

EAST, CENTRAL AND SOUTHERN AFRICAN COLLEGE OF NURSING (ECSACON)



The East, Central and Southern African College
of Nursing (ECSACON)

STRATEGIC PLAN 2008-2012

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Foreword

This document presents the ECSACON Strategic Plan for the period 2008-2012. Since the development of its Strategic Plan (SP) of 1998-2001, the Priority Action Plans of 2000-2002 and 2002-2006 and the 2005-2007 ECSACON Strategic Plan, a number of changes have taken place. To continue responding to challenges, the 2005-2007 plan developed in Mid October 2004 in Mahe - Seychelles needed to be revised and a new strategic plan to be developed.

As outlined in the 2005-7 Strategic Plan that ECSACON needs to place itself in a framework that responds to the following challenges:

- HIV/AIDS and its direct and indirect consequences including changes in the population profiles of member states and reduction in numbers of nurses and midwives.
- Demand for more training including leadership and management and research skills
- Limited resources calling for resource mobilization and cost-effective utilization to improve quality of care.
- Reproductive health demands including needs of women, adolescents, children and the elderly.
- Resurgence of communicable diseases such as TB, Malaria
- Increase in non-communicable diseases such as hypertension, cancers and mental health problems.

The above challenges are still pertinent and the issue of the health workforce crisis in the region continues to have impact on both health systems. In response to these challenges, the 2008-2012 Strategic plan has outlined capacity building; networking, communication and collaboration; knowledge and information documentation and dissemination and professionalism and (safety) positive practice environments as key result areas.

The new Strategic Plan attempts to sharpen the strategic objectives as well as the means or strategies to achieve the objectives. The new Strategic Plan also has focussed to stating clear performance indicators as well as activity level indicators and has outlined the important steps in the process of monitoring and evaluating the implementation of the strategic plan.

We appreciate the support we have received from various individuals, organisations and partners in the development of this plan and we hope that this Strategic Plan will provide a clear roadmap for ECSACON at both regional and country levels. Implementation of the aspirations in this document should contribute to the achievement of health for all and the MDGs in the ECSA region.

Dr. Steven Shongwe,
Director General, ECSA Health Community

Executive Summary

The East, Central and Southern African College of Nursing was established in 1990 charged with the responsibility of promoting and strengthening professional excellence in nursing and midwifery in the ECSA region. ECSACON has membership from Botswana, Kenya, Lesotho, Malawi, Mauritius, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The underlying principles that led to the formation of ECSACON, “**a College Without Walls**,” include the harmonization of nursing and midwifery standards, improvement of the nursing and midwifery professions, creation of regional uniformity in the Nurses Acts, clear definition of the roles of nurses and midwives roles, and the strengthening of nursing and midwifery research activities. During the March 2007 Council of National Representatives (CNR) meeting held in Nairobi, Kenya, the issue of re-defining ECSACON the mandate of the College was discussed, especially as it relates to broadening its scope of work and improving sustainability.

Since its establishment, ECSACON has made significant strides in fulfilling its overall objective of improving the standards of nursing and midwifery in the region, and has risen to become a coordinating forum that speaks authoritatively for the nursing and midwifery professions and an advisor to the ECSA Conference of Health Ministers (CHM) on issues relating to these professions and other related professions.

Since the development of its Strategic Plan (SP) of 1998-2001, the Priority Action Plans of 2000-2002 and 2002-2006 and the 2005-2007 ECSACON Strategic Plan, a number of changes have taken place. To continue responding to the challenges, the 2005-2007 plan developed in Mid October 2004 in Mahe - Seychelles needed to be revised and a new strategic plan to be developed.

As outlined in the 2005-7 Strategic Plan that ECSACON needs to place itself in a framework that responds to the following challenges:

- HIV/AIDS and its direct and indirect consequences including changes in the population profiles of member states and reduction in numbers of nurses and midwives.
- Demand for more training including leadership and management and research skills
- Limited resources calling for resource mobilization and cost-effective utilization to improve quality of care.
- Reproductive health demands including needs of women, adolescents, children and the elderly.
- Resurgence of communicable diseases such as TB, Malaria
- Increase in non-communicable diseases such as hypertension, cancers and mental health problems.

The above challenges are still pertinent and the issue of the health workforce crisis in the region continues to have impact on both health systems. In response to these challenges, the 2008-2012 Strategic plan has outlined the following as key result areas:

- Capacity building
- Networking, communication and collaboration
- Knowledge and information documentation and dissemination

- Professionalism and (safety) positive practice environments .

In line with the mandate and vision of ECSACON, the medium term goal is
“To improve the health status of people in east, central and southern Africa by promoting professional excellence in the delivery of nursing and midwifery services.”

The new Strategic Plan attempts to sharpen the strategic objectives (SOs) as well as the means or strategies to achieve the objectives. The strategic objectives of the 2008-2012 plan are:

- SO1: To strengthen nursing and midwifery education geared to improve quality of students and practitioners' performance.
- SO2; To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.
- SO3: To advocate for and promote positive practice environments
- SO4: To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.
- SO5: To strengthen nursing/midwifery skills in leadership and management
- SSO6: To strengthen the ECSACON Secretariat and its governing bodies for strategic partnerships, communication and delivery of educational programmes

Given the strengths, weaknesses, opportunities and challenges, ECSACON has identified 8 strategies by which the College will achieve the stated strategic objectives, namely:

1. Strengthening the skills of nurses and midwives through the development and implementation of educational programmes, with a focus on harmonization, regional sharing and exchange, and continuing professional development, that aim at meeting societal needs as well as improving the quality of care given.
2. Developing and strengthening partnerships, networks and communication with all stakeholders with similar interests.
3. Facilitating professionalism in the practice of nursing and midwifery by promoting ethical conduct and use of standards that are evidence-based.
4. Promoting positive practice environment for both health care providers and clients.
5. Documenting and disseminating best practices and lessons and promoting sharing of information.
6. Strengthening research skills among nurses and midwives to facilitate evidence-based practice, education and management.

