successful in their funding applications for ARC grants were invited to the meeting. The countries attending were: Lesotho, Malawi, Mauritius, Seychelles and Swaziland. The learning objectives of the meeting were:

1. To equip ARC country teams with improvement principles and tools to revise and strengthen their action plans.
2. To engage global and regional experts in the provision of technical assistance to strengthen ARC country team action plans.
3. To facilitate interactive sessions to foster peer learning in nursing and midwifery regulation.
The second meeting aimed to provide an opportunity for successful countries to be supported in refining their funding proposals following input from the ARC team, from invited technical experts, from the other countries attending the meeting, and to develop action plans that were measurable and achievable.

Technical expertise at the meeting was provided from the ARC CDC and Emory University team consisting of: Ms Patricia Riley, Dr Maureen Kelley, Ms Kitty McFarlane, Ms Alexandra Zuber, Ms Jessica Gross, Ms Carey McCarthy and Mr André Verani. Ms Peggy Vidot from the Commonwealth Secretariat, Ms Joyce Kamdonyo from ECSA-HC, and Ms Jill Iliffe (Commonwealth Nurses Federation), represented the other partners in the ARC initiative. Invited technical experts included: Ms Chalone Savant (PEPFAR Provincial Liaison Officer Durban); Ms Donna Jacobs (University Research Corporation, South Africa); Mr Peter Shayo (Consulting Advocate and Legal Adviser for the ECSA-HC); Ms Genevieve Howse (legal practitioner and legislation adviser from Howse Fleming Consulting); Mr Gustav Mayo (Tanzania Nurses and Midwives Council); and Ms Veena Pillay (Foundation for Professional Development).

As three of the successful proposals related to continuing professional development and two to regulation, presentations to the country teams were organised from technical experts in these areas. Additionally, countries were provided with a comprehensive presentation on quality, quality assurance, quality improvement, and using quality improvement tools to review and refine their proposals. Countries were provided with examples of quality improvement tools and given an opportunity to apply these tools to their proposals. Revised proposals were submitted to the meeting for peer review with a final draft to be forwarded to the ARC team for comment and approval following the meeting. Necessary technical assistance was also organised for each team following the meeting to assist them in meeting their proposal objectives.

The third meeting of the African Health Professions Regulatory Collaborative was held in Arusha, Tanzania from 5 to 7 October 2011. The countries attending the meeting were those that had been successful in receiving ARC Year 1 grants: Lesotho, Malawi, Mauritius, Seychelles and Swaziland. The meeting aimed to provide the countries with an opportunity to report on the progress of their project; to submit their progress for peer review; and to arrange any further technical assistance that might be required for their projects to be successfully completed.

2. INTRODUCTION TO THIRD MEETING

The third meeting of the African Health Professions Regulatory Collaborative was held in Arusha, Tanzania on 5 to 7 October 2011. Representatives from countries which were successful in their funding applications for ARC grants were invited to the meeting. The countries attending were: Lesotho, Malawi, Mauritius, Seychelles and Swaziland. The learning objectives of the meeting were:

- To discuss, develop and disseminate regional nursing and midwifery regulation resources,
- To provide tools for enhanced regulation improvement project implementation, and
- To strengthen nursing and midwifery regulation through South-to-South sharing and leadership development.

The Centers for Disease Control and Prevention and the Emory University Team consisted of: Ms Patricia Riley, Dr Maureen Kelley, Ms Kitty McFarlane, Ms Alexandra Zuber, Ms Jessica Gross, and Ms Carey McCarthy. Ms Peggy Vidot from the Commonwealth Secretariat, Ms Joyce Kamdonyo from the East, Central and Southern Africa Health Community, and Ms Jill Iliffe (Commonwealth Nurses Federation), represented the other partners in the ARC initiative. Invited technical experts included: Ms Catherine Carr (Senior Maternal Health Advisor, MCHIP); Mr Peter Shayo (Consulting Advocate and Legal Adviser for the East, Central and Southern Africa Health Community); Mr Gustav Mayo (Registrar, Tanzania Nurses and Midwives Council); Ms Genevieve Howse (legal practitioner and legislation adviser from Howse Fleming Consulting); Ms Donna Jacobs (University Research Corporation, South Africa); and Mr Alphonse Kalula (Senior Programme Officer ECSACON).

The purpose of the meeting was to provide the countries with an opportunity to report on the progress of their project; to submit their progress for peer review; and to arrange any further technical assistance that might be required for their projects to be successfully completed.
3. **OFFICIAL WELCOME AND GREETINGS**

Dr Maureen Kelley (ARC Principal Investigator, Lillian Carter Center for International Nursing, Emory University); Mr Clavery Mpandana (Chief Nursing Officer Tanzania); Dr Elizabeth Marum (Acting Country Director, CDC Tanzania); Dr Josephine Kibaru-Mbae (ECSA-HC Director General); Ms Peggy Vidot (Acting Head of Health, Commonwealth Secretariat); and Ms Patricia Riley (Centers for Disease Control and Prevention), welcomed participants and extended greetings from their different organisations.

![Image](image.png)

(from left to right) Dr Maureen Kelley; Dr Josephine Kibaru; Mr Clavery Mpandana; Ms Patricia Riley; Dr Elizabeth Marum; and Ms Peggy Vidot

Dr Kelley welcomed participants, guest speakers and technical experts and thanked participants for taking the time from their busy schedules to attend the meeting. Dr Kelley said that having received reports about the progress of the country teams since the last meeting, she was looking forward with great interest to the reports of their further progress.

Mr Clavery Mpandana welcomed participants to Tanzania and encouraged them to take the time to explore and enjoy the hospitality and beauty of the country. He brought greetings and welcome from the Tanzanian Minister for Health and the Director General of Health. Mr Mpandana shared with participants some of the current initiatives of nursing and midwifery in Tanzania; some of their aspirations; and some of their difficulties. He expressed appreciation for the opportunity the ARC project provided and a hope that in Year 2, Tanzania would be successful in an application for a grant.

Dr Elizabeth Marum congratulated countries for the outstanding results that have been achieved in the ECSA region to reduce the incidence of HIV and malaria. Dr Marum stated these results would not be possible without the input and commitment of nurses and midwives. Dr Marum cautioned countries however that there is still a lot to do if countries in the ECSA region are to achieve the health MDGs. Dr Marum shared with participants her recent observation that teamwork is the key to achieving positive health outcomes:

- **T** - transparency: sharing information with patients and their families,
- **E** - empowerment: encouraging patients to take an active role in their own care and including families in care planning,
- **A** - asking questions: challenging doctors, clarifying unclear instructions, and making independent autonomous nursing decisions,
- **M** - motivation: having a goal each day and working to improve each day.

Dr Josephine Kibaru-Mbae emphasised the commitment of ECSA-HC to the ARC project. She extended her welcome to participants and congratulations to successful country teams. Dr Kibaru-Mbae encouraged countries to make the most of the opportunity given them by the ARC project grant and urged countries to keep their own country and other countries in the east, central and southern Africa region informed of their activity and their progress.
Ms Peggy Vidot expressed her thanks to the Tanzanian Government for hosting the third meeting of the ARC initiative and. Ms Vidot commended the country teams, recognising the commitment of time and energy team members have made to ensure their projects are successful. Ms Vidot reiterated the commitment of the Commonwealth Secretariat to the ARC initiative. Ms Vidot acknowledged the shortage of health workers is still a major global health issue and she emphasised the importance of each country team working together nationally and providing leadership and an example of positive collaboration within their own country and within the region.

Ms Patricia Riley talked about the importance of research and publishing so that the outcomes of, and learning from, research and project activities can be shared with other countries. Ms Riley reminded country teams how essential it is that clinical findings are translated at the grassroots level into action.

4. **SESSION 1**

*Country team project progress*

Lesotho, Malawi, Swaziland, Mauritius, Seychelles

**LESOTHO**

The Lesotho country team consisted of: Mrs Flavia Moetsana-Poka (Registrar, Lesotho Nursing Council); Mrs Tjoetso Veronica Lehana (representing Lesotho nurse training institutions); Mrs Nthabiseng 'Makhulu Lebaka (President, Lesotho Nurses Association); and Mrs Mantsebo Moji (Chief Nursing Officer).

The Lesotho proposal was to develop a national continuing professional development (CPD) programme for nurses and midwives in Lesotho. The Lesotho team reported they had:

* Established a technical working group consisting of nurse managers, key nurses from the private sector, representatives from all training institutions, and representatives from the regulatory body and from the human resources directorate, and
* Arranged technical assistance which was provided by the Commonwealth Nurses Federation.
Guidance was provided by the technical assistant, Ms Jill Iliffe, through the steps of developing a national CPD programme which allowed the team to contextualise the programme to the needs of nurses in Lesotho. As an outcome of the technical assistance:

- A draft CPD framework was developed,
- A draft CPD policy was developed,
- A draft monitoring and evaluation framework was developed,
- A draft log book was developed, and
- A stakeholder forum was held which allowed a broader cross-section of nurses to have exposure to and input into the draft CPD framework. The stakeholder forum was funded by the Commonwealth Nurses Federation and the Commonwealth Foundation.

The Lesotho team identified some issues which they still needed to resolve. One issue was the need to include nursing assistants in the national CPD programme. Nursing assistants are recognised by the Lesotho Nursing Council and are an integral part of the nursing workforce. The Lesotho team considered it essential that a national CPD programme for nurses should include nursing assistants.

Other activities for the future were finalising the CPD framework and policy; developing a communication strategy together with explanatory and advertising resources; developing an implementation plan; and planning the launch of the national CPD programme. The team advised that they had used a flow chart when they were developing their monitoring and evaluation framework which allowed a step by step approach and they had found the fishbone diagram and a SWOT analysis useful in planning their communication plan and implementation strategy.

