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Final Meeting
African Regulatory Collaborative for East, Central and Southern Africa
Lusaka Zambia July 2017

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The Commonwealth Nurses and Midwives Federation (CNMF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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In this edition of The Commonwealth Nurse we feature a report about the African Health Professions Regional Collaborative: a partnership between the CDC Atlanta; Emory University; the East, Central and Southern Africa Health Community; and the Commonwealth Nurses and Midwives Federation.

This partnership, known as ARC, funded by the United States of America President's Emergency Plan for AIDS Relief (PEPFAR), has been a very successful six year initiative, firstly in improving nursing and midwifery regulatory functions in east, central and southern Africa, and in the last three years in improving health and health service delivery outcomes for people living with HIV.

Unfortunately with the change of leadership in the USA, funding for the continuation of the ARC initiative is now uncertain. The current partnership comes to an end in August 2017 and at this stage it is unclear whether it will receive any further funding. The ARC partnership has made a significant contribution to improving leadership, regulation and standards during its six years of operation in the Africa region. The gains have been outstanding and it will be disappointing if the initiative comes to a close.

ARC was developed and implemented by nurses and midwives. Their vision was transformed into measurable and practical outcomes. The achievements need to be celebrated which is why ARC is featured in this edition of The Commonwealth Nurse. I commend the feature to you. Many of the projects funded through ARC are relevant to nursing and midwifery in other Commonwealth countries such as national CPD frameworks and developing scopes of practice so do not hesitate to make contact with the countries concerned if you want to learn more about what they have achieved.

I was fortunate to be able to join with the Trained Nurses Association of India to conduct a leadership workshop at their premises in New Delhi and a report of that workshop is included in The Commonwealth Nurse. You often hear people say: "Leaders are born, not made", but I do not agree. Leadership skills can be learned and leadership training which develops the necessary skills and provides an opportunity for nurses and midwives to reflect on their own leadership potential and opportunities and learn how to apply the skills they have learned is really important.

Also in this issue we report on the first of three maternal health education and training sessions for midwives in Sierra Leone funded by The Burdett Trust for Nursing. The Burdett Trust has been supporting maternal health in Africa through the CNMF for many years now and have already funded five programs in Sierra Leone in 2011; two programs in Lesotho in 2015; one program in Malawi in 2016; and two programs in Tanzania in 2015 and 2016. The Sierra Leone program was conducted in Freetown.

Finally, another reminder about the 23rd CNMF Biennial Meeting of Members which will be held on Friday 9 March at the Royal College of Nursing, London UK. The Biennial Meeting is the decision making body of the CNMF and constitutional changes and policy statements will be debated and endorsed.

Also a reminder about the 4th Commonwealth Nurses and Midwives Conference which will be held at the Royal College of Physicians, Regent's Park, London on Saturday 10 and Sunday 11 March next year. The title for the conference is *Leading the Way: nurses and midwives for a safe, healthy and peaceful world*. A wide range of interesting abstracts and posters have been received from nurses and midwives across the Commonwealth which demonstrate the research, innovation, and expertise nurses and midwives are applying to their profession.

As mentioned in a previous editorial, our world today is far from being safe, healthy or peaceful. Nurses and midwives are in a unique position to act as role models and lead the way in promoting a safe, healthy and peaceful world.

The conference provides an opportunity for nurses and midwives across the Commonwealth to share their knowledge and experience, network with each other, and make new friends. I look forward to seeing you there.

THE AFRICAN HEALTH PROFESSIONS REGIONAL COLLABORATIVE



History

The African Health Professions Regulatory Collaborative for Nurses and Midwives (ARC) began as a four-year partnership between the Centers for Disease Control and Prevention (CDC); the Commonwealth Secretariat; the Lillian Carter Center for Global Health and Social Responsibility at Emory University; the East, Central and Southern Africa Health Community (ECSA-HC); and the Commonwealth Nurses and Midwives Federation (CNMF). ARC convened nurse and midwife leaders from participating African countries for the purpose of facilitating south-to-south collaboration around professional regulatory issues, such as scope of practice, licensing, accreditation of training, and continuing education. The ARC initiative was made possible through funding from the United States of America President's Emergency Plan for AIDS Relief (PEPFAR) under their health system strengthening portfolio.

The ARC initiative was the outcome of a meeting in March 2005 between Emory University, the Commonwealth Secretariat, the CDC, and the ECSA-HC when a number of challenges for the nursing and midwifery workforce were identified. These challenges included the poor attendance at births by skilled health personnel; the acute shortage of nurses and midwives; the lack of country capacity in Africa for scaling up the education of nurses and midwives; and a lack of adequate data to inform policies and workforce planning.

The rationale for the ARC initiative was 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; 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.

Objectives

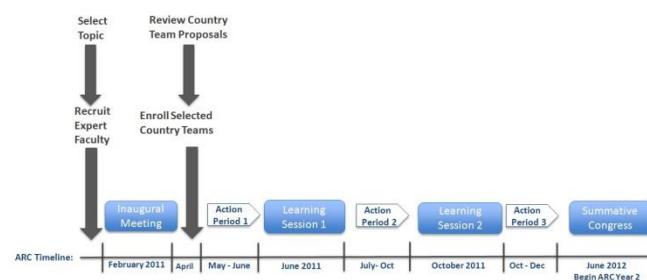
In the first phase, ARC had four overarching objectives for meeting global standards for education and practice. These objectives were aimed at advancing regulatory frameworks, strengthening organizational capacity, and developing nursing and midwifery leadership. The first phase objectives were:

1. Ensure that quality standards of nursing and midwifery practice are harmonized in the east, central and southern Africa (ECSA) region and align 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 sustained consortia of African health leadership in nursing and midwifery practice and regulation.

