



CNF MEETS WITH SENIOR NURSES IN UGANDA



The CNF was privileged to participate in a forum for senior nurses and midwives hosted by the Uganda National Association for Nurses and Midwives (UNANM) on Friday 23 October, in Wakaliga, Kampala, Uganda. The purpose of the forum was to identify issues and discuss strategies for strengthening nursing and midwifery in Uganda.

The forum noted that Uganda was educating sufficient nurses however much needed nursing positions in the public sector are not being funded resulting in nurses being unable to find employment. The forum identified excessive workloads; unacceptable nurse to patient ratios; unsafe task shifting; poor clinical experiences for student nurses; poor working conditions; insufficient resources; a lack of teamwork with other health colleagues; and a lack of access to information technology as contributing to nurses generally having low self esteem and feeling powerless and unable to influence change.



UNANM leaders
Janet Obuni
(President)
and
Patrick Bateganya
(Secretary)

The forum was characterised by a strong sense of solidarity and determination among the senior nurse leaders to work together with UNANM to develop a strategic plan to systematically and effectively address the issues identified.

MALAYSIAN NURSES RALLY TO SUPPORT LOCAL COMMUNITY

The Malaysian Nurses Association (MNA) has taken up the cause of the people of Pulau Tuba, a small island off the coast of the larger island of Lankawi in northwest Malaysia. Scheduled training for nurses on Pulau Tuba had to be suspended recently when the generators supplying electricity to the island failed. The subsequent loss of face and income was a real blow to the people of Pulau Tuba. The MNA contacted the Chief Minister responsible for Pulau Tuba and the Malaysian Tourist Board as well as the media to highlight the need for a secure electricity supply for the island. Pulau Tuba is a beautiful setting with very friendly people who struggle daily with a lack of facilities that most people take for granted. The MNA will keep agitating until plans are made to improve living conditions for the islanders.



TONGA NURSE HEROINE

On Wednesday September 30, a tsunami taller than the tallest coconut trees devastated villages on Tonga's isolated northern island of Niuatoputapu, home to over 1,000 people. Nurse practitioner, Paea Fifita, was the sole health practitioner on the island. Without thoughts for herself, Paea worked tirelessly to evacuate people to higher ground, initiate search and rescue for injured people, and establish a temporary health centre as the hospital was destroyed by the tsunami. Paea had no time to contact her family and for two days they feared she had perished in the tsunami.

Katherine Vaka, Secretary of the Tonga Nurses Association said that the tsunami was a great shock to everyone in Tonga. Katherine said: *We need to be better prepared; we need to train more nurse practitioners for our islands; and we need better communication with them. We all salute Paea for her dedication to her calling and her hard work.* The TNA joined the effort to provide food, clothing and essential items for daily living to the island however there is an ongoing need for items such as an autoclave and a fridge, and for a properly equipped health centre.

This is Paea's story.



COMMONWEALTH NURSES FEDERATION

eNews Vol.2 Issue 10 October 2009



Paea Fifita (in spotted dress) with a family from Niuatoputapu

Paea Fifita is a nurse practitioner from the Hai'pai island group in Tonga and a member of the United Pentecostal Church. Paea trained as a nurse at the Queen Salote School of Nursing in Tongatapu and then later in her career, having already qualified as a midwife, was accepted for a course to qualify as a nurse practitioner. After completing her training in Fiji in 2007, Paea 46, was asked to travel to Niuatoputapu with her family to take up her first appointment as nurse practitioner.

Niuatoputapu is a remote island in the far north of Tonga and not a popular posting for government staff from the main island. Transport links are unreliable (for five years after the collapse of Royal Tongan Airlines there was no air link to the island; this was only re-established on a weekly basis earlier this year). The population relies entirely on the supply ship which comes sometimes as infrequently as once every three months. Supplies on the island regularly run out; not just food and other basic household commodities, but also fuel, including kerosene for people's lamps as there is no electricity supply on the island. So Niuatoputapu is a challenging posting, especially for someone newly qualified, as there is no doctor on the island. So it was that Paea arrived in Niuatoputapu in October 2007 and took charge of the health centre and its three other staff; SSN Monica Uvea, SN Anna Hakaumotu and dental therapist, Lusia Salt. On September 30th 2009 a tsunami hit the island and the following is Paea's story of the events over that and the following days.