The team also expressed a wish to have further technical assistance as they felt the technical assistance they had already received had been instrumental in the progress they had made during the period.

MALAWI
The Malawi country team consisted of: Mrs Martha Mondiwa (Registrar, Nurses and Midwives Council of Malawi); Mr Jonathan Abraham Gama (President, National Organisation of Nurses in Malawi); Mrs Chrissie Chilomo (Country coordinator and Nursing Officer, Nurses and Midwives Council); and Mrs Sheilla Bandazi (Director of Nursing Services, Ministry of Health).
The Malawi Nurses’ Act requires nurses and midwives to undergo “in-service education or a refresher course within a specified time period before renewal of registration” and gives the Nursing and Midwifery Council of Malawi (NMCM) a specific mandate to enforce the Act. In meeting this mandate, the NMCM developed a national CPD programme for nurses and midwives. The initial phase of the CPD programme in Malawi focused on creating a database at the secretariat; building human resource capacity (trainers) to implement the CPD programme; developing guidelines and logbooks; and orienting nurses and midwives to the need for CPD activities and its implication to their practice.

Almost one year after starting the CPD programme in Malawi however the NMCM identified a number of challenges such as: the capacity to implement the programme at both secretariat and national level; an inadequate number of trainers to reach out to all health facilities; the inability of nurses and midwives to attend CPD sessions because of their workloads; and the difficulty for nurses and midwives in understanding the CPD guidelines, completing the CPD logbook, and accumulating the necessary number of CPD points. The CPD facilitators, who were initially trained by the NMCM, are also facing challenges in understanding the CPD process; and there has been a lack of collaboration among stakeholders to ensure the CPD programme objectives are met. The NMCM proposal is to evaluate the programme; revisit the implementation strategy to ensure all nurses and midwives understand the value of CPD; and intensify monitoring and evaluation of CPD across the country in collaboration with all stakeholders.

The Malawi country team objectives were to establish a CPD taskforce; review the CPD guidelines; hold training for CPD facilitators; conduct a survey on why some CPD facilitators had been inactive; identify organisations to provide CPD and create and disseminate a CPD inventory; conduct meetings with training facilities; accredit modules to be used; and develop a national CPD awareness campaign.

The team had succeeded in establishing and holding a meeting of the CPD taskforce; conducted meetings to clarify problem areas with the CPD process; conducted the survey of inactive CPD facilitators; identified institutions to offer CPD activities; and held advocacy meetings with nurse leaders. Two sessions had been conducted for CPD facilitators and an improvement in the number of nurses meeting their CPD requirements when renewing their licenses had been observed.
The team noted that not all their planned activities were able to be met due mainly to the existing workloads of team members. The team had not yet revised their monitoring and evaluation tool and had not been able to engage the media for a national CPD awareness campaign however they had used internal processes to raise CPD awareness through local facilities.

The team thought their achievements may have been enhanced if they had taken the opportunity to access technical assistance. The team had used brainstorming extensively to generate ideas and develop their strategies ideas and used a fishbone diagram to identify institutions which could provide CPD activities.

Future activities included the development of campaign messages; finalisation of CPD guidelines; revising the CPD monitoring and evaluation tool and conducting monitoring and evaluation; compiling a report of the programme and disseminating the findings.

MAURITIUS
Mr Sylvio Pierre (Chief Nursing Officer) was the only member of the Mauritius country team who was able to attend the Arusha meeting. Other members of the team - Mr Krist Dhurmah (Secretary, Nursing Association of Mauritius); Mr Anil Kumar Suggun (Chairperson, Nursing Council of Mauritius); and Mr Harilall Mungroo (representing nursing academic institutions) were unable to attend.

Mr Pierre explained that before 1980 there were two types of personnel teaching nurses in Mauritius: the nurse-tutor lecturing in the school of nursing, and the clinical instructor who was responsible for the practical teaching of student nurses at the placement level. The qualifications of both nurse-tutor and clinical instructor with only a few years of teaching experience in various nursing specialties, was accepted by the Public Service Commission as an adequate qualification for the position however today, nurse-educators in other countries have upgraded their qualification to degree level to keep pace with global trends. A major problem affecting the whole health system in Mauritius is the lack of nursing and midwifery educators to prepare adequate professionals to meet immediate and long term needs in terms of the health workforce.

In 2005, a private college of nursing was established in Mauritius. This major development triggered the nursing regulatory body, the Nursing Council of Mauritius (NCM), established under the act of 2003, to look toward standardising and legalising the teaching qualification for nursing and midwifery educators in both public and private training institutions. With the opening of the first private school of nursing offering the Diploma in Nursing programme and concurrently following recommendations from the Ministry of Health and Quality of Life to introduce the Diploma in Nursing programme for nurses educated in the public sector, it has become a matter of urgency for the NCM to standardise and legalise the qualifications for nursing and midwifery educators both in public and private nurse training institutions.

The Mauritius proposal is to insert into legislation and regulation standardised qualifications for nursing and midwifery educators covering both the public and private sector.

During the period between the Durban and Arusha ARC meetings the Mauritius team had met with the Principal Nurse Educator, the Permanent Assistant Secretary, and the Director of the Private School of Nursing and they had benefitted from a visit to Mauritius of members of the ARC Team.

Delays in meeting their planned objectives were the result of elections within the Mauritius Nursing Council with new personnel elected and the appointment of a new Minister for Health. A significant challenge identified by the Mauritius team in meeting the objectives of their proposal was a scarcity of nurses within Mauritius with the appropriate qualifications (Masters’ degree) to meet the new requirement.
Other challenges included the inability of the original team members to attend ARC meetings; no transmission of skills obtained by the Mauritius representatives at the Durban ARC meeting to original team members and hence no opportunity to apply these tools. Future activities included finalisation of the draft standard qualification for nursing and midwifery educators following legal consultation; further consultation with all stakeholders; and commencing the process to have the draft standard included in the legislation. The Mauritius team, represented by Mr Pierre, expressed a view that they would benefit from further technical assistance from the ARC Team.

SEYCHELLES

The Seychelles country team consisted of: Ms Winifred Agricole (Registrar, Seychelles Nursing and Midwifery Council); Ms Bella Henderson (Chief Nursing Officer); Ms Marie-Antoinette Hoarau (President, Seychelles Nursing Association); and Ms Jeanne D’Arc Suzette (representative of a nursing educational institution). The Seychelles proposal is to review the Seychelles Nurses and Midwives Act 1985 to establish a full-time registrar for nursing and midwifery.

The 1985 Act governs the functions of the Seychelles Nurses and Midwives Council (SNMC). Standards for post-secondary education, including nursing education, are set by the Seychelles Qualification Authority. While this has been a positive move for nursing and midwifery, the SNMC is not visible and does not have much authority in nursing educational institutions. This lack of capacity has had a major impact on the development of nursing and midwifery regulation in Seychelles. The current Act does not specify the appointment and position of the Registrar as being a nurse or midwife. Nurses and midwives however, account for the bulk of the health workforce and continue to deliver high quality care. The success of their work is evidenced through the country’s health indicators. An efficient regulatory system to regulate and enhance the quality of their contribution is however lacking.

The primary objective of the Seychelles country team proposal is to review the Seychelles Nurses and Midwives Act 1985 to establish a full-time registrar for nursing and midwifery. The team planned to organise a workshop with their technical working group; draw up terms of reference for the anticipated visit of a technical consultant; consult a legal advisor regarding the proposed legislative changes; produce a list of amendments and share these with stakeholders; and submit a memorandum for approval of revision of the Act to the Seychelles Cabinet of Ministers.
The team reported that they had benefited greatly from the visit of the WHO technical consultant, Ms Margaret Phiri, and from the visit of an ARC Team members, Ms Peggy Vidot. They had met with their technical working group; they had produced a list of proposed areas for amendments; they had shared their proposed amendments with stakeholders; they had engaged a local consultant to edit the proposed amendments; they had participated in the visit of the WHO technical consultant; and had conducted intensive orientation workshops for stakeholders and their technical working group. The team were pleased to report considerable support for their work both within the Seychelles Government and amongst nurses and midwives particularly retired nurses. They had no difficulty in recruiting to their technical working group or replacing a member of their country team. The Seychelles Ministry of Finance had recognised the work of the SNMC by giving them a grant equivalent to US$4,000 and pledging financial support for the following year. The team also reported successful engagement and support from local media.

Challenges experienced included the increased workload for already busy team members and disruption to the timing of planned activities because of other activities occurring within the country, such as the Indian Ocean Games and legislative elections. This had delayed submission of the memorandum to the Cabinet of Ministers. The team recognised that it is not always possible to follow pre-determined timelines and that there is a need for flexibility. The next steps for the team are to review the edited draft of the proposed amendments; submit the memorandum of proposed amendments to the Cabinet of Ministers; consult an external legal consultant about drafting the Bill; draft the Bill; and lobby members of the National Assembly before submitting the draft Bill for Cabinet approval.