Conceptual Framework

The ARC conceptual framework is adapted from the Institute for Healthcare Improvement (IHI) model for 'breakthrough' organizational change: a short-term (6 to 15 month) learning system in which organizations learn from each other, as well as from recognized experts, about an area needing improvement. The structure of the IHI model is a series of alternating Learning Sessions and Action Periods. During the Learning Sessions, teams from participating organizations come together to learn about and plan specific changes to implement in their home institutions. During the Action Periods, the teams return to their home institutions and work together on the planned changes. At the conclusion of the collaborative cycle, participating organizations engage in a Regional Congress to share lessons learned and produce publications to share their breakthrough improvements.

IHI Breakthrough Improvement Model (adapted to ARC) <http://www.IHI.org>



ARC ECSA

The first meeting of ARC for east, central and southern Africa (ARC ECSA) was held in Nairobi, Kenya February 2011 and the final meeting in Lusaka, Zambia in July 2017. The countries involved were: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

In the first year of ARC ECSA, five competitive grants of US\$ 10,000.00 were awarded to Lesotho, Malawi, Mauritius, Seychelles, and Swaziland. Lesotho and Swaziland aimed to develop a national continuing professional development (CPD) framework; Malawi to refine their existing national CPD framework; while Mauritius and Seychelles aimed to revise and improve their national nursing and midwifery legislation.

In the second year of ARC ECSA, six grants of US\$ 10,000.00 were awarded to Botswana, Kenya, Swaziland, Tanzania, Uganda, and Zimbabwe. The focus of the Botswana and Tanzania grants was to develop national CPD frameworks. Kenya aimed to devolve some of the services of their nursing and midwifery regulatory council to make them more accessible; Swaziland aimed to build on their Year 1 grant by sensitising nurses and midwives to the new CPD requirement, update their data base, and develop log books and monitoring and evaluation tools. Zimbabwe planned a country-wide sensitisation program for their CPD requirement; and Uganda chose to develop scopes of practice for nurses and midwives.

In the third year of ARC ECSA, ten grants of US\$ 10,000.00 were awarded to: Botswana, Lesotho, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Uganda, and Zambia.

South Africa and Zambia developed national CPD frameworks; Swaziland chose to develop an entry to practice licensing examination, Botswana conducted a gap analysis of HIV education and developed a train the trainer program to orient nurses and midwives to the new CPD requirement; Lesotho's project was to include HIV related activities in their national CPD program as well as develop accreditation criteria for CPD providers and content and develop monitoring and evaluation tools. Rwanda, South Sudan, and Uganda chose to review their scopes of practice to include HIV specific activities; while Seychelles developed HIV competencies, a HIV scope of practice, and HIV training program; and Namibia conducted a survey on compliance with their CPD program.



Year 1 ARC ECSA 1st Learning Session, Durban South Africa

In Year 4 of ARC ECSA, eleven grants of US\$ 10,000.00 were awarded to Botswana, Ethiopia, Kenya, Lesotho, Mozambique, Rwanda, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe. The specific focus of the Year 4 grants was on enhancing HIV care and treatment.

Botswana's focus was on developing scopes of practice which included HIV content; Ethiopia planned to strengthen their national CPD program to include HIV content; Kenya undertook a needs analysis on paediatric HIV and developed a CPD module to meet the gaps; and Lesotho monitored ANC records for compliance and to follow up all HIV positive mothers and babies. In the absence of a national regulatory council, Mozambique's project aimed to strengthen the national professional association so they could participate in the evaluation of core competencies for the national licensing examination. Rwanda developed a module on HIV care and treatment for pre-service and in-service education programs; Seychelles developed a national CPD program with HIV content; South Africa chose to develop a specific HIV qualification for nurses and midwives; while Tanzania developed a mandatory HIV module for incorporation into their national CPD program. Zambia developed HIV inclusive accreditation guidelines for CPD providers and content; and Zimbabwe chose to establish a paediatric HIV training program for nurses and midwives.



Year 4 ARC ECSA 1st Learning Session, Johannesburg South Africa July 2015

Eleven grants of US\$ 10,000.00 were also awarded in ARC ECSA Year 5 to: Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The major focus was again on HIV care and treatment at selected high HIV volume sites. Ethiopia's project focus was on improving respectful HIV maternal care; Kenya focused on enhancing the competencies of nurse or midwife-led care for HIV exposed infants and paediatric HIV; Lesotho developed a mentorship program for nurses and midwives working in HIV; and Malawi's focus was on early infant diagnosis of HIV and follow up of HIV exposed infants. The focus for both Mozambique and Zimbabwe was on improving the quality of adolescent sexual and reproductive health, specifically in relation to identification and treatment of HIV; Rwanda chose to scale up paediatric HIV competencies; Swaziland looked at preventing mother to child transmission of HIV (PMTCT) and Option B+ services; and Tanzania chose to operationalise a task sharing policy developed for the provision of HIV services. Uganda used mentorship to improve HIV care and treatment for children; while Zambia also used a mentorship program to improve retention of children and pregnant and breastfeeding women on anti-retroviral therapy.