7. Strengthening the capacity of ECSACON functional levels (Secretariat, country chapters, faculties, executive committee) through organizational development, capacity building for management and resource mobilization.
8. Monitoring and evaluation of programmes within the Secretariat, country chapters and faculties.

The Strategic Plan has an estimated budget of USD 838,900.00

Acronyms and Abbreviations

AU	– African Union
CIDA	– Canadian International Development Agency
COHSASA	– Council for Health Services Accreditation of Southern Africa
ComSec	– Commonwealth Secretariat
COSECSA	– College of Surgeons of East, Central and Southern Africa
CPD	– Continuing professional development
CRHCS	– Commonwealth Regional Health Community Secretariat (now ECSA-HC)
DFID	– Department for International Development (UK)
DJCC	– Directors Joint Consultative Conference
EAC	– East African Community
ECP	– Essential Health Care Package, Integrated health access (Burundi)
ECSA	– East, Central and Southern Africa
ECSA HC	– East, Central and Southern African Health Community (sometimes referred to as ECSA)
ECSACON	– East, Central and Southern African College of Nursing
EQUINET	– Regional Network for Equity in Health in East and Southern Africa
FBO(s)	– Faith-based organisation(s)
FCS-ECSA	– Fellow of the College of Surgeons of ECSA
FPD	– Foundation for Professional Development
GBV	– Gender-based violence
GDP	– Gross Domestic Product
GHWA	– Global Health Workforce Alliance
GTZ	– German Technical Cooperation
HDI	– Human Development Index
HMC	– Health Ministers’ Conference (see RHMC also)
HMIS	– Health Management Information System
HPI	– Human Poverty Index
HRD	– Sometimes used to refer to HRD & CB.
HRD & CB	– Human Resource Development and Capacity Building Programme, ECSA HC
HRH	– Human resources for health, workforce, health workers
HRIS	– Human resources information system
HST	– Higher surgical training (under COSECSA)
ICN	– International Council of Nurses
IMAI	– Integrated management of adult and adolescent illness
IMCI	– Integrated management of childhood illnesses
IMF	– International Monetary Fund
IMR	– Infant mortality rate
IOM	– International Organisation on Migration
IPC	– Infection prevention and control
IR	– Intermediate result
KEPH	– Kenya Essential Package for Health
KRA	– Key Result Area
M & E	-- Monitoring and Evaluation
MCS-ECSA	– Member of the College of Surgeons of ECSA
MDG(s)	– Millennium Development Goal(s)

MMR	– Maternal mortality rate
MoH	– Ministry of Health
MSH	– Management Sciences for Health
NGO(s)	– Non-governmental Organisation(s)
NHSP	– National Health Strategic Plan (Mauritius)
OECD	– Organisation for Economic Cooperation and Development
PEPFAR	– (The) President’s Emergency Plan for AIDS Relief
PHC	– Primary Health Care
PPP(s)	– Public-private partnership(s)
PRF	– Professional regulatory framework
REDSO/ESA	– Regional Economic Development Services Office for East and Southern Africa (of USAID)
RHMC	– Regional Health Ministers’ Conference. Now referred to as Health Ministers’ Conference (HMC)
SADC	– Southern African Development Community
SIDA	-- Swedish International Development Cooperation Agency
SO	– Strategic objective
SWAP/SWAp	– Sector-wide approach
TAG	– Technical advisory group
TEHIP	– Tanzania Essential Health Intervention Package
THE	– Total expenditure on health
U5MR	– Under-five mortality rate
UCLAN	– University of Central Lancashire
UNDP	– United Nations Development Programme
URC	– University Research Company
USAID	– United States Agency for International Development
WHA	– World Health Assembly
WHO	– World Health Organisation
WHO AFRO	– World Health Organisation Africa Region

Definition of Terms

Medium Term Goal: The main purpose the plan is meant to contribute to in the medium term (5 years) and the reasons why the plan is being implemented

Key Result Area: Main/thematic focus area for activities of the plan

Intermediate Results: The immediate consequences of a plan or programme or project.

Strategic Objectives: What is to be done to achieve the desired results over a specified period

Expected Results: The outputs that can be achieved through successful implementation of a set of activities in the plan.

Strategy: Important action necessary to realise the aspirations and directions set out in the plan

Indicator: An indicator defines what is monitored or evaluated to give evidence of achievement of objectives

Health workers, health workforce, human resources for health: All people whose main activities are aimed at enhancing health; they include those who provide health services – such as doctors, nurses, pharmacists and laboratory technicians – and management and support workers, such as financial officers, drivers and cleaners.

HMIS: Health and Management Information System(s): Health information system that includes data on all aspects of the health system, such as disease burden, service utilisation and human resources

HRH Intelligence: Used broadly to refer to systematic data collection on the workforce, with workforce as sources, collectors and users of the information (intelligence)

Positive Practice Environment: Is characterized by innovative policy frameworks on HRH management, patient safety, health worker safety and a safe working environment, all of which result in high patient and health worker satisfaction.