SWAZILAND

The Swaziland country team consists of: Ms Gladys Thembisile Khumalo (Chief Nursing Officer); Dr Ruth Nkosazana Mkhonta (Head of Department, General Nursing, University of Swaziland); Ms Glory Msibi (Registrar, Swaziland Nursing Council); and Mr Bheki Mamba (President, Swaziland Nursing Association). Currently in Swaziland none of the regulatory bodies have specific CPD requirements for relicensure however the National Health Policy and proposed legislation will require nurses to show evidence of CPD as a requirement for licence renewal in the future. The majority of nurses in Swaziland are stationed in rural areas with limited access to further education and training. Professional isolation as a result of working in remote areas without the benefits of CPD to update practitioners about new developments in the health field has the potential to erode the quality of services provided to communities. The currently ad hoc CPD offerings do not necessarily address nurses’ learning needs, styles and preferences; apply advances in educational research to ensure instructional best practices; or engage in and support the process of nurses’ self-directed learning. The purpose of the Swaziland project is to establish and sustain a national CPD model based on a needs assessment of practising nurses in Swaziland and other relevant stakeholders.
The Swaziland team planned to conduct a needs assessment; analyse the data, prioritise the learning needs of nurses and midwives; and disseminate the findings. They also intended to identify, list and procure teaching and learning materials as well as develop their national CPD framework including establishing standards; developing accreditation standards; develop monitoring and evaluation tools; and develop a communication and marketing strategy and materials.

The initial needs assessment was conducted, analysed, and reported to stakeholders. The needs of nurse midwives were prioritised. With the assistance of a technical consultant from the Commonwealth Nurses Federation (CNF), a national CPD framework was developed which included a definition of CPD, principles on which the programme would be based; the scope of the programme; documentation requirements; compliance; monitoring; and evaluation. The team also commenced work on a communication and implementation strategy. A stakeholder forum was held which allowed a broader cross-section of nurses to have exposure to and input into the draft CPD framework. The stakeholder forum was funded by the Commonwealth Nurses Federation and the Commonwealth Foundation. The Swaziland team reported that the development of CPD modules based on identified need has not yet been accomplished but is in progress. Future plans include engaging institutions of higher learning and development partners already providing education and training to see where they can fill identified gaps and avoid duplicating existing CPD; conducting training based on identified needs; and monitoring and evaluating the programme.

5. **SESSION 2**

**CPD resources**

Ms Joyce Komdanyo, Midwifery Consultant, ECSA-HC: *Creating a regional CPD library*

Ms Catherine Carr, Senior Maternal Health Advisory, MCHIP: *Designing CPD modules*

Ms Kitty McFarlane, PMTCT and ARC Advisor CDC Atlanta: *Using CPD resources*
Ms Joyce Kamdonyo is a midwifery consultant with ECSA. Her presentation considered the feasibility of establishing a virtual CPD library for the region hosted by ECSA or ECSA-HC. Ms Kamdonyo advised participants that ECSA-HC has both the capacity and the willingness to host a virtual CPD library. ECSA-HC has a highly interactive corporate website which accommodates different types of content which includes textual and graphic with plans underway to include visual formats. The ECSA-HC website currently incorporates monitoring and evaluation and already has an independent website linked to it (COSECSA). In terms of technical backup and support for maintaining a CPD online library, ECSA-HC has the necessary personnel to perform regular uploads of approved CPD content to the website.

Two options were presented for consideration. The first was the development of an independent CPD web page embedded within the ECSA-HC corporate website. Nurses and midwives would access the web page using a specific URL such as: http://www.ecsahc.org/cpd. The second option was the creation of a CPD portal within the ECSA-HC website. Ms Kamdonyo advised that while the portal approach might be the cheaper and faster option to implement, it is limiting in that expanding the portal into a fully fledged website in the future may present greater technical challenges than going with the first option. Whichever option was chosen, a consultant would need to be commissioned to undertake the development.

Ms Kamdonyo concluded by reminding participants that any website is only as good as its content. It is thus important that, if established, the CPD library is continuously updated with processes in place for content generation and content review and approval before uploading. Other issues to be considered include the maintenance cost of IT staff and ensuring the CPD library is broadly accessible.

Ms Kamdonyo’s presentation generated considerable discussion. Although there was general support for a virtual library being developed by ECSA-HC, participants raised questions about who will pay; who will maintain; who will generate content; who will approve content; and who will allocate CPD credits and whether these will be universally accepted across the region. Participants also expressed a concern that not all nurses and midwives were comfortable using or had access to the internet. A firm proposal which answered these questions was needed before decisions could be made.

Ms Catherine Carr is Senior Maternal Health Advisor with the Maternal and Child Health Integrated Programme (MCHIP). Ms Carr discussed with participants the practical considerations in designing modules for regional CPD. Modules needed to be:

**Relevant:** Does it fit the target audience?

**Current:** Is there a need for the topic?

**Available:** What is already developed? Is it adaptable?

**Accessible:** Who needs this and how do you want to offer it?

**Affordable:** How much will it cost and to whom?

Ms Carr reminded participants that every decision has implications. You are constantly balancing multiple needs and resource constraints: what you want to do versus what is possible. There also needs to be caution about setting the CPD agenda with regional modules: whose need is being met and whose need is not being met. Ms Carr discussed various ways in which CPD could be offered and the advantages and disadvantages. CPD can be offered as stand-alone one hour sessions or as a short session as part of another meeting. However while short sessions are cheaper, they requires a clear focus on the topic. Day-long CPD sessions are more expensive and require time away from the workplace however they can be added on to other meetings or be employer sponsored. Longer workshops of two to five days are most expensive, require more time away from the workplace, and generally involve financial support for participants for travel, accommodation and sustenance.
Group based CPD is most common although not always readily accessible to all nurses. Self-paced CPD offered in the distance mode is generally more accessible but harder to monitor and evaluate. CPD can be a combination of group based and self-paced. Whatever is offered and however it is offered; all CPD needs to be evaluated to determine whether it has resulted in new knowledge, an update of existing knowledge, or new skills acquisition. Evaluation can be immediate, such as pre and/or post-test, or it can be done over time although if done over time the effect of other variables needs to be taken into account. Consideration of who is to do the assessment and how the assessment is to be done must form part of the initial development.

Ms Carr shared with participants the retention rate triangle and pointed out that didactic lectures and print alone have low to no impact. Teaching effectiveness can be improved by active engagement and interaction; low-dose high frequency repetition; and practice including practice-based simulations. Enhanced learning requires an engaging, interactive teacher; and a teaching environment that is conducive to learning and matches the topic under discussion. You need to start by considering the topic; the length of time; the format; the budget; who will receive the CPD; whether it is regional, national or local; and who is responsible for keeping to time-lines, communicating and supporting participants. All modules should have objectives for the session, an outline, a lesson plan, trainer’s notes, a teaching equipment list, hand-outs, sign-in sheets, and an evaluation. Mrs Carr’s final advice was: keep it practical. Ms Carr used the topic ‘administering MgSO4’, to give a practical demonstration of how to develop a CPD module.

Ms Kitty McFarlane is PMTCT and ARC Advisor for the CDC. Ms McFarlane’s message was that CPD is a professional competency for both nurses and midwives; CPD modules are available and accessible for no or low cost; and using or adapting available resources saves time and money, while sharing resources builds collaboration. Ms McFarlane shared with participants the wide range of CPD resources which are already available:

- Centers for Disease Control and Prevention: [http://www.cdc.gov](http://www.cdc.gov)
- Knowledge 4 Health (k4Health): [http://www.kids4health.org/Toolkits/Topics](http://www.kids4health.org/Toolkits/Topics)
- Global Alliance for Nursing and Midwifery: [http://knowledge-gateway.org/qanm](http://knowledge-gateway.org/qanm)
Ms Kitty McFarlane presented on behalf of Ms Michelle Adler from the Centers for Disease Control and Prevention. Ms McFarlane explained that in 2003, the United States of America Congress approved the President’s Emergency Plan for AIDS Relief (PEPFAR). In 2008, a reappropriation was approved however there was a shift in focus from an emergency response to health system strengthening. PEPFAR has provided over US$ 1 billion for PMTCT activities conducted through partner organisations (Ministries of Health, international NGOs, local NGOs and universities).

Figure 2: HIV testing and counselling and PMTCT ARV coverage achieved with direct PEPFAR support for high burden countries 2004-2010

Congressionally mandated PMTCT targets
80% of pregnant women receive HTC
85% of HIV+ pregnant women receive ARVs

Percentage of women receiving PMTCT HTC services with PEPFAR support

Figure 3: Over 385,000 infant infections averted through PEPFAR direct support for PMTCT

In 2009-2010, US$ 100 million was distributed among six countries: Malawi, Mozambique, Nigeria, South Africa, Tanzania and Zambia. In 2011, US$ 150 million was distributed and eight countries were added: Burundi, Cameroon, Democratic Republic of Congo, Ethiopia, Lesotho, Swaziland, Uganda and Zimbabwe.
The emphasis has been on:
- national adaptation of 2010 WHO PMTCT and infant feeding guidelines,
- rapid rollout of more efficacious regimens,
- identifying and addressing bottlenecks in PMTCT,
- early identification and treatment of HIV infected infants,
- expansion and integration of reproductive health services, and
- improving country monitoring and evaluation systems.

Challenges in achieving acceleration of PMTCT have been limited by a lack of national political and financial commitment; cumbersome processes and procedures for policy changes to allow for task shifting and task sharing; weak decentralisation strategies and involvement; limited human resource capacity, especially in rural areas; insufficient incentives to retain skilled health care workers; poor infrastructure; and an inconsistent supply chain. The capacity to measure results is increasingly important in order to assess progress and target next steps toward elimination of new pediatric HIV infections and keeping mothers alive. PEPFAR has been a key contributor in the design and implementation of impact and effectiveness evaluations. Experience and lessons learned through work with countries has facilitated the development of international guidance, protocols, and tools to measure PMTCT impact and effectiveness. Despite challenges, PEPFAR support for implementation has helped many countries expand PMTCT services and demonstrate the impact and effectiveness of these investments.