Year 5 1st Learning Session Entebbe, Uganda November 2016

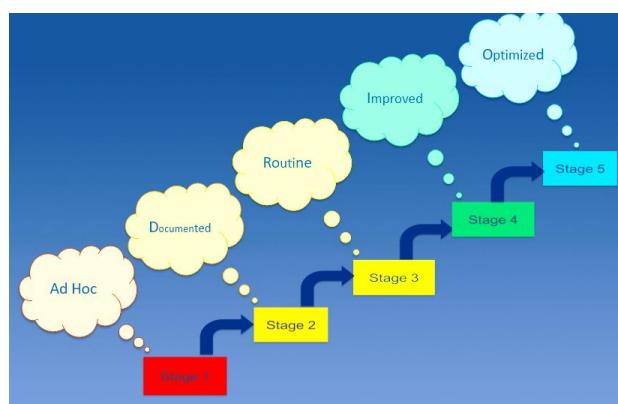
The final ARC ECSA meeting was held in Lusaka, Zambia July 2017. The meeting was a celebration of all that had achieved through the ARC initiative. The development of project management skills, familiarity with project management tools, and the experience of project management was highlighted as a significant benefit. The consolidation of national nursing and midwifery leadership between academia, management, professional and industrial associations, and the regulatory body, as a result of working together on projects, was also highlighted as a significant benefit. Countries were glad to have been involved in the ARC initiative but sorry it had come to an end.

ARC ECSA Distribution of Grants



The ARC ECSA initiative was evaluated using a tool specifically developed for the purpose by Dr Carey McCarthy, a member of the ARC Faculty and a Health Systems Scientist at the Center for Disease Control and Prevention in Atlanta, Georgia, USA. The tool, titled the Regulatory Function Framework was based on the Capability Maturity Model.

Capability Maturity Model



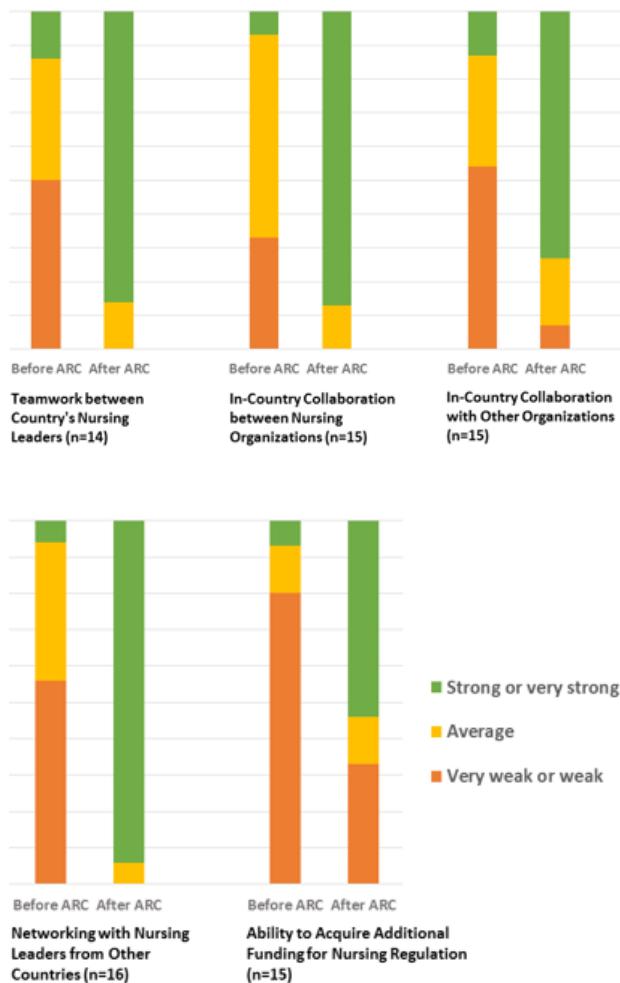
The Capability Maturity Model is a five step successive process with each step building on the one before it. All elements of each stage have to be achieved in each stage.

The Regulatory Function Framework developed for the ARC ECSA initiative evaluated the following areas:

- Legislation
- Registration
- Licensure
- Scope of Practice
- Continuing Professional Develop
- Pre-service accreditation
- Regulatory disciplinary powers

Each area had five successive stages and each stage had three or more elements.

Additionally, each ARC ECSA meeting was evaluated by participants and regular country surveys were conducted on key aspects of importance. The graphs below demonstrate the change in countries at the beginning and end of the ARC ECSA initiative on selected key aspects.



Teamwork

Prior to ARC, each nursing pillar operated individually. There was miscommunication, a lack of coordination and wasted resources ... currently the pillars are working together with a common goal."

Collaboration within nursing and midwifery

"Before ARC, there was no communication between the CNO's office, regulation, and the schools. The Association was not supportive of council activities. All organizations now work together and support each other ... messages are disseminated across all organizations."

Collaboration outside nursing and midwifery

"Our networks have increased beyond the MOH to other professional groups, NGOs and development partners. We have been able to form linkages for technical support and funding."

Networking with other nursing leaders

"We now attend frequent and interactive meetings. Topics of common interest are presented and discussed, and guidance is provided to strengthen regulatory capacity. There is consultation with other nurse leaders from various countries."

Increased funding opportunities

"Before, we had few opportunities for additional funding because organisations came with their own agendas. Now we have several opportunities for additional funding. As the leadership group we are able to identify our needs and set goals and objectives. A number of organisations have been able to support our projects."

CPD Toolkit

The interest from ARC ECSA countries in continuing professional development frameworks led to the development of a CPD Toolkit which is freely available in English and French and has been used by many countries to guide the development of their own frameworks. A large number of other resources were also developed by countries through their projects – copies of CPD frameworks, scopes of practice, standards, accreditation guidelines etc and these are also available on the ARC website.