'I woke at dawn that day as usual and went to the beach beside our house for my exercise. Shortly after I returned to my house at about 6.30 am the island was struck by a mild earthquake which lasted about three minutes.

There was no damage to our house and I wasn't particularly alarmed, but I had heard about tsunamis following earthquakes so I asked my children to go to the beach and watch the sea. After about five minutes one of my daughters, Kaleni, ran back to the house and asked me to come and look as the sea was very different. I ran outside to see the sea rising and looking as if it was boiling; then, further out beyond the reef perhaps a kilometre away I saw a large wave forming.

'Realising that this must indeed be a tsunami I shouted to all my family to run and as we began to run inland I called to all our neighbours as well and anyone we met to run too as a tsunami was coming. After we'd run perhaps 200 metres I looked back and saw the large wave reach our house, but then subside. I didn't think the danger was over and like everyone else my family and I continued running.

'Then I saw Laveni our High School Principal, trying to escape but already exhausted. She was being helped by her son and Haloti, a teacher. Calling to my family to carry on I went to her aid. We were very close to the Health Centre and I ran to fetch a wheelchair for Laveni. As we pushed Laveni along the road I saw the school van coming toward us to pick her up so we stopped and waited for it. But moments later it came to a halt having run out of fuel. At that same moment I heard a roaring sound and turned to see another wave, much higher than the previous one surging toward us from the beach.

'The road was too rough to continue pushing Laveni in the wheelchair so we took her out and taking her by her arms helped her to run. But the roaring sound of the wave was getting louder and louder and looking back I saw it racing toward us carrying with it large pieces of debris from houses, trees and rainwater tanks. Realising we couldn't outrun it we ran toward a Kalospani tree, just behind a small house, and we clung to its lower branches.

'At that moment the wave swept over the house and round it from both sides, striking us with such force that we were unable to hold on to the tree. The wave tumbled us over inside it, sweeping us along, and only as it subsided was I able to catch the branch of another tree and cling on.

'As the wave receded I checked to see if I was okay; then called out for Laveni. I called her name three times before I heard her answering me. Following the sound of her voice I found her almost totally buried under debris with only her head visible. I helped her to get out. Her clothes were in shreds so I gave her my own lavalava, wrapped it round her, and hugged her. Haloti was coming toward us.



COMMONWEALTH NURSES FEDERATION

eNews Vol.2 Issue 10 October 2009

I asked him to take Laveni to higher ground in case another wave came. 'Then I went in search of someone else I could hear crying nearby. I quickly found Veteange, a 38 year old mother, who was sitting in the water up to her neck. I helped her up, hugged her, and checked her. She had a fracture of her upper arm and was crying from the pain. Twice she fell over before we could reach dry land. All the way she was begging me to find her three year old son, saying that if he should die, she might as well also. I promised her I would do my best to find him and went back into the water which was still around a metre deep even though we were at least 500 metres from the beach. I met three young men and urged them to help me by searching for other injured people. They looked nervous and I didn't blame them, but they agreed to help. Almost immediately I found Veteange's son in the water with floating debris on top of him, his feet sticking out and his face bobbing out of the water just long enough for him to catch a breath each time. I pulled him out from under the debris and carried him in my arms; I couldn't control my tears as I looked down into his eyes and thought of my own three year old son. I kissed him and clung to him as I waded back through the water to return him to his mother. Then I went back to continue searching with the young men. Soon we found another three injured people and one dead woman.

'After this I felt it was better to leave the young men to continue searching and find somewhere myself to look after injured. The Health Centre, although still structurally intact, had been gutted by the wave, and the interior was a mess of broken walls, debris and sand with at least a foot of water still inside. The only building which came to mind as suitable as a temporary hospital was the Mormon Church which stood on high ground and had not been hit. So after speaking to the Mormon President here, this was where I instructed the injured should be taken.