1.Introduction

1.1 History of ECSACON

The East, Central and Southern African Health Community (ECSA-HC) is an inter-governmental regional organization established in 1974 under the auspices of the Commonwealth Secretariat as the Commonwealth Regional Health Community for East, Central and Southern Africa (CRHC-ECSA) to foster and strengthen regional cooperation and capacity to address the health needs of the member states of East, Central and Southern Africa (ECSA). In 1980, member states signed a Convention for the establishment of ECSA-HC to function under the direct control of member state governments, as a permanent mechanism for promoting cooperation in health in the region; and in November 2002, the Conference of Health Ministers meeting in Kampala, resolved that the Community be renamed "**The East, Central and Southern African Health Community (ECSA HC)**".

The mandate of ECSA HC is to promote and encourage efficiency and relevance in the provision of health services in the region; while its mission is to promote the highest standards of health for individuals, families and communities in the ECSA region.

The East, Central and Southern African College of Nursing (ECSACON, the College) was established in 1990 as an executing arm of CRHCS-ECSA charged with the responsibility of promoting and strengthening professional excellence in nursing and midwifery in the ECSA region. ECSACON has membership from Botswana, Kenya, Lesotho, Malawi, Mauritius, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The underlying principles that led to the formation of ECSACON, "**a College Without Walls,**" include the harmonization of nursing and midwifery standards, improvement of the nursing and midwifery professions, creation of regional uniformity in the Nurses Acts, clear definition of the roles of nurses and midwives roles, and the strengthening of nursing and midwifery research activities. During the March 2007 Council of National Representatives (CNR) meeting held in Nairobi, Kenya, the issue of re-defining ECSACON was, especially as it relates to broadening its mandate, scope of work and increasing sustainability.

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, and has risen to become a coordinating forum that speaks authoritatively for the nursing and midwifery professions and an advisor to the ECSA Conference of Health Ministers (CHM) on issues relating to these professions and other related 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 nursing and midwifery matters.
- Harmonization 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 Expanded Programme for Immunization (EPI), including Infection Prevention and Control (IPC).
- Conducting scientific conferences and biennial meetings, where nurses and midwives get to interact with policy makers.
- Presenting ECSACON issues directly to health ministers through the ECSA-HC reporting systems.
- Initiating the idea of developing long term programmes, the first one being the MSc in Midwifery and Women's Health
- Initiating and supporting the launch of the African Journal of Midwifery and Women's Health

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

Some of the challenges that ECSACON 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 globalization 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 solutions to ECSACON's limitation are adequate resource mobilization, strengthening capacity building, enhancement of advocacy and dialogue with policy makers, strengthening of the country chapters and faculties, 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 grassroots level.

1.2 Organization Structure and Governance

ECSACON is a professional body of Nurses and Midwives in 14 ECSA countries. The College operates as a coordinating agency that speaks authoritatively on professional issues that affect nursing, midwifery and health in general in ECSA.

1.2.1 ECSACON within ECSA-HC

ECSACON operates as an agency of ECSA-HC and an implementing arm of the Community for nursing and midwifery. It is anchored in the Human Resources for Health and Capacity Building Programme (HRH&CB), and among its major roles ECSACON:

- Promotes and maintains excellence in nursing education, practices, research and leadership and management for improvement of health in the ECSA region;
- Facilitates meaningful utilization of scarce resources within ECSA through collaboration and networking;
- Promotes advocacy for supportive policies for nursing and midwifery practices and supports information dissemination;
- Provides a forum for sharing of experience and lesson learned within the ECSA region and beyond;
- Facilitates standards development in nursing and midwifery education and practice and to provide a means for developing accreditation system that will encourage quality assurance and improvement in health services;
- Facilitates production of indigenous teaching/learning materials; and
- Addresses country specific needs by facilitating technical and material assistance with some issues being tackled in sub-regional groupings according to country needs.

1.2.2 Operational Structure of the College

ECSACON operationalizes its mandate through a variety of ways, including training courses to building capacity for services delivery, workshops, research studies, needs assessments, strategic partnerships, building alliances, communication and information exchange, networking and collaboration, technical assistance on advocacy and development of quality improvement and quality assurance systems.

ECSACON is exploring ways of conducting formal training programmes in response to regional needs and the desire by nurses and midwives for continuing professional education and advanced courses that will be credentialed by the College.

The operational structures of ECSACON are:

At Regional Level

- The General Assembly made up of all members.
- The Council of National Representatives (CNR)
- The Executive Committee
- The Secretariat

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, chairpersons of the constituent faculties at the regional level and ex-officio members who

may include the immediate past President of the College, the Director General or his/her representative, and the Manager, HRH & CB. The CNR also serves as an expert committee in ECSA HC with an advisory role to the Conference of Health Ministers on nursing and midwifery affairs. Through the CNR, the College is able to:

- Establish policies and priorities to be addressed in the region;
- Plan interventions strategies;
- Review health status and nursing and midwifery needs of the region;
- Facilitate implementation of proposed programmes;
- Monitor and evaluate the effectiveness of programmes; and
- Mobilize resources to facilitate implementation.

Elected members of the CNR serve as the country contact persons. Heads of nursing services, registrars and Presidents/Chairpersons of nurses associations and nursing councils are closely associated with the CNR members at country level. This team of four persons participates in making decisions on ECSACON affairs, as they are members of the ECSACON Chapter Executive Committee with the country representative as Secretary.