7. **SESSION 4**

**Exploring the ECSA-HC regulatory framework**

Mr Alphonce Kalula, Senior Programme Officer ECSACON

Mr Kalula explained that the East, Central and Southern Africa College of Nursing (ECSACON) membership is drawn from 14 countries: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Seychelles, Swaziland, Tanzania, Uganda, Mauritius, Zambia, Zimbabwe, and South Africa. Rwanda and Southern Sudan are on the waiting list. In the ECSA region, nurses and midwives form 70-80% of the health workforce. The health needs of the population are enormous, placing a high burden of responsibility on nurses and midwives. Nursing and midwifery interventions include promotive, preventive, curative, rehabilitative and palliative care. Nurses and midwives are expected to be autonomous and competent professionals who provide scientifically based, holistic and comprehensive care, guided by principles of caring in response to clients’ health care needs and demands.

In 1997 nurses and midwives and cooperating partners identified and discussed issues and challenges facing the nursing and midwifery professions. The discussion culminated in the production of a Professional Regulatory Framework (PRF) document outlining standards of education and practice for nursing and midwifery in the ECSA region. The purpose of professional regulation is to ensure adequate and effective regulation of nursing and midwifery in the ECSA region. The ICN (1992) defines professional regulation as *a means by which order consistency and control are brought to a profession and its practice for the purpose of ensuring quality care*. The ECSACON PRF identifies *who* and *what* is to be regulated.

The ECSACON PRF has four elements: scopes of practice for nursing and midwifery; standards of practice; core competencies and content; and nursing and midwifery education standards. Although the scopes of practice are broad, they emphasise an understanding of the determinants of health, causes and treatment of diseases and illness, as well as the psychological, cultural, economic and political context of the health care system. The scopes of practice define the nurse or midwife as independent practitioners who function within the health care team in collaboration with clients, health team members and other stakeholders.

1. The scopes of practice for nursing and midwifery
   - defines parameters of practice for the entry level nurse and midwife,
   - describes the full range of nursing and midwifery practice within legal and self-regulated boundaries,
   - focuses on the health care needs and demands of individuals, families, groups and communities to which the nurse and midwife must respond.
2. Standards of practice
   - The standards form the base for developing the core competencies and content for the entry level practitioner and describe the full range of nursing and midwifery practice within legal and self-regulated boundaries.
   - The standards form the base for developing the core competencies and content for the entry level practitioner
   - ECSACON standards provide a clear description of the major roles and functions of the nurse, attainable within reasonable expectations in the region.
   - ECSACON standards for professional practice are based on three categories of nursing and midwifery roles: provider and collaborator role, professional role; and advocacy role.

3. Core competencies and content
   - Competencies refer to the basic knowledge, skills and behaviors required of the nurse and midwife for safe practice in any work setting.
   - They are behaviours that indicate the nurse and midwives’ ability to perform at an expected level.
   - ECSACON core competencies to entry level practice are broad and flexible and serve as a guide in the development of competencies and content relevant to nursing and midwifery.

4. Nursing and midwifery education standards
   - The purpose of the standards is to:
   - ensure that the graduates have acquired expected core competencies required,
   - provide for safe practice and quality care for clients,
   - serve as a guide to evaluate nursing education programmes,
   - provide direction in designing educational programmes and various steps in curricula implementation, and
   - guide public, current and future students to ensure that nursing programmes are achieving their stated goals and objectives.

Mr Kalula concluded by saying that currently, the ECSACON resources are very under utilised. The PRF needs to be operationalized in each country for nurses, midwives, clients and countries to benefit. He urged countries in the ECSA region to operationalise the PRF which will require leadership and commitment from policy makers, regulatory bodies, professional associations, and collaborating partners.

8. SESSION 5
   Legal resources and processes
   Dr Maureen Kelley, Ms Peggy Vidot, Mr Peter Shayo, Mr Gustav Moyo
   Mauritius and Seychelles country teams

Dr Kelley and Ms Vidot presentation gave an overview of regulation and legal processes to review and amend legislation and asked the question: why regulate health professionals? Sound stewardship, good governance, effective health workforce management, public protection, advancement of health professionals, and setting standards for education and practice, were some of the major reasons for health professional regulation.
The most common reasons for reviewing health professional regulation are a mismatch between regulation and practice, the need to introduce periodic licensure, or to incorporate a CPD requirement. The first step is to ensure that all stakeholders agree on and understand what the issue is that is being addressed. Support from the Ministry of Health is fundamental as is undertaking a stakeholder analysis and developing a communication strategy. When regulation is not adequate, it is not always necessary to repeal the old law and replace with a new law. Sometimes all that is required is an amendment, a revision of regulations or the development of new regulations. It is important to consider the effect on other laws or treaties; other professions’ legislation and regulation; and public sector legislation to ensure compatibility. Involving regional representative’s helps to promote consistency in legislation within regions. Determining how the changes are to be funded is also critical. Elements which need to be considered include:

* Establishment of regulatory council
* Composition of regulatory council
* Functions of registrar
* Authority to make regulations or rules
* Financial stability
* Definitions of nurse and midwife
* Pre-service training requirements
* Training institute approval or accreditation
* Categories of nurses and midwives
* Emergency recognition of registration
* Laws to enable sharing of information
* Scopes of practice
* Registration and licensure
* Maintaining registration and licensure
* Continuing competence
* Continuing professional development
* Discipline, enforcement, sanctions
* Illegal practice
* Code of practice and/or ethics
* Commencement of changes or entry into force
Country teams then broke into groups to compare and contrast their nursing and midwifery legislation. Differences existed across countries in relation to the size and composition of Councils; functions of Councils; and disciplinary processes. Swaziland for example had a Council of 15 members; Seychelles and Tanzania have 13 members while Mauritius has 19 members. Within the region the number of nurses and/or midwives on each Council varied.

Figure 4: Composition of Councils

<table>
<thead>
<tr>
<th>SWAZILAND</th>
<th>SEYCHELLES</th>
<th>MAURITIUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 members</td>
<td>13 members</td>
<td>19 members</td>
</tr>
<tr>
<td>CNO ex-officio member</td>
<td>6 nurses and/or midwives (elected)</td>
<td>12 nurses and/or midwives (elected)</td>
</tr>
<tr>
<td>Nurse educator (appointed by university)</td>
<td>1 representative of academia</td>
<td>Representative of Ministry of Health</td>
</tr>
<tr>
<td>Education officer (Ministry of Education)</td>
<td>1 representative of nursing assistants</td>
<td>Representative of Attorney General</td>
</tr>
<tr>
<td>Nurse educator (elected by nurse educators)</td>
<td>1 nurse nominee</td>
<td>Representative of Prime Minister’s Office</td>
</tr>
<tr>
<td>Enrolled nurse (elected by enrolled nurses)</td>
<td>1 midwife nominee</td>
<td>4 non-health professionals (nominated)</td>
</tr>
<tr>
<td>Nursing assistant (elected by nursing assistants)</td>
<td>1 non-nurse nominee</td>
<td></td>
</tr>
<tr>
<td>Health professionals x 2 (nominated by Minister)</td>
<td>1 member of the public</td>
<td></td>
</tr>
<tr>
<td>Registered nurses x 3 (elected by registered nurses)</td>
<td>1 retired nurse</td>
<td></td>
</tr>
<tr>
<td>Nursing student (elected by nursing students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal practitioner (nominated by Attorney General)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals x 2 to represent public interest (elected by consumer association)</td>
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</tbody>
</table>

Figure 5: Functions of Councils

<table>
<thead>
<tr>
<th>TANZANIA</th>
<th>SEYCHELLES</th>
<th>MAURITIUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education function – standards of proficiency, evaluation of programmes, examinations</td>
<td>Registration and licensing processes</td>
<td>Maintain register</td>
</tr>
<tr>
<td>Registration function – initial registration, issue license and renew, keep register up to date, monitor proficiency, monitor private nursing and midwifery practice</td>
<td>Maintain register</td>
<td>Exercise and maintain discipline</td>
</tr>
<tr>
<td></td>
<td>Code of practice</td>
<td>Standards of practice</td>
</tr>
<tr>
<td></td>
<td>Annual publication of list</td>
<td>Standards of education and training</td>
</tr>
<tr>
<td>Conduct function – Code of Ethics, define professional misconduct, proscribe disciplinary measures, authority to supervise</td>
<td>Standards of education and training</td>
<td>Code of practice</td>
</tr>
<tr>
<td></td>
<td>Complaints, investigation and discipline</td>
<td>Publish annual list</td>
</tr>
<tr>
<td>Advocacy function – Advise the Minister</td>
<td>Advise Minister</td>
<td>Advise Minister</td>
</tr>
</tbody>
</table>

The teams spent time discussing the differences and considering the advantages and disadvantages of each model. Malawi shared their disciplinary process which consisted of a series of clearly defined steps:

1. Complaint is received (this can be from a member of the public).
2. An investigation is conducted by the Investigation Committee of the Council.
3. The Committee considers the investigation report and determines whether the complaint needs to be referred to the Disciplinary Committee.
4. A summons to appear before the Disciplinary Committee is drafted by a lawyer who also prepares the evidence. The nurse who is the subject of the complaint is given 14 days’ notice to appear.
5. Evidence is given under oath. The allegations and relevant documents are reviewed.
6. The nurse has the right to legal representation. The nurse and witnesses are subject to cross examination.
7. At the conclusion of the case there is a verdict and a judgement regarding a penalty: this may be a caution, a warning, a suspension, a suspended sentence, or removal of the nurse’s name from the register.
Malawi noted however that there are still a number of challenges in that nurses do not always surrender their license and continue to work in another sector despite no longer being registered or licensed. There is no public declaration when a nurse has their name removed from the register; no legal requirement for employers to check with the Council to see whether a nurse is registered; and no access to an online register for employers to check for themselves.

