The History of ECSACON
A College Without Walls

East, Central and Southern African College of Nursing
The History of ECSACON
A College Without Walls

By Dorothy Nyong'o and Otuma Ongalo
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<tbody>
<tr>
<td>CAFS</td>
<td>Centre for African Family Studies</td>
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<tr>
<td>CBoH</td>
<td>Central Board of Health</td>
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<td>CHM</td>
<td>Conference of Health Ministers</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CNA</td>
<td>Canadian Nurses Association</td>
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<td>CNF</td>
<td>Commonwealth Nurses Federation</td>
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<td>CNR</td>
<td>Council of National Representatives</td>
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<td>CRHC</td>
<td>Commonwealth Regional Health Community</td>
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<td>CRHCS</td>
<td>Commonwealth Regional Health Community Secretariat</td>
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<tr>
<td>ECSA</td>
<td>East, Central and Southern Africa</td>
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<td>ECSACON</td>
<td>East, Central and Southern African College of Nursing</td>
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<tr>
<td>EPI</td>
<td>Expanded Programme for Immunisation</td>
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<tr>
<td>GNC</td>
<td>General Nursing Council</td>
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<tr>
<td>GTZ</td>
<td>German Technical Cooperation</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immune-deficiency Virus/Acquired Immuno-Deficiency Syndrome</td>
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<td>HMIS</td>
<td>Health Management Information Systems</td>
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<tr>
<td>HRD</td>
<td>Human Resources Development</td>
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<tr>
<td>HRD&amp;CB</td>
<td>Human Resources Development and Capacity Building</td>
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<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
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<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
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<tr>
<td>INTRAH</td>
<td>Programme for International Training in Health</td>
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<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
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<tr>
<td>JDCC</td>
<td>Joint Directors Consultative Committee</td>
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<tr>
<td>JHPIEGO</td>
<td>John Hopkins University</td>
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<tr>
<td>MARS</td>
<td>Medical Air Rescue services</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NNA</td>
<td>National Nurses’ Association</td>
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<td>NNC</td>
<td>National Nursing Council</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>NNMA</td>
<td>National Nursing and Midwifery Association</td>
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<td>NNMC</td>
<td>National Nursing and Midwifery Council</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<td>PRF</td>
<td>Professional Regulatory Framework</td>
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<td>RHMC</td>
<td>Regional Health Ministers Conference</td>
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<td>RCQHC</td>
<td>Regional Centre for Quality of Health Care</td>
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<tr>
<td>SADC</td>
<td>Southern Africa Development Community</td>
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<tr>
<td>SARA-AED</td>
<td>Support for Analysis and Research in Africa-Academy for Educational Development</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>REDSO</td>
<td>Regional Economic Services Office</td>
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<td>WACN</td>
<td>West African College of Nursing</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WHO/AFRO</td>
<td>World Health Organisation African Region</td>
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<tr>
<td>WHO/EPI</td>
<td>World Health Organisation/Expanded Programme for Immunisation</td>
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Acknowledgements

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We acknowledge the generous contribution of USAID-REDSO that funded the documentation of the ECSACON Model, whose by-product formed a base for The History of ECSACON. Many people contributed to the documentation of the History of ECSACON through write-ups; telephone and face to face interviews; completion of questionnaires and reviewing the document as it evolved.

Among these are: the current President of ECSACON, Prof. Pauline Mella; the immediatepast President Dr. Rose Ndlovu, who also led the documentation of the ECSACON Model, the former Presidents and Coordinators of Nursing Affairs, the former and only Executive Secretary of ECSACON, Mr. Samuel Manduku; the former and current members of the Council of National Representatives (CNR); Chairpersons of ECSACON faculties of Education, Clinical Practice, Research and Leadership Management; the key ECSACON stakeholders, including Chief Nursing Officers, Registrars of Nursing and Midwifery Councils and Fellows.

Many thanks to our esteemed partners and collaborators for their input. Special thanks go to the former and the current Regional Secretaries, particularly Prof. A.M. Nhonoli and Dr S.V. Shongwe for their support and keen interest during the process.

Our special gratitude is extended to Mrs Dorothy Nyong’o, the lead consultant, and Mr. Otuma Ongalo for undertaking the daunting task of piecing together the information from all the write-ups, (the reports and newsletters in the office), interviews and questionnaires, to come up with this document, The History of ECSACON. We are truly grateful to Dorothy’s Noel Creative Media team for accomplishing this task. The generosity of Noel Creative Media Ltd, to design the document free of charge, is sincerely appreciated.

Last but not least, the support received from the ECSA-Health Community Secretariat in the process of producing this work is whole heartedly acknowledged.

Olive K. Munjanja
Coordinator, Human Resources
Development and Capacity Building

Sarah K. Kibuka
Assistant Coordinator,
Nursing Affairs
Foreword

The East, Central and Southern African College of Nursing (ECSACON) History is documented to provide a track record of facts that lie behind the formation and various milestones of the college without walls.

ECSACON aims at strengthening the nursing and midwifery professions in order to attain health for all in ECSA region. This goal is pursued through the college’s broad objective of promoting professional excellence through set mechanisms.

The success of developing the History of ECSACON has grown out of the ECSACON Model, which was developed through extensive collaboration of many nurses, midwives and other stakeholders, in health, within ECSA region.

The History of ECSACON is a useful document. It provides the history and background information on the nursing and midwifery leadership in education, research, management and clinical practice.

It is our sincere hope that each ECSA member state will use this document to guide policies for strengthening the promotion of professional excellence not only for nurses and midwives, but other health professionals as well. The information is intended to contribute to improved health of the communities under the care of nurses and midwives.

Olive Munjanja and Sarah Kibuka were instrumental in the production of this book. Unfortunately, by the time of going to press, Sarah had passed away after a short illness on 23rd February 2005. Her death is a loss to both ECSACON and the ECSA Health Community. Ms. Kibuka also served as ECSACON’s fourth President (1996-1998). May the Lord rest her soul in eternal peace. Olive Munjanja had also retired by the time of going to press.

Olive Munjanja

Dr. Steven V. Shongwe
Executive Secretary
Commonwealth Regional Health Community Secretariat
Executive Summary

The College of East, Central and Southern African (ECSACON) was established in 1990 as an executing arm of the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS-ECSA) in the area of nursing and midwifery.

The Arusha-based CRHC-ECSA secretariat brings together 14 regional states. The member states are Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

CRHCS’s mandate is to promote and encourage efficiency and relevance in the provision of health-related services in the region, while its mission is to promote the highest standards of health for individuals, families and communities in the ECSA region. As an executing arm of the CRHCS-ECSA, ECSACON is charged with the responsibility of promoting and strengthening professional excellence in nursing and midwifery in the ECSA region.

The underlying principles that led to the formation of ECSACON, “A College Without Walls,” include the harmonisation of nursing and midwifery standards, improvement of the nursing and midwifery professions, creation of regional uniformity in the Nurses Acts, clear definition of the nurses’ and midwives’ roles, and the strengthening of nursing and midwifery research activities.

Membership to ECSACON is open to any individual nurse or midwife and to National Nursing or Midwifery Councils as well as Associations that meet the basic admission criteria as stipulated by the Constitution of the college.

ECSACON’s activities are carried out through the College’s faculties of Education, Research, Clinical Practice, and Leadership and Management.

Since its establishment, ECSACON has made significant strides in fulfilling its overall objective of improving the standards of nursing and midwifery in the region. The college has risen to become a coordinating forum that speaks authoritatively for the nursing and midwifery professions and an advisor to the Regional Conference of Health Ministers (RCHM) on issues relating to these professions. Some of the key achievements of the College include:

• Enhancement of capacity building in nursing and midwifery education, practice and research.
• Production of materials and guidelines for regulation of nursing and midwifery, standards and scope of nursing and midwifery practice and education.
• Provision of a competitive field to enable the nurses and midwives from member countries measure the level of their competence and expertise against that of their colleagues.
• Collaboration and consultations among the stakeholders on matters pertaining to nursing and midwifery.
• Harmonisation of the pre-service curricula for nursing and midwifery education and practice.

• Facilitation of the successful implementation of policy and advocacy programmes.

• Strengthening of the universal precautions for HIV/AIDS prevention and promotion of Safe Injection Practices for the Expanded Programme for Immunisation (EPI), including Infection Prevention and Control (IPC).

• Conducting scientific conferences and biennial meetings, where policy makers are accessed.
• Presenting ECSACON issues directly to Health Ministers through the CRHCS reporting systems.

Despite the many achievements that ECSACON has made, the college has had to contend with many challenges, which have slowed down the fulfillment of the college’s mission and objectives.

Some of the challenges that ESCACON has to grapple with include:
• Financial constraints.
• The HIV/AIDS pandemic and its impact on the regional health systems.
• Poor communication networks among the member countries.
• The emergence of other bodies that offer similar services.
• The challenges posed by globalisation and regional integration.
• Uniqueness of the College as “a College Without Walls”.
• Sentiments that some ECSA countries benefit more than others.
• Regional conflicts, both natural and man-made.

In order to march confidently into the future, there is need to address the above-stated challenges and continuously build on the achievements made.

Some of the panaceas to ECSACON’s limitation include adequate resource mobilisation, strengthening capacity building, enhancement of advocacy and dialogue with policy makers, strengthening of the country chapters, improved networking and collaboration, improved communication and information dissemination networks, increased research activities, and monitoring and evaluation of the impact of ECSACON at the nursing and midwifery grassroot level.

The History of ECSACON gives a detailed account of ECSACON's origins, achievements, challenges and future aspirations.

Prof. Pauline P. Mella, RN, BScN, DAN, MScN
ECSACON President (2002-2006)
Prologue

The mood at the colourful ceremony held at the Chancellor College, Zomba, Malawi, on 6th August 1990 was punctuated by ecstasy and bright future expectations. The long journey towards establishing a regional nursing College had finally borne fruits. It was a momentous occasion for the regional nurses, midwives, and all the stakeholders in these noble professions.

The ideals on which the “College Without Walls” was built were a great beacon of hope in the general improvement of health standards in the East, Central and Southern African region.

With the passage of time, the college has now grown in leaps and bounds as it continuously dedicates itself to the fulfillment of the mission and vision that necessitated its existence. It has become a model that symbolises the essence of regional collaboration in the struggle for a worthy cause.

It has not been a time to rest on laurels. The end of the journey that marked the college’s establishment marked the beginning of yet a more arduous journey of fulfilling its objectives.

Looking back over the years, it is necessary to retrace the college’s historical footprints; assess the achievements and challenges encountered; and project on the future in a bid to objectively tell the College’s story in all its facets. This is the story of “the College Without Walls”. The story of the East, Central and Southern African College of Nursing (ECSACON)…
CHAPTER 1

Background

From a Dream to Reality

In 1969, a common vision for the improvement of the nursing profession in the East, Central and Southern African (ECSA) region was unveiled. This vision was nursed with dedication and became a reality twenty-one years later when the East, Central and Southern African College of Nursing (ECSACON) was born.

ECSACON is a regional professional body that serves as an executing arm, for nursing and midwifery, of the Commonwealth Regional Health Community Secretariat for East, Central and Southern African (CRHCS-ECSA). The College’s secretariat is based in Arusha, Tanzania.

The key objective of this unique College Without Walls is to promote and strengthen professional excellence. This is done through the development of programmes that strengthen nursing and midwifery education, practice, research, management, and leadership to improve service delivery and uplift the quality of health of the communities in the ECSA region.

The ECSA community is made up of 14 states. These are Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

ECSACON’s gradual growth to its current highly regarded status is a case study of how commitment towards achieving a common goal can significantly pull down various barriers that hinder a group of people in their relentless bid to fight for a better life.

“ECSACON went through a prolonged gestation period from her conception to birth. The period between 1969 and 1990 witnessed a series of concerted, purposeful regional and international activities in the preparation for a full-fledged College as we know it today,” recalls Mrs Rosalie Kakande, the first Nursing Coordinator at the Commonwealth Regional Health Community Secretariat (CRHCS).

The genesis of ECSACON is traced to 1969 when the seed that would later germinate into the Commonwealth Nurses Federation (CNF) was first planted during the meeting of chief nursing officers in Ottawa, Canada.

The architects of this vision envisaged that such a federation would provide a forum for exchange of ideas and experiences to improve nursing education, practice, research, leadership and management. The idea of establishing regional federations was discussed and accepted.
CNF was eventually established in 1973 as an organisation that would link the professional nursing associations within the member states of the Commonwealth. The federation enables nurses in the Commonwealth to work together, create and strengthen networks for exchange of information among nurses.

Within a short time, CNF became a force to reckon with. It was a source of strength and facilitation in developing and strengthening nurses’ professional organisations in many Commonwealth countries.

At a CNF meeting held at the University of Legon in Accra, Ghana, in 1974, it was recommended that two regional colleges of nursing be established in Africa. The proposed names for these colleges were: the West Africa College of Nursing (WACN) and the East, Central and Southern African College of Nursing (ECSACON). The meeting further proposed that the posts for regional Coordinators of Nursing Affairs (CNA) be established in the West African Health Community and at the Commonwealth Regional Health Community for East, Central and Southern Africa.

The recommendation to establish the two colleges was endorsed by the second CNF meeting held in Singapore in 1975. Reports from different countries indicated that nurses had made giant strides since the first meeting in Canada in 1969. It was clear that rapid developments in nursing and health care delivery would significantly evolve once regions established their own professional bodies.

The Commonwealth Foundation sponsored the first meeting of chief nursing officers (CNOs), principals of schools of nursing and presidents of the national nurses associations (NNAs) from the ECSA region in 1980. The meeting was held in Mbabane, Swaziland. Here, a strong recommendation was sent to the Regional Health Ministers Conference (RHMC), that the post of the regional Coordinator of Nursing Affairs be established at the CRHCS in Arusha.

WACN was established in 1980. This set the pace for the East, Central and Southern Africa region to follow suit. In 1981, Mrs Patricia Ndele and Miss Ellen E. Zablon, senior nursing officers from Zambia and Tanzania, respectively, were sponsored by the CRHCS and the Commonwealth Foundation to visit WACN and study the role and functions of the college and make recommendations on the way forward for the ECSA region.

This memorable journey is now permanently etched in the history of ECSACON. It was a giant stride towards the college’s birth. After their epic journey, the two nurses made an appeal for the Nursing Coordinator for CRHCS to be given the mandate to explore the feasibility of establishing a regional college of nursing in order to expedite nursing curriculum development for the region. Their recommendations provided the foundation stone for the establishment of ECSACON.

Two years after the fact-finding mission, Mrs Rosalie Kakande, from Uganda, was appointed the first Coordinator of Nursing Affairs at the CRHCS in Arusha. Mrs Kakande, among other things, spearheaded the campaign to establish a regional college of nursing.
She studied the report submitted by Mrs Ndele and Miss Zablon in 1981 and initiated discussions at the regional level with participants who attended the regional workshop on preparation of nurse teachers. The workshop was held in Jinja, Uganda, in 1985. Many of the participants in that workshop later became foundation members of ECSACON.

Mrs Kakande was given the responsibility of appointing and spearheading an *ad hoc* committee, through the CRHCS and its Advisory Committee, in order to carry out an in-depth study on the feasibility of establishing a regional college of nursing. Both the regional meeting of the Advisory Committee and the RHMC approved and endorsed the recommendation.

The path towards ECSACON’s creation was becoming even clearer. A regional nurses *ad hoc* committee that comprised Mrs Ndele and Miss Zablon, the two nurses who had visited WACN for feasibility studies in 1981, was appointed and held its first meeting at the Commonwealth Regional Health Secretariat in Arusha in 1986. The meeting was chaired by Mrs. Mercy Mujomba, who was then the Registrar of the Nursing Council of Kenya. Other committee members were Mrs. Maggie Makhubu (Swaziland), and Mrs. Naomi Seboni (Botswana). These members later became chairpersons of various sub-committees.

The meeting presented and discussed the needs and justifications of the establishment of ECSACON, as well as the resource persons to facilitate the establishment of the college. Sources for funding, both immediate and long-term, were also discussed at the Arusha meeting. Its recommendation for the establishment of a regional nursing college was, once again, approved by the CRHCS Advisory Committee and endorsed by the Regional Conference of Health Ministers.

In 1987, a full regional nurses meeting was held in Gaborone, Botswana, to receive and discuss the *ad hoc* committee’s reports. ECSACON’s first Draft Constitution was adopted and further terms of reference agreed upon to facilitate the formulation of the second draft.

The following year (1988), Nairobi hosted a follow-up regional nurses joint workshop on the training of nurse teachers and the Constitution of ECSACON. The meeting brought together top nurse leaders and teachers from the ECSA member states.

At this meeting, a 13-point rationale for establishing ECSACON was outlined. These included:

- Standardisation of the existing nursing programmes to address the variance in exit competencies.
- The improvement of the low image of nursing through appropriate actions.
- Maximisation of the use of nursing resources to promote the nursing profession.
- Clear definition of the nurses’ roles, boundaries and responsibilities in view of the fact that nurses in the region were being assigned non-nursing duties.
The History of ECSACON: College Without Walls

The meeting also discussed the Draft Constitution, under the guidance of a legal advisor. The Draft Constitution was approved and signed, on 12th August 1988, by duly authorised 31 representatives of the nursing councils, nursing associations, and constituent faculty representatives from the member countries.

Witnesses to this memorable occasion included the then Regional Secretary of the Commonwealth Regional Health Community Secretariat, Prof. A.M Nhonoli and Mrs Rosalie Kakande, the Regional Nursing Coordinator. It was a cherished occasion that Prof Nhonoli still looks back to with fond memories, as it marked a significant step in ECSACON’s establishment. “We were all happy. We all felt we were almost there!” he reminisces.

It was, indeed, an almost- near- there- situation. The 15th CRHCS board meeting and the 16th Conference of Health Ministers (CHM), held in 1989, gave approval to establish ECSACON under the auspices of the CRHC Convention Article V Section 2 (j) as a professional agency of the CHRC for ECSA. The Article mandated the CHM “to establish such special professional or technical agencies or committees as it may deem necessary.”