At Country Level

- The National ECSACON Chapter made up of all members.
- The National Executive Committee made up of representatives of:
 - The National Nurses Association (NNA)
 - Organizations that train or employ nurses and midwives
 - National Nursing and Midwifery council (NNMC)
 - The Ministry of Health

The College utilizes its constituent faculties and its CNR to deliver its programmes; and implements activities through the National ECSACON Chapters which are also made up of the four faculties of (1) Education: (2) Practice (3) Research, and (4) Leadership and Management.

1.2.3 Faculty Objectives and Functions

The Faculties assess the health and nursing needs in the region, plan interventions and strategies to address the identified needs, facilitate implementation of the planned programmes, monitor and evaluate the effectiveness of the activities, and assist in mobilization of resources to facilitate implementation of those activities. Specific functions of the constituent faculties are summarised below.

Faculty of Education

- Improving quality of education and training.
- Developing and disseminating of relevant Teaching and Learning Materials
- (iii) Developing of recognised/accredited continuing education and advanced nursing education and programme
- Strengthening and harmonizing of training programmes for teachers
- Regulating and accrediting
- Regulating: through formalizing a network of regulatory bodies for ECSA, and continuing with the harmonization process

- Accrediting: through developing of a system for accrediting institutions and certifying individuals based on set standards.

Faculty of Clinical Practice

- Developing of standards for nursing practice
- Advocating and promoting safe practice environments
- Institutionalising Infection Prevention and Control (IPC)
- Strengthening provision of clinical services including management of Antiretrovirals (ARVs)
- Designing models of care and strategies for implementing evidence based practice.

Faculty of Research

- Improving research skills
- Identifying, coordinating, facilitating and conducting research on relevant issues to provide an evidence base for practice..
- Disseminating of research findings and best practices to promote evidence based practices and policies.
- Developing structured research courses that can support all other education programmes

Faculty of Leadership and Management

- Strengthening and developing structured nursing and midwifery leadership and management programmes in the region
- Conducting monitoring and evaluation of set goals and targets for ECSACON within the realities of member states
- Strengthening systems for resource mobilization and management to support education, research and practice
- Developing Monitoring and evaluation (M&E) mechanisms for all programmes.
- Designing strategies to address emerging models of care.
- Developing a resource mobilization strategy for ECSACON by developing skills in writing funding proposals, and developing a marketing strategy for ECSACON programmes

1.3. Vision, Mission, Philosophical Underpinnings, Mandate and Guiding Principles

1.3.1 Vision

The vision of ECSACON is to be the centre for excellence for nursing and midwifery in the ECSA region.

1.3.2 Mission

The mission of ECSACON is to promote and strengthen professional excellence through capacity building, training, harmonisation, advocacy, facilitation, mentoring, coaching and development of evidence-based policies and programmes.

ECSACON is committed to the delivery of quality health care of individuals, families and communities in the ECSA region.

1.3.3 Philosophical Underpinnings

ECSACON believes in the dignity, equality, individuality and wholeness of men, women, youth children and the elderly. It believes in the welfare of the nurse/midwife, which can be achieved through promotion of nursing and midwifery education, practice, leadership and management and research.

It further believes in the right of people to adequate and competent health care, regardless of race, creed, ethnic background socio-economic status, political convictions, gender and colour; and the right of individuals, families and communities to be involved in management of their care.

It acknowledges the complexity of the health needs of a person - which cannot be met by a single profession. ECSACON therefore values interdependence of various disciplines in tackling health problems.

It is committed to the promotion and broadening of nursing and midwifery education, practice and research, and in the maintenance of high standards of education, practice and management.

It values the wealth of ideas and experiences within the member states of the region, which can be shared effectively through a unified forum in order to improve delivery of health care services; and

ECSACON recognizes the role of key stakeholders and the value of their inputs into its activities, and accordingly involves them in its activities in order to benefit from their expertise and vast potential in the implementation of its programmes.

1.3.4 Mandate

The mandate of ECSACON is to:

- strengthen nursing and midwifery education, practice, management, including leadership and research in order to effectively respond to health issues of the region;
- create a unified forum for nursing and midwifery to address professional and health issues, in areas such as curricula, titles and codes of practice;
- promote reciprocity for licensure and practice and maximize utilization of scarce resources
- support production of relevant health learning materials;
- respond to changing health needs within the region;
- facilitate and encourage national, regional, international and interdisciplinary collaboration for the benefit of health and well being among people of ECSA region;
- formulate policies and rules for effective functioning of ECSACON; and
- provide leadership in nursing and midwifery in the ECSA region.

1.3.5. ECSACON Guiding Principles

ECSACON is guided by the by the following ECSA-HC principles:

- 1 **Accountability** - Accepting responsibility for decisions and actions and being prepared to explain them upon request
- 2 **Transparency** - Being explicit regarding the reasons behind the actions and decisions
- 3 **Gender Equity** - Acting in a manner which assures equitable treatment of both men and women

- 4 **Partnership** - Seeking out and developing partnerships with organisations whose objectives are similar to those of the Community, in an effort to assure maximum impact and efficient utilization of resources
- 5 **Efficiency, Equity and Flexibility** - Management of the Community's resources in a manner that balances efficiency and fairness, and capitalizes on unforeseen opportunities to advance the work of the Community
- 6 **Leadership** - Fulfilling the Community's leadership role in response to health issues in the ECSA Region, and seeking out opportunities to develop capacity for leadership within the Community
- 7 **Holistic Health Care** - Promoting preventive and curative approaches to health care that emphasizes the well being of the individual.