Mr Gustav Moyo is Registrar of the Tanzania Nursing and Midwifery Council. Mr Moyo shared with participants the process undergone in Tanzania to review their Act for nurse and midwife regulation. The first Act, known as the Nurses and Midwives Registration Ordinance, was passed in 1952 prior to Tanzania’s independence. The Chairperson of the Registration board was a medical doctor as were more than half the members of the Board. The Act was revised in 1997 as the Nurses and Midwives Registration Act. One of the key changes was that the Chairperson was to be a nurse. The Act was revised again in 2010 as the Nursing and Midwifery Act.

The critical steps in successful review of legislation are to convince the management team in the Ministry of Health and the Minister of your agenda and ensure that the Minister understands the objectives of the legislation; convince all other relevant stakeholders and ensure they are included and actively involved; disseminate to as many people as possible; watch out for challenges from nurses who may not understand the changes; keep lobbying; educate; and follow up every step of the way.

The Mauritius team shared their experience with reviewing legislation. On the positive side was the fact that the initiative to review the legislation came from the nurses themselves; the initiative was nurse led; and the review committee did not include a medical practitioner. Collaboration was the key to moving forward however the fact that the Council is funded by a grant from the Ministry of Health creates difficulties and has the potential to compromise its integrity. The key message from the Seychelles and one which they could not sufficiently emphasise was that collaboration is the key to success. All stakeholders need to be involved in the process and kept constantly informed.

9. **SESSION 6**

**Project management tools**

Ms Jessica Gross is Project Coordinator for the ARC initiative. The objectives of Ms Gross’ presentation were to support countries to apply stakeholder analysis and communication strategies to their project plan and create indicators to measure success. Ms Gross defined a ‘stakeholder’ as any individual, group, organisation or institution that has an *interest* or an *influence* on health professional regulation. Country teams need to ask themselves: who is important; why are they important; and are they influential, opposed or supportive?

Conducting a stakeholder analysis early in the planning process helps to identify who are the stakeholders; manage the stakeholders; mitigate risk; and develop an appropriate communication strategy.
Ms Gross explained that some stakeholders have a lot of influence and are also very supportive. You need to partner with or collaborate with these stakeholders to engage them in the project; consult with them; give them a specific role; and seek their input – they are your best allies. Other stakeholders have a lot of influence but are not very supportive. These stakeholders have the potential to block your plans and oppose your efforts. You need to convince them, allay their fears, show them your results and keep them satisfied as to the value of your project. Still other stakeholders have low influence but are very supportive and interested. It is important to keep them supportive however they can be very time consuming with no added value. You need to keep them informed with regular updates, newsletters and through your website however you do not need to spend as much time or energy on them because you already have their support. The last group of stakeholders have little influence and are not very supportive. These stakeholders only require monitoring to see whether their influence or their support is subject to change.

Ms Gross went on to discuss the elements of a successful communication plan. She suggested there are four key elements.
1. Who are you trying to reach? Make a list.
2. What is the best way to contact them: by email, by phone or in person? How you contact each individual may be quite different.
3. What are the tools you are going to use: a meeting, a newsletter, or your website?
4. How often are you going to contact them: weekly, monthly, quarterly? These questions need to be considered for each stakeholder and a detailed plan constructed.

The final section of Ms Gross’ presentation considered how to determine whether your project was successful. Ms Gross suggested that what is measurable in the time available should be selected; indicators defined; and goals compared with implementation. Indicators need to be smart: specific, measurable, agreed, realist, and time bound.

Ms Gross explained the difference between inputs (resources necessary to carry out a process); the process (a series or sequence by which inputs are transformed into outputs); outputs (the service or products resulting from the inputs and processes); and the outcome (the end impact or higher level goal).

Ms Gross further explained that different indicators are required for inputs (input indicators), processes (process indicators), outputs (output indicators), and outcomes (outcome indicators). Country teams then broke into groups to conduct a stakeholder analysis for their project and develop input, process, output and outcome indicators.
Countries, in their teams, then worked through stakeholder analysis for their project and considered inputs, outputs and outcomes. Countries were supported by members of the ARC team and other resources people. Each country then presented their deliberations with the larger group and received critical comment and feedback on their presentation.
10. SESSION 7

Country team break out session

The legislative breakout session was facilitated by Mr Peter Shayo, Consulting Advocate and Legal Adviser for the ECSA-HC. The CPD breakout session was facilitated by Ms Jill Iliffe, Executive Secretary, Commonwealth Nurses Federation (CNF). During this session, country teams presented their projects to the larger group for peer review and comment, sharing their progress and their experiences.

Lesotho shared with the group the progress they had made as a result of the technical assistance provided by Ms Jill Iliffe and Ms Carey McCarthy. They went through the particular elements of the national CPD framework they had developed, their monitoring and evaluation methodology, and their implementation plan.
The Lesotho CPD Advisory Committee had met together over five days in September with four days being allocated for development of a national CPD programme and one day being allocated for a CNF sponsored stakeholder consultation and forum. A challenge for the Committee was whether to include nursing assistants in the framework. In Lesotho, nursing assistants are considered to be part of the nursing family and under the control and direction of the Lesotho Nursing Council. Following discussion and debate, it was decided the CPD programme should cover nursing assistants and that there were sufficient activities in the CPD table for nursing assistants to be able to reach the required number of annual CPD points.

Another challenge for Committee members was reaching agreement on the recommended amount of required CPD annually. After considerable discussion and debate, Committee members considered the number of hours should initially be kept low so as to encourage compliance until such time as nurses and their employers were familiar with the programme and convinced of its value.

Following the presentation by Lesotho comments were received from other country teams. The decision to include nursing assistants was challenged and defended as was the amount of CPD required to be met annually for retention of practising license.

Swaziland presented the national CPD framework they had developed and thanked Ms Jill Iliffe for the technical assistance provided which they considered had assisted them to make considerable progress during the period. While containing many similar elements, the framework they had developed was different to that developed by Lesotho.

The Swaziland CPD Committee had met together over four days, with three days being spent in intensive discussion and one day being allocated to a wider CNF sponsored stakeholder consultation and forum. The stakeholder consultation provided an opportunity for a broad range of senior nurses and nurse leaders to be guided through the draft national CPD framework, understand the rationale for the decisions made and provide comment on and input into the draft framework. The Swaziland team also shared with the larger group the results from the needs analysis they had undertaken in preparation for the development of their national framework.

Malawi shared with the larger group the outcomes of the survey they had conducted on why some CPD facilitators were more active and successful than others. Workloads and other competing demands were a primary reason as well as the lack of incentives, the lack of local support, and personal motivation. The team considered that regular communication with, and meetings of, CPD facilitators were necessary to maintain their level of commitment and enthusiasm. The need for an inventory of CPD offerings which the CPD facilitators could access was also identified. Another essential element for CPD uptake was for nurse leaders and nurse managers to understand and be committed to the programme. During the period advocacy meetings were held for nurse leaders and nurse managers.
In sharing their frameworks and their experiences and in responding to the questions and comments of the group, teams experienced some initial tension as they tried to justify why their programme was structured the way it was and why it was different to that of other countries. Team members considered whether there should be a standard framework across the ECSA region. The outcome of the discussion was that, as each country was different with a different history and different health systems, the frameworks developed would necessarily differ to some degree from each other while retaining the same essential elements. Countries were encouraged to have confidence in what they had developed, but also to be able to learn from the experience of others and evaluate their programme against the comments made.

Seychelles discussed their progress with their legislative changes and felt they had a positive experience and had made good progress. They emphasised that the collaborative approach they took was the critical factor in their progress and highlighted the range of meetings they had held with stakeholder groups and with key influential individuals. The Seychelles identified a common theme with other countries, that progressing their project required considerable hard work from people who were already in busy, demanding and responsible positions and that it required not only commitment but discipline to keep the project moving forward. Despite the hard work, they considered the end result would be well worth the effort.

Mauritius shared with the group the difficulties they had experienced as a result of changes in personnel, not just within the country team, but also at the Ministry level. Government policy had impacted on the capacity of the original team members to benefit from attending ARC meetings with a subsequent loss of continuity for the project which impacted on timelines and achieving outcomes. Despite the difficulties, Mauritius was still confident of a successful outcome.

11. SESSION 8
Africa Journal of Midwifery case study opportunity
Ms Patricia Riley

Ms Riley outlined a recent ARC initiative with the African Journal of Midwifery and Women’s Health (AJM) to provide an opportunity for country teams to gain authorship experience by documenting and publishing case studies of their projects in the AJM.

Ms Riley explained that the AJM is a quarterly peer-reviewed, evidence-based journal for nurses and midwives specifically designed for a nursing and midwifery audience to assist them to keep up-to-date with clinical developments in midwifery and women’s health. The AJM is the first African journal with a specific focus on maternity matters that strives to offer a forum for African authors. The AJM aims to function as a platform for topical debates on clinical and professional issues. Research and education are integral to the journal, encouraging advanced skills, knowledge transfer and academic discussion.

Ms Riley suggested approaches that each country team could take in developing a case study for publication, outlined the next steps that countries would need to take and discussed the possibility of a writer’s workshop at the ARC Summative Congress to be held early 2012. Countries were enthusiastic about the idea of publishing their experiences and felt that a writer’s workshop would be of great benefit to them in ensuring that their articles were of high quality.
The focus of Ms McFarlane’s presentation was on developing organisational leadership so that national policy is aligned with the strategic vision of nursing and midwifery at a national, regional and international level.