The Regional College of Nursing’s Interim Committee, headed by the late Mrs Clara Mufuka-Rhinomhota, met in April 1989 and agreed on the financial plans, draft bylaws, and the proposed headquarters. At that time, Botswana was suggested as the possible host to the headquarters. The interim committee also appointed the organising committee for the inauguration ceremony of ECSACON, agreed on the terms of reference for this committee, and requested for financial support from CRHCS. The members of the organising committee were: Mrs. C.R. Mufuka-Rhinomhota (Chairperson), Mrs. R.M. Kakande, Mrs. P.M. Ndele, Mr. R. Jagoo, Mrs. P. Vidot, Mrs. G. Machili and Mrs. E. Zablon.

The clock was fast ticking towards the much-anticipated D-day: the launch of ECSACON. In February 1990, ECSACON’s organising committee met in the Malawian capital, Blantyre, and agreed on the date and venue of the college’s launch the First Scientific Conference, including its theme and agenda. The theme agreed on was: “ECSACON: A New Challenge for Nursing”. Its aim was to announce the birth of ECSACON and challenge the nurses in the region to begin looking at the common issues affecting the quality of nursing and health care. Country teams were identified to start recruiting foundation fellows and to register them in readiness for the launch of ECSACON.

The Blantyre meeting also appointed Mr Samuel Manduku, from Kenya, as the college’s first Executive Secretary. Prior to appointment to this position, he had risen through the nursing ranks to become Kenya’s Deputy Chief Nursing Officer. He took up the ECSACON post in July 1990. Mr Manduku is the only person to have ever held this position. It was later abolished following change of the position to that of the Assistant Coordinator of Nursing Affairs.

The stage was finally set. August 6th 1990 was chosen as the date for ECSACON launch. The memorable event was set to take place in Malawi at Chancellor College, Zomba. The then life President of Malawi, Ngwazi Dr Hastings Kamuzu Banda, officially inaugurated the college.
The launch

The memorable inaugural ceremony on 6th August 1990 was a colourful occasion. Nurses drawn from different parts of the region cheered and proudly welcomed the much-anticipated day. Among the nurses were the chief nursing officers, Presidents of the national nurses associations, registrars of national nursing councils and members of the Interim Committee from the member states in the region. A team of student nurses sang highly inspirational welcoming and thanksgiving songs to entertain the Malawian President and the congregation.

Other dignitaries who graced the magnificent occasion included the Regional Director, World Health Organisation/African Region (WHO/AFRO), Dr G.L. Monekosso; Mama C. Tamanda Kadzamira, member of the Central Executive Committee of the Malawi Congress Party; cabinet ministers; members of diplomatic corps; representatives of various development partners; and several other distinguished guests.

Also present was the then CRHCS Regional Secretary, Prof A.M. Nhonoli. Looking back nostalgically at the years that he spent at the helm of the regional body, Prof Nhonoli rates the ECSACON launch date as one of the most memorable events during his tenure. “During the ECSACON launch, those of us who had played different roles towards its establishment were all happy. We had laid a foundation for the young people to make the ECSACON dream come true,” Prof Nhonoli reflects on the occasion.

While the invited guests were seated, the ECSACON fellows assembled outside the Great Hall of the Chancellor College, Zomba, and later marched into the hall – led by the fellows of the constituent faculties of ECSACON, elegantly dressed in burgundy academic attire. Shortly afterwards, President Banda and his entourage arrived at the Great Hall. He was received by the then Minister for Health, Mr E. C Katola Phiri, as the police band played music, in readiness for the national anthem.

The Rt. Rev. Dr S.S. Ncozana of the Church of Central African Presbyterian Synod of Blantyre conducted the prayers during the inaugural ceremony. “We pray that this international gathering may give an example of unity and cooperation among nations, thus contributing to the continental and international understanding, peace and good health for all,” Rev. Ncozana intoned in a moving prayer.

Mrs Mafuka-Rhinomhota, the ECSACON Interim Committee Chairperson, said that the regional countries’ common history had led them to take advantage of the various developments in the region. She reiterated that these developments called for cooperation. “In this spirit, the region has found it necessary to develop (nursing) standards and similar programmes in order to circumvent such relics as the need to register with professional bodies in each of our countries and to be retrained in order to be able to practise in another country,” Mrs Rhinomhota told the cheerful gathering.

Dr. G.L Monekosso delivered the keynote address. He described the launch of ECSACON as an activity of one of the major regional organs in the struggle for better health for all in Africa.
The much anticipated moment finally dawned when the honourable Minister of Health, Mr Katola Phiri, rose to invite President Kamuzu Banda to address the congregation and officially launch ECSACON.

President Banda, a medical doctor himself, offered some philosophical advice to the gathered nurses. He observed that nursing should not be considered only from the point of view of a career or profession but from the point of view of service to the sick in hospital beds, or on the reed and palm mats in the villages. He advised that those taking nursing must be dedicated women and men.

“As dedicated men and women, they must cultivate, develop and practise two virtues: patience and understanding. A sick man, a sick woman, even more, a sick child, is not a reasonable person. Illness, itself, makes that person impatient,” he said.

President Banda expressed his appreciation of ECSACON’s motto, “Collaboration for Nursing Excellence,” and assured nurses from all the eleven member countries present of support in their noble work of providing a forum for nurses to meet and share experiences, expertise and resources with a view to promoting excellence in various aspects of nursing.

During this inaugural ceremony, the eleven member nations of the ECSA community were Botswana, Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Namibia, South Africa and Mozambique became members in 1993, 1994 and 1995 respectively.

Finally, the then Life President of Malawi, Ngwazi Dr H. Kamuzu Banda, uttered the much eagerly awaited words: “I now declare the East, Central and Southern African College of Nursing open.” It was a celebration galore. ECSACON had finally been born. A dream come true!
CHAPTER 2

A College Without Walls

ECSACON is a college with a difference. It is neither built in stone nor steel. It is a college without walls. One of the advantages of this unique status is that the member countries view the college as their own since it is not physically based in any one country, except for the secretariat based in Arusha, Tanzania.

In spite of not having physical walls, the college is built on a strong foundation that supports structures and processes that firmly bind together all its 14 member countries and collaborators.

The vision and mission of the college are guidelines that propel the organisation as it continues to assert itself regionally in the professional development of the nursing activities with the wider objective of improving the quality of life across Africa.

ECSACON’s vision, as stated in its Constitution, is “to have healthy individuals, families and communities in the ECSA region, who will contribute effectively to the development of the socio-economic status of the member states.”

The college’s mission is “to improve the quality of health of the communities in the ECSA region through strengthening the contribution of the frontline workers (nurses and midwives) towards delivery of quality health care services.”

ECSACON endeavours to achieve its vision and mission through the development of programmes that promote and strengthen professional excellence. These programmes support nursing and midwifery education, practice, management, leadership and research for improvement and delivery of quality health.

The path towards the fulfilment of these noble goals is tightly woven around its expressly stated objectives that guide the College to:

• Develop leadership and management skills in nurses and midwives.
• Strengthen skills of nursing and midwifery educators and practitioners.
• Facilitate meaningful use of scarce resources within the ECSA region through collaboration, information dissemination and networking.
• Promote advocacy for appropriate and supportive polices for nursing and midwifery practice, as well as for clients.
• Promote health information, education and communication.
• Provide fora for sharing experiences and lessons learned within the region and beyond.
• Establish minimum standards for nursing and midwifery education and practice in the ECSA region.
• Produce and support the production of relevant health learning materials for the region.
• Develop mechanisms that will lead to the accreditation of institutions that meet the standards of nursing in the ECSA region.
• Develop monitoring and evaluation systems that ensure maintenance of set standards and facilitate reciprocity among member states.
• Facilitate collaboration between and among member states on health matters, and in nursing and midwifery activities.
• Encourage research that will promote evidence-based practice and decisionmaking.
• Strengthen professional regulation.

ECSACON operationalises its mandate through training courses to build capacity for service delivery, workshops, research studies, needs assessment, and strategic partnerships. Other operational mechanisms include building alliances, communication and information exchange, networking and collaboration, technical assistance, advocacy, facilitating development of quality improvement and quality assurance systems.

The secretariat of the College is based within the Human Resources Development and Capacity Building Programme (HRD&CB) of the CRHCS in Arusha, Tanzania. Initially, Botswana had been earmarked as the host nation of the college’s headquarters. This was during the first meeting of the Interim Committee. The meeting suggested that Botswana be requested to make available, to the Interim Committee, a country profile with written statements from the government, the national nurses association and the nursing council endorsing their commitment to the proposal. It was anticipated that this commitment would have been received by the end of July 1989.

By the time the college was inaugurated in August 1990, Botswana had not responded to the CRHCS Secretary’s request to host the headquarters. This was, partly, due to the short period between the request and the inauguration date.

The idea of establishing the headquarters in Botswana was eventually abandoned during the extra-ordinary meeting of ECSACON Council of National Representatives (CNR) held in Arusha in October 1994. It was decided that the headquarters would remain in Arusha under the umbrella of CRHCS, as a specialised agency in accordance with the Community’s Convention Article V Section 2 (j).

By this time, Arusha had firmly asserted herself as the host town for ECSACON. In retrospect, shifting the headquarters to Botswana would have deprived the college of its important relationship with the Conference of Health Ministers as well as other benefits accorded to the CRHCS offices in Arusha. Furthermore, the shift would have required a substantial amount of money to build and equip the new headquarters.

It was also at the 1994 ECSACON CNR meeting in Arusha, that the decision to combine the position of Executive Secretary with that of the Assistant Coordinator of Nursing Affairs was arrived at. Since the secretariat was located within the CRHC...
secretariat – and was totally funded by it – it was necessary that the position holder be accountable to the CRHCS Secretary and simply report his or her activities to the ECSACON CNR.

CRHCS

The CRHCS Convention has provided the necessary base and grounding for ECSACON to develop its activities. Article V Section 2(j) of the Convention, under which the college was established, provides the necessary legal framework and direction for its constitutional development. The provisions of the convention have made it possible for ECSACON to grow and develop its own identity and to receive the necessary support from member states and international development partners.

Currently, ECSACON activities are firmly anchored within the CRHCS policies and structures. This ensures that its contributions remain in accordance with the overall aims and objectives of CRHCS.

According to the current CRHCS Regional Secretary, Dr Steven V. Shongwe, CRHCS is proud to be the secretariat of ECSACON and will continue to provide all the necessary support that the college requires in the process of fulfilling its vision, mission and objectives.

“ECSACON is the only Regional College of nurses and midwives of its kind in ECSA. It aims at improving the skills, knowledge, and practice for nurses and midwives through continuing education, harmonisation of training, setting of standards and regulation, and promotion of good health ethics,” says Dr Shongwe.

As stated, ECSACON’s initiatives conform to CRHCS’s mandate and mission. The mandate of CRHCS is to promote and encourage efficiency and relevance in the provision of health-related activities in the region. Its mission is to promote the highest standards of health for individuals, families and communities in East, Central and Southern Africa.

Through facilitation, coordination and harmonisation of health programmes, CRHCS assists member countries to develop appropriate capacity for addressing their health needs. The organisation also promotes regional linkages to address common health problems that require joint action.

CRHCS -ECSA traces its roots to 1965, when the meeting for health ministers from the Commonwealth countries was held in Edinburgh, Scotland. The meeting addressed the need to help newly independent former colonies of Britain to set up their own training institutions aimed at developing human resources for health.

Similar meetings were held in Uganda and Mauritius. On both occasions, the health ministers made a clarion call for the need to put in place a framework that would enable countries to promote and support the implementation of regional cooperation. In response, the health ministers from the ECSA countries held their first
meeting in Lusaka, Zambia, in 1972 to promote regional cooperation between and among the countries within that region.

Two years later, in 1974, CRHC-ECSA was established under a convention as a permanent organ for promoting cooperation in health matters among the countries of the region.

At this time, CRHC-ECSA received its funding from the Commonwealth Secretariat office, in London, with the understanding that the ECSA region countries would soon be able to support the organisation on their own. This eventually happened in 1980 when member countries of the ECSA health community fully took over the funding. The founder member countries were: Botswana, Kenya, Lesotho, Malawi, Mauritius, Swaziland, Uganda, Tanzania and Zambia.

CHRC-ECSA’s founding Regional Secretary was Prof. A.M. Nhonoli (1981-1994). He was succeeded by Prof. Kihumbu Thairu (1994 - May 1998). Mr. Nelson Magolo was Regional Secretary in interim capacity from May 1998 before passing the baton to Dr. Winnie Shumbusho (November 1998 - 2000). Dr. Steven Shongwe took over from Dr. Shumbusho in May 2000.

The ECSACON secretariat is headed by CRHC’s Coordinator for Human Resources Development and Capacity Building (HRD& CB) programme, assisted by the Assistant Coordinator for Nursing Affairs. Previously known as Nursing, Midwifery and Allied Health Professions Programme, the HRD& CB programme came into being in July 1999. Initially, the programme focused mainly on the nursing and midwifery cadre and allied professionals. The change of name reflects its widened scope, which includes other professionals in addition to the nurses, midwives and allied professionals.

The overall aim of the programme is to strengthen and develop the skills of health practitioners in the delivery of health care services in member countries. The ECSACON secretariat is charged with the responsibility of executing the day-today functions of the college. These include the coordination of ECSACON activities in the ECSA region, project formulation and sourcing of external funding for their implementation, and collaborating with other agencies in carrying out the college mandate.

There are ECSACON chapters in each of the 14 member countries. Each country has a national executive committee where all the stakeholders are represented. The country representative is the Secretary to this committee and represents the country on the Council of National Representatives (CNR).

As the main stakeholder of ECSACON, the ministries of health from each of the 14 member states are the focal point for all the regional and national ECSACON activities. The other main stakeholders are the National Nurses’ Associations (NNAs) and the National Nursing Councils (NNCs)/boards. NNAs are the professional bodies from each member state and are made up of individual nurses and midwives, while NNCs are the regulatory bodies from each member state. Individual nurses and midwives make up another group of stakeholders.
The CNR is the policy making body of the college. It consists of the President of the college, the Vice-President, one nursing/midwifery representative who is the incumbent national contact person, four chairpersons of the four constituent faculties at the regional level and four ex-officio members who include: The immediate past President of the College, the Regional Secretary (CRHCS) or his/her representative, the Coordinator HRD& CB (CRHCS) and the Assistant Coordinator of Nursing Affairs (CRHCS).

The President and the Vice-President are not eligible for re-election while the chairpersons of constituent faculties are allowed to serve for two consecutive terms only. These in-built mechanisms ensure that all member states are represented in the college governance through the relevant national contact persons and that no country has more than two representatives in the governing body at any one time.

Since its inception in 1990, ECSACON has had six presidents. The founding president, who served between 1990 and 1992, was Mrs Peggy Vidot from Seychelles. Vidot was installed in office on the evening of Wednesday 8th August 1990 at a colourful ceremony held at the Chancellor College, Zomba, Malawi. The ceremony, planned to coincide with ECSACON’s launch, was presided-over by the Principal Secretary, Ministry of Health, Malawi.


The decision to extend the President’s tenure from two to four years was arrived at during ECSACON members’ general meeting in 1998. This was a cost cutting measure after it was realised that general meetings after every two years to elect office bearers, were becoming expensive. The two-year duration was also not enough for the implementation and feedback on projects initiated by the incumbents.

The post of the Coordinator of Nursing Affairs has been held by Mrs Rosalie Kakande (1983-1994), Mrs Margaret Loma Phiri (1994-1999) and Mrs Olive Munjanja who has been in office since 1999. Mrs Munjanja has headed the ECSACON Secretariat under a different title of Coordinator, Human Resources Development and Capacity Building Programme. The ECSACON Secretariat forms part of this programme. Ms Sarah Kibuka was the Assistant Coordinator of Nursing Affairs from 1999, until her demise on February 23, 2005.

Under Munjanja’s stewardship, ECSACON has experienced significant milestones. One of these milestones is the documentation of the ECSACON organisational model, which was launched in 2002 during a conference held in Dar es Salaam, Tanzania. The model was developed following an invitation sent to member states and previous ECSACON key office bearers to provide information on the College. It provides guidelines on how other professional groups that have similar aims as those of ECSACON can apply the model. A number of organisations have shown interest in replicating the ECSACON model.
Other notable achievements include the anchorage of the College of Surgeons within the Human Resources and Capacity Building Programme; development of the Professional Regulatory Framework (PRF) and handbook; a code of ethics; advocacy training programmes; the documentation of the ECSACON history; training activities in areas of Training of Trainers (ToT) on HIV/AIDS; development of prototype Infection Prevention and Control (IPC) policies and guidelines and a Training Manual using a process that ran over a couple of years but which continues to spread across ECSA countries; and development of an HIV and nutrition training manual.

A new strategic plan was developed in October 2004. One of its key developments is the laying of groundwork to introduce formal training programmes in ECSACON as well as plans to work towards accreditation. Plans are also underway to initiate a Human Resource Development (HRD) strategy to identify ECSACON’s comparative advantage amid the emerging regional organisations for nursing and midwifery, and to strengthen collaboration with donors in CRHCS programmes, such as HIV/AIDS, family and reproductive health, and nutrition.

Membership

Membership in the ECSACON College is open to any individual nurse or midwife, National Nursing or Midwifery Councils, and Associations that meet the basic admission criteria as stipulated by the Constitution.

Membership types fall under four categories, namely: An individual member, a fellow, an honorary fellow, and professional and statutory nursing organisations. An individual member is a registered nurse or midwife in any of the member states. He or she should be in good standing in National Nursing and Midwifery Councils (NNMC), and National Nurses and Midwifery Associations (NNMA) of his or her country.

A foundation fellow is a member of the college who has contributed to the development of nursing or midwifery and holds one or more recognised post-basic qualifications in nursing or midwifery. He or she should have ten years of post-basic specialisation experience. Alternatively, he or she should have a post-basic degree in the field of nursing or midwifery and five years of postgraduate experience.

A fellow is a person of outstanding achievement, who has contributed to the nursing and midwifery professions. The college may decide to honour her or him as a result of this.

According to the ECSACON Constitution, a professional or statutory nursing organisation is either a professional National Nursing or Midwifery Association which is recognised in member states or National Nursing and Midwifery Council that is the regulatory body for nursing and midwifery in the member state. The activities of the ECSACON are reflected in the four constituent faculties of the College. The faculties are: Education, Research, Clinical Practice, and Leadership and Management.