2. Situation Analysis

2.1 Trends in Health, Nursing and Midwifery the ECSA Region

ECSACON is committed to being responsive to the needs of the nursing and midwifery professions arising from changes in its environments. Major changes are taking place in the health sector in the region, with most countries focussing on decentralization of service delivery systems. That calls for strengthening of health systems and human resources development, accessibility to health care and cost-effectiveness of such services. The economic and political environment is changing in most countries, though most of them remain poor.

The 14 countries in which ECSACON is active have a combined population of more than 220 million (WHO, 2008). Most of the population are young, and the majority of the people live in rural areas and rely on subsistence agriculture for survival. Table 1 summarises the demographic characteristics of these countries.

Table 1: Population Characteristics of ECSACON Countries

Country	Total Population	%Population in Urban areas	Median Age	%Population under 15 years	Population Growth rate
Botswana	1.86	58.0	21	35	1.2
Kenya	36.6	21.0	18	43	2.6
Lesotho	2.0	19.0	19	40	0.7
Malawi	13.6	18.0	16	47	2.6
Mauritius	1.25	42.0	31	24	0.8
Mozambique	20.97	35.0	18	44	2.1
Namibia	2.05	36.0	20	38	1.3
Seychelles	0.086	51.0	N/A	24	0.7
South Africa	48.3	60.0	24	32	0.7
Swaziland	1.13	24.0	19	39	0.8
Uganda	29.9	13.0	15	49	3.2
Tanzania	39.5	25.0	18	44	2.5
Zambia	11.7	35.0	17	46	1.9
Zimbabwe	13.23	36.0	19	39	0.8

Source: WHO, 2008

As seen in Table 1, the countries have highly dependent population, with up to 49% of the population under 15 years of age. In addition, the countries have poor health indicators with high infant mortality rates (IMR), high under-five mortality rates (U5MR), high maternal mortality rates (MMR) and a high disease burden of childhood infections, malaria, and re-emergence of TB. The ECSA region remains the one most affected by HIV/AIDS infection in the world, with current prevalence rates ranging from 5% to 30% among adults (except in Mauritius and Seychelles where the rates are very low). Table 2 summarises some of the health indicators in the region.

Table 2: Health Indicators for ECSACON Countries

	Life Expectancy	IMR	U5MR	MMR	ANC Coverage	HIV ¹ Prevalence	Skilled birth attendance	Fertility Rate
Botswana	52	90	124	380	97	17.1	99	3.0
Kenya	53	79	121	560	52	5.1	42	5.0
Lesotho	42	102	132	960	70	23.2	55	3.5
Malawi	50	76	120	1100	57	12	54	5.7
Mauritius	73	12	15	15	---	----	99	1.9
Mozambique	50	96	138	520	53	16	48	5.2
Namibia	61	45	61	210	69	19.9	76	3.3

Seychelles	72	12	13	--	---	---	--	1.7
South Africa	58	56	69	400	73	29.1	92	2.7
Swaziland	42	112	164	390	47	26.0	74	3.6
Tanzania	50	74	118	950	47	6.2	43	5.3
Uganda	50	78	134	550	60	6.4	42	6.6
Zambia	43	102	182	830	72	13.1	43	5.3
Zimbabwe	43	55	85	880	71	15.5	69	3.3

Sources: WHO Statistics, 2008; ¹HIV Prevalence data from Country Reports to UNAIDS, 2008

All the countries have adopted the primary health care (PHC) approach as their strategy to make basic health care accessible to the majority of their populations. In response to increasing service demands in the face of shrinking resources, most of the health care systems are going through health reforms designed to improve efficiency while being more responsive to the needs of the people. In addition, there are other initiatives such as task-shifting, integrated management of childhood illness (IMCI), integrated management of adult and adolescent illnesses (IMAI) which impose new challenges on the nursing and midwifery professions, especially in the face of an overall shortage of skilled health workers, as shown in Table 3.

Table 3: Nurses/Midwives in the ECSACON Countries

Country	Number of Nurses/ midwives	Nurse/Midwife density Per 1,000 population	Physician Density Per 1,000 population	Nurse/ midwife: Physician ratio	Pharmacist density Per 1,000 population	Nurses/Midwives as percentage of health workforce ¹
Botswana	4753	2.65	0.40	6.6	0.19	66.8
Kenya	37113	1.14	0.14	8.4	0.10	55.4
Lesotho	1123	0.62	0.05	12.4	0.03	73.3
Malawi	7264	0.32	0.02	29.5	N/A	87.4
Mauritius	4604	3.73	1.06	3.5	1.16	47.4
Mozambique	6183	0.33	0.03	10.7	0.03	30.7
Namibia	6145	3.06	0.30	10.2	0.14	37.8
Seychelles	634	7.93	1.51	5.3	0.76	58.6
South Africa	184459	4.08	0.77	5.3	0.28	57.6
Swaziland	6828	6.30	0.16	39.4	0.06	52.9
Uganda	18969	0.61	0.08	8.9	0.03	54.5
Tanzania	13292	0.37	0.02	18.5	0.01	27.4
Zambia	22010	1.74	0.12	16.8	0.10	53.1
Zimbabwe	9357	0.72	0.16	4.5	0.07	56.1

Source: WHO Information Service, 2008; ¹WHO AFRO Country factsheets, 2006

Nurses and midwives are the biggest category of the health workforce in all the countries, constituting more than half of all health workers in most countries, except for Tanzania, Namibia, Mozambique and Mauritius; but even in the latter countries the nurses and midwives are the

largest category of skilled health service providers (WHO Country Factsheets, 2006). Given the health burden in the region, and the scarcity of other health professionals (e.g. physicians and pharmacists, Table 3 above), the 322734 nurses and midwives in the region are often challenged to run health services, sometimes beyond the traditional roles of the nurse or midwife. But as the largest professionally trained group directly providing health care, nurses and midwives are a potentially powerful group that can make a difference in the quality of care provided to communities.