The CPD Toolkit can be downloaded from the home page of the ARC website:
<http://www.africanregulatorycollaborative.com>.

ARC Website



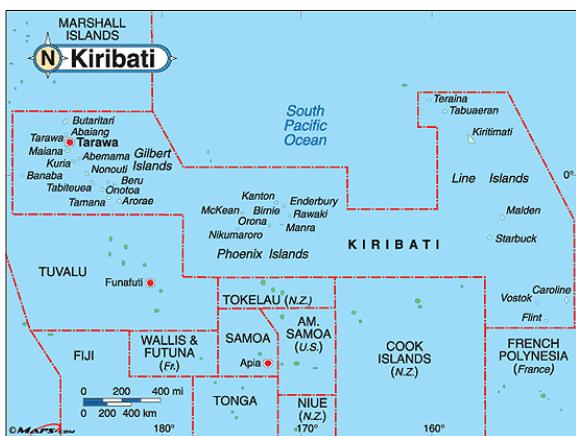
A website was developed for the ARC initiative in order to capture the achievements of ARC and make accessible information about the various country projects and the vast range of speaker presentations at the learning sessions. At the close of the ARC initiative it was decided to keep the ARC website "live" for a period of five years so that the resources remain available for researchers and students.

<http://www.africanregulatorycollaborative.com>

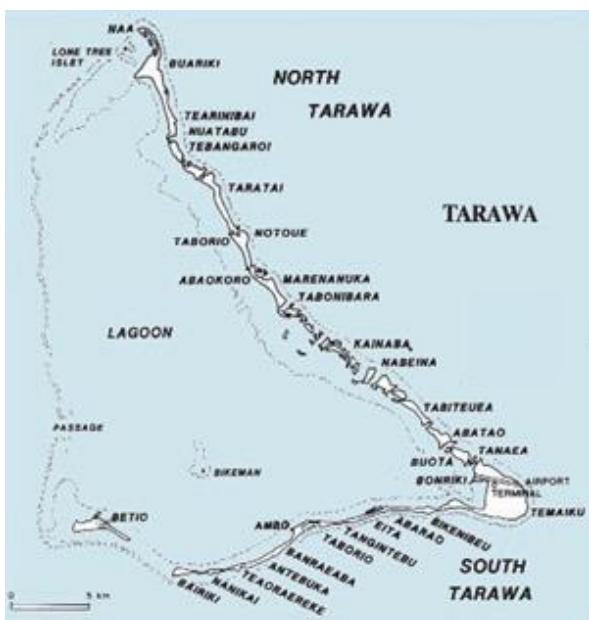
Many people contributed to the success of the ARC initiative: the in-country leadership teams; personnel from CDC, Emory University, ECSA College of Nursing, and the Commonwealth Nurses and Midwives Federation. Additionally so many speakers generously shared their wisdom and expertise.

CLIMATE CHANGE AND SMALL ISLAND STATES

The Commonwealth consists of 53 members states, 32 of which are small island states. One of these small island states is Kiribati (pronounced 'Kirribass'). In November 2017, the Commonwealth Advisory Committee on Health (CACH) held their committee meeting in Kiribati to see first-hand the effect of climate change on this small island state.



Kiribati is located in the Pacific Ocean and is made up of 33 coral atolls and reef islands with a population of approximately 100,000 people, half of whom live on the main island of South Tarawa. The highest point on many of the islands, including South Tarawa, is just a couple of metres above sea level. South Tarawa has only one road which connects the Betio seaport in the west to Bonriki and the international airport in the east. Causeways have been constructed to link many of the islands.



On one side of the Tarawa atoll, a narrow reef offers some protection to homes and farms; on the other side, a shallow lagoon extends kilometres into the sea. In 2016, a tidal surge swept over an ocean embankment, smashing through the doors and windows of Betio Hospital, depositing sand and debris across its maternity ward and terrifying new mothers.

For years, scientists have been predicting that much of Kiribati may become uninhabitable within decades because of an onslaught of environmental problems linked to climate change. Causeways would be washed away, crippling the economy. Degraded coral reefs, damaged by warming water, would allow stronger waves to batter the coast, increasing erosion, and disrupting the food supply, which depends heavily on fish supported by the reefs. Higher temperatures and rainfall changes would increase the prevalence of diseases like dengue fever and ciguatera poisoning. Even before that, scientists and development experts say, rising sea levels are likely to worsen erosion, create groundwater shortages and increase the intrusion of salt water into freshwater supplies.

Members of the CACH were given a tour of South Tarawa to see for themselves the effect of sea water incursion: reducing land available for farming; contaminating fresh water supplies; and eroding underground electricity cables. Many villages had already been forced to move further inland. Distressingly, graves of loved ones had been washed into the sea.



Sea water incursion threatens coastal villages

Climate change presents unique challenges to Small Island Developing States (SIDS). The difficulties that all countries face in coping with climate change are exacerbated in SIDS because of their small geographical area, isolation and exposure. The associated development challenges from sea-level rise, altered rainfall patterns, and storm-surges threaten to reverse the progress that has been made. Adapting to ongoing and future climate change is critically important for SIDS and a key priority.

PATIENT SAFETY

17 September

"If silence is dangerous"



Speak up for patient safety!

No one should be harmed in health care



World Patient Safety Day is unofficially celebrated on 17 September each year. There is a global movement to have the World Health Organisation declare 17 September as World Patient Safety Day. Patient safety is the absence of preventable harm to a patient and the reduction of risk of unnecessary harm associated with the provision of health care. Every point in the process of care-giving contains a certain degree of inherent risk.