The faculties are defined as professional nursing and midwifery functional areas.
They comprise members of the College who are members of a particular faculty by virtue of their specialised qualifications, expertise and interest. Each faculty considers priority health, nursing, and midwifery trends and problems in relation to its relevant areas. The faculty, consequently, develops work plans in response to the prevailing health issues in the CRHCS member countries.

Faculty goals

The major goal of the Faculty of Education is to improve and maintain the quality of health care given to communities by strengthening the standards of nursing education in the region. Its terms of reference are, among others:

• To investigate the state of the art in nursing education in all the member states.
• To promote excellence in curriculum development.
• To promote excellence through pedagogy.
• To promote excellence and relevance in nursing legislation pertaining to education and practice.

The Faculty of Research promotes research activities in the region by sharing or exchanging present and future information of research results; organising research methodology workshops for both faculty members and other nurses, and exchanging programmes within the region.

The main objective of the Faculty of Clinical Practice is to maintain and uplift the standard of nursing care given to patients or clients in the region, in line with ECSACON objectives. These include the identification of reasons for the declining standards of nursing care as well as to identify countries offering post-basic programmes to update knowledge of the clinicians in the region.

The Faculty of Leadership and Management promotes excellence in nursing management and administration through the assessment of nursing needs in the region. It encourages of continuing education for nurses. The faculty promotes the development of leaders who can develop and influence relevant policies.

Values and ties that bind

The original values that led to ECSACON’s establishment are still alive today. They are a significant component of the ties that firmly hold the college together. According to Mr Manduku, ECSACON’s first Executive Secretary, the college’s establishment was through the initiative mooted by the nurses themselves, who actively participated through all stages of its development. The initiative was generally accepted by nurses and pursued to its ultimate realisation. This approach ensured active involvement of the stakeholders because they viewed ECSACON as their own college and, therefore, rightly claimed ownership.
“This is a cardinal strength as the stakeholders will always go out of their way to support the college they strived to establish for the purpose of meeting the health needs of their communities as well their own professional needs,” says Mr Manduku.

His views are echoed by Dr Rose Ndlovu, a former ECSACON president (1998-2002). Looking back in time, she is full of praises to the nurses and midwives in the ECSA region: “They have worked jointly on projects, shared experiences and discovered the richness of expertise within the region. The benefits gained through the many exchanges have made us truly appreciate that the whole is greater than the sum of its parts.”

The power of unity is, inevitably, the major driving force of the college as yet another former president, Ms Sarah Kibuka (1996-1998), fondly reminiscences on her tenure: “There was professional growth in the region due to sharing of experiences. Wider horizons were opened in a collegial manner, making us aware that in any of the 14 member countries, there are friends. Exchange of expertise created a recognised pool of experts to be called upon. It proved to me that unity is power.”

Contrary to what other people had predicted as a major stumbling block towards the realisation of the ECSACON vision and mission, the diversity that exists among the member countries has gradually proved to be a pillar of strength and success.

“Although we come from different countries and societies we, as nurses, share a common vision for the profession. There is teamwork amongst the various countries to ensure that the ECSACON agenda is attained,” says Volene Werely, South Africa’s ECSACON National Country Representative (2002 –2006).

Building key strategic alliances with international organisations that share similar goals and values, to build and expand ECSACON’s vision and successes, has also been a pillar of strength to ECSACON’s success, growth and development.

“Collaboration for Professional Excellence” is a trademark symbol of ECSACON. This symbol has been the driving force behind professional development and excellence in service provision. The underlying premise of this symbol is that ECSACON is not an end in itself. It is a means to contributing to a better health status of the people that the college serves as well as a means to professional development.

Consequently, one of ECSACON’s major strengths has been that of linking nurses locally and regionally to international organisations. This link has existed right from the college’s beginnings.

By the time ECSACON was inaugurated, the Interim Committee, through CRHCS’s Coordinator of Nursing Affairs, Mrs Rosalie Kakande, had already established a working relationship with organs such as the Commonwealth Nurses Federation (CNF), the International Council of Nurses (ICN), the World Health Organisation (WHO), the United Nations Children’s Fund (UNICEF), the West African College of Nursing (WACN), the Canadian Nurses Association (CNA), the Canadian International Development Agency (CIDA), among many others.
The philosophical underpinnings that further solidify the college is the unwavering belief in the dignity, equality, individuality, and wholesomeness of men, women, youth, children and the elderly.

ECSACON believes in the right of people to adequate and competent health care regardless of race, creed, ethnic background, socio-economic status, political convictions and gender. The college further, as spelled out in the ECSACON Code of Ethics (2004), respects the right of individuals, families and communities to be involved in the management of their own care.
CHAPTER 3

The Take Off

With ECSACON having been inaugurated and its structures and values clearly spelled out, the major daunting task for the founding office bearers was to transform the institution’s ideals into reality.

The nursing and midwifery fraternity within the region was raring to go but they first had to reckon with the challenges that confront any novel mission.

The task of transforming the ECSACON dream into reality fell heavily upon the shoulders of Mr Manduku, the college’s first Executive Secretary. The going was not destined to be a roller coaster ride.

In Mr Manduku’s own words: “ECSACON’s birth marked a lofty achievement for the nursing fraternity in ECSA region. Its cardinal objective is the improvement of the quality of health of communities in the ECSA region by promoting professional excellence in the delivery of health services, through programmes aimed at strengthening nursing and midwifery education, practice, research, management, and leadership.

“For the first Executive Secretary of the college, whose responsibility was to plan and execute day-to-day activities, among other numerous responsibilities geared towards achieving this objective, it was a nightmare and a great challenge indeed to interpret (the ideals) into reality. Moreover, being the only college staff, the initial going was not easy,” says Mr Manduku.

Sceptics were also waiting on the wings to see if ECSACON would live up to its objectives or whether it would grind to a halt as per their prophecy. According to Prof Nhonoli, the then General Secretary of CRHCS, the plans to establish the college had been met with stiff opposition from a section of nurses within the region. Some of them had questioned how the governments within the ECSA region would unanimously subscribe to the principles of the college. Others had questioned the relevance of ECSACON in view of the fact that there was a section that dealt with health issues within Southern Africa Development Community (SADC).

As the adage goes, “Every dark cloud has a silver lining.” It was not all gloom in ECSACON’s endeavours to make a smooth take off and live up to its stated mission and vision. In place to meet this vision and mission was-the college itself – ready to take the challenges head on.

The stakeholders were at hand, willing and committed to the College activities designed to enable it realise its mission. The organisational structure was such that fora were in place to generate ideas, plan and ensure the implementation of activities.
“The continuous moral and financial support received from the parent organisation, the CRHCS, and members was tremendous. The contribution from the donor community and other well-wishers was commendable,” reminisces Mr Manduku.

Successes

With this backing in place, ECSACON fast overcame the initial take off fright to register various successes that have kept the flame of the original vision and mission alive.

The college is a success story in itself by virtue of being the first professional college of its kind to be established in the CRHC. It exemplifies how health professionals can take the initiative to come together and address regional issues of mutual concern. This success story cannot be told in isolation of the history that finally gave birth to ECSACON following a series of meetings held to prepare for the establishment of the college.

Over the years, ESCACON has evolved to become a coordinating forum that speaks authoritatively for the nursing professionals and advise the CHM from the region on issues concerning nursing, midwifery and other health services.

The College fulfils this responsibility through the Council of National Representatives (CNR). The CNR in turn advises the Ministers of Health through the Directors’ Joint Consultative Committee (DJCC) and the CHRC Secretariat Advisory Committee.

ECSACON derives its strength from the many resources and capabilities among its ranks - including qualified professional staff, their ability to design and manage programmes, unity of purpose, support from member states and international nursing and midwifery bodies. They include the ICN, CNF, CNA, WHO, International Council of Midwives (ICM), World Health Organisation African Region (WHO/AFRO), and John Hopkins University (JHPIEGO).

Many of the college’s achievements cannot be quantified. They are reflected in the motivation and commitment of its members, support from its stakeholders and the quality of its strategic alliances, among other achievements.

Since its inauguration in August 1990, ECSACON has made major strides towards meeting its objectives. The college has grown in strength and popularity to become a reputable professional body that has greatly empowered nurses and midwives in the ECSA region in their quest to provide quality health care services.

During the college’s 10th Anniversary Commemorative Conference held in Harare, Zimbabwe in 2000, ECSACON’s achievements were outlined through the conference theme: “Ten Years of Collaboration Through ECSACON: Achievements and the Way Forward.”

Presentations made by Mrs Peggy Vidot and Ms Sarah Kibuka, the first and fourth presidents of ECSACON respectively, best highlighted the strengths of ECSACON. A
A total of 32 scientific papers presented by experts at the conference indicated growth in the knowledge achieved through the college.

Dr. David Parirenyatwa, then Zimbabwe’s Deputy Minister of Health and Child Welfare, summarised the achievements attained by ECSACON. He identified major activities, designed to strengthen the knowledge and skills of nurses and midwives, that had been implemented during the period. These included regional workshops in research methodology, management of resources for health, harmonisation of the basic general nursing curriculum within the region, leadership development, infection control and strengthening of advocacy skills.

In a keynote address to participants at the 10th Anniversary Commemorative Conference (2000), Dr. Una Reid, Human Resources Department (HRD) Consultant, further identified ECSACON and individual nurses as major accomplishments of the century. “To guide you, it might be useful to wind the clock back 100 years, to the beginning of the century, and to reflect on the professional, socio-economic, and political accomplishments of nursing and to applaud your colleagues.”

“ECSACON, a milestone of this period, is one such accomplishment, one that you ought to be justifiably proud of. As dramatic as this century has been, it is important to remember that behind each of these achievements, was, in most cases, an extraordinary nurse, or group of nurses,” added Dr Una Reid.

Guiding principles

Success for ECSACON is reflected by its ability to implement the activities outlined in its strategic work plan. These activities are:

- Streamlining the “Focus and Core Business” by re-emphasizing its original objectives of harmonising nursing and midwifery education and practice and giving special attention to this as a critical area in its activities.

- Responding to the needs of member countries through targeted needs-based interventions. Several regional surveys on health and professional needs of member states have been conducted to ensure relevance. Basic nursing and midwifery education has also been and continues to be harmonised to improve quality of education and practice in the region.

- Increasing resource mobilisation by developing and strengthening collaboration with various regional and international organisations with similar interests.

- Maximising comparative advantages by linking up with CHM and the Advisory Committee to forward the nursing and midwifery issues.

- Strengthening the operational system by reviewing the organisational and constitutional framework and the establishment of national chapters.

Within a short time after its launch, ECSACON translated into action most of the objectives stipulated in its constitution regarding the management of resources,
development of a ToT curriculum, and setting an agenda for the harmonisation process, workshops and networking.

Capacity building in nursing leadership and management, and strengthening nursing education, practice and research were established to promote the quality of health care in the communities at regional, country and individual levels. A core team of facilitators to assist in the development and implementation of professional self-regulatory mechanisms in the ECSA was also formed in 1997.

The college conducted relevant needs, assessments and other studies that helped it build consensus on key issues regarding nurses and midwives in the region.

Materials on HIV/AIDS, guidelines for regulation of nursing and midwifery, standards of nursing and midwifery practice, and the scopes of nursing practice and midwifery were developed.

The College strengthened the role of the nursing profession in the region. Individual and teams of nurses undertook various initiatives within ECSACON. These initiatives included research studies, HIV/AIDS care, PRF, documentation of the ECSACON Model, country projects, and paper presentations. The initiatives made the nursing profession more visible at various levels of the health care system, both regionally and internationally. This enhanced the image of the college.

Professional excellence among many nurses in the region was raised through awareness creation and striving for excellence. With the college acting as an avenue for nurses to promote nurse-originated networking activities, most nurses were able to identify and address nursing priorities in an appropriate way.

The college also provided a competitive field where nurses from member countries were able to measure the level of their competence and expertise against that of their colleagues. This in turn helped strengthen nursing and midwifery in the ECSA region, thus strengthening regional and ultimately - global health systems. ECSACON members have continued to create a collaborative mechanism across the ECSA region that could be replicated by other professions.

Nurses continue to collaborate with regional and international partners and receive moral, technical and financial support from partners working in the health sector. The constant collaboration on professional matters has helped strengthen bodies such as national nursing associations and councils in member states. Equally, consultations between ministries of health (MoHs), and the NNAs and councils at country levels have been strengthened.

Collaboration and consultations among the stakeholders (NNAs, councils, and MoHs) on matters pertaining to nurses, midwives and the health services development is very important to the strengthening of nursing, midwifery and health services in the region.

At country levels, ECSACON country members, through their chapters, NNAs and councils, have implemented activities in line with ECSACON objectives. Major activities undertaken include conducting of training workshops, conferences and research projects. The
activities, however, have been limited due to lack of funding and poor resource mobilisation strategies at the country level.

The college’s secretariat provides the much needed information for newly established chapters in the member states. Regular feedback from various member countries’ activities, for the benefit of other countries in the region, is channeled through the secretariat, which also acts as a dissemination hub for successful care models in the member countries. In so doing, the college has to contend with the challenges posed by the region’s poor information technology infrastructure and its accessibility to nurses and midwives.

Faculty Achievements

In line with its mandate and vision to contribute to the improved health status of communities in ECSA region, the four constituent faculties of ECSACON form the main operational system through which the college’s activities are planned and implemented.

The four faculties of Education, Research, Clinical Practice and Leadership and Management, are headed by faculty chairpersons at regional levels.

To achieve its goal of contributing to the improved health status in the region ECSACON, through the four faculties, has focused on three key areas of capacity building, policy advocacy, knowledge and information documentation and dissemination.

In capacity building, the college aims at strengthening the efficiency of health systems and practices of member states, their management of human resources, and the mobilisation of additional resources. It also aims at strengthening capacities of nurses in critical areas, harmonising the training curricula and strengthening co-ordination of activities in member states.

A code of ethics was developed recently to further guide the practice of nurses and midwives.

Faculty of Education

The goal of the Faculty of Education is to improve and maintain the quality of health care given to communities by strengthening the standards of nursing education in the region. The faculty targets both pre and in-service nursing and midwifery personnel. It works within the HRD & CB of CRHCS.

One of the successful projects facilitated by the Faculty of Education is the harmonisation of the pre-service curricula for nursing and midwifery education and practice. The project is expected to contribute to the strengthening of nursing and midwifery, education, practice and research in the ECSA region.

Implemented in 1996, with support mainly from Programme of International Training in Health (INTRAH) of Anglophone region, based in Nairobi, the project’s goal was
to improve the quality of health care services through improved education and practice of nurses and midwives in the region.

The review conducted during the harmonisation process highlighted the fact that, whereas most governments in the region had been implementing health reforms since the early 1990s, a number of gaps in the health care delivery in nursing and midwifery were still identified. This gave rise to the need to improve the quality of basic nursing and midwifery education and practice in view of the changed disease burden from new diseases such as HIV/AIDS and re-emerging diseases such as tuberculosis (TB) and malaria.

A series of workshops, regional and international consultations and consensus building activities were conducted. With funding from the Kellog Foundation, Nursing Councils and CRHC. A group of 20 nurse leaders and Registrars of Nursing/Midwifery Councils first met in Malawi in June 1996 and obtained consensus through the participation and endorsement of the harmonisation initiative from all member states. The way forward for the harmonisation agenda was consequently mapped.

The second phase of the project began in January 1997. During this phase, 42 nurse leaders from nursing educational institutions, clinical practice and research bodies met in Pretoria, South Africa and identified gaps and similarities in national pre-service curricula for nurses and midwives’ education, clinical practice and legislation.

In July 1997, the third phase of the project began in Zimbabwe. A participatory review of what existed in member countries was carried out. A workshop on the issues and challenges of the 21st century - where discussions centred on the scope and standards for nursing and midwifery practice, core competencies, core content and standards of education - was held in Harare, Zimbabwe.

The review identified more similarities than differences in the basic education programmes across the countries and the core dimensions of the programmes. A list of critical issues to be addressed in the harmonisation process was agreed upon by the participants.

In the fourth phase of the project, nurse leaders met in Gaborone, Botswana, in 1998, to work on the development of a prototype regional scope of nursing and midwifery practice, practice standards, core competencies and content, educational standards for basic nursing and midwifery education and practice in the ECSA region.

Mrs Jedidah Wachira of INTRAH and Mrs Olive Munjanja of CRHCS had a two-person threading workshop, in 1998, to clean up the material developed in Botswana. This material was then sent to member countries during the fifth phase for internal validation. In 2000, feedback from countries was examined during a workshop of national council registrars from seven countries, coordinators from CRHCS and a few stakeholders. The document was also reviewed by ICN to ensure compliance with international standards of nursing and midwifery practice. The validated documents were presented to the Advisory Board and the CHM for final approval.
Based on the work from several workshops and consultations held in Malawi in 1996, South Africa and Zimbabwe (1997) and Botswana (1998) - with funding from G/PHN Global, US Agency for International Development - the final phase of the project was completed when a handbook on Professional Regulatory Framework (PRF) was published in December 2002. The project received further support from United States Agency for International Development/Regional Economic Services Office (USAID/REDSO) for printing additional copies.

The document is an invaluable source of information and guidelines to educators, practitioners, students, policy makers and researchers. Use of the PRF in the provision and management of nursing and midwifery is critical to the delivery of comprehensive health care. The additional core competencies enable nurses and midwives to function effectively, efficiently and proficiently as professional health care providers and advocates for quality care. The PRF ensures adequate and efficient regulation of nurses and midwives in the ECSA region.

The publication identifies who and what is to be regulated and is, therefore, in line with ICN, which identifies how and by whose authority the profession is regulated. It highlights the principle of self-regulation in relation to the quality of professional nursing and midwifery education and practice. It includes the essential components for self-regulation - clients, stakeholders, regulatory elements and their inter-relationships and regulatory bodies. The document responds to health needs prevalent in the region, such as HIV/AIDS, tuberculosis and malaria. It exhibits the commitment shown by member states at various fora to improve nursing and midwifery.

The PRF strengthens nursing and midwifery education, practice, management and leadership, and research for improved quality care in response to increased disease burden, old and emerging communicable and non-communicable diseases - particularly Sexually Transmitted Diseases (STDs), TB, HIV/AIDS, and malaria - and increase in maternal and infant morbidity and mortality.