In recognition of this potential and unique role of nurses and midwives as major frontline service providers, the ministries of health (MOHs) in ECSA have continued to support efforts towards strengthening the contribution of nurses and midwives in providing health services.

2.2 Summary of ECSACON Work to Date

2.2.1 Achievements

Since its inception in 1989, ECSACON has made the following achievements:

- 1. Harmonization of nursing and midwifery education and training**
ECSACON has contributed to the efforts to harmonize education and training of nurses and midwives in the ECSA region. This has been done through convening meetings, workshops and conferences in which key stakeholders such as Principals, Deans of Nursing Colleges/Faculties or Nursing Schools of Universities, Chief Nursing Officers and other senior officers from Ministries of Health of member countries.
- 2. Development of a prototype midwifery tutors programme**
ECSACON developed a prototype midwifery tutors programme with support and collaboration of the Commonwealth Secretariat (London), British Council through the University of Central Lancashire (UCLAN), and higher education institutions in the region.
- 3. Provision of permanent forum for nurses and midwives**
ECSACON provides a permanent forum for nurses and midwives from different backgrounds to contribute to health development in the region in areas including education and training, standards of care and the contribution of nurses and midwives to strengthening health systems.
- 4. Promotion of high standards of nursing and midwifery education, practice and care**
ECSACON is recognized by Governments of member states as well as by regional and international organizations (such as ICN, CNF) a leader promoting high standards of education, training, practice and care among nurses and midwives in the ECSA region.
- 5. Promotion of policy dialogue on the human resources crisis in the region**
ECSACON has played a key role in promoting policy dialogue on the human resources for health crisis among policy makers, decision makers and other stakeholders in the region.
- 6. Development of Infection prevention and care policies and guidelines**
ECSACON has played a leading role in reviewing infection prevention and care policies and guidelines in several countries in the region such as Swaziland, Uganda, and Lesotho.

7. **Training of nurses and midwives in Leadership and Management for change**
In the late 1990s and early 2000, ECSACON in collaboration with ICN trained teams of nurse managers from member countries on leadership for change. ECSACON also collaborated with CAFS in providing training on advocacy.
8. **Development of framework documents**
ECSACON has developed a Professional Regulatory Framework (PRF), the ECSACON Model and the ECSACON Code of Ethics, all of which have been disseminated in member states, and may be adopted or adapted to local country needs.

2..2..2 Strengths, Weaknesses, Opportunities and Challenges

Strengths

ECSACON has a number strengths that help it accomplish its mandate as a Technical Advisory group to the CHM, including:

- ECSACON works within the broader framework of the ECSA Health Community to address priority health issues identified in the region; in its advisory capacity and as the highest body of professional nursing and midwifery in the region, ECSACON has the comparative advantage of the potential to impact health care policies directly through the CHM.
- ECSACON has professional and constitutional power to influence national health policies and promote changes in nursing and midwifery education and practice in the ECSA region.
- ECSACON draws strength from the many resources and capabilities among its ranks, including qualified professional staff, the ability to manage programmes, unity of purpose, support from member states and recognition by and support of international nursing and midwifery bodies such as the International Council of Nurses (ICN), the Commonwealth Nurses Federation (CNF), the Canadian Nurses Association (CNA), and the American Midwifery Association (AMA) and World Health Organization (WHO).
- ECSACON is 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 the regulatory bodies, professional organizations/associations and MOHs of member states.
- By virtue of the numbers of its members and their strategic positions within the health care delivery system, ECSACON has the potential to make a difference in the quality of care given to clients by its members since nurses and midwives are the majority of trained health care providers who provide direct care to patients are deployed at all levels of the health care system, and represent a critical link to communities in ECSA.
- ECSACON has increased visibility at country level through the CNRs who coordinate College activities and market the organization through the dissemination of information on ECSACON's activities to the members at country level.
- ECSACON works collaboratively with a number of partner organizations and agencies that provide the College with funding and technical support. These partners include Rockefeller Foundation, USAID-REDSO, WHO, SARA/AED, Policy Project, Capacity Project, JHPIEGO, MACRO, INTRAHEALTH, QAP, ICN, COMSEC London, CNF and CNA.
- ECSACON is among the priority programmes for ECSA HC, clearly identifies in the current ECSA HRH strategy and ECSA HC Corporate strategy for support in the medium term.

Weaknesses

ECSACON is, however, beset by a number of weaknesses, too:

- The integration of ECSACON activities into country level programmes is limited in some countries and non-existent in others due to resource constraints and inertia on the part of the leadership of country chapters.
- There is a weak communication culture among ECSACON members at all levels, which negatively affects information sharing and exchange within the region. This has been a result of factors such as lack of commitment on the part of individual members; shortage of resources (especially IT equipment), time constraints due to competing activities and lack of a strict communication strategy at ECSACON secretariat and in the country chapters.
- Limited opportunity for professional growth - although ECSACON has done a lot in the area of capacity building for its members, these efforts need to be sustained and enhanced to ensure that selected people who were trained in various specialised areas like leadership and management, human resource management, research methods and advocacy carry out step down training for other members in their respective countries.
- There is lack of support for members for long term recognised training, and ECSACON does not offer formal training programmes particularly advanced courses.
- There is also limited visibility of ECSACON at country level, inadequate system(s) of monitoring and evaluation (M&E) of ECSACON programmes, lack of databases on nurses and midwives at country level, and financial insecurity for the College.