In 2017, the theme for World Patient Safety Day is "*If silence is dangerous*". This theme is a reminder that providers of health care, particularly nurses and midwives, have a responsibility to speak up when there is an adverse outcome for a patient; or the risk of an adverse outcome occurring; or when they observe or are concerned about incompetent or negligent behaviour from another health practitioner.

SEVEN FACTS ON PATIENT SAFETY

1. One in every ten patients is harmed whilst receiving hospital care.

Estimates show that in high income countries, as many as one in ten patients is harmed while receiving hospital care with nearly 50% of them considered preventable. In low and middle income countries, the rate of adverse events was around 8%. Of these, 83% were considered preventable while about 30% were associated with the death of the patient.

2. The occurrence of adverse events due to unsafe care is likely to be one of the ten leading causes of death and disability across the world.

The occurrence of adverse events resulting from unsafe care is estimated to be one of the 10 leading causes of death and disability worldwide with around two thirds occurring in lower or middle income countries.

3. Four out of every ten patients are harmed in primary or outpatient care.

The provision of safe services is extremely important in ambulatory care where the bulk of health services are offered. Up to 80% of harm occurring in ambulatory settings was considered to have been preventable.

4. Unsafe medication practices and medication errors harm millions of patients and costs billions of dollars every year.

Medication errors, such as incorrect or inappropriate medication, incorrect dosages, or unclear instructions, may occur when weak medication systems and/or human factors such as fatigue, poor working conditions, or staff shortages affect prescribing, storage, preparation, dispensing, administration and monitoring systems.

5. Inaccurate or delayed diagnosis is one of the most common causes of patient harm.

The failure to identify the nature of an illness in an accurate and timely manner is estimated to occur in about 5% of cases in high income countries and be higher in low and middle income countries where there is limited access to diagnostic tools.

6. Hospital infections affect up to 10 out of every 100 hospitalised patients.

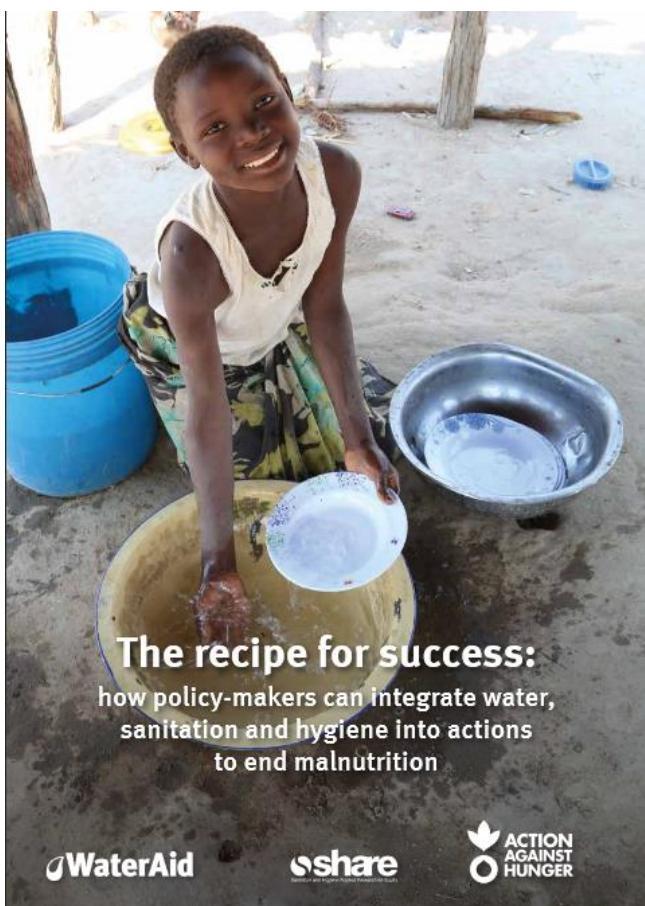
At any given time, 1.4 million people worldwide suffer from infections acquired in hospitals. Hand hygiene is the most essential measure for reducing health care associated infection and the development of antimicrobial resistance and can reduce infection rates by up to 55%.

7. More than 1 million patients die annually from the complications of surgery.

Unsafe surgical procedures cause complications in up to 25% of patients. More than 100 million people require surgical treatment every year: 7 million suffer significant complications annually, while 1 million die during or following surgery.

Industries with a perceived higher risk such as aviation have a much better safety record than health care. There is a 1 in 1 million chance of a traveller being harmed while in an aircraft. In comparison, there is a 1 in 300 chance of a patient being harmed during health care. The economic benefits of improving patient safety are compelling. Additional hospitalisation, litigation costs, infections acquired in hospitals, lost income, disability and medical expenses have cost between US\$ 6 billion and US\$ 29 billion a year.

INTEGRATING WATER, SANITATION AND HYGIENE TO END MALNUTRITION



The recipe for success:
how policy-makers can integrate water,
sanitation and hygiene into actions
to end malnutrition

WaterAid

share

ACTION
AGAINST
HUNGER

KEY STATISTICS

- 50% of undernutrition is associated with infections caused by poor water, sanitation and hygiene (WASH) issues.
- A quarter of all stunting is attributed to five or more episodes of diarrhoea during the first two years of life.
- Estimates suggest that poor sanitation is the second leading cause of stunting worldwide.

Global WASH statistics

- There are 844 million people without access to clean water.
- 2.1 billion people lack access to safe, readily available water at home.
- 4.5 billion people lack safely managed sanitation.

Global nutrition statistics

- 155 million children under five are stunted.
- 52 million children under five are wasted.