The document, alongside other materials developed by ECSACON, is circulated in all member countries by the secretariat. It aids in the improvement of health services and care provided to the population of the region and indicates the acceptable minimum professional parameters of:
- Scope of nursing and midwifery practice with focus on the role of the nurse and midwife in relation to the client. The scope is used for professional self-regulation to give direction to the nursing and midwifery practice. Its main objective is to share skills and knowledge in developing and evaluating the regulatory element of the scope of practice for the profession.
- Practice standards: They outline objectives, content, criteria for critiquing standards and a process for developing them. They equip users with knowledge on the content and process of formulating standards for professional practice for nurses. They also serve the purpose of improving the quality of care of clients by protecting them to ensure they receive safe care.
• Competencies and core content: This section provides information and knowledge on the process entailed in the development of competencies and the content from the scope and standards of practice for the purpose of providing direct quality care to clients.

• Standards for nursing and midwifery education: It provides useful information for measuring and describing the desired and achievable level of performance of learners in a nursing and midwifery education programme.

The Faculty of Education has also been instrumental in facilitating the successful implementation of the policy and advocacy programme. The programme contributed to the development and adoption of evidence-based policies and programmes, the promotion of policy dialogue and support for priority health systems operations research in the region.

The programme has been conducted successfully at both regional and country levels. At regional level, training activities were carried out to empower participants with advocacy knowledge and skills to ensure the formation of a core advocacy team in each ECSA member country. Initially, the team was to spearhead advocacy activities to facilitate the implementation of the harmonisation initiative.

At country level, training activities were conducted to equip participants with knowledge and skills on policy formulation and identification of target groups for advocacy and development of appropriate advocacy messages. There is evidence that some country project training on advocacy has been passed on to others. Trained teams have successfully influenced some policy changes in their countries as a result of the training.

An ECSA advocacy network has also been established. The Zambia case, where advocacy training was undertaken at both regional and country level and policy dialogue promoted, exemplifies a success story.

So far, 36 health providers from nine countries have been trained and country project activities on advocacy indicate successes achieved in influencing policy.

Advocacy materials packaged in an Advocacy Kit developed by CRHCS in collaboration with INTRAH-PRIME are already in use in the ECSA region. These materials support advocacy activities with special emphasis on the harmonisation process in ECSA countries. The materials can be used by advocates/lobbyists, educators in schools of nursing and midwifery as well as those sensitizing others to ECSACON or those on recruitment campaigns.

Materials in the Advocacy Kit include a briefcase with the ECSACON logo; 35 colour slides (transparencies); a presentation manual; the ECSACON Newsletter, a user’s guide and a diskette for multiplication or reproduction of the materials.
Zambia’s advocacy story

Zambia is a founder and active member of ECSACON since the college’s inauguration in 1990. The country’s General Nursing Council (GNC) Registrar, Ms E. Judith Msidi, attended an ECSACON workshop in Harare in August 1997, as well as in Gaborone in February 1998, where the scope of practice, standards for education, practice and core competencies were discussed.

Despite having adopted and implemented Primary Health Care (PHC) as a strategy for providing equitable, accessible and affordable health care, Zambia was still faced with the challenge of producing clinically competent nurses with skills in management, leadership and research to be able to provide quality service delivery. Due to this fact, the General Nursing Council identified the need to have the Nurses and Midwives Act No. 55 of 1970 reviewed in the late 1980s.

The general view was that the review would lead to the repeal and replacement of Act No. 55 of 1970, with another one that would allow the nursing profession to improve the quality of nursing and midwifery service delivery through expanded scope of education and practice to meet changing health care trends and needs in the country.

Through consultative meetings, intense advocacy activities and interactions at national, commonwealth regional and international levels and lobbying of parliamentarians, Zambia was able to have the Nurses and Midwives ACT 55 of 1970 repealed and replaced with the Nurses and Midwives Act No. 31 of 1997. The rules and regulations for the implementation of the Act were developed in 1998 to have the Act enforced as law.

Given Zambia’s proven efforts to have the Nurses and Midwives Act of 1970 repealed, it was identified as one of the advocacy pilot countries and participated in the regional and country advocacy skills training.

At the country level, the advocacy training centred on the new Nurses and Midwives Act No. 31 of 1997 that had broadened the scope of practice for nurses and midwives and thus posed a challenge to the profession, stakeholders and other health care providers.

The first training was conducted in Nairobi, Kenya. Nurses and midwives – two from each country – from Zambia, Lesotho and Uganda were trained. They, in turn, organised the in-country training workshops through the GNC.

A second in-country training for 13 nursing professionals was conducted in July 1999 to equip participants with advocacy skills that would lead to the signing of the Commencement Order for the Nurses and Midwives Act of 1997 to strengthen the coalition and networks for implementing health-related activities in Zambia. Following this training, the work-plan developed by the GNC familiarised nurses and midwives on the Act and ECSACON’s Professional Regulatory Framework. Both trainings were conducted by the Centre for African Family Studies (CAFS) and funded by INTRAH - PRIME.

Ms Msidi shared lessons learned and the products from the Harare and Gaborone workshops with the GNC staff and other senior nursing staff in Zambia. Among the lessons learned were the understanding of the harmonisation of basic nursing and
midwifery education and practice in the ECSA region, and the requirement for member countries to adapt the elements contained in the regional Regulatory Framework at country level while revising standards of nursing education and practice.

As a result of the two trainings and lessons learned, Zambia developed a Professional Nursing and Midwifery Regulatory Framework. This was developed by a diverse group of nurses and midwives. The group consisted of educators, clinical trainers, nursing managers and representatives from MoH, Central Board of Health (CBoH), Department of Post-Basic Nursing – University of Zambia, Zambia Nurses Association and international agencies based in Zambia.

The framework was designed to strengthen nursing and midwifery education, practice, management and leadership, and research for improved quality care in response to increased disease burden, old and emerging communicable and non-communicable diseases, particularly STDs, TB, HIV/AIDS and malaria, as well as the increase in maternal and infant morbidity and mortality.

The regulatory elements contained in the Zambia Professional Nursing and Midwifery Regulatory Framework are: the scope of nursing and midwifery practice, standards for nursing and midwifery practice, core competencies, core content for nurses and midwives and standards of nursing and midwifery education. The framework describes the minimum acceptable parameters for professional nursing and midwifery practice in homes, workplaces, schools, public and private health facilities and in the community.

The Zambian framework serves as a yardstick for evaluating the quality of care and enhances the contribution of nursing and midwifery to the performances, goals and objectives of the national health reforms. It also guides policy makers, educators, practitioners, students, researchers and other stakeholders.

Faculty of Clinical Practice

The Faculty of Clinical Practice was instrumental in strengthening universal precautions of HIV/AIDS prevention and promotion of Safe Injection Practices for Expanded Programme for Immunisation (EPI) and general service delivery. This activity has helped nurses and midwives in the region develop strategies that assist them respond to their expanded roles and responsibilities in the care of HIV/AIDS infected and affected individuals, families and communities.

The faculty assisted in the establishment of prototype nursing and midwifery standards of practice for member countries. The standards provide guidance on education and practice and are expected to assist in developing regional standards. Nursing educational institutions and the health care practice setting in the region have, for long, been faced with inadequate locally produced learning and practice materials. The developed standards will play a significant role in filling this gap.
Faculty of Research

The Faculty of Research focuses on research, scientific networking, and collaboration to promote evidence-based practice in the region. It is through this faculty that ECSACON has been able to develop best practice models and the HIV/AIDS manual.

The IPC and Safe Injection projects were initiated in 1996 and implemented by the faculty in collaboration with WHO/AFRO and WHO/EPI Geneva. The project has immensely contributed towards capacity building initiatives in nursing management and leadership. It has strengthened nursing and midwifery, education, practice and research.

The Safe Injection project started as a pilot project in three countries: Kenya, Malawi and Swaziland. It was later expanded to Zimbabwe and Tanzania. Each of the five participating countries had a team of two on the project. Instruments for assessing country situations were jointly developed by the countries in collaboration with ECSACON and WHO. The project has, since 2000, been expanded to all the member states and has become multi-disciplinary. The project scope addresses standard IPC, emphasizing on HIV/AIDS and nosocomial infections, including Hepatitis B. It promotes best practices through safe injections and IPC. The programme has so far focused on:

- Raising awareness on IPC.
- Strengthening management for IPC.
- HIV/AIDS prevention and control.
- Development of infection control policies and guidelines in ECSA member states.
- Revision of healthcare providers’ curriculum to strengthen IPC components.

A manual, *Nursing Management of HIV/AIDS: A Guide for Nurses and Health Workers*, was produced after a series of workshops, including a writers’ workshop. The manual was peer reviewed before it was finally published in 1999. It has been in circulation ever since.

The manual covers areas of core content curriculum for general nurses in the ECSA region, standards of nursing and midwifery practice, and the scope of nurses and midwives. The production of the manual helped reduce the shortage of learning materials on HIV/AIDS for use by nurses, midwives and other health workers in the region. Initial copies of the manual were sent to member countries for distribution.

In 1998, the Faculty of Research facilitated reproductive health research training to promote evidence-based practice and strengthen research skills among nurses and midwives. This was the first activity facilitated by the faculty. It received funding from the Royal Tropical Institute - Netherlands, through the WHO Health Systems Research Project.

The training was held in Harare from 27th April to 15th May 1998 and drew participants from Mozambique, South Africa, Uganda, Zambia and Zimbabwe.

WHO-AFRO and German Technical Cooperation (GTZ) also supported a series of other ECSACON workshops on health systems research for a group of midwives and nurses. The first workshop equipped them with skills in research methods, proposal...
development and data collection. The second workshop focused on data analysis and report writing. The training was held in October 1998 in Windhoek, Namibia. Participants in the two workshops were from Botswana, Kenya, Lesotho, Namibia and Seychelles. The participants used the skills gained to collect data in their countries, analysed it and reported their findings at the end of the workshop.

The secretariat also facilitated priority Reproductive Health research in ECSA region and provided grants for studies in maternal, pre-natal mortality, adolescent health, family planning, cervical cancer and abortion. This helped to strengthen capacities of nurses and midwives in undertaking relevant health research. Findings of the research generated information that was later used for advocacy, thus contributing towards strengthening the capacity of midwives and nurses to do research in the region.

Dissemination of research findings to ECSA member states continues to be facilitated by the faculty. A database of networks of nurses, established by the faculty, enables member states to access researchers in relevant areas. This information is currently being converted into an electronic database.

**Faculty of Management and Leadership**

The Faculty of Management and Leadership promotes excellence in nursing management and leadership.

An initial project proposal, of 1995, to address the management of human, material and financial resources was one of the activities undertaken by this faculty. The proposal was funded by the CNA and resulted in the training of nurse managers in management of resources and in the development of a training curriculum on resource management.

In May, 1995, the faculty conducted a workshop on effective management of resources. The workshop, held in Uganda, was attended by 10 senior nurses and midwives from Malawi, Swaziland, Seychelles, Tanzania and Uganda under the leadership of two consultants from Zimbabwe and the CNA. This workshop developed a training curriculum on resource management.

In October 1995, 30 participants from 13 member states underwent a two-week training of trainers course in resource management using the developed curriculum. The training took place in Swaziland.

Two hundred middle level nurse managers from 11 member states were trained between 1996-1997. The training utilised the developed ToTs to achieve a multiplier effect. Training activities are continuing in some member states through their in-service education programmes.

An assessment for management needs within the faculty was also carried out. Five eminent persons were appointed to analyse the data from this assessment and develop a curriculum for the resource management programme for ToTs. It was hoped that the needs assessment would help build consensus on key issues regarding nurses and midwives in the region.
Following a recommendation made in 1993 by the 26th Conference of Health Ministers on strengthening leadership development, the faculty initiated a Joint Venture ECSACON/ICN, Leadership Development Training Programme in 1998. The training was aimed at equipping nurse leaders with skills and knowledge that would enable them lead and manage change and also contribute effectively to health sector reforms in the region.

The first training under this programme was held in Harare, Zimbabwe, from 20th to 31st July 1998. It was attended by three nurses/midwives and one mentor from each of the 14 ECSACON member states. The second training was held in Lusaka, Zambia, in July/August 1999. The training was funded by the ICN, CRHCS and ECSACON member governments. USAID-REDSO supported the country projects that were part of the training programme.

The training provided country teams with the opportunity to develop country specific projects on leadership development. Every country developed a country project.

The first group of 56 top-level nurse managers and mentors from all 14-member states completed this training, followed by a graduation in Mauritius in March 2001. In April 2002, seven of these trainees were trained as trainers in leadership and management.

“It was an enriching experience. We gained knowledge and skills that enable us to make valuable contribution to reform in the health sector in our member countries,” says one participant who was trained on the programme.

Later, four participants from the leadership training were sponsored by the Kellogg Foundation for study tours in the Caribbean and Latin American regions. This was an opportunity for them to forge international networking that would eventually contribute towards improved nursing and health services in member countries.

Scientific conferences and biennial meetings
ECSACON has continued to conduct scientific conferences, which coincide with the biennial general meetings, as one of the college’s major activities. The meetings and conferences are fora where policy makers are accessed and issues are directly presented to Health Ministers through the CRHCS reporting systems. The meetings also provide a forum for professional development. Information and experiences are shared with colleagues both from the region and internationally. Individual nurses from the region get the opportunity to present scientific papers.

The conferences’ themes and sub-themes, which, are selected by member states through their CNR, focus on topical issues affecting nursing and midwifery in the ECSA region.

By 1998 these conferences and biennial general meetings had been hosted in five countries. Programme activities were also held in member states across the country.

The first Scientific Conference was held in Zomba, Malawi from 6th to 7th August 1990 under the theme “ECSACON: A New Challenge for Nursing”. This conference was aimed at announcing the birth of ECSACON and challenging the nurses in the region.
to begin looking at common issues affecting the quality of nursing and health care. The keynote address, delivered by a former Regional Director for WHO/AFRO Prof. G.L. Monekosso, challenged nurses to strategise for the future in order to become a strong professional body for the region.

The first Biennial General Meeting took place from 8th to 9th August 1990, immediately after the Scientific Conference. It adopted “Strategizing for the Future”, a watchword coined by Mrs Peggy Vidot, the first President of ECSACON.

The second Scientific Conference was held in Mauritius from 2nd to 3rd 1992 under the theme “Clinical Practice: A Key to Nursing Excellence.” The theme’s aim was to make nurses come to grips with the reality of nursing as a practice profession. It was during this Scientific Conference and Biennial Meeting that ECSACON Lamp and Prayer were established.

It was agreed that the lamp would be lit at all biennial ECSACON meetings as a symbol of power and hope. Symbolically, ECSACON’s philosophy and mission should reach out like a light and shine on every country and individual nurses in the region. Alongside the ECSACON prayer, the code of ethics for ECSACON was also developed using the philosophy and the ICN code of ethics as a base.

The second Biennial Meeting that followed immediately from 3rd to 6th August 1992 saw the rise in number of registered members from the initial 200 to 413 by June 1992. Major issues that arose during this meeting related to the structural organisation of ECSACON. These included the development of guidelines for establishing national structures, designated chapters and the development of an assessment tool for honorary membership.

This meeting resolved that ECSACON should encourage member states to organise continuing education programmes to cover a variety of specialty areas in order to maintain clinical competencies. It also encouraged member states to maximise the use of existing post-basic courses within the countries of the region.

The third Scientific Conference was held in Seychelles on 22nd and 23rd August 1994 under the theme: “Community Based Care: A Way Forward.” The keynote address was delivered by Dr. J.M. Namboze, the Programme Manager, Support to National Health Systems, WHO/AFRO, on behalf of the Regional Director, WHO/AFRO, Prof. G.L. Monekosso. The conference was challenged to “develop definite plans of action, with clear timetables for implementation, in an effort to putting community-based care on a sound footing in the region before the Global Health For All by the year 2000.”

The third Biennial Meeting on 24th - 25th August recognised the Health Systems Research Project, which was highlighted by the Chairperson of the Faculty of Research. The meeting also covered issues of ECSACON chapters, the relationship of ECSACON to CRHCS and the funding for ECSACON programmes and activities.
After this conference, the Advisory Committee of the CHM informed the ECSACON Secretariat that the subvention they had been receiving was to cease by July 1995. This meant ECSACON was to either look for their own funding or become a CRHCS programme within the department of Nursing and Allied Health, which is now known as Human Resources Development and Capacity Building Department (HRD& CB).

An extra-ordinary meeting was held on 17th and 18th October 1994 at the Arusha Secretariat to discuss the issue of the relationship of ECSACON to the CRHCS as earlier proposed by the Advisory Committee. The meeting recommended that ECSACON should remain under the umbrella of CRHCS as a specialised nursing agency in accordance with the Community’s Convention Article V section 2(j).

The fourth Scientific Conference was held in Windhoek, Namibia, from 21st to 22nd August 1996, followed by the Biennial Meeting that took place from 23rd to 24th August 1996 under the theme “Women’s Health: A Key to Sustainable Development.” The keynote address was delivered by the United Nations Population Fund (UNFPA) Regional Director Dr. A. Arkutu. Dr Arkutu challenged midwives and nurses in the region to review their role as a predominantly women dominated profession. He noted that advanced and sustainable development would only be achieved when women’s health issues were fully tackled.

The fourth Biennial General Meeting discussed issues related to constitutional changes and the proposal for strategic planning. These proposals were later revised after country inputs. An agreement was reached that both countries and organisations continue to pay dues. The meeting also proposed that countries should pay dues through national associations, councils or as individuals. A strategic plan was also developed and facilitated by Mrs Olive Munjanja, the then out-going Vice-President of ECSACON and Chairperson of ECSACON’s Finance Committee.

The fifth Scientific Conference was held in Swaziland from 17th to 18th August 1998 followed by the Biennial General Meeting from 19th to 20th. The theme of the Conference was “Improving Adolescent Health: Nurses and Midwives Working in Partnership with Communities.” H.M. King Mswati III, whose speech targeted youth, officially opened the conference. The keynote address was delivered by Dr. Kopano Mukelabai, Senior Health Advisor, UNICEF, New York.

The ECSACON Constitution was reviewed and accepted by the CNR. The revised constitution was launched at the 10th Anniversary Conference in Harare, in 2000. One of its outcomes was the holding of scientific conferences and biennial general meetings every four years. It was felt that the two-year period was not sufficient for constituent faculties and the secretariat to implement the resolutions passed in such meetings. The sixth Scientific Conference and First Quadrennial Meeting were, therefore, held in Dar-es Salaam from 6th to 8th August 2002.