Opportunities

Recognition of health as a development issue

Health in the ECSA Region is considered not only as a fundamental human right issue but also as an investment. ECSA countries recognize that a Healthy Nation is a Productive Nation and Wealthy Nation, and hence an investment in health is seen as an investment in development. This recognition creates a conducive environment for the operations of ECSACON.

Increasing donor agencies and NGO interest in supporting health issues

ECSACON can benefit from organizations such as WHO, United States Agency for International Development (USAID), United Nations Environment Programme (UNEP), United Nations Population Fund (UNFPA) and United Nations Programme on HIV/AIDS (UNAIDS) continue to support well-prepared proposals in health issues.

Growing interest in funding through regional organisations

Many Donor Agencies prefer or show preference for funding a team of collaborating countries such as ECSA, SADC and COMESA rather than funding countries individually. This promotes efficiency in that the funds reach more countries and provide opportunities for exchange of ideas and experts. ECSACON as a collaboration of 14 countries has been a beneficiary of this preference, which has a potential to continue.

Existence of a broad base of technical expertise within member countries

Member countries in ECSA Region have gained extensive experience and have created forums for collaboration and sharing of experiences, including use of Local/Regional persons in various areas of expertise such as Nurses, Doctors, Nutritionists and Laboratory staff; such expertise may be drawn upon by ECSACON in the implementation of its programmes.

ECSA region emphasizing self-reliance

The ECSA Region is keen to develop and strengthen self-reliance rather than being dependent on donor support. This creates a greater interest in developing local expertise such as educators, researchers, high and advanced degrees education, through programmes that are driven by country needs and priorities. This strengthens regional and country ownership.

The need for Nursing and Midwifery Care by communities has increased

The increase of disease burden including the need for task-shifting and Home Based Care for chronically ill persons has increased the demand for nurses and midwives and the care that they provide. ECSACON and other professional organizations are expected to respond to the increasing need at all levels of health care

Strengthening local health training programmes

The current shortages of personnel in all fields of health have created an opportunity for strengthening the existing training programmes and establishing additional ones. This provides an opportunity for ECSACON to offer continuing educational courses in identified priority areas in collaboration with other institutions of learning.

Enhanced relationship with Ministries of Health (MOHs)

The existing good relationship between MOHs, Nursing Associations and Nursing Councils has created a good climate for addressing the many problems that impede the progress of nursing and midwifery in the ECSA region.

Enhanced interest in use of IT by MOHs

The current interest within MOHs for having all health workers proficient in the use of technology will facilitate such activities as record keeping, report writing, literature and information search, and provide faster and more reliable means of communication. Nurses within the MOH will benefit from the training and this will improve communication among members within the country and region.

Changes in mode of health service delivery

This will harmonize public and private health services ensuring that individuals, families and communities receive the highest standard of health care thereby contributing to the fulfilment of the ECSACON mission.

Challenges

Poverty in the region

Poverty, which is endemic in member countries, will impact negatively on ECSACON operations in various ways; for instance poverty increases disease burden and yet health units may not have enough supplies to provide quality care, thereby compromising nursing and midwifery standards.

Shortage of nurses and midwives in the region

The ECSA region has an absolute shortage of health workers, and nurses and midwives as frontline health workers face the challenge of a few hands doing a lot of work which may compromise the quality of care, lead to burn-out and contribute to making nursing and midwifery less attractive as a career option. Related to that is the perceived occupational threat of acquiring HIV and other infections during the discharge of one's duties as a nurse or midwife.

Emerging and re-emerging epidemics and staff attrition

The increase in burden of diseases such as HIV/AIDS, TB and Malaria, and non-communicable diseases (NCDs) like hypertension and diabetes mellitus demand an increase in human and material resources, which are already limited. The situation is compounded by the high attrition of experienced nurses and midwives leaving for greener pastures in other countries abroad. This has resulted in junior nurses taking up supervisory roles for which they have not been prepared, thereby compromising the reinforcement and implementation of standards.

Lack of consultation regarding policies related to nursing and midwifery

Inadequate consultation with nurses and midwives in policy formulation results in policies that compromise standards of care both in training and clinical areas, leading to difficulty in policy implementation due to lack of ownership.

Inadequate IT skills

Inadequate computer skills among nurses and midwives hampers record keeping, report writing and communication between member countries and the ECSACON secretariat; and has contributed greatly to the emergence of a weak communication culture.

Changing population and migration patterns

The urban population in the region is expected to triple by 2025; with internal displacement and migration increasing partly due to civil strife in ECSA member countries. These factors coupled with the changes in the morbidity and mortality patterns are putting pressure on health care resources, which in turn compromise the quality of care. In the same light, the increase in population will result in fewer nurses caring for larger numbers of patients, resulting in turn in compromising the set standards.

Inadequate disaster preparedness

The nurses and midwives have not been prepared for disaster management to enable them to handle emergencies like floods, bombs, and famine.