'At this point we had five injured patients; one with suspected fractures of his ribs and clavicle as well as severe leg wounds. This man was in a lot of pain and I felt terribly sorry for him as we had been unable to retrieve any anaesthetic or strong pain killers from the wreck of the old Health Centre; only paracetamol. At this time I was being helped in the hospital by two young men who had no medical training as my own staff had not returned from the higher ground where they had sought sanctuary. Later that morning my staff came down again to help me, but still fearful of another tsunami they returned to sleep in the bush that night and I was very fortunate that three Mormon missionaries stayed with me all night helping to look after the patients, by cleaning them, feeding them, and

comforting them. During the day, as well as the injured, the dead were brought to the hospital, nine in total, and we buried them all that evening.

'The telephone system on the island had been destroyed by the wave and the only contact we had with the outside world that day was over the radio with the air traffic controller on Vava'u, 150 miles away, the nearest island to us in the Tongan group. Our airstrip had been covered in rubble by the tsunami and it wasn't until the next day that it was cleared and a plane was able to land and evacuate the wounded, all of whom thankfully survived.

'During the following days I concentrated on ensuring that those who had lost their homes and were now living in tents provided by the Red Cross were digging proper pit toilets and keeping them covered, as the spread of disease was now my main concern and continued to be for a while.

'Six weeks on from the tsunami the debris from the waves is at last being cleared and life returning to a sort of normality. Many people are still living in tents and will continue to do so well into next year until new housing is built by various aid donors. My staff and I look forward to moving into a new Health Centre. Perhaps one day the tsunami will become a distant memory, though I will always thank God for the strength and courage he gave me that day.



Niuaotoputapu's tranquility was shattered by a tsunami on September 30. Tafahi in the distance, Hunganga island left, and Hihifo village right, were wrecked by the waves. Photo by Pesi Fonua.

DONATIONS TO HELP EQUIP THE NEW HEALTH CENTRE ON NIUAOTOPUTAPU CAN BE SENT TO THE COMMONWEALTH NURSES FEDERATION. PLEASE MARK YOUR DONATION 'FOR PAEA'.

Bank: HSBC Bank 19 George St London W1S 1FN UK
BIC: MIDLGB22
Account: Commonwealth Nurses Federation
Account number: 51433830



COMMONWEALTH NURSES FEDERATION

eNews Vol.2 Issue 10 October 2009

NATIONAL NURSES ASSOCIATION OF KENYA HOSTS CNF VISIT

The National Nurses Association of Kenya was host to the CNF 26-27 October 2009. A program of visits was arranged for 26 October and a CNF 4 Safety workshop was conducted on 27 October.

The CNF was welcomed to Kenya by the President of NNAK, Luke K'Odambo, Secretary Fredrick Omiah, Treasurer Jeremiah Maina, Project Officer Faith Mbehero, and past President and CNF Board Member for the Central, Eastern and Southern African Region, Donald Epaalat.

Mr Chris Rakuom, Kenya's Chief Nursing Officer outlined some of the exciting initiatives being introduced in Kenya to retain nurses, including a post registration internship year and bilateral agreements with neighbouring countries to manage nurse migration.



Susan Otieno (Deputy CNO); Donald Epaalat (CNF Board Member); Chris Rakuom (CNO); Faith Mbehero (Project Officer NNAK); and Fredrick Omiah (Secretary NNAK)

Ms Elizabeth Oywer, the Nursing Registrar of the Nursing Council of Kenya, who was recently elected to the Board of the International Council of Nurses, described the role and function of the Council. One of the impressive initiatives is the licensing of nurses for private practice. A key future focus for the NCK is to improve their information technology capacity so that many of their functions can be done online.



Visits to the University of Nairobi, the Aga Khan University Hospital and Gertrude's Children's Hospital followed giving the CNF a very comprehensive picture of nursing and health services in Kenya.



Visit to Aga Khan University Hospital, Nairobi



University of Nairobi

Gertrude's Children's Hospital

Susan Otieno, Deputy Chief Nursing Officer of Kenya attended and presented at the CNF workshop which was facilitated by Jill Iliffe, Executive Secretary of the CNF and Donald Epaalat, CNF Board Member for the CNF Central, Eastern and Southern Africa Region.



Donald Epaalat



Susan Otieno



The workshop was held at the premises of the National Nurses Association of Kenya in Nairobi. The NNAK, the Chief Nursing Officer Kenya and the CNF are working toward forming a partnership to provide more continuing education in Kenya in the future particularly in rural areas.