The meeting’s theme was: “Nurses and Midwives Responding to Health Challenges of the 21st Century.” The Conference was officially opened by the Vice-President of the United Republic of Tanzania, Dr. Ali Mohamed Shein, on behalf of President Benjamin Mkapa. In his opening remarks, Dr Shein emphasized the significant role nurses played in the fight against HIV/AIDS. He challenged ECSACON to ensure that
nurses and midwives were empowered to participate more effectively in policy making in order to maximise the impact of nursing contributions to the improvement of the health of the people in the ECSA region.

Dr Steven V. Shongwe, the CRHCS Regional Secretary, acknowledged the work and achievements of ECSACON and CRHCS’s continued support to the college in its endeavour to help improve the quality of lives of the people in the ECSA region.

The conference highlighted the importance of partnership between countries in the ECSA region as well as the need for extensive collaboration on a global scale with all partners in order to effectively address the health-related challenges facing nurses and midwives in the 21st century. The conference was supported by a variety of partners: WHO, ICN, CNF, SARA-AED, INTRAH-PRIME, JHPIEGO, CAFS, RCQHC, the Aga Khan University, the Rockefeller Foundation, CIDA, Johnson and Johnson and the Government of Tanzania.

This conference was preceded by a CNF/ECSACON pre-conference workshop on Strengthening the Nursing and Midwifery Contribution towards Prevention, Treatment, Care and Support in the Management of HIV/AIDS, STIs and TB in ECSA. The workshop was graced by participants from Ethiopia, Rwanda, and India. Also present were Dr. Naeema Al-Gassem, Chief Nursing Scientist, WHO Geneva, Judith Oulton, CEO of ICN, the President of CNF, Mrs Rena Boose, and Dr. Winnie Mpanju-Shumbusho, the WHO Director for HIV/AIDS.

**Resource mobilisation**

ECSACON receives its major financial support from the CRHCS. It is also supported by registration fees and annual subscriptions paid by its members (made up of Nurses’ Associations, Nursing Councils and individuals).

Other supporters are various regional and international organisations that work in collaboration with ECSACON on a variety of projects. These include the CNF, ICN, WHO, WACN, CNA, UNICEF, CIDA, CAFS, JHPIEGO, INTRAH-PRIME, USAID/REDSO, Rockefeller Foundation, COMSEC, London and GTZ.

The WHO-AFRO supported the Health Systems and Reproductive Health Research and IPC project. The harmonisation of nursing and midwifery education and practice in the ECSA region through workshops and provision of Advocacy Kits to all ECSA countries was supported by INTRAH-PRIME.

USAID/REDSO supported the development and final printing of the PRF documents and the documentation of the ECSACON Organisational Model for other associations and interested bodies to study and replicate. Other support went towards country projects for the leadership for change programmes in collaboration with ECSACON and ICN. The Commonwealth Secretariat in London supported the Health Management Information System (HMIS).

The CNA supports Resource Management while the ICN collaborates with ECSACON in leadership development. The International Development Research Centre (IDRC) has worked with the college in Health Systems Research.
Documents and materials

ECSACON promotes information sharing and exchange in the region. The college fulfils this mission by strengthening the documentation, repackaging and dissemination of best practices. In this regard, it has developed a number of publications that are in use by the member countries.

In 2002, the College documented the ECSACON Organisational Model. The model covers the major developmental milestones, including processes and mechanisms that supported these developments.

It demonstrates how acting together in synergy and partnership can expand the impact of success. It also provides nurses the opportunity to reflect on the original need to establish ECSACON and the extent to which the original mission has been achieved while still remaining relevant to the future.

The document, which was authored by Dr Rose Ndlovu, is a result of information and interviews sourced from ECSA member states, previous office bearers, and papers and presentations at workshops and conferences. The model formed a basis for an article published recently in Policy and Politics, an American nursing journal.

The ECSACON Constitution and By-Laws (amended in September 2000) provide a legal framework for the college. As a tool, which guides the operational activities of the organisation, the Constitution is key in determining the parameters within which the organisation achieves its objectives. The Constitution functions within the provision of the CRHC Convention under Article V Section 2 (j) through which the CHM established ECSACON as a professional agency of CRHC, in nursing and midwifery, for the ECSA region.

In 1994, the college produced its first biannual newsletter. The newsletter serves as a forum for exchange of professional information and experiences among nurses and health workers in ECSA member states. Through the newsletter, the college disseminates news and professional experiences of ECSACON members and their interaction with other health professionals.
The late Malawian President Dr. H. K. Kamuzu Banda (centre) during the launching of ECSACON at the Chancellor College Great Hall of the University of Malawi in Zomba. On his right are nurses in ECSACON gowns while on his left are nurses dressed in ECSACON material. Behind him is Ms Lucy Kadzamira, the then Chief Nursing Officer.

Nurses from 14 countries listen attentively during the launching of ECSACON at Chancellor College Great Hall of University of Malawi, Zomba.
The workshop of the 1st phase of a project to strengthen administrative skills and capabilities of Chief Nursing Officers and other administrative grades in provision of health services, including PHC in ECSA region. The workshop was held in Nairobi, Kenya, 19-23 April 1993.

Participants at the 4th ECSACON Scientific Conference.

Harmonization workshop on Basic Nursing and Midwifery Education in ECSA region. The workshop was held in Pretoria, South Africa, 20-24 January 1997.
The History of ECSACON: College Without Walls

Pauline Muhuhu, former Director of INTRAH Regional Office in Nairobi and a close collaborator in the Development of ECSACON chats with Margaret Phiri, former Coordinator Nursing Affairs, CRHCS.


Gloria Mubale (4th left) then Namibia Registrar of Nursing Council and Christine Sepeku (4th right) a Tanzania Registrar of Nursing Council with other participants at a workshop.

Dr. Patsile Ndiamini, then Minister of Health, Swaziland after being introduced into ECSACON as Honorary Fellow.

CRHCS Executive Secretary, Dr. Steven V. Shongwe (centre), flanked by Coordinator, Human Resources, Olive Munjanja (left) and the Assistant Coordinator Nursing Affairs, the late Sarah Kibuka (right) during an IPC inter-country workshop.
Nursing Leadership for Change Programme
Harare, Zimbabwe, July 1998

Leadership for change participants and their mentors pose for a group photo Harare, Zimbabwe, July 1998.
Participants and facilitators of the Health Systems Research Training Workshop take a break from the Workshop to visit the Namibian Sand Dunes, October 1996.

Dr. Ndiki Ngcongco (right), a consultant on the PRF Development Workshop, in 1998, shares a light moment with Mrs Olive Munjanja (centre) and other participants during the meeting.
Clara Nondo, Sarah Kibuka, Una Reid, and Evelyn Isaacs during the official opening of ECSACON 10th Anniversary celebration.

Participants of the 4th Workshop on Harmonization of Nursing and Midwifery Education and Practice, Botswana, 9-27 February 1998.
The History of ECSACON: College Without Walls

Dr. Kopano Mukelabai from UNICEF, New York giving his keynote address during the ECSACON Conference in Swaziland, August 1998.

His Majesty King Mswati III (centre) during the official opening of ECSACON 5th Scientific Conference and Biennial Meeting held in Swaziland in August 1998.
Traditional dancers entertain participants at the ECSACON Conference held in Swaziland in 1998.

1st Planning meeting on strengthening the teaching and practices of universal precautions with emphasis on HIV/AIDS. STD Comprehensive Care Programmes and Injection Safety, Arusha, Tanzania, 28-30 September 1998.
The History of ECSACON: College Without Walls

Participants at the 25th Anniversary of CRHCS in Seychelles, 1999.

Former regional Secretaries of CRHCS
Prof. A.M Nhonoli (right) and Dr. W. Mpanju-Shumbusho during a workshop on dissemination of survey results on AHP, 1999.

The official opening of ECSACON 10th Anniversary in Zimbabwe 2000. On the right is Dr. Steven Shongwe.

A group photograph after the official opening ceremony of ECSACON 10th Anniversary in Harare, Zimbabwe, November 2000.

Dr. Rosa Ndlovu, then President ECSACON during the official opening ceremony of ECSACON 10th Anniversary in Harare, Zimbabwe, November 2000.
The History of ECSACON: College Without Walls

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The former Minister of Health and Child Welfare, Zimbabwe, Dr. Stamps presents a certificate of recognition to the Commissioner, Public Services Mrs. Clara Nondo during ECSACON’s 10th Anniversary held in Harare, November 2000. Looking on (middle) is the then President of ECSACON Dr. Rose J. Ndlovu.

Mr. Samuel Manduku, former Executive Secretary of ECSACON and Mrs. Rosalie Kakande, former Coordinator of Nursing Affairs during the ECSACON 10th Anniversary.

Participants at the ECSACON Conference held in 2002.

Hon. Dr. Ali Mohamed Shein, the Vice President of the United Republic of Tanzania, greets Dr. Rose Ndlovu, then President of ECSACON, at the 2002 Conference. The Minister of Health Hon. Mrs. Anna Abdallah looks on.
Dr Steven Shongwe, CRHCS Executive Secretary (centre) with ECSACON members during ECSACON's 10th Anniversary in Harare, 2000.

Inter-country workshop on Infection Prevention and Control held in Arusha.
The History of ECSACON: College Without Walls

Dignitaries applaud during the 2002 ECSACON Conference in Dar es Salaam.

Dr. Ali Mohamed Shein, the Vice-President of the United Republic of Tanzania and Mrs. Anna Abdallah, Minister of Health, Tanzania, flanked by ECSACON members during ECSACON's 2002 Conference.
TOT workshop on Resource Management, Swaziland.

Mrs Sarah Kibuka shakes hands with H.E. Vice President of the United Republic of Tanzania, Dr. Ali Mohamed Shein, during ECSACON’s 6th Scientific Conference and 1st Quadrennial meeting in Dar es Salaam 2002.
The History of ECSACON: College Without Walls
Former CRHCS Regional Secretary Prof. Nhonoli shares a word with the 1st Coordinator of Nursing Affairs, Mrs. R. Kakande, during an ECSACON workshop.

The CRHC’s Executive Secretary, Dr. Steven Shongwe.

ECSACON members at the official opening of the ECSACON 10th Anniversary.
Participants at one of the advocacy workshops held in Seychelles in 2003.

Participants during a collaborators meeting between ECSACON / INTRAH and USAID.
The 3rd ECSACON President, Dr. Etu Banda (centre) the 1st Executive Secretary, Mr. S.B Manduku (left) and the 1st Coordinator of Nursing Affairs, Mrs. R. M. Kakande during a CNR meeting.

Participants at a workshop on Training of Trainers on HIV/AIDS, held in Nairobi, Kenya, 27-31 October 2003.
A participant makes a presentation at the 3rd Harmonisation Workshop held in Harare, Zimbabwe.

A group photograph during a workshop on Improving Human Resources Management for Essential Health Services held in Lilongwe, Malawi, April 2004.
The History of ECSACON: College Without Walls
Mr. Nelson Magolo (3rd right) former interim CRHCS Regional Secretary and Dr. Shongwe (2nd left), and other participants during ECSACON’s Conference in Swaziland.

ECSACON President Prof. Pauline Mella (3rd left) and the then Minister of Health and Child Welfare, Zimbabwe, Dr. Stamps (centre) during the ECSACON 10th Anniversary. The two are flanked by ECSACON members.
CHAPTER 4
Setbacks and Challenges

ECSACON, in spite of being a “College Without Walls”, prides itself as an organisation with one of the most solid bases, supported by very strong pillars and threads that hold it together. It is this support that has steered the organisation to enviable successes in its bid to improve the regional nursing and midwifery standards in the region.

The nurses and midwives in the ECSA region have been relentless in the pursuit of the ECSACON goals. The collaborating partners have also played a significant role to ensure that the ECSACON lamp continues burning. Despite this support, there are several challenges that threaten the organisation’s optimum performance.

As an organisation that operates within ECSA, ECSACON is directly or indirectly affected by the common problems that afflict the region. This is in addition to institutional challenges and setbacks that a college of its calibre is likely to face. These challenges include:

• Economic constraints.
• The HIV/ AIDS pandemic and its impact on health systems and on nurses and midwives.
• Natural and man-made disasters.
• Poor regional transport and communication networks.
• Poor communication network system within ECSACON.
• Social, economic and political conditions.
• Globalisation and regional integration blocs.
• Low presence of the organisation at local grassroot levels.
• Competition and rivalry from medical professionals in the region.
• Uniqueness of the College (as a “College Without Walls”).

Financial constraints

During the Third Biennial Meeting held in the Seychelles, in August 1994, the Advisory Committee of the CHM informed the ECSACON Secretariat that the subvention they had been receiving would cease by the 5th of July 1995. The organisation was asked to take serious steps to look for its own funding. Although the CRHCS funding did not cease, the suggestion acted as a clarion call for the organisation to strive towards self-reliance.

ECSACON continues to receive funding from its members, CRHCS and various donors. It does not have the capacity to generate sufficient funds to fully satisfy the demands of its budget and planned programmes. As a result of this, there are a number of activities in the organisation’s operational programme that have either stalled or failed to take off.
Some of the activities whose progress have been affected by financial constraints include: The completion of the IPC programme activities in member states, the initiation of formal training programmes to enable ECSACON award her own certificates and other awards; conducting of long-distance training; and the development of indigenous learning and training materials – among other programmes.

Many member states face serious financial constraints due to political instability and poorly performing economies, among other factors. The situation is worrying since it is likely to affect the member countries’ annual contributions to ECSACON, further incapacitating its operational ability and convenience.

For the organisation to continue being strong, it requires full financial commitments of all the member states and the development partners. For example, between the years 1999-2001, three members of the ECSA community - Botswana, Namibia and South Africa - became inactive and their contributions were consequently lost. Annual assessed member’s contributions to CRHCS dropped by almost 44% from 1.9 million US$ to 1.1 million US$. At the same time funding from cooperating partners dropped to the lowest level of 66,000 US$ per annum.

Since the ECSACON Secretariat appreciates the financial challenges facing many member states in the region, it has considered it unwise to increase assessed contributions and as a result, has been compelled to adopt the option of scaling down its budget. This has often necessitated prioritisation and collaboration to maximise the use of the limited resources available.

Reducing the current level of required annual contributions may act as a financial reprieve to individual contributors but this is not a viable solution. Donors and potential donors view these contributions as a progressive step towards self-reliance. Identifying ways to ensure that these dues are regularly paid remains a major challenge.

Since financial contributions from individual nurses, NNAs and NNCs cannot fulfill the comprehensive requirements of the ECSACON operations, the organisation has continued to request for donor funds, thereby perpetuating the culture of dependency. Dependency does not only undermine the organisation’s ability to formulate predictable plans but also stifles the initiation of self-sponsored projects.

On a larger perspective, financial shortages in the region have necessitated a mass exodus of ECSACON members or would-be members to the West and other lucrative regions of the world. There is a scramble for nurses from the ECSA region to the developed countries like the United Kingdom, the USA, and the Middle East. Since the region cannot compete with such countries in terms of meeting employee satisfaction, ECSACON continues to lose many of its members to other regions of the world.
The college, therefore, faces as one of its challenges the need to agitate for and encourage better working conditions for nurses and midwives if the trend of losing a large number of its members to other regions of the world is to be reversed. Such efforts would promote the loyalty and commitment of members to continue serving the region.

The increasing poverty and shifting population patterns have affected health worldwide. Increased urbanisation caused by population shifts - due to people seeking employment and breakdown of social order - have led to an increase in violence, mental disorders, environmental degradation, and substance abuse (alcohol, drugs and tobacco).

**HIV/AIDS**

The ECSA region carries the largest number of HIV/AIDS infected and affected individuals (region wise) in the entire globe. According to statistics, Sub-Saharan Africa remains the most affected region. According to the UN-AIDS Report of 2000, Sub-Saharan Africa had 530,000 children born with the virus at the beginning of the 21st Century.

During this same period, it was estimated that 2.9 million South Africans were living with HIV/AIDS, with over 700,000 being infected annually. In Botswana, the proportion of the adult population living with HIV has continued to double over the last five years (before 2000), while in Zimbabwe, it is estimated that one in every four adults is infected.

ECSACON faces the daunting challenge of constantly formulating strategies to deal with and cater for the special needs of people living with HIV/AIDS in their member countries. The numbers are alarming: Botswana and South Africa have the highest prevalence rates in the world. Life expectancy in the ECSA region has dropped tremendously as exemplified in Botswana from 62 years to 40 years, Malawi from 51 years to 37 years and Zimbabwe from 65 years to 39 years.

In virtually all the ECSA countries, HIV/AIDS patients occupy more than 50% of the beds in urban hospitals while those who die silent deaths in their villages, owing to inability to access any form of medicare, is estimated to be quite substantial.

Sub-Saharan Africa is the region with the fastest spreading rate of the epidemic worldwide. Over two-thirds of the total numbers of people living with the virus in the world are in this region. Over 83% of the world’s AIDS related deaths are also in this region. In Namibia, for example, HIV causes nearly twice as many deaths across all ages as malaria, the most common killer. It is anticipated that the worst is yet to come.

ECSACON, being a leading college of health within this region, faces the challenges of formulating constructive and workable strategies to deal with the HIV/AIDS scourge. The organisation is faced with a plethora of underlying, socio-cultural and economic circumstances that precipitate the spread and poor management of the pandemic.

*The History of ECSACON : College Without Walls*
In the ECSA region, women are still regarded as subordinate to their husbands or sexual partners. This cultural trend leaves women with very little or no capacity to bargain for safe sex.

Economic constraints have negated the ability of the region’s citizens to access proper treatment, balanced nutrition, clean water and anti-retroviral drugs. The region cannot totally rely on its respective governments to deal with the dreaded scourge. Organisations, such as ECSACON, are charged with the responsibility of helping to fight the disease.

Furthermore, the ECSA region is yet to fully accept and understand the scourge. In several cultures, the disease is still perceived as a traditional curse or a phenotype of witchcraft or bad omen. Campaigns to let the reality of the scourge fully penetrate and be appreciated by the region’s very conservative cultures are yet to be realized. Some traditions are a recipe to the spread of the disease. Typical examples include the inheritance of widows (with little regard to what their husbands died of) and the use of a single blade to carry out circumcision of several initiates.