The report contains key recommendations for national governments; nutrition policy makers and practitioners; WASH policy makers and practitioners; donor agencies; technical advisors; and civil society. There are also criteria to be able to assess national nutrition plans and WASH plans.

WATERAID

7 ways water changes everything

<https://www.wateraid.org>

1. Water is life: having clean water at clinics and hospitals saves lives, helping babies make it through the first five years of their life and giving new mothers the best chance of survival.
2. Water is livelihoods: clean water gives people the time and resources to find jobs, learn new skills, and run successful businesses.
3. Water is time: In most countries the burden of collecting water falls on women and girls, but when they only need to carry it a few steps it gives them time to work, go to school, and play.
4. Water is education: when they no longer have to collect water every day, children have time to go to school, opening up a world of opportunities.
5. Water is transformation: clean water means clean sanitation and can transform communities.
6. Water is dignity: being able to wash regularly in a clean private place.
7. Water is life: we cannot live without it.

Three groups have combined to produce a practical report on how policy makers can integrate water, sanitation and hygiene into actions to end malnutrition. The report notes that at the current rates of progress, the world will not meet the Sustainable Development Goal to end malnutrition by 2030. Malnutrition cannot be solved with food alone because half of all undernutrition cases are linked to infections caused by a lack of access to clean water, adequate sanitation, and good hygiene. The report asserts that the integration of action on nutrition and water, sanitation and hygiene (WASH) is fundamental to the recipe for success.

The report includes key findings and puts forward a recipe – or toolkit – of practical actions that governments and donors can start taking to improve integration.

The report can be downloaded from:
https://washmatters.wateraid.org/sites/q/files/jkx_oof256/files/The_recipe_for_success_English.pdf

SCIENTIFIC ANIMATIONS WITHOUT BORDERS VIDEOS

Scientific Animations without Borders (SAWBO) produces animated videos on a range of health and health related topics. The videos are free for any educational purpose and can be streamed, downloaded, and shared on computers, smart phones, and cell phones. They are each available in multiple languages. Some of the videos are listed below:

Cholera Prevention

Cholera is an intestinal infection caused by bacteria known as *Vibrio cholerae*. The main symptoms of this disease are diarrhoea and vomiting. Transmission of cholera primarily occurs by consumption of contaminated food or drinking water. In the video, which can be used on smart phones, several techniques are described that can be used to help prevent cholera, including methods of treating water, washing hands, and seeking medical advice.



Healthy Eating

Healthy eating helps children and their parents live healthy lives. Healthy food fuels our bodies, and gives us the energy to make us feel good. Living a balanced life includes regular physical activity, enough sleep, and good nutrition. This video will focus on three ways to be healthy: eating vegetables, drinking water, and eating healthy fats.



Malaria Prevention

Malaria is a disease caused by a parasite transmitted to people through the bite of the female *Anopheles* mosquito. Symptoms of malaria are: high fever, chills, abdominal pain, headaches, tiredness and fatigue. Malaria can cause serious health complications, especially in infants and young children. To prevent malaria it is important to avoid being bitten by the mosquito. This video illustrates several important preventative measures, both inside the house and outside the house to avoid being bitten by the malaria mosquito.



How to Wash Your Hands

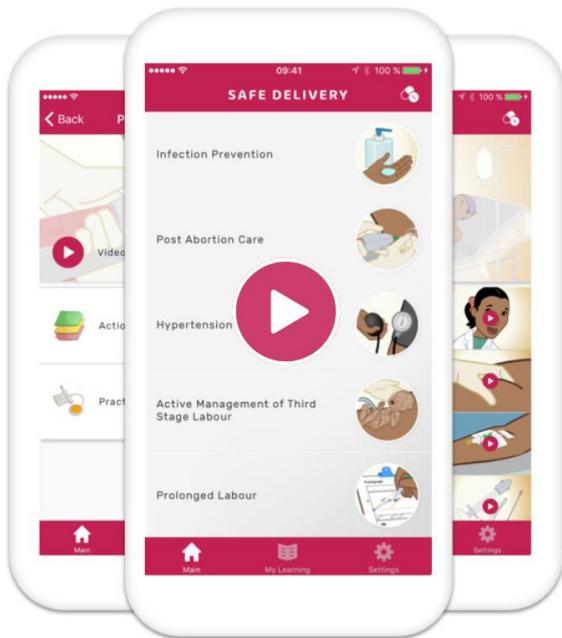
Washing hands is the best way to prevent the spread of disease. Dirty hands can carry germs that can make a person sick or spread disease to others. Bacteria, viruses, parasites, fungi and various other chemicals can enter bodies directly when we touch our face, eyes, nose or mouth or may enter indirectly when our dirty hands stain surfaces or where food is prepared. The habit of washing hands with soap and water constitutes the first line of defence from the spread of many diseases.



There are many more videos of interest to health professionals, particularly nurses and midwives, such as: Oral re-hydration solution; Ebola prevention; Prevention of yellow fever; The Zika Virus; TB prevention. Video categories include economics, agriculture, health, and women's empowerment. Go to: <http://sawbo-animations.org/> for a full list of the videos.

THE SAFE DELIVERY APP

Empowering skilled birth attendants to provide a safer birth for mothers and newborns everywhere.



The Safe Delivery App is a smartphone application that provides skilled birth attendants with direct and instant access to evidence-based and up-to-date clinical guidelines on basic emergency obstetric and neonatal care.

More than 90% of maternal deaths are preventable with the presence of a skilled birth attendant during birthing. It is crucial that all births are attended by health professionals with a sufficient level of training.