Ms McFarlane recapped the presentation made by Dr Marla Salmon at the first ARC meeting in Nairobi, Kenya in February 2011. Dr Salmon suggested that leaders needed to:

* Lead in service and with others
* Cultivate a compelling vision
* Act purposefully
* Actively collaborate and partner
* Embrace difference
* Actively steward the future
* Genuinely care for, and about others
* Live with integrity and courage
* Find ways to reflect and renew

Ms McFarlane explained that in order to know whether we are leading our organisation or our team or unit effectively, we need to monitor and periodically evaluate. Country teams were introduced to a resource published by USAID and Management Sciences for Health titled, *Menu of indicators on management and leadership capacity development* (2006) available from: [http://archive.k4health.org/system/files/LM_Indicator_Menu.pdf](http://archive.k4health.org/system/files/LM_Indicator_Menu.pdf).

This publication had a comprehensive set of management and leadership indicators which assisted leaders and managers to monitor and periodically evaluate their capacity and effectiveness. The publication is divided into four sections:

* Indicators of organisational management capacity
* Indicators of group work and organisational capacity
* Indicators of organisational sustainability
* Programme specific indicators

Ms McFarlane focused on one element of section 3 which she thought relevant to the work being undertaken by the country teams:

**3.3 Capacity to increase sustainability through involvement in national policy processes and strategic partnerships** which had four indicators:

**Indicator:** Organisational leadership ensures that relevant external policy issues are included in discussions on organisational strategy.

Ms McFarlane asked -

* Is leadership familiar with the current policies at the national and donor levels that affect the organisation’s objectives?
* Does leadership have a way of continually updating information on these policies?
* Does leadership use this information to inform the work of the organisation?
* Does the most recent strategic plan reflect knowledge of national and donor policies?

**Indicator:** Input provided by the organisation has been considered in the design of health policy at broader levels.

Ms McFarlane asked:

* Has the leadership and/or senior managers participated in policy-making with national agencies, regulatory boards, commissions, or donor agencies?
  If yes,
* Have any policy recommendations issued over the past year included the organisation’s concerns and suggestions?
**Indicator:** The organisation’s strategic plan includes partnership objectives and outlines steps needed for their achievement.

Ms McFarlane asked:
- Does the organisation have a strategic plan?
  - If yes,
  - Does the plan include a clearly stated partnership objective?
  - Does the plan specify the steps needed to reach the objective?

**Indicator:** The organisation has signed at least one partnership agreement during the past year, in accordance with its organisational objectives.

Ms McFarlane asked:
- Has the organisation signed a partnership agreement during the past year?
  - If yes,
  - Was this document consistent with the organisation’s strategic objectives?

Ms McFarlane concluded her presentation by inviting members of country teams to share their stories and experiences and lessons learned about aligning national policies with the strategic vision for nursing and midwifery. Participants then worked in country teams taking one indicator each and considered how they might apply these indicators to their projects. Ms McFarlane closed the session by encouraging country teams to act purposefully; actively collaborate and partner to have input on relevant policy that impacts nursing and midwifery practice and education. Ms McFarlane reminded them that their learned lessons are valuable to colleagues, so share them!

### 13. SESSION 10

**Editing the CPD Toolkit**

Ms Carey McCarthy

Ms McCarthy shared with participants the history of the CPD Toolkit which was originally developed by Dr Joyce Thompson. Since then the Toolkit had been extensively reviewed following input and comments from country teams and by ARC resource people and external consultants.

Countries were introduced to the revised Toolkit and taken through its basic structure and purpose. Following Ms McCarthy’s presentation, country teams worked in mixed groups on different sections of the Toolkit to provide specific feedback.

Going through the Toolkit, section by section, comprehensive feedback was provided. Countries considered that the examples provided needed to be more clearly identified. Concern was expressed regarding the term ‘health professionals’ and the inclusion of nursing assistants in CPD programmes. Some countries also expressed concern about the differentiation of nurses and midwives as in their countries, all midwives were nurses first. Countries considered that there should be a focus on a positive approach and the benefits of CPD, encouraging nurses and midwives to be engaged in CPD, providing motivation, encouragement and facilitation by managers. It was agreed that the next steps in the finalisation of the Toolkit was for the feedback to be incorporated and the Toolkit sent out again to country teams for further comment.
14. SESSION 11
Closing remarks
Ms Peggy Vidot, Ms Patricia Riley and Ms Joyce Kamdonyo

On behalf of ECSA-HC, Ms Kamdonyo expressed her appreciation for the hard work and commitment of country teams not only over the past three days but from the beginning of the ARC initiative. Ms Kamdonyo acknowledged the importance of nurses and midwives, as the largest group of health professionals in the region, leading the way in setting the standards and regulation agenda. The ARC initiative will not only raise standards in the region, but will also improve the health and wellbeing of the people in the region. Ms Kamdonyo congratulated country teams on their achievements so far and emphasised the commitment of ECSA-HC to what they were trying to achieve.

Ms Vidot also thanked country teams for their input over the three days of the meeting and their willingness to give their time and expertise to improving standards and regulation of nursing and midwifery in their respective countries. She wished them well during the next and final period of their projects and said she looked forward to seeing what has been achieved when country teams present their projects at the ARC Summative Congress early 2012.

Ms Patricia Riley thanked the invited speakers, resource people and the ARC/Emory University team for their input and for sharing their time and expertise. Ms Riley considered the objectives of the meeting had definitely been met, particularly in becoming familiar with the resources and tools that are available to assist countries to enhance nursing and midwifery regulation and standards in the region and in South-to-South sharing and leadership development. Ms Riley urged country teams to take the opportunity presented by the African Journal of Midwifery and Women’s Health to publish the outcomes of their projects. She wished them well for the remaining period of their grant and looked forward to the successful conclusion of their projects and to countries presenting at the ARC Summative Congress in 2012.
The ARC Team
Ms Peggy Vidot, Ms Alexandra Zuber, Ms Patricia Riley, Ms Kitty McFarlane, Ms Carey McCarthy, Mrs Jessica Gross, Dr Maureen Kelley
<table>
<thead>
<tr>
<th>Country or organisation</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Lesotho</td>
<td>Ms Mantsebo Elizabeth Moji</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Mrs Tjoetso Veronica Lehana</td>
<td>Training Institution</td>
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<tr>
<td>Lesotho</td>
<td>Ms Flavia Mamohapi Moetsana-Poka</td>
<td>Registrar LNC</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Mrs Nthabiseng 'Makholu Lebaka</td>
<td>President LNA</td>
</tr>
<tr>
<td>Malawi</td>
<td>Mrs Sheila Bandazi</td>
<td>Director Nursing Services Ministry of Health</td>
</tr>
<tr>
<td>Malawi</td>
<td>Mrs Martha Mondiwa</td>
<td>Registrar Nurses and Midwives Council</td>
</tr>
<tr>
<td>Malawi</td>
<td>Mr Jonathan Abraham Gama</td>
<td>President National Organisation of Nurses</td>
</tr>
<tr>
<td>Malawi</td>
<td>Mrs Chrissie Chilomo</td>
<td>Malawi Nurses and Midwives Council</td>
</tr>
<tr>
<td>Mauritius</td>
<td>Mr Sylvio Pierre</td>
<td>Chief Nursing Officer</td>
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<tr>
<td>Seychelles</td>
<td>Mrs Bella Henderson</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td>Seychelles</td>
<td>Miss Marie-Antoinette Hoarau</td>
<td>President NNA</td>
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<tr>
<td>Seychelles</td>
<td>Mrs Jeanine Jeanne D’Arc SUZETTE</td>
<td>Representative NIHSS</td>
</tr>
<tr>
<td>Swaziland</td>
<td>Ms Thembisile Gladys Khumalo</td>
<td>Chief Nursing Officer</td>
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<td>Swaziland</td>
<td>Ms Glory Msibi</td>
<td>Registrar, Swaziland Nursing Council</td>
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<tr>
<td>Swaziland</td>
<td>Mr Bheki Mamba</td>
<td>President, Swaziland Nurses Association</td>
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<tr>
<td>Swaziland</td>
<td>Dr Ruth Nkosazana</td>
<td>Dean Faculty of Health Sciences</td>
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<tr>
<td>Tanzania</td>
<td>Mr Gustav Moyo</td>
<td>Registrar Nurses and Midwives Council</td>
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<tr>
<td>Tanzania</td>
<td>Mr Clavery Mpandana</td>
<td>Chief Nursing Officer Tanzania</td>
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<tr>
<td>ECSA</td>
<td>Mr Peter Shayo</td>
<td>Advocate, ECSA</td>
</tr>
<tr>
<td>ECSA</td>
<td>Ms Joyce Kamdonyo</td>
<td>Midwifery Coordinator ECSA</td>
</tr>
<tr>
<td>CNF</td>
<td>Ms Jill Iliffe</td>
<td>Commonwealth Nurses Federation</td>
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<tr>
<td>ComSec</td>
<td>Ms Peggy Vidot</td>
<td>Commonwealth Secretariat</td>
</tr>
<tr>
<td>MCHIP</td>
<td>Ms Catherine Carr</td>
<td>Senior Maternal Health Advisor</td>
</tr>
<tr>
<td>CDC</td>
<td>Ms Patricia Riley</td>
<td>Team Lead</td>
</tr>
<tr>
<td>CDC</td>
<td>Ms Alexandra Zuber</td>
<td>Health Advisor</td>
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<tr>
<td>Emory University</td>
<td>Dr Maureen Kelley</td>
<td>Associate Clinical Professor, Emory University</td>
</tr>
<tr>
<td>CDC</td>
<td>Ms Carey McCarthy</td>
<td>Research Fellow</td>
</tr>
<tr>
<td>CDC</td>
<td>Ms Kitty McFarlane</td>
<td>Senior Programme Manager</td>
</tr>
<tr>
<td>Emory University</td>
<td>Ms Jessica Gross</td>
<td>Public Health Consultant</td>
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ATTACHMENT 2: Meeting Agenda