In some parts of the ECSA region, some beliefs regarding the scourge are dangerous. In some parts of southern Africa, it is believed that sexual intercourse with a virgin negates an infected person’s HIV status. As a direct consequence, the rape of young girls (sometimes children) is a common offence.

HIV positive persons are stigmatised, discriminated against, demonised and neglected. They are denied jobs (even while still very productive) or dismissed. For this reason, people fear taking the test or declaring their status to colleagues and family. Even among the very educated, some researches on behavioural change have revealed that the mantra that “sex with a condom is like no sex at all” is still a prominent belief.

While the issues to be dealt with by the medical fraternity regarding HIV/AIDS in the region seem to be endless, and while brave attempts by various health ministries and medical organisations have been made, for example to distribute free condoms among rural and urban folk, stiff opposition has been mounted by the church and other religious groups. They have termed such preventive measures as catalysts to immoral and indecent sexual behaviour. ECSACON’s hands are, therefore, full with regard to the task of designing workable strategies to deal with HIV/AIDS and its effects in the region.

**Disasters**

Apart from the HIV/AIDS scourge, the ECSA region is one of the world’s hardest hit regions by natural and man made disasters. These disasters always translate into medical problems that require the attention of the region’s health fraternity. As a dominant health based body, it is ECSACON’S challenge to respond to various health needs precipitated by civil wars, drought and famine, floods and lethal diseases.
According to the founder President of ECSACON, Mrs Peggy Vidot, “nursing cannot be immune to the socio-economic, geographical, political, cultural, demographic, epidemiological and technical changes in society”.

ECSACON has to constantly respond to societal needs, some of which arise without warning or anticipation. At the moment, one of the world’s most dreaded killer after HIV/AIDS, the Ebola virus, is a common epidemic in the region. Several refugee camps that pose health risks are found in the ECSA region as a result of floods, drought and famine, and civil wars in some parts of Africa.

The common trend of unplanned rural-urban migration has led to increased slum dwelling in cities. This has lead to increased sanitary degradation that translates into regular outbreaks of cholera, bilharzias and dysentery. Teenage and unwanted pregnancies are constantly on the rise. Such problems call for increased medical attention (both curative and preventive) from the health fraternity, to which nurses and midwives are an integral entity.

Communication woes

With the exception of South Africa, the larger ECSA region has a dilapidated infrastructure and inefficient information and communication technology system. The road networks are in a pathetic state, rendering some areas totally inaccessible. Telephony is confined to the rich although the networks are largely unreliable. There is also low computer availability and literacy in the region. This pathetic state has naturally interfered with the efficiency of ECSACON’s operations.

Communication from the organisation’s secretariat has to operate within the inefficiency of this unpredictable and challenging transport and communication network, the sum result is that the activities of the college are hampered.

The organisation’s communication network is still not very developed. Communication from the Secretariat to local chapters of the organisation requires some considerable improvement in tandem with the latest communication developments. The result of poor communication has been poor publicity for the organisation within and without the nursing fraternity.

ECSACON’s evaluators have pointed out that whereas several literature that pertains to the organisation are nowadays published at the Secretariat, distribution to their strategic and desired destinations has been poor. The documents take time to reach the nurses and midwives.

In the past, locally produced material - such as documentation on HIV and AIDS, education programmes for nurses and midwives, and standards of practice for nurses and midwives, have been in short supply. They are now regularly produced yet their distribution and circulation within the region is still not as efficient as the organisation would like it to be.
Website

Lack of an independent website has greatly reduced ECSACON’s capacity to effectively advertise and market itself in view of the changes brought about by the 21st Century, which has placed the world at the epicentre of communication technology. Currently, the college relies on the CRHCS’ website to market itself. There is need to establish an independent website to enhance the communication link between the member countries and the stakeholders.

This will put ECSACON on equal footing with other institutions that have utilised information technology. As a result of limited technology-oriented method of communication with the outside world and among its member states, the organisation encounters delays and poor outreach among its member states and individual members.

All the interventions that have been identified as means of addressing poor communication, such as strengthening country chapters and establishing electronic connectivity between member countries and the Secretariat, also need to be implemented and strengthened.

Structural challenges

Weak operational systems of ECSACON have also been a major constraint. A number of countries have not formalised their ECSACON chapters. This has weakened the operations at country level as it has left the operationalisation of the organisation’s objectives to their Nursing Councils, Nurses’ Associations, Chief Nursing Officers in Ministries of Health and the Country Representatives.

While ECSACON may distinguish itself as an ECSA region initiative with particular interest in areas that share the British Commonwealth tradition, the organisation has to deal with the reality that the world is moving towards the formation of broader and larger blocs.

There is a possibility for the formation of an African Association of Nurses and Midwives, which may consequently be more appealing to individual nurses, NNAs and NNCs. Even now, ECSACON targets nurses and midwives whose attention is sought by other organisations and programmes. The college, however, believes in collaboration and networking with other organisations with similar interests in the region and elsewhere.

If ECSACON has to continue to effectively respond to the member states’ needs, there has to be continued commitment by members. Any underlying factor that would cause decline in the membership and commitment should be aggressively addressed. In addressing such threatening factors, the organisation has to constantly formulate ways of responding to the unique needs of each member state, some of which may not be very compatible with the organisation’s preferences.

Given that health standards of its member states are not homogeneous, harmonisation remains a major challenge. Besides, the dramatic growth of trade and
industries in some member states while others experience tremendous economic deterioration, has resulted in substantial gains for some while severely marginalising others. Yet, the organisation must continue to commit itself to cater for all groups.

The harmonisation process is further complicated by the fact that member countries in the ECSA region are at different stages and levels of development. This makes some of their priorities different. To make harmonisation a reality, the challenge to respond to and plan activities that are relevant to each member country has to be overcome.

Some members do not have adequate understanding of the ECSACON operations. For instance, the college pioneered the IPC project but the acknowledgement of its contribution does not come automatically within the profession and other health workers.

Another example is that of harmonising education in the region. Some health workers in the region use the organisation’s documents without acknowledging their origin, while some nurses participate in workshops but they don’t acknowledge ECSACON as the organisers of those workshops.

ECSACON has been viewed as an East African initiative rather than a regional college. There is a feeling among some nurses and midwives that the organisation has been dominated by the East African region and that many of the College’s activities are concentrated at the secretariat but not at the grassroots level.

According to Munjanja, the coordinator of HRD&CB programme in CRHCS, these feelings partly stem from the fact that the college’s secretariat is based in East Africa. "The secretariat of ECSACON may be in East Africa but ECSACON belongs to all ECSA countries. If ECSACON country chapters become more active, its presence will be felt everywhere,” she observes.

Right from its formative days, the college’s initiatives have faced various challenges from some of its critics. According to Professor Nhonoli, there was opposition among some doctors with regard to nursing degree courses. "Doctors thought that if nurses are given degrees they will sit in their offices and end up counting spoons rather than attending to patients. Some doctors also thought that nurses were incapable of carrying out research,” he recalls.

According to Dr. Una Reid, the availability of more attractive professions, than nursing, threatens to create a shortage of recruits to the profession as well as finished products for the workforce. The image of nursing, as a profession, has been somewhat compromised in the region. ECSACON must, therefore, play a leading role in the improvement of this image through appropriate actions.

According to the WHO report of 1994, labour market dynamics and trade agreements between regional bodies will continue to influence international standards and regulations, resulting in ease of cross border movements of nurses and other health professionals.
Another challenge is the demographic trend, which indicates an increasing elderly population. Improved development and health conditions have led to the increasing elderly population, which in turn raises challenges to nurses as a result of the complications of aging.

This increase in elderly population will result in an increase in chronic and stress-related diseases associated with their lifestyles. In the ECSA region, the situation is further complicated by the increasing number of deaths in the 24-49 age group, leaving the elderly with huge responsibilities.

While health gains can be celebrated as facilitators to ECSACON's objectives, the gains themselves come along with fundamental challenges. First, the gains in eradication and control of communicable diseases have been offset by an increased emergence of non-communicable diseases, particularly those associated with lifestyles.

Secondly, there are potential threats to health resulting from economic crises, unhealthy environments and risky behaviour. The WHO laments that the emphasis on PHC progress has been hampered by political, social and economic factors.

ECSACON has identified several minor challenges that also need urgent redress alongside the major obstacles. One of the challenges stems from the fact that the existing nursing programmes vary from one member country to another, thus creating the need for regional harmonisation.

The nursing profession in the region, comparatively, lags behind the profession in developed countries. Urgent measures need to be devised to cope with the rapid scientific, technological and cultural developments that the profession has to contend with in the contemporary age.

While tremendous efforts have been carried out by ECSACON on research, nursing research is still relatively low in the region. This has compounded the problem on low data availability on health issues and deficiency of information to deal with complex health issues.

According to the WHO report of 1999, the nursing standards in the region are declining. This raises the challenge of formulating ways and means of restoring the profession's lost glory in the region and making nurses more competitive and globally compliant.

**Anticipated Challenges**

As the world enters the 21st Century, numerous challenges have come to the fore in the Third World. Calls for democracy and good governance, social justice and respect for human rights - a clearly defined role for the State - increased community involvement in decision-making and economic globalisation, adjustment and transition have all significantly changed the nature of political decision-making in approaches for coping with familiar problems.
The WHO anticipates that despite the developments in technology and governance (which the ECSA region is slowly adapting to), we have entered a new millennium with considerable health challenges.

These include: the increasing disparities in access to health care, the growing population of poor people in the region who do not have access to health care due to an ever-depreciating economy, the rapid environmental changes and degradation of the environment, economic recession and crises in parts of the region that affect financing of health care, the inability of technology to face the epidemics and deadly threats from diseases (such as HIV/AIDS, Malaria and Tuberculosis), and the growing crises and emergencies such as internal conflicts, civil wars, and natural disasters. Some of these anticipated problems are common in the regions that neighbour the ECSA block and always have a spill-over effect on the region.

Further, the future scenario, as predicted by WHO, reinforces the challenges as cited but makes more explicit the envisaged challenges by the year 2020 for all health organisations in the world:

- The major growth of elderly population.
- Increase in chronic illnesses.
- Increased infant mortality due to the HIV/AIDS scourge.
- Continued social unrest that translates to more refugee camps and millions of displaced persons who require free medical care.
- HIV/AIDS as a major problem with the potential of reducing the population of the ECSA region by 2020, by a third, if not urgently dealt with.
- Increased mental disorders among the third world population.
- Increased poverty in the third world as resources continue to be depleted. This necessitates several health problems, especially the continued mass exodus of nurses to other regions in the world in search of better working opportunities.

The health systems of many countries are undergoing desirable reforms. These include: Reduction of health inequalities, responsiveness to people’s health needs, and ensuring health care coverage for all. This challenges ECSACON to be more ambitious, to review its present priorities and determine strategies for improved efficiency and effectiveness in the 21st Century.
CHAPTER 5

The Way Forward

Looking back at ECSACON’s vision, mission, aims, objectives, and original mandate vis à vis its achievements and challenges, a number of possibilities emerge on the way ECSACON should march into the future. Furthermore, in the context of globalisation, ECSACON has come to terms with the fact that global forces and policies affect regional, national and local decisions as never before.

At the 10th Anniversary celebrations, held in Harare in November 2000, Dr. Rose Ndlovu, then ECSACON President said: “We recognise the 10th Anniversary as a milestone which provides us with the opportunity to review the successes scored, the areas where we stumbled and to devise more effective strategies based on the experiences learned in the last 10 years.”

Mr Naraindut Gopal, Mauritius’s Chief Nursing Officer and President of ECSACON from 1992 to 1994, on the occasion of the 25th Anniversary of CRHC commemorative activities, said: “We nurses, who by the very nature of our profession are in the privileged position to care, should command respect through professionalism. Nurses, Midwives, Nurse Educators and Administrators should be ready to challenge traditional attitudes in practice, education and management, and shape the future for the lasting benefit of patients.”

He reiterated his message to the 2nd Biennial Meeting and the 2nd Scientific Conference, that “patterns of nursing care education and management should change to meet new needs and new situations…”

It is against the backdrop of the experiences of ECSACON, the sentiments of its pioneers, the evaluations and assessments carried out over the years, and the strategic plans of yesteryears, that the future directions are outlined. As ECSACON draws up a new strategic plan, the lessons learnt from the past cannot be ignored; neither can the current global context within which ECSACON operates.

HIV/AIDS

Dr. Ali Mohamed Shein, the Vice-President of the United Republic of Tanzania, in his opening address to the participants of the 6th Scientific Conference, held in Dar es Salaam, in August 2002, acknowledged that “one of the daunting challenges that confront the health care systems and health care providers of our countries is the HIV/AIDS pandemic that has affected the whole world, the ECSA Region being the most affected.”

He pointed out that “reports indicate that 12 of the 14 member states of ECSA are among the 15 most affected countries by HIV/AIDS in the world.” The President challenged the conference to come up with practical and relevant strategies for
fighting the pandemic so as to reverse its rising trend. This is a challenge that calls for urgent attention in the region.

The contribution of frontline health workers to HIV/AIDS care needs to be strengthened. The rapid spread of the HIV/AIDS pandemic, as well as the resurgence of the old communicable diseases in the region - such as TB, cholera, dysentery, ebola and malaria - call for new strategies. This is further exacerbated by the high incidence and spread of poverty, wars, floods, famines and the increase in non-communicable diseases such as hypertension, diabetes, heart disease, cancer, trauma and mental illnesses. In the face of these challenges, the multiple roles of nurses and midwives have been stretched to the limit.

At the 6th Scientific Conference, held in Tanzania in August 2002, the specific recommendations relating to HIV/AIDS remain relevant in the region today. These included the need for nurses to access and operationalise guidelines on HIV/AIDS in the workplace; caring for nurses and carers through the application of Universal Precautions Guidelines; integration of HIV/AIDS in the nursing/midwifery curricula, as well as development of local learning materials; continuing education/in service training in order to expose nurses and midwives to the new landscape of HIV/AIDS, including the need for active participation in the WHO 3 by 5 Initiative. This is an initiative by the WHO to ensure that 3 million people have access to ARVs by 2005.

Resource mobilisation
Resource mobilisation is one of the challenges that ECSACON faces. If adequately addressed, the college is likely to attain greater heights. The resource mobilisation concern has been paramount since the onset. During the 10th Anniversary celebrations, Mr. Samuel Manduku, the first and only Executive Secretary of ECSACON, said: "In the new millennium, let us forge ahead and turn things around by making the college a giant institution and a champion in the provision of quality health care to individuals, families and communities in the ECSA region.

"We need to develop meaningful initiatives to provide a stronger foundation in the areas of capacity and capability building, financial base, and in other significant resources to empower the college so that it is able to carry out its relevant activities and programmes to address priority health needs of the ECSA communities in the spirit of 'Harambee' (pulling together)."

It will be important, in the nearest future, to develop new strategies for fundraising as well as diversifying sources of financial support for ECSACON's programmes. The centrality of the role of the college makes it ideal for channeling funding for regional projects. It offers a perfect opportunity for governments or donor agencies to channel funding meant for the development of the nursing and midwifery professions in the region.

Capacity building
Although at different levels of professional development, the work of ECSACON has shown that professionals in the region can productively work closely, as a team, towards excellence. The process of consolidating basic nursing and midwifery education and practice has involved building consensus and identifying issues and problems.
The college has strengthened the role of the nursing profession in the region. Through sharing of experiences at meetings and scientific conferences, the college provides the professionals with an opportunity to grow and to gauge themselves against the successes of their colleagues in the region.

Governments in the region now recognise ECSACON as a partner that has the capacity to strengthen nursing and midwifery professions, which are vital in achieving national health goals.

The basic curriculum for nursing and midwifery will need to be further strengthened and standardised in the region. A lot has already been done in this regard.

Lessons learnt and available results from consensus reached in several countries can form the basis of further standardisation. Eventually, this standardisation can lead to the establishment of accreditation systems and regional examinations, with the overall result of quality improvement in the region. A system that recognises ECSA experts before going outside the region for experts/consultants should also be strengthened.

ECSACON is set to forge ahead for full professional recognition and autonomy in a bid to remain at the cutting edge of nursing and midwifery professions in the region. This requires the introduction of state-of-the-art facilities - such as distance learning programmes, and teleconferencing – and establishing career structure models for nurses and midwives within clinical practice.

An active mobilisation of professionals should be put in place to strengthen their contribution to the process and enhance their level of commitment.

Other critical areas required for capacity building in the region include: policy analysis and development, leadership and management, health systems research, curriculum development and instruction, standards development, strategic planning, and strengthening of systems and processes.

ECSACON continues to play a key role in creating a leadership cadre among nurses and midwives and must, therefore, also offer an infrastructure to deliver/effect a major impact on quality and standards of health in the region.

Country chapters
Deliberate efforts to assist member countries to formulate and strengthen country Chapters are underway. Strengthening of Chapters will open many avenues for implementation of country-specific activities and for improved operations and communication. Supportive infrastructure at country level, and membership recruitment drives that spell out benefits of membership, as well as follow-up drives to retain members, are needed.

Advocacy and dialogue with policy makers
The advocacy skills of frontline health workers require further strengthening. ECSACON has an important role in preparing nurses, midwives and allied health
professionals to be strong advocates in influencing nursing and midwifery policies in their respective countries and in the region.

The 6th Scientific Conference, held in Tanzania in August 2002, advised ECSACON to recommend to Ministers of Health in the region to develop “policies that will allow nurses and midwives in the ECSA region to work in any of the countries in the region where a severe shortage may be experienced.” Such policies would specifically address the global phenomenon of nurse migration in search of better employment packages. This would facilitate the sharing of human resources in the region.

This call was echoed at the 10th Anniversary Celebrations by Ms Sarah Kibuka, the ECSACON President from 1996 to 1998 and former Assistant Co-ordinator of Nursing Affairs. She observed: “The two-year term of my presidency taught me several lessons, the key being that the profession was taken more seriously as a united force by donors and political leaders. There was professional growth in the region due to sharing of experiences. Wider horizons were opened in a collegial manner, making us aware that in any of the 14-member countries there are friends. Exchange of expertise created a recognised pool of experts to be called upon. It proved to me that unity is power. Nurses and midwives of the region should remain united in ECSACON.”