The App was developed by the Maternity Foundation Copenhagen University, and the University of Southern Denmark

The App leverages the growing popularity and availability of mobile phones to provide life-saving information and guidance through easy to understand animated instruction videos, action cards and drug lists.

It can serve as a training tool both in pre- and in-service training, and equips birth attendants, even in the most remote areas, with a powerful on the job reference tool.

The App can be downloaded free from:
<http://www.maternity.dk/download/>

MATERNAL HEALTH IN SIERRA LEONE



Thirty-four midwives attended a five-day intensive training program held on the 10th - 14th July 2017 titled: *Making Pregnancy Safer*. The intensive training program was conducted by the Commonwealth Nurses and Midwives Federation in partnership with the Sierra Leone Nurses' Association and the Ministry of Health and Sanitation, Sierra Leone; and was supported by funding from the Burdett Trust.



The five day program covered the transition from the Millennium Development Goals to the Sustainable Development Goals, antenatal care, normal labour and birth, complications of pregnancy, postnatal care, care of the neonate, family planning, and caring for women with special needs.

The program was a mix of pre- and post-test questionnaires, formal presentations, group work, self-reflection, group activities, practical exercises, and exposure to resources available to improve and enhance midwifery practice.

Ms Minnesha Yasmine, Education Consultant for the CNMF conducted the workshop, which was co-facilitated by Mrs Emma Movor Allieu, Nurse Educator at the National School of Midwifery, with Mr Senesie Margao, President of the Sierra Leone National Nurses' Association, providing vital logistical support.



CNMF PRESIDENT CONDUCTS LEADERSHIP TRAINING IN INDIA

The CNMF President, Ramziah Binti Ahmad, in collaboration with the Trained Nurses Association of India (TNAI), recently conducted a three day leadership workshop (18 contact hours) at the TNAI headquarters in New Delhi. The objectives of the workshop were to:

- provide theoretical information about theories and models of leadership,
- identify leadership characteristics and self-reflect on personal leadership characteristics and style,
- explore the concepts of ethical leadership, professional leadership, and personal leadership,
- develop skills in leading teams, and
- develop skills in advocacy.



Workshop participants

The workshop was a mixture of formal presentations; group work and discussion; group exercises; and self-reflection. There were forty participants from across different states of India: Delhi, Haryana, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh and from one neighbouring country, Nepal.



CNMF President, with TNAI President and Secretary-General, other TNAI officers, and Mr Dileep Kumar, President of the Indian Nursing Council

BOTSWANA DEVELOPS NURSING AND MIDWIFERY STANDARDS

The Nursing and Midwifery Council of Botswana, supported by the Ministry of Health Nursing Directorate and the Botswana Nurses Union has been developing nursing and midwifery practice and education standards for both generalist and specialist areas of practice. The final draft of the standards, prepared by a technical working group, was submitted to a nursing and midwifery stakeholder meeting in October for final comment before being submitted to the NACB for endorsement.



SEYCHELLES CONSULTS ON FINAL DRAFT OF NEW MENTAL HEALTH BILL



Members of the NMHAC with the Minister for Health

The Mental Health Legislation Reform project in the Seychelles is close to achieving its objectives. In October the National Mental Health Advisory Committee (NMHAC) presented the final draft of a new mental health Bill to stakeholders and began work on a new national mental health policy. It is anticipated the new Bill will be presented to Parliament early in 2018.

4th Commonwealth Nurses and

Midwives Conference

London UK | 10-11 March 2018

REGISTRATION NOW OPEN

The 4th Commonwealth Nurses and Midwives Conference
LEADING THE WAY:
Nurses and midwives for a safe, healthy and peaceful world
Saturday 10 and Sunday 11 March 2018
Royal College of Physicians, Regent's Park, London, UK
» Register now...
For more information and to register online go to:
www.commonwealthnurses.org/conference2018

The CNMF is pleased to announce that registrations are now open for the 4th Commonwealth Nurses and Midwives Conference to be held in London 10-11 March 2018.

The conference, titled *Leading the Way: nurses and midwives for a safe, healthy and peaceful world*, has four key themes:

- Promoting health and wellbeing
- Alleviating illness and disease
- Promoting social harmony and cohesion
- Contributing to a safe environment

Excellent abstracts have been submitted by nurses and midwives from every region of the Commonwealth addressing the themes.

The conference program is available on the conference website:

<http://www.commonwealthnurses.org/conference2018>

The conference will be held at the historic Royal College of Physicians, Regent's Park London on the eve of Commonwealth Week. Commonwealth Day is celebrated on Monday 13 March 2018. The conference is a wonderful opportunity for nurses and midwives across the Commonwealth and beyond to share their experience with and learn from each other; to make new friends; and to establish international networks.

Go to the CNMF website for more information and to register. Differential registration rates apply for high, middle, and low income countries.

<http://www.commonwealthnurses.org/conference2018>

23rd CNMF BIENNIAL MEETING

London UK | Friday 9 March 2018

The CNMF 23rd Biennial Meeting of members will be held at the Royal College of Nursing, London UK on Friday 9 March 2018.

The Biennial Meeting is the decision making body of the CNMF where reports are received from the President, the Executive Secretary, and the Treasurer, decisions are made, and strategic directions are set for the coming two years.

All members are welcome to attend. The election of the new CNMF President and Deputy President will take place at the Biennial Meeting.

Contact jill@commonwealthnurses.org for a copy of the agenda and papers and to register. All members must be registered to attend.