ARC Learning Session 2
Progress through Regional Collaboration and Resource Exchange
Arusha, Tanzania 5-7 October, 2011

Meeting Objectives
1. Discuss, develop and disseminate regional nursing and midwifery regulation resources and tools
2. Assess progress, challenges and lessons learned during implementation of country regulation improvement grants

Wednesday, October 5, 2011

0800-0830 Sign In and Per Diem
Ms Jessica Gross, Project Coordinator, ARC
Ms Peggy Vidot, Acting Head of Health, Commonwealth Secretariat

0830-0930 Official Welcome and Greetings
Dr Maureen Kelley, ARC Project Director, Lillian Carter Center for Social Responsibility and Global Health, Emory University
Mr Clavery Mpandana, Chief Nursing Officer, Ministry of Health and Social Welfare of Tanzania
Dr Elizabeth Marum, PhD, Acting Country Director, CDC Tanzania
Dr Josephine Kibaru-Mbae, ECSA-HC Director General
Ms Peggy Vidot, Commonwealth Secretariat
Ms Patricia Riley, Health Systems Human Resources Team (HSHRT) Lead, US Centers for Disease Control and Prevention (CDC), Atlanta

0930-1000 Country Progress Reports
Facilitator: Ms Alexandra Zuber, HRH Advisor, HSHRT, CDC Atlanta

1000-1030 TEA BREAK

1030-1230 Country Progress Reports (continued)
Facilitator: Ms Alexandra Zuber

1230-1330 LUNCH

1330-1400 Creating a regional CPD Library
Ms Joyce Kamdonyo, Midwifery Consultant, ECSA-HC

1400-1500 Designing Modules for Regional CPD
Ms Catherine Carr, Senior Maternal Health Advisor, Maternal and Child Health Integrated Programme (MCHIP)

1500-1545 Using Available CPD Resources
Ms Kitty McFarlane, PMTCT and ARC Advisor, CDC

1545-1615 TEA BREAK

1615-1645 Linking ARC and PMTCT Acceleration Plans
Ms Kitty McFarlane

1645-1730 Exploring the ECSA Regulatory Framework
Mr Alphonse Kalula, Senior Programme Officer, ECSACON
Thursday, October 6, 2011

0830-1000  Legal Resources and Processes
Overview: Dr Maureen Kelley and Ms Peggy Vidot
*Nursing and Midwifery Regional Regulatory Matrix*: Mr Peter Shayo, Consulting Advocate and Legal Advisor, ECSA-HC
*Tanzania Nursing Act Process*: Mr Gustav Moyo, Registrar, Tanzania Nursing and Midwifery Council
*Responses and Reflections*: Seychelles and Mauritius Teams

1000-1030  TEA BREAK

1030-1300  Project Management Tools
Ms Jessica Gross
- Introduction of Project Management Tools
- Country Team Breakouts and Presentations

1300-1400  LUNCH

1400-1630  Break Out Session
CPD Teams: Facilitated by Ms Jill Iliffe, Executive Secretary, Commonwealth Nurses Federation
Legislative Teams: Facilitated by Mr Peter Shayo

1630-1700  TEA BREAK

1700-1730  African Journal of Midwifery Case Study Opportunity
Ms Patricia Riley

Friday, October 7, 2011

0830-1000  Leadership Assessment
Ms Kitty McFarlane

1000-1030  TEA BREAK

1030-1200  Editing of the CPD Toolkit
Ms Jill Iliffe and Ms Carey McCarthy, Research Fellow, HSHRT, CDC Atlanta

1200-1230  Evaluation
Ms Kitty McFarlane

1230-1300  Closing Remarks
Ms Pat Riley, Ms Peggy Vidot, and Ms Joyce Kamdonyo

1300-1400  LUNCH
ATTACHMENT 3: Meeting Evaluation Results

Q1: Please indicate your primary professional role

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>Number of Votes</th>
<th>Percentage</th>
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<tr>
<td>Registrar or regulation</td>
<td>3/18</td>
<td>16.6%</td>
</tr>
<tr>
<td>Professional organisation/union</td>
<td>5/18</td>
<td>27.7%</td>
</tr>
<tr>
<td>Education</td>
<td>4/18</td>
<td>22.3%</td>
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<tr>
<td>CNO</td>
<td>6/18</td>
<td>33.4%</td>
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</table>

Q2: Are you employed in the public (e.g. government) or private sector (e.g. NGO)?

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Votes</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Public Sector</td>
<td>15/18</td>
<td>83.3%</td>
</tr>
<tr>
<td>Private Sector</td>
<td>2/18</td>
<td>11.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1/20</td>
<td>5.5%</td>
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WEDNESDAY 5 OCTOBER 2011

COUNTRY TEAMS PROJECT PROGRESS

Q3: In general, how useful was it to hear about other ARC projects and progress?

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Votes</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Very useful</td>
<td>19/20</td>
<td>95%</td>
</tr>
<tr>
<td>Missing data</td>
<td>1/20</td>
<td>5%</td>
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</table>

Q4: How useful is it to share both progress and challenges in your project with other ARC teams?

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Votes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>0/20</td>
<td>0%</td>
</tr>
<tr>
<td>Important</td>
<td>1/20</td>
<td>5%</td>
</tr>
<tr>
<td>Very important</td>
<td>19/20</td>
<td>95%</td>
</tr>
</tbody>
</table>

Comments

Very useful because we learned something from other countries to improve our project.

For constructive critique of our projects, exposing areas of our projects we need to attend to.

This session was very helpful in that we learned from one another, embraced the differences, and cross-fertilized each other’s projects to come up with the best.

Comments from other participants very relevant and will enrich the CPD programme.

This session enabled me to understand the perspective of other people and to reflect on my country’s framework.

We were able to learn and share ideas with each other.

To hear about the progress of other teams enhanced our knowledge and allowed us to discuss issues of concern at national level, for further improvement. Sharing our project with others gives way to others to share their ideas or expertise to enrich the project.

We were able to compare our progress with other countries which was very motivating for us.

Gave my team food for thought.
CREATING A REGIONAL CPD LIBRARY

Q5: It was helpful to hear about a potential regional library of CPD materials housed at ECSA.
Do not agree 1/20 = 5%
Partially agree 5/20 = 25%
Completely agree 14/20 = 70%

Q6: A regional library of CPD materials housed at ECSA will be useful for my country in providing CPD to nurses and midwives.
Do not agree 0/20 = 0%
Partially agree 5/20 = 25%
Completely agree 15/20 = 75%

Comments
It was helpful to hear about the library and we need more information on this.
ECSA should guide member countries and the library of CPD materials will be a very good resource.
I urge Joyce to do wide consultations on this project for the benefit of the member countries.
A necessity for the ECSA region.

DESIGNING MODULES FOR REGIONAL CPD

Q7: The information on designing CPD modules was useful and relevant to my country or setting.
Not useful 0/20 = 0%
Useful 4/20 = 20%
Very useful 16/20 = 80%

Q8: Following this session, I have an understanding of what I would need (tools, content, other) to develop or adapt a CPD module.
Do not agree 0/20 = 0%
Partially agree 5/20 = 25%
Completely agree 15/20 = 75%

Comments
This was somewhat important because it will help us to compare with the modules that we already have and how they meet the criteria stipulated.
It was an eye-opener because it filled the information gap I had.
Modules need to be developed according to CPD of particular country.
Very useful exercise, more time was needed in groups.
Very good guidelines.

USING AVAILABLE CPD RESOURCES

Q9: I can identify at least 3 new CPD resources that are low or no cost.
Do not agree 0/19 = 0%
Partially agree 1/19 = 5%
Completely agree 18/19 = 95%

Q10: I can identify at least 1 new professional internet resources for information sharing.
Do not agree 0/20 = 0%
Partially agree 1/20 = 5%
Completely agree 19/20 = 95%

Q11: I or my team shared at least 1 unique resource or venue for developing CPD programmes.
Do not agree 0/19 = 0%
Partially agree 3/19 = 16%
Completely agree 16/19 = 84%
Comments
The websites we were given at no cost are helpful and have added more that we were not aware of. Assisted me to identify resources that are applicable to advancing the nursing and midwifery issues ... that I was not aware of and networking opportunities via the web. An eye-opener for us...we did not know of so many CPD resources...instructive. I would have loved it if there were examples on approaches used to identify CPD resources that are of no cost. The knowledge gain will be of great benefit to our team at national level, we are in a better position to share knowledge in CPD. I will certainly commend this approach and will use it when I get home to inform colleagues on what resources are available.

EXPLORING THE ECSACON REGULATORY FRAMEWORK

Q12: It was helpful to go over the ECSACON regulatory framework.
Not helpful 0/20 = 0%
Somewhat helpful 8/20 = 40%
Very helpful 12/20 = 60%

Q13: I feel the ECSACON regulatory framework is a useful tool for my country’s regulation strengthening efforts.
Do not agree 0/20 = 0%
Partially agree 6/20 = 30%
Completely agree 14/20 = 70%

Comments
This was very important for our country to improve our regulatory framework. This session assisted me to realize that regulations should be periodically revised as when out dated they will not meet the changing needs of the profession (regulations need review). It’s true the ECSACON regulatory framework is useful to our countries’ regulations. The framework needs to be revised as it is now old. This is very important as it acts as a reference material for different countries in the region. Presentation was not very appealing but revising framework important. Motivated me to review document more- previously I only looked at parts that interested me.