There is need to strengthen dialogue with policy makers by lobbying governments. ECSACON has a pivotal role in influencing policies in nursing and midwifery education and practice. Shoulder to shoulder, nurses and midwives of the region should stand together and be a beacon of hope in influencing health care policies and health care delivery in the region.

Networking and collaboration

In its 1998 – 2001 Strategic Plan, ECSACON recognised that the College provided “a valuable forum for sharing lessons learned and better practices in addressing common cross-border health problems, developing collaborative initiatives within the region and beyond, and strengthening linkages and collaboration between regulatory bodies, professional organisations and ministries of health of member states.”

The college fosters partnerships in the region. This has been achieved through collaboration with other agencies, which increases the impact of its contribution to the health of the people of ECSA. It will be necessary to strengthen these collaborative efforts at national, regional and international levels, to expand the activities in order to scale up its contribution to the improvement of the health status of the people in the region.

Focus will be on the further development of human resources, particularly those at the frontline of health services, as well as those in strategic positions with great potential to make a difference in health care.

The establishment of both the African Union (AU) and New Partnership for Africa’s Development (NEPAD), offers an opportunity for African countries to collaborate on health matters. Forming partnerships, collaborating, lobbying and networking with
other regional and international bodies are pre-requisites for keeping abreast of regional and international developments as they affect nursing and midwifery and other health services in the ECSA region.

**Communication & dissemination of information**

The image of ECSACON requires enhancement. Although so much has been achieved, the visibility of ECSACON is low, particularly at country level and at the lower echelons of the nursing and midwifery hierarchy. An enhanced image will have a bearing on membership as perception of derived individual benefits improves.

There will be need to improve communication between ECSACON and its stakeholders as well as with the rest of the world. The documents and learning materials that have been produced will need to be disseminated to all the intended end users. A plan for the wide dissemination of the newsletters and other publications is needed to ensure all members have access to these publications, including through a website. This will call for an active marketing strategy that ensures, among other things, that ECSACON is an agenda item for meetings and conferences of National Nurses Associations.

The wide dissemination of *The History of ECSACON*, and its use in all training at basic, post-basic, continuing and in-service levels, as well as in institutions and to stakeholders, will be an important component of the marketing strategy.

**Research**

“Let us make the future bright and safe through research for the benefit of our clients.” These words of the late Mrs Leah Mkumbwa, then Chairperson of ECSACON’s Faculty of Research, in 1999, set the stage for ECSACON’s research activities. There will be need for a database on research to avoid unnecessary replication of studies and promote *sharing of research* results and their application to improving the quality of care in the region.

**Monitoring and evaluation**

The monitoring and evaluation processes will need to be strengthened, particularly with regard to measuring the impact of ECSACON at the grassroots level. It will also be necessary to facilitate research for evidence-based practices and advocacy.
APPENDICES
Mr. Chairman,

Members of the Central Executive committee of the Malawi Congress Party,
Honourable Ministers,
Your Excellencies, Members of the Diplomatic Corps,
Your worship the mayors,
The Regional Director of the World Health Organisation,
Nurses, Doctors,
Distinguished guests,
Ladies and Gentlemen

I suppose, because I am a medical man by profession, and on top of that, head of State, I have been asked to inaugurate the East, Central and Southern African College of Nursing. Before I go any further, let me welcome all our guests from the eleven countries, which form this College of Nursing, and all others from the various international institutions.

As far as nursing, itself, is concerned, I do not know what the experience has been in this part of Africa, East, Central and southern Africa. But here in Malawi, the first group of University graduate nurses was not well received by the general public. As it is well known in this country, nurses were trained here in local hospitals before the University was set up. For example, they were trained at the Queen Elizabeth Central Hospital, Zomba Hospital, and at various mission hospitals.

But when the University was set up, it was decided that the University, too, should train nurses. But the first group of graduate nurses from the University, as opposed to certificate nurses, were not well received by the public. Because they, the supposed graduate nurses from the University, were accused of being fussy, that they did not want to touch any dirt, and they disliked any foul smell. That was the accusation.

When I heard of this accusation, I sent for the then Vice Chancellor of the University, Professor Kimble, and asked him whether he had heard that the supposed graduate nurses were fussy, they did not want to touch any dirt, and they did not like any foul smell. The Professor said he did not know about it, but that he will enquire.

Apparently, he did enquire. And it was discovered that the woman who was in charge of the Nurses Training college was not, in fact, running the College as it should be run. There was hardly any teaching worth the name teaching, theoretical, to say nothing of practical. So, the woman in charge of the nursing
school was asked to resign from her appointment.

Since that time, I have lost touch. But, apparently, things must have improved, because the complaints that were heard in those days are not heard any more.

Well, I am glad to see that the complaints that used to hear about the graduate nurses are no longer there. Because whether we realize it or not, nursing properly understood and practiced, is not a career, as such, still less, a profession, but a dedicated service to the suffering humanity in hospital beds, and on reed and palm mats in the village.

This being the case, nursing should not be considered only from the point of view of a career or profession, but much more, from the point of view of service to the sick in hospital beds, and on reed and palm mats in the villages. Those taking nursing must be dedicated women, and even men.

As dedicated men and women, they must cultivate, develop and practice two virtues: patience and understanding. A sick man, sick woman, even more, sick child, is not a reasonable person. Illness, itself, makes that person impatient.

A sick man, sick woman, sick child will demand this and that. He, she, or it, wants the nurse at his, her or its side all the time, as if he, she or it were the only patient in the ward. It never occurs to a sick man, woman or child that there are other patients in the ward, who need as much attention as himself, herself or itself.

Therefore, a dedicated nurse must take all this in her or his stride, just as part of those things in her or his work, which have to be put up with. And I am certain that all the nurses do that. They take all this in their stride and put up with it.

In this connection, I am very happy to see that the motto of the College is “Collaboration for Nursing Excellence”. I wish to assure all nurses from the eleven member countries that you have our support in our noble work of providing a forum for nurses to meet and share experiences, expertise and resources with a view of promoting excellence in various aspects of nursing, such as nursing education, administration, practice and research.

I now declare the East, Central and Southern African College of Nursing open, and I wish you a very successful and enjoyable conference.

Mr. Chairman, Members of the Central Executive Committee of the Malawi Congress Party, Honourable Ministers, Your Excellencies, Members of the Diplomatic corps, Your Worship the Mayors, The Regional Director of the World Health Organization, Nurses, Doctors, Distinguished Guests, Ladies and Gentlemen.

Thank You Very Much.
Appendix 2

ECSACON CONSTITUTION
(Amended September 2002)

This Constitution shall function within the CRHCS Convention under Article V2(j).

The East, Central and Southern African College of Nursing (ECSACON) was established by the Conference of Health Ministers of the East, Central and Southern Africa under the above article.

The College is a professional agency and a body corporate with a common seal.

SECTION I:
TITLE AND SITE OF THE COLLEGE

The name of the College will be cited as “The East, Central and Southern African College of Nursing hereafter referred to as (ECSACON)”; the headquarters of which shall be in Arusha, Tanzania.

SECTION II:
INTERPRETATIONS

In this Constitution, unless the context otherwise requires:

“The College” means the East, Central and Southern African College of Nursing which is a professional agency of the Community and a corporate body of nurses and midwives of the member states of Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe and any other state that will accede membership of the Commonwealth Regional Health Community for East, Central and Southern Africa.

“The Commonwealth Regional Health Community Secretariat” means the Secretariat for the Commonwealth Regional Health Community hereafter referred to as CRHCS.

“The Community” means the Commonwealth Regional Health Community for East, Central and Southern Africa established by the Convention.

“The Convention” means the Convention of the East, Central and Southern Africa Health Community established by the Conference of Health Ministers.


“Constituent Faculty” means the clinical and functional areas of nursing midwifery.

“The Council of National Representatives” means the functional organ of the College through which its decisions are implemented hereafter referred to as CNR.

“The Nursing Expert Committee” means an ad hoc and/or permanent committee for the nursing and midwifery programme constituted by experts from the various specialties in clinical practice, nursing education, leadership and management and research.

Clinical practice includes: Maternal and Child Health including midwifery; Mental Health including psychiatry; Nursing of adults; Community Health including Family Health Community Nursing.
“Member” means an individual nurse/midwife or organization meeting the basic admission criteria who has been admitted to the College.

“Fellow” means a nurse/midwife, a member of the College who has made an outstanding or significant contribution to the development of the Nursing/Midwifery profession.

“Honorary Fellow” means persons of outstanding achievement who have contributed to the Nursing/Midwifery profession who the College may decide to honour.

“Member State” means any state of the East, Central and Southern Africa Region as defined by the Organization of African Unity that ratifies or accedes to the Convention of the East, Central and Southern Africa Health Community.

“National Nurses/Midwives Association” means a professional body for nurses/midwives in each member state.

“National Nursing/Midwifery Council” means a statutory body of nurses/midwives in each member state.

“The Secretariat of the College” means the Secretariat for the Commonwealth Regional Health Community.

“Nurse/Midwife” is a person who has completed a program of basic nursing/midwifery education and is qualified and authorized in her/his country to practice nursing/midwifery.

“Chapter” means a branch of ECSACON at national level comprising of ECSACON members.

“Post-graduate qualification” means a recognized professional course of not less than one academic year after the first degree or its equivalent.

“Department of Human Resources Development and Capacity Building” means the Human Resources Development and Capacity Building department of the Commonwealth Regional Health Community Secretariat in Arusha, Tanzania within which ECSACON Secretariat is housed.

“Post-basic qualification” means a professional course of duration of at least one academic year after the basic qualification.

“Equivalent to a first degree” Qualification as a Nurse/Midwife registered in own country plus advanced/post-basic diploma in an area of nursing specialty.

SECTION III:
ECSACON LANGUAGE
The official and working language of ECSACON shall be English.

SECTION IV:
VISION OF ECSACON
ECSACON’s vision is to have healthy individuals, families and communities in the ECSA region, who will contribute effectively to the development of the socio-economic status of member states.

SECTION V:
MISSION OF ECSACON
Our mission as ECSACON is to improve quality of health of the communities in the ECSA region through strengthening of the contribution of the frontline workers (nurses and midwives) towards delivery of quality health care services. We in ECSACON therefore are committed to promoting and strengthening professional excellence through development of programmes that will strengthen nursing and midwifery education, practice, management, leadership
and research for the improvement and delivery of quality health care to communities in the ECSA Region. ECSACON is further committed to regional collaboration, cooperation and networking with member states and other organizations with similar interests, and to advocacy for enabling policies.

SECTION VI: PHILOSOPHY

ECSACON believes in the:

a) Dignity, equality, individuality and wholeness of the person.
b) Welfare of the nurse/midwife as a professional, an individual, a member of the family and community.
c) Promotion and maintenance of quality nursing education, research, practice, management and leadership.
d) Right of people to adequate and competent health care and quality nursing/midwifery care regardless of race, creed, ethnic background, social-economic status, political convictions, gender and colour.
e) Right of individuals, families and communities to be involved in management of their care.
f) Complexity of the needs of a person which cannot be met by a single profession.
g) Interdependence of various disciplines and subscribes to the team approach in the care of a client/patient.
h) Wealth of ideas and experiences within the Member States in this Region which can be effectively shared through a unified forum in order to improve delivery of health care services.
i) Strengthening of the implementation of Primary Health Care as a means of achieving the goal of “Health For All” for the member states.

SECTION VII:

OBJECTIVES

1. Broad Objective

To promote and strengthen professional excellence through development of programs that will strengthen nursing/midwifery education, practice, research, management and leadership to improve service delivery and uplift the quality of health of the communities in the ECSA region.

2. The specific objectives shall be:

a) To promote regional collaboration, co-operation and networking with member states and other organizations with similar interests.
b) To create a unified forum that speaks authoritatively for the nursing and midwifery profession in the Region on issues affecting nursing and midwifery health.
c) To promote and support production of relevant health learning materials.
d) To provide a forum for continuous collaboration and networking between Member States for the coordination of nursing activities in the Region.
e) To promote and facilitate harmonization of regional nursing/midwifery education and practice.
f) To facilitate opportunities for continuing education.
g) To provide leadership to nurses and midwives in the ECSA Region.
h) To strengthen nursing and midwifery education, practice, management and leadership and research in order to contribute effectively to Health For All.
i) To respond effectively to changing health needs within the Region.

j) To promote reciprocity for licensure and practice and maximize utilization of scarce resources.

SECTION VIII:
FUNCTIONS OF THE COLLEGE

a) Strengthen systems for delivery of services.

b) Establish quality improvement systems and promotion of better practice models.

c) Advocate for policy changes and development that would facilitate delivery of quality care.

d) Improve and strengthen information management systems, communication, build partnerships/alliances through collaboration and networking with other stakeholders across the member states and internationally who have similar interests.

e) Empower the constituents of ECSACON (NNCs/NNAs) through motivation, building their capacities, skills development in leadership and management and resource mobilization for sustainability of the organizations.

f) Mobilize adequate resources.

SECTION IX:
POWERS OF THE COLLEGE

The powers of the College shall be:

a) To review regularly and ensure the proper functioning of the Constitution.

b) To produce bye-laws for the Constitution and formulate policies and rules for the effective functioning of the College.

c) To establish standing and ad hoc committees as may be deemed necessary from time to time.

d) To develop mechanisms for recognizing each Member States Nursing and Midwifery professional qualifications in relation to the minimum criteria spelt out by the College in the areas of scope of practice, professional practice standards, core competencies and core curriculum content and educational standards.

e) To assist member states in the formulation, implementation and evaluation of Nursing/Midwifery programmes in response to community needs.

f) To build capacity in areas of Nursing and Midwifery education, practice, research, management and leadership.

g) To assist in the development of relevant Nursing and Midwifery legislations to govern education and the practice of its professionals.

h) To assist in the implementation of and the development of mechanisms for monitoring and evaluation of ECSACON initiated programmes in the Region.

i) To develop centers of excellence for continuing education.

j) To facilitate development of learning materials.
k) To advocate for policy changes that will impact on patients' rights and involvement of nursing and midwifery personnel in policy decisions and the delivery of health care services.

STRUCTURES AND THEIR FUNCTIONS

SECTION X

MEMBERSHIP OF THE COLLEGE

Membership of the College shall consist of individual Nurses/Midwives and professional organisations such as National Nursing/Midwifery Councils (NN/MC) and National Nurses/Midwifery Associations (NN/MA).

1. Types of Membership

a) An Individual Member
   - A Registered Nurse/Midwife in any of the member states in good standing in NN/MA and NN/MC.

b) A Fellow
   - A member of the College who has contributed to the development of nursing/midwifery and holds;
     i) One or more recognised post-basic qualifications in the field of nursing/midwifery and ten years of post-basic specialisation experience; or
     ii) A post-basic degree in the field of nursing/midwifery and five years of post-graduate experience.

c) An honorary fellow
   - A person of outstanding achievement who has contributed to the nursing/midwifery profession who the College may decide to honour.

d) Professional/Statutory Nursing Organisations
   (i) A Professional National Nursing/Midwifery Association (NN/MA) which is recognised in the Member State.
   (ii) NN/MC that is the regulatory body for nursing/midwifery in the Member State.

2. Procedure for Admission

a) Admission of individual members shall be approved by the Council of National Representatives (CNR) on written application endorsed by National Nurses/Midwifery Associations (NN/MAs) and National Nursing/Midwifery Councils (NN/MCs) or any other national or recognised registering body of a member state.

b) Admission of Fellows and Honorary Fellows shall be processed by the Council of National Representatives and presented at the Quadrennial General Meeting of the College.

c) A National Nursing/Midwifery Association or a National Nursing/Midwifery Council of a member state shall apply for admission to the College directly. Such applications shall be accepted through a vote of the members of the CNR.

d) Prior to admission, the applicant must pay the stipulated dues. These shall be determined from time to time by the College.
3. The Registers
a) The ECSACON Secretariat shall maintain Registers of all Members and Fellows of the College in such a manner as may be prescribed by the CNR.

b) Relevant extracts shall be sent to each member state annually for necessary updating.

4. Suspension and Termination of Membership
a) Any member who fails to pay dues in full for 2 successive years, without reasonable explanation acceptable to the CNR, shall be suspended or removed from the ECSACON register.

b) An individual will be removed from the register if the College obtains written confirmation from National Registrars of Nursing and Midwifery Councils of their:
   i) Suspension or removal from the Register, or
   ii) death.

5. Re-admission to the Register
A member whose membership has been terminated for failing to pay dues may apply for readmission. However, the application will be considered only after the CNR has determined that the applicant is willing and able to fulfill her or his commitments to the College and has paid one year’s dues in advance.

6. Rights/Privileges of Members
It shall be the right of every member:
   a) To be represented before international, governmental and non-governmental organisations with which ECSACON maintains a relationship.

   b) To vote and to speak in the ECSACON meetings.

   c) To nominate candidates for ECSACON elections and standing committees.

   d) To participate in ECSACON conferences, workshops, seminars and other professional activities as appropriately promoted by ECSACON;

   e) To nominate candidates for ECSACON fellowship and awards.

   f) To receive professional guidance and assistance from ECSACON.

   g) To receive from or through ECSACON, documents and periodic information about activities and news about nursing worldwide.

   h) To have their professional articles, of regional and international interest, published in ECSACON news/journals/magazine.

   i) To enjoy benefits established by ECSACON.

7. Duties of Members
It shall be the duty of every member institution/individual:
   a) To send to ECSACON, a copy of its National Nursing Association Constitution and National Nursing Council Regulations and details of all amendments hereto.

   b) To inform the CNR on program activities and issues on an annual basis and to respond to any other requests for information from ECSACON.

   c) To make recommendations to ECSACON regarding amendments to the Constitution, policies or position statements of the College for consideration by the CNR.
d) To maintain active communication with ECSACON in relation to the implementation of the programs and the policies of the College.

e) To participate actively in College meetings.

f) To take all possible steps to increase the membership of ECSACON.

g) To pay dues to ECSACON.

8. Dues and other Income

a) Determination of Dues
   i) Individual Membership Dues
      Annual dues shall be of such amount as shall be decided by the CNR on the recommendation of the Executive Committee.
   ii) Organisational Membership Dues

Organisational membership dues shall be as decided by the CNR on the recommendations of the Executive Committee.

b) Payment of Dues

All dues shall be paid in full, in advance, or in each year when they are due.

c) Donations, Endowments and Others

ECSACON shall receive donations, endowments and other gifts in accordance with laid down guidelines.