CNMF Biennial March 2016

23rd CNMF BIENNIAL 2018

AGENDA

- Reports from:
 - President
 - Executive Secretary
 - Treasurer, and
 - Regional Board Members
- Election of President and Vice President
- Constitutional changes
- Endorsement of position statements discussed at Biennial 2016:
 - Career structures for nurses and midwives
 - Nursing and midwifery work
 - Professional and industrial changes for nurses and midwives
- Policy discussions on:
 - the relationship between nursing and midwifery, and
 - the status of continuing professional development for nurses and midwives across the Commonwealth
- Regional planning 2018-2020.

CNMF draft POLICY STATEMENTS

At the 22nd CNMF Biennial meeting of members held in London March 2016, a number of policy issues were debated and a decision made for the CNMF to develop policy statements on particular issues.

Three policy issues were discussed at the 22nd Biennial and the following statements were developed as an outcome of the debate and discussion. These policy statements will go to the 23rd CNMF Biennial meeting of members to be held March 2018 for endorsement.

Any comment on the policy statements can be forwarded to the CNMF Executive Secretary, Jill Iliffe (jill@commonwealthnurses.org).

POLICY STATEMENTS TO BE DEBATED AT THE 23RD CNMF BIENNIAL MEETING

There are two policy statements which have been put forward by CNMF members for development and the content will be discussed at the 23rd CNMF Biennial Meeting March 2018. CNMF members are encouraged to bring their thoughts and ideas on these two issues to the Biennial Meeting. The proposed two policy statements are:

- The relationship between nursing and midwifery.
- Continuing professional development for nurses and midwives.

POLICY STATEMENT ON NURSING AND MIDWIFERY WORK

The Commonwealth Nurses and Midwives Federation supports the position that all workers providing nursing and midwifery care are part of the nursing and midwifery family: from novice to expert, from lower level cadre to higher level cadre.

Position titles should include the words: nurse or nursing; midwife or midwifery so that the worker is clearly identified as being a part of the nursing and midwifery profession (for example registered nurse; enrolled nurse; nurse or nursing assistant; registered midwife; enrolled midwife; midwife or midwifery assistant).

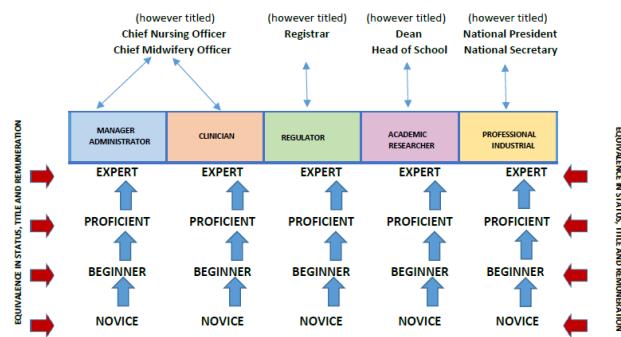
As all nurses and midwives work together as a team, delegating care to or between each other, in order to protect worker and client, all workers providing nursing and midwifery care should be educated within a nursing or midwifery faculty, and be regulated by a nursing and midwifery regulatory body.

POLICY STATEMENT ON PROFESSIONAL AND INDUSTRIAL COVERAGE FOR NURSES AND MIDWIVES

The Commonwealth Nurses and Midwives Federation endorses the position that all workers who are part of the nursing and midwifery family (however titled), and who provide nursing and midwifery care, should be eligible to be a part of, and be represented professionally and industrially by, an organisation that is led or governed by nurses and midwives who can provide input into and influence decisions made on their behalf. Professional and industrial issues for nurses and midwives are interlinked: industrial issues frequently have professional implications in the same way that professional issues frequently have industrial implications. Nursing and midwifery professional bodies may have an industrial mandate and nursing and midwifery industrial bodies may also have a professional mandate. Professional and industrial representation for nurses and midwives may be conducted by the same organisation however if these bodies are separate organisations, they should work constructively together in the best interests of nurses and midwives. Professional and industrial issues may include: legislation and regulation, initial and continuing education, standards, competencies, career structure, scopes of practice, position descriptions, remuneration, and occupational health and safety.

POLICY STATEMENT ON CAREER STRUCTURES FOR NURSES AND MIDWIVES

The Commonwealth Nurses and Midwives Federation supports career opportunities and career structures for nurses and midwives that allow their progression from beginner to expert in all areas of practice: as managers and administrators; as academics and researchers; as clinicians; as regulators; and as professional and industrial officers. Career progression from beginner to expert should be equivalent in status, title, and remuneration between areas of practice.



REGISTRATIONS NOW OPEN

London 10-11 March 2018

**LEADING THE WAY: Nurses and midwives
for a safe, healthy and peaceful world**

The 4th Commonwealth Nurses and Midwives Conference

Royal College of Physicians, Regent's Park, London, UK

Saturday 10 and Sunday 11 March 2018



Our world today is far from being safe, healthy or peaceful. Many countries are experiencing war or civil conflict; there are more refugees than ever before seeking a safe place to live for themselves and their families; bush fires, floods, earthquakes and tsunamis are a frequent occurrence; diseases such as Ebola and Zika threaten health and stability; climate change threatens entire populations. Nurses and midwives are in a unique position to act as role models and lead the way in promoting a safe, healthy and peaceful world.

TO REGISTER:

Go to: <http://www.commonwealthnurses.org/conference2018>

MORE INFORMATION

If you require further information please email: cnf@commonwealthnurses.org



**LEADING THE WAY: Nurses and midwives
for a safe, healthy and peaceful world**

The 4th Commonwealth Nurses and Midwives Conference

Royal College of Physicians, Regent's Park, London, UK

Saturday 10 and Sunday 11 March 2018