THURSDAY 6 OCTOBER 2011

LINKING ARC AND PMTCT ACCELERATION

Q14: I am now aware of the impact of PMTCT in the region.
Do not agree 1/20 = 5%
Partially agree 5/20 = 25%
Completely agree 13/20 = 65%

Q15: I now have knowledge of PMTCT Acceleration funding for 2011-2012.
Do not agree 0/18 = 0%
Partially agree 5/18 = 28%
Completely agree 13/18 = 72%

Q16: I now have understanding of link between ARC strategic vision, high quality nursing and midwifery care, and Global Plan for PMTCT.
Do not agree 0/20 = 0%
Partially agree 5/20 = 25%
Completely agree 15/20 = 75%

Comments
PMTCT in my country is very high as a government priority and has already been identified for CPD for nurses per the new guidelines. The awareness created by the presentation was very timely. I am now in a better position to keep abreast of what is happening globally and to network with other agencies or sections. PMTCT acceleration is great for nurses ... this is great opportunity for ARC. Will certainly follow-up on the activities of the relevant unit in my country regarding knowledge of implementation of this fund.
LEGAL RESOURCES AND PROCESSES

Q17: This session reviewed the most important principles and processes of regulating health professions.
Do not agree 0/20 = 0%
Partially agree 1/20 = 5%
Completely agree 19/20 = 95%

Q18: It was useful to hear the similarities and differences in legal and regulatory elements across countries in the region.
Not useful 0/20 = 0%
Somewhat useful 0/20 = 0%
Very useful 20/20 = 100%

Q19: The case study (Tanzania) provided useful examples challenges and lessons learned in the process of revising a nurses and midwives Act.
Do not agree 0/20 = 0%
Partially agree 0/20 = 0%
Completely agree 20/20 = 100%

Comments
I learned new strategies on how to track to process.
I enjoyed this presentation because we are at the level of take-up our reviewed Act through Parliament. We are now aware of the steps not be overlooked in order to get our Act reviewed and passed.
It helped countries not to be overly ambitious with the process of legislation as it can take a long time.
Strengthened my knowledge of legal issues.
It has been very good presentation and useful for our countries as we are revising the Nursing and Midwifery Act. We need to broaden the regulation to make sure that all areas are covered.
Session very fruitful for our team.
Helped us to adopt/ review certain strategies being considered for our project.
Very useful case study, indicating the process, making us appreciate the relationships between regulatory bodies and legal institutions.

PROJECT MANAGEMENT TOOLS

Q20: This session was useful in helping me apply stakeholder analysis and communication strategies to my ARC project action plan.
Do not agree 0/20 = 0%
Partially agree 0/20 = 0%
Completely agree 20/20 = 100%

Q21: This session helped me to create useful indicators to measure the success of my ARC project.
Do not agree 0/20 = 0%
Partially agree 4/20 = 20%
Completely agree 16/20 = 80%

Comments
It was helpful to share my team’s project management tools (stakeholder analysis and communication strategies) with other teams and to hear about other teams’ project management tools.
We did well, but we need more time to practice so we can come up with different types of indicators.
I learned how to develop the levels of indicators.
Stakeholder analysis was very important because it helps us set clear priorities as to who to influence.
It was an eye-opener to stakeholders that will help advance the CPD and other organisational agenda other than concentrating on the ‘need to be informed’ category.
Good exercise that prompted more thinking, looking at all angles.
Helpful in identifying stakeholders who have an impact on the project.
Very beneficial to me, especially to my work when I go back home.
Valuable tool.
Needed more time to concretize key issues in project management.
Helps time management; some stakeholders can monopolise too much of your time.

BREAK OUT SESSIONS: CPD AND LEGISLATION

Q22: How important was it to hear about the process, progress and challenges of the other ARC teams?
Not important 0/20 = 0%
Somewhat important 4/20 = 20%
Very important 16/20 = 80%

Q23: How important was it to share the process, progress and challenges of your team with other ARC teams?
Not important 0/20 = 0%
Somewhat important 2/20 = 10%
Very important 18/20 = 90%

Comments
This was very useful, especially the Malawi experience, to hear how we can avoid some of their challenges.
We have been able to develop strategies to assist and share with other teams.
It was a good exercise, but time was short. We felt it was not enough.
This was very important as it has assisted me to have a positive image of some organisations which I previously felt that they do not contribute to the progress of the project.
Very good exercise- increased my knowledge and understanding in CPD.
Sharing was very helpful, as we learned about unforeseen circumstances that we may not have been aware of.
Very valuable session for the legislative teams; we made substantial progress and clarified a lot of issues.

AFRICAN JOURNAL OF MIDWIFERY CASE STUDY OPPORTUNITY

Q24: How relevant and useful was the information that was provided in this session?
Not relevant or useful 0/20 = 0%
Partially relevant or useful 3/20 = 15%
Very relevant or useful 17/20 = 85%

Q25: How effective was the presenter in conveying the information?
Not effective 0/20 = 0%
Somewhat effective 3/20 = 15%
Very effective 17/20 = 85%

Comments
Delighted to be a part of the AJM journal.
Will participate in the case study.
Peer reviewed journal are hardly practiced by the nurses, especially in the service area in my country. Thank you very much for the subscription in the journal. I wish it were lifelong.
This will give us a chance to publish our programmes.
Our contribution towards this journal will be a big achievement of ARC. Our team intends to work towards producing this article.
LEADERSHIP ASSESSMENT

Q26: I am now familiar with 4 indicators for monitoring and evaluating organisational strength and performance.
- Not familiar: 0/19 = 0%
- Somewhat familiar: 5/19 = 26%
- Very familiar: 14/19 = 74%

Q27: I shared my own experiences and lessons learned as a nursing and midwifery leader of my organisation.
- Do not agree: 0/19 = 0%
- Partially agree: 3/19 = 16%
- Completely agree: 16/19 = 84%

Comments
It is always very challenging to draw up indicators, but from this session I am going back a better person.
Time was a bit short. But I’m grateful that I have this information.
Definitely enhanced my capacity as a leader to become more efficient.

EDITING THE CPD TOOLKIT

Q28: This CPD toolkit will be useful to my team and to other country teams developing a national CPD framework for nurses and midwives.
- Do not agree: 0/20 = 0%
- Partially agree: 1/20 = 5%
- Completely agree: 19/20 = 95%

Q29: A regional CPD toolkit is an important contribution to the region and is a useful activity for the ARC initiative.
- Do not agree: 0/20 = 0%
- Partially agree: 0/20 = 0%
- Completely agree: 20/20 = 100%

Q30: I would like to be a contributing member of the ARC CPD Toolkit.
- Do not agree: 0/20 = 0%
- Partially agree: 2/20 = 10%
- Completely agree: 18/20 = 90%

Comments
The Toolkit is very important, however it needs to be beefed up to be regionally specific in order to be user friendly.
I fully agree that this is a good tool; I will contribute and submit my inputs.
I would like to further look at the Toolkit to make inputs before being presented to a larger meeting in Feb 2012.
We needed more time for this activity to produce good results.
It was good we were given a chance to participate…it’s good that we contributed to the regional Toolkit.
Needs to be revised to take-out the irrelevant / confusing country examples.
CPD Toolkit will be an important document for the region.
Needs more time to have regional ownership.
A legacy for others to follow.
OVERALL WORKSHOP EXPERIENCE

Q31: Workshop objectives: In your opinion, were the workshop objectives met?

1. Discuss, develop and disseminate regional nursing and midwifery regulation resources and tools
   - Objective not met: 0/20 = 0%
   - Objective mostly met: 0/20 = 0%
   - Objective fully met: 20/20 = 100%

2. Assess progress, challenges and lessons learned during implementation of country regulation improvement grants.
   - Objective not met: 0/19 = 0%
   - Objective mostly met: 2/19 = 11%
   - Objective fully met: 17/19 = 89%

Comments
It was 2.5 days of very hard work, but none the less we made it, Hooray!
We have learned various regulation resources and tools which we were given opportuny to use them. The workshop has assisted us to review our plans, present our project plans, and frameworks developed, then the other countries assisted by giving positive inputs which will build our documents more.
Successful meeting; only countries should not change members to participate in the next meeting. Continuity is important.
Achieved, but time too short.
The spirit of collaboration was present. Willingness of ARC staff to impart knowledge highly appreciated. Lessons were clear and straightforward.
Acquisition of knowledge and skills +++.

MEETING VENUE
Hotel Kibo Palace Arusha Tanzania

Q32: The meeting venue met my requirements for optimal work and rest.
   - Did not meet requirements: 0/18 = 0%
   - Met requirements: 3/18 = 17%
   - Exceeded requirements: 15/18 = 83%

Comments
The internet is purchased separately from the accommodation fee, making it expensive for the participants to continue working on their projects and continue to network. Nairobi experience was excellent in relation to internet, as compared to this experience. There should be access to the internet. Visitors should be able to iron their clothes.
For future meetings, allow more time.
*Meals were not palatable; too much spices.
The meeting room was warm, especially Day 1. Otherwise rooms were clean and comfortable.
Only that it is expensive for meals and drinks.
Very comfortable and conducive to learning.
I want health food for snacks at tea breaks.
Good, convenient venue.
Please share your comments or suggestions on any other topic below.

Suggest we finish each day’s business at around 4 pm to allow people to shop.
Suggest we increase the number of days for the meetings.
I suggest that travel arrangements would be done earlier so that the short itinerary would be used.
The training sessions, topics, and approaches has been good, thus enabling me to follow the process and made contribution in spirit of attending the ARC meeting for the first time.
Time for certain sessions was short.

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