2.2.3 Collaboration, Partnership and Funding for the College

As a regional organization with an authoritative voice on nursing and midwifery affairs, ECSACON is in good stead to work with other organizations dealing with health care issues. Over the years, the College has collaborated with and received support from many partners, including Rockefeller Foundation, USAID, WHO, SARA/AED, Health Policy Initiative, Capacity Project, JHPIEGO, MACRO, INTRAHEALTH, QAP, ICN, COMSEC London, CNF and CNA, University of North Carolina (Chapel Hill), CDC, Emory University (Nursing), British Council and University of Central Lancashire. Membership fees and contributions also support ECSACON activities.

In the medium term, ECSACON will seek to strengthen its strategic linkages with existing partners and forge new ones with like-minded organisations to ensure effective implementation of its programmes.

2.3. Rationale for the ECSACON Strategic Plan 2008 – 2012

ECSACON has gone through a number of plans: the strategic plan for 1998 – 2001, the Priority Action Plans for 2000-2002 and 2002 - 2006 and the strategic plan for 2005 – 2007. Many of the issues identified in those plans remain pertinent, and in addition there have been many changes in the health landscape, including health and economic reforms, and the health worker crisis in the region fuelled by the brain drain and attrition due to poor human resource management practices in most of the countries in the ECSA region. This strategy has been developed systematically to set the direction for the activities and programmes of the College for next five years.

3: ECSACON Strategic Plan 2008-2012

3.1. The Strategic Planning Process

The Strategic Plan for 2005-7 was developed through a consultative and participatory process during which the major components of the plan were finalized at a meeting of the CNR held in Seychelles in 2004. The outcomes of this workshop were then reviewed and finalised in a meeting of ECSACON experts held in June, 2005.

While the issues identified in the 2005 - 2007 Strategic Plan are still pertinent, some new priorities have emerged, including the need to strengthen nursing and midwifery capacity to achieve the Millennium Development Goals (MDGs) in the region. It was also appropriate for ECSACON to align its priorities to the strategic vision of ECSA HC as set out in the new corporate strategy for 2008-2012, in particular the development of human resources for health in the region. This ECSACON strategic plan is therefore aligned with the ECSA HRH strategy, and addresses issues, particularly Strategic Objective 4 which is: ***To strengthen ECSA learning and resource centres, including ECSACON and COSECSA, and support their participation in country HR plans and programmes.***

The ECSACON Strategic Plan for 2008-2012 also followed a consultative process. The approach involved the identification of key result areas, strategic objectives and strategies through various meetings of CNRs. A team made up of the ECSACON Executive then collated the views and drafted the strategy with assistance from ECSA-HC HRH & CB, and then a consultant was hired in May 2008 to finalise the plan into its current form.

3.2 Goal and Strategic Objectives

3.2.1 ECSACON Medium Term Goal

In line with the mandate and vision of ECSACON, the medium term goal of the College is “To improve the health status of people in east, central and southern Africa by promoting professional excellence in the delivery of nursing and midwifery services.”

3.2.2. Key Result Areas (KRA)

Towards that goal, ECSACON will focus on four (4) Key Result Areas (KRAs):

- Capacity building
- Networking, communication and collaboration
- Knowledge and information documentation and dissemination

- Professionalism and (safety) positive practice environments

KRA 1. Capacity Building

Key result: A pool of well trained nurses and midwives, equipped to meet the health challenges in the region.

IR 1.1: Strengthened efficiency and practices of professional associations and regulatory bodies

Facilitation of the adoption and adaption of the PRFs at country level; development and promotion of common professional standards; sharing of best practices in the management of professional associations and regulatory bodies.

IR 1.2: Strengthened capacity and efficiency of nursing and midwifery education, practice, leadership/management in the member countries

Higher capacity and output of training institutions, promotion of innovative, responsive approaches by training institutions; roll-out of the nurse/midwives tutor programme; launch of the Master's programme in Nursing/Midwifery in all countries; coordination with regulatory councils and training institutions

IR 1.3: Strengthened institutional capacity and operations of ECSACON Secretariat and Country Chapters

Mobilise resources for the secretariat; training and mentoring of country chapter leadership; greater involvement of ECSACON health activism at country level; create mechanisms for more accountability of the secretariat to other organs of the College;

IR 1.4: Strengthened capacity and efficiency of the ECSACON faculties of education, research, clinical practice and leadership/management

Through development of work plans to guide their activities on identified priorities in the various faculty focus areas

KRA 2. Networking, Communication and Collaboration

Key Result: Better networking, communication and collaboration among the nursing and midwifery fraternity in the region.

IR 2.1: Strengthened partnership and consultation with various stakeholders

Through identification of partners and engagement of existing ones on issues that affect nurses and midwives in the region; strategic linkages for common ends.

IR 2.2: Strengthened communication infrastructure for ECSACON operations and educational programmes

Better equipped Country Chapters, promotion of IT skills among nurses in the region, use of IT for communication between facilities and among ECSACON members.

KRA 3. Knowledge and Information Documentation and Dissemination

Key result: Enhanced knowledge and information generation, documentation and dissemination among nurses and midwives in the region

IR 3.1: Promotion of knowledge generation and improved quality of care through operations research

Through support for operations research in member countries, including research on new initiatives such as task-shifting, IMAI, essential health package, Reduce Alive and AMTSL

IR 3.2: Promotion of knowledge sharing through documentation and dissemination of best practices and research findings

Support the documentation and dissemination of best practices and research findings through regional and country scientific/professional meetings; mentoring courses/workshops for scientific writing; support for the African Journal of Midwifery and Women's Health; Encourage systematic use of information systems to inform practice.

KRA 4. Professionalism and positive practice environments

Key Result: A pool of nurses and midwives guided by ethical principles, working at the highest professional standards, in positive practice environments in the ECSA region