SECTION XI

ORGANISATION STRUCTURES:
DESCRIPTION OF HOW THESE WORK AS A WHOLE

1. The Quadrennial General Assembly

a) There shall be a quadrennial General Assembly attended by all members of the College and chaired by the President of the College.

b) Venue for the Quadrennial General Assembly:

Subject to invitation, the Quadrennial General Assembly shall be held in member States in alphabetical order or at such places and times as the CNR may determine.

c) Functions of the Quadrennial General Assembly:
   i) The highest decision making body of the College. Receive, discuss and approve matters of the College as brought in by the CNR (e.g. Constitution amendments, Programmes, Financial reports, etc.).
   ii) Elect the President, Vice-President and other members to CNR.
   iii) Install the President and the new CNR.
   iv) Carry out any other functions as may deem necessary/appropriate.

2. The Council of National Representatives (CNR)

a) The CNR chaired by the President of the College is the executive arm of the College.
b) Composition of the CNR:
   i) The President of the College.
   ii) The Vice-President of the College.
   iii) One nursing/midwifery representative who is the current National Contact Person.
   iv) Four chairpersons of the four Constituent Faculties at regional level.
   v) Four ex-officio members who include:
      - The immediate past President of the College
      - The Regional Secretary or his representative - CRHCS
      - The Coordinator, HRD&CB - CRHCS
      - The Assistant Coordinator Nursing Affairs - CRHCS

c) Functions of the CNR:
The management of the business of the College shall be vested in the CNR. The CNR shall perform the following functions:
   i) Establishing policies and priorities to fulfill the objectives of ECSACON.
   ii) Admitting and re-admitting members into ECSACON, upon recommendations of the Executive Committee.
   iii) Receiving, discussing and approving recommendations of the nominees for the presidency, vice presidency, chairpersons of faculties and CNR country representatives.
   iv) Acting upon financial recommendations from the Executive and Finance Committees.
   v) Receiving and act upon recommendations from the Executive Committee.
   vi) Receiving information on the budgets and audited accounts of ECSACON.
   vii) Acting upon amendments to the Constitution which have been recommended by the General Assembly.
   viii) Periodically reviewing criteria and guidelines for operations of faculties, committees and CNR Members.
   ix) Periodically assessing and reviewing the inputs from countries and research studies on the health status and nursing/midwifery needs of the region and determining action to be taken by the College.
   x) Electing a CNR member who would serve on the Executive Committee.
   xi) Performing any other duties as may be necessary for the attainment of the objectives of the College.
   xii) Acting upon recommendations for the dissolution of ECSACON.

3. The National Nurses Associations (NNAs)
The NNAs are the professional bodies from each member state that are made up by individual nurses/midwives. The NNAs are one of the three main stakeholders of ECSACON.

The NNA functions as a body to verify professional credibility of individual membership from the four faculties.

Representation to the CNR is through the National Country Contact Person.
4. The National Nursing Councils/Boards (NNCs)

The NNCs are the Regulatory bodies from each Member States. The NNCs are the second of the three main stakeholders for the College (ECSACON).

5. The Constituent Faculties

There shall be four Constituent Faculties of Education, Clinical Practice, Leadership, and Management and Research.

- The four Constituent faculties are made up of individual nurses/midwives practising in any one of the four faculties from each Member State.
- Representation to the CNR is through the elected regional chairpersons of each faculty and not necessarily from each Member State.
- However, no one Member State shall have two Faculty Chairpersons.

Individual Members

- There shall be individual members of the College who shall be qualified nurse/midwives from each Member State.
- Individual members are ordinary members, fellows and honorary fellows of the College.
- Individual members make up the General Assembly of the College.

SECTION XII

OPERATIONAL SYSTEMS:

REGIONAL AND NATIONAL

1. Ministry of Health

- Ministries of Health from each Member State shall be the focal point for all Regional and National ECSACON activities.
- Ministries of Health shall be the main stakeholder of ECSACON.

2. ECSACON Secretariat in Arusha

(i) Location

The Secretariat of the College shall be within the Human Resources Development and Capacity Building Programme of the CRHCS, Arusha under the leadership of the Coordinator, Human Resources Development and Capacity Building (HRD&CB) or any other location as may be determined by the College.

(ii) Functions of the Secretariat

a) Plan and co-ordinate activities of the College in collaboration with the Executive Committee.
b) Organise, coordinate and participate in College meetings.
c) Maintain the membership registers and other records of the College.
d) Manage finances of the College in consultation with the Finance Committee.
e) Market the College and maintain public relations.
f) Mobilize resources for the College’s activities.
g) Compile various data bases for use by the College and by other organisations and member states.

h) Periodically produce and disseminate professional literature to members of the College.

i) Execute day to day functions of the College.

j) Perform any other duties as may be necessary for the attainment of the objectives of the College.

(iii) Constituent Faculties

The four Constituent Faculties of the College which are headed by Faculty Chairpersons shall form the main operational system/mechanisms through which College activities are planned and executed. The four faculties shall be the driving forces of ECSACON activities at Regional and National levels.

(iv) Chapters

There shall be ECSACON branches at national level thereafter known as Chapters. Each country’s membership and fellows shall form the National Chapter.

The Chapter shall operate through a National Committee elected at country level.

SECTION XII 1:

REGIONAL OPERATIONAL SYSTEMS DESCRIPTION, COMPOSITION AND FUNCTIONS OF EACH

1. ECSACON Secretariat

i) ECSACON Secretariat, located in Arusha, Tanzania, forms part of the Human Resources Development and Capacity Building of the Commonwealth Regional Health Community Secretariat.

ii) Composition

The ECSACON Secretariat is headed by the Coordinator for Human Resources Development and Capacity Building Department, assisted by the Assistant Coordinator for Nursing Affairs.

iii) The ECSACON Secretariat responsibilities

• Coordination of ECSACON affairs and activities in the ECSA Region.
• Project formulation and sourcing of external funding for their implementation.
• Liaison and/or collaborating with other agencies/organisations/bodies in carrying out the College mandate.

2. Council of National Representatives (CNR)

i) The CNR is the policy making body of the College.

3. Constituent Faculties

The Constituent Faculties of the College shall comprise of members of the College who are members of a particular faculty by virtue of their specialized qualifications, expertise and interest. Each Faculty shall consider priority health and nursing/midwifery trends and problems in relation to its relevant areas.

(i) These Faculties are:

a) Nursing Education
b) Clinical Practice

c) Nursing Leadership and Management

d) Nursing Research

(ii) Constituent Faculty Executive Committees

Each of the four Constituent Faculties shall have an Executive Committee made up of a chairperson, an assistant chairperson, a secretary and a treasurer. The chairperson shall be elected at the General Assembly.

(iii) Functions of Constituent Faculties

Each Faculty will:

a) Assess the health and nursing/midwifery needs of the region;

b) Plan interventions and strategies to address the identified needs and problems;

c) Facilitate the implementation of the planned programs/activities;

d) Monitor and evaluate the effectiveness of the programs/activities; and

e) Assist in mobilization of resources to facilitate implementation of the planned programs/activities.

4. Executive Committee

This committee serves as the agent of the CNR in the intervals between its meetings and carries out other duties as defined in this Constitution.

(i) Composition

a) President

b) Vice-President

c) One member of CNR

d) Coordinator, Human Resources Development and Capacity Building

e) Assistant Coordinator, Nursing Affairs.

(ii) Functions

The Executive Committee of the College shall:

a) Advise on policies adopted in between meetings of the CNR.

b) Determine venues, dates and prepare provisional agenda for major meetings of the College.

c) Review applications for membership to ECSACON and make recommendations to the CNR.

d) Appoint special committees and their chairpersons, receive and take action on reports from such committees.

e) Recommend and convene Expert Committee meetings as need may arise.

f) Authorize official ECSACON publications.

g) Act on behalf of the CNR in between meetings.

h) Act as the Planning Committee and make recommendations to the CNR on programme and financial matters in intervals between CNR meetings including:

- the annual budget;
- a resource mobilization programme; and
- an investment programme.
SECTION XII 2:

NATIONAL OPERATIONAL SYSTEMS:
DESCRIPTIONS, COMPOSITION AND FUNCTIONS OF EACH

1. Four Faculties
   i) There shall be four faculties of Nursing Education, Clinical Practice, Nursing Leadership and Management and Nursing Research.
   ii) Composition of the Four Faculties:
       The Four Faculties are made up of individual ECSACON members in each Member State.
   iii) Faculty Executive Officers:
       There shall be a chairperson, assistant chairperson, a secretary, assistant secretary and a treasurer for each of the four faculties at country level.

2. The ECSACON National Chapter
   i) The four Constituent Faculties and their members shall constitute the ECSACON National Chapter.
   ii) Each National Chapter shall have an Executive Committee composed of:
       • The CNR Member;
       • National Chairpersons of the Four National Constituent Faculties (Education, Clinical Practice, Leadership and management, and Research);
       • The President, National Nurses Association;
       • The Nurse Leader, Ministry of Health;
       • The Former CNR member (recent);
       • The Representative of National Nursing and Midwifery Council;
       • An ECSACON Member elected by the Chapter;
       • Two Senior nurses representing agencies such as Health Service Commissions/Central Board of Health/Private Practice/Army health services/Churches health services etc.
       • The Executive Committee of the Chapter shall elect from among themselves a chairperson and assistant chairperson; an assistant secretary and a treasurer.
   iii) The Secretary of the Chapter Executive Committee shall be the current CNR Member.

Functions of the Chapter Secretary
   i) Shall be the secretary of all Chapter meetings
   ii) Compile national reports from all the four Faculties
   iii) Submit national reports on ECSACON activities to the Regional Office (ECSACON Secretariat)
   iv) Spearhead membership drive
   v) Maintain an accurate record of membership and other ECSACON activities
   vi) Represent the country at regional CNR Meetings.
Functions of the Chapter Treasurer
i) Responsible to open an account for ECSACON funds at country level
ii) Maintain financial records and write a financial report
iii) Spearhead resource mobilisation
iv) Carry out any other function that will enhance the financial status of the chapter
v) Ensure that ECSACON finances are expended according to agreed upon financial regulations/guidelines.

Functions of the National Chapter
The functions of the National Chapter shall be in accordance with the terms of reference stipulated in the bylaws.(Rule 19(d)).

SECTION XIII
FUNCTIONING OF THE COLLEGE
1. Officers of the College
   (i) Officers of the College shall be
       • The President; and
       • The Vice-President.
   (ii) Criteria for becoming an Officer
       To become an officer, one should:
       a) Be a paid up and active member of ECSACON, in good standing with their NN/MA and NN/MC.
       b) Have been a CNR member for at least one term of office.
       c) Have proven evidence of significant contribution to ECSACON activities.
       d) Have met all other criteria for election to CNR.
       e) Be approved by the CNR according to laid down guidelines.
   (iii) Functions of the President
       The President shall serve for one term of office and not be eligible for re-election as President.
       President shall:
       a) Preside over all meetings of the CNR, quadrennial and the Executive Committee and conduct ECSACON affairs in close collaboration with the Coordinator, Human Resources Development and Capacity Building.
       b) Negotiate for enabling policies with relevant government bodies and NGOs, that will strengthen the contribution of nurses and midwives to the delivery of quality health services.
       c) Perform any other duties as may be necessary for the attainment of the objectives of the College.
   (iv) Functions of the Vice President
       The Vice-President shall:
       a) Serve for one term of office and not be eligible for re-election as Vice-President.
b) Assume all duties of the President in the President’s absence or inability to serve.

c) Chair the Finance Committee.

(v) Incapacity to serve for a full term

Replacement of the Executive Committee from the above officers who are unable to complete their term of office shall be filled as follows:

a) The President

The Vice-President shall take over the duties of the President until the next CNR-elections (see also section XIII). In this case the Vice-President will assume both roles.

b) The Vice-President

The next person who acquired second place votes during the election, shall assume the duties of the Vice-President until the next CNR elections.

c) The Chairpersons of Faculties

The Vice-Chairperson of that Faculty shall take over the duties of the chairperson until the next CNR elections.

2. Committees of the College

(i) Types of Committees

There shall be Standing and ad hoc committees.

(ii) The Standing Committees of the College shall be

• The Finance Committee.
• The Membership and Constitution Committee.

(iii) Membership of the Finance Committee

The membership of the Finance Committee shall be:

• Vice-President of the College who shall be the Chairperson;
• Two other members of the CNR;
• A finance officer of CRHCS as ex-officio member;
• Coordinator Human Resources Development and Capacity Building as ex-officio member;
• Assistant Coordinator Nursing Affairs as ex-officio member.

(iv) Functions of the Finance Committee

The functions of the Finance Committee shall include:

i) Preparing financial projections for the College;
ii) Preparing annual budgets for the College;
iii) Soliciting for funds;
iv) Developing financial regulations and guidelines for College funds;
v) Preparing and presenting the annual financial report to the CNR;
vi) Approving funds for major College activities;
vii) Presenting the ECSACON budget and Auditors report to the General Assembly.
(v) **Functions of the Membership and Constitution Committee**

i) To propose amendments of the Constitution to the CNR as and when necessary;

ii) To ensure that approved amendments are reflected in the Constitution;

iii) To review the bye-Laws as and when required;

iv) To streamline the procedures pertaining to the selection of members to be submitted to the College;

v) To scrutinize applications from the member countries and present these applications to CNR for approval;

vi) To encourage Member States to motivate members to pay their annual dues of the College in order to maintain their membership;

vii) To follow-up recommendations made by previous Membership Committee;

viii) To encourage Member States to intensify membership drive to the College; and

ix) To keep and from time to time update membership record.

**Meetings of the College**

1. **General Assembly**
   a) There shall be Quadrennial Meetings of the College to be attended by all members of the College.
   b) Quorum for conduct of any Quadrennial Meeting shall be 50% of the Member States.

2. **Meetings of the CNR**
   a) There shall be biennial meetings of the CNR held at such places as may be determined by the CNR.
   b) During the year of quadrennial meeting, there shall be two CNR meetings, one preceding the quadrennial and the other following the quadrennial meeting.
   c) The CNR may hold extra-ordinary meetings if it so determines or on request by its Chairperson or a simple majority of its members.

3. **Meetings of the Expert Committee**
   a) There shall be ad hoc expert committee meetings of Nursing/Midwifery Experts.
   b) The Nursing/Midwifery Expert Committee shall hold meetings as determined by the CNR or the Executive Committee in collaboration with the Secretariat.
   c) The Nursing/Midwifery Expert Committee may co-opt any other expert(s) as deemed necessary from time to time.
   e) The Nursing/Midwifery Expert Committee will appoint a chairperson based on issues under discussion.

4. **Conduct of Meetings**

   College meetings shall be conducted in accordance to the bye-laws rules 37 to 52.
   a) Subject to the provisions of the Constitution, the decisions of the CNR shall be by consensus.
   c) Subject to the provisions of the Constitution, the CNR shall determine its own rules of procedure including those for convening meetings and conducting business.
d) The CNR may, subject to its rules of procedure, invite such persons or organisations as it deems desirable to attend particular session(s) of the CNR.

d) The quorum for conduct of business at any CNR meeting shall be 50% of the voting members.

SECTION XIV
FINANCIAL MANAGEMENT

The College, a professional agency of the East, Central and Southern African Health Community, shall have a budget administered by the Secretariat in collaboration with the Finance Committee.

1. Sources of funds shall be:
   a) The Secretariat;
   b) Membership fees and annual subscription as stipulated by the bye-laws;
   c) Registration fees for Conferences;
   d) Donations and endowments;
   e) Fund raising activities;
   f) Other external sources.

2. Expenditure of funds shall be related to:
   a) Program planning and management meetings;
   b) Scientific networking and collaboration conferences;
   c) Resource mobilisation activities;
   d) Capacity building programmes;
   e) Monitoring and evaluation of ECSACON activities;
   f) Communication;
   g) Other activities pertaining to the achievement of the objectives of the College.

3. Control of Finances
   a) The College funds shall be controlled according to the laid down Financial Regulations and must be guided and function in accordance with the financial regulations of the CRHCS.
   b) All monies of the College shall be deposited in a bank account as approved by the CNR.

4. Auditing

The funds of the College shall be audited together with CRHCS funds annually by an approved firm of auditors and accountants, and the report presented to the Biennial CNR and Quadrennial College Meetings.
SECTION XV
THE COLLEGE’S RELATION WITH COMMONWEALTH REGIONAL HEALTH COMMUNITY (CRHC) AND OTHER REGIONAL AND INTERNATIONAL ORGANISATIONS/ AGENCIES

1. The College shall enjoy equal rights in partnership with other professional agencies, at the same level, as may from time to time be established by the Conference of Health Ministers pursuant to Article V 2(j) of the Convention of the Commonwealth Regional Health Community (CRHC) for East, Central and Southern Africa.

2. The College shall co-operate and collaborate with other country based, regional and international organisations/agencies whose interests and activities are related to it, and will further its objectives.

SECTION XVI
AMENDMENTS TO THE CONSTITUTION AND COLLEGE’S DISSOLUTION

1. Amendments of the Constitution
   a) This Constitution may be amended at any General Meeting to that effect by two-thirds majority vote provided that such amendments were received by CNR at least twelve months before that quadrennial General Meeting.
   b) Proposals for amendments shall be tabled through CNR and presented to the Quadrennial General Meeting.

2. Dissolution of the College
Only the Quadrennial General Meeting can dissolve the College provided that:
   a) A recommendation to that effect is supported by at least two thirds of the voting members present at the particular quadrennial meeting.
   b) A minimum of one-year notice is received by CNR.
   c) All College Assets are liquidated and equitably divided among member states, after payment of all outstanding debts, salaries and indemnities due to staff or members.
The History of ECSACON: College Without Walls
CRHCS Regional Secretaries

Prof. A.M. Nhloni 1981-1994

Prof. Kihumbu Thairu 1994-May 1998

Mr. Nelson Magolo (interim)  from May 1998

Dr. Mpanju Shumbusho Nov. 1998-2000

Dr. Steven Shongwe May 2000-todate
## Appendix 4
### Council of National Representatives (CNR) 2002-2006

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Title</th>
<th>Contacts</th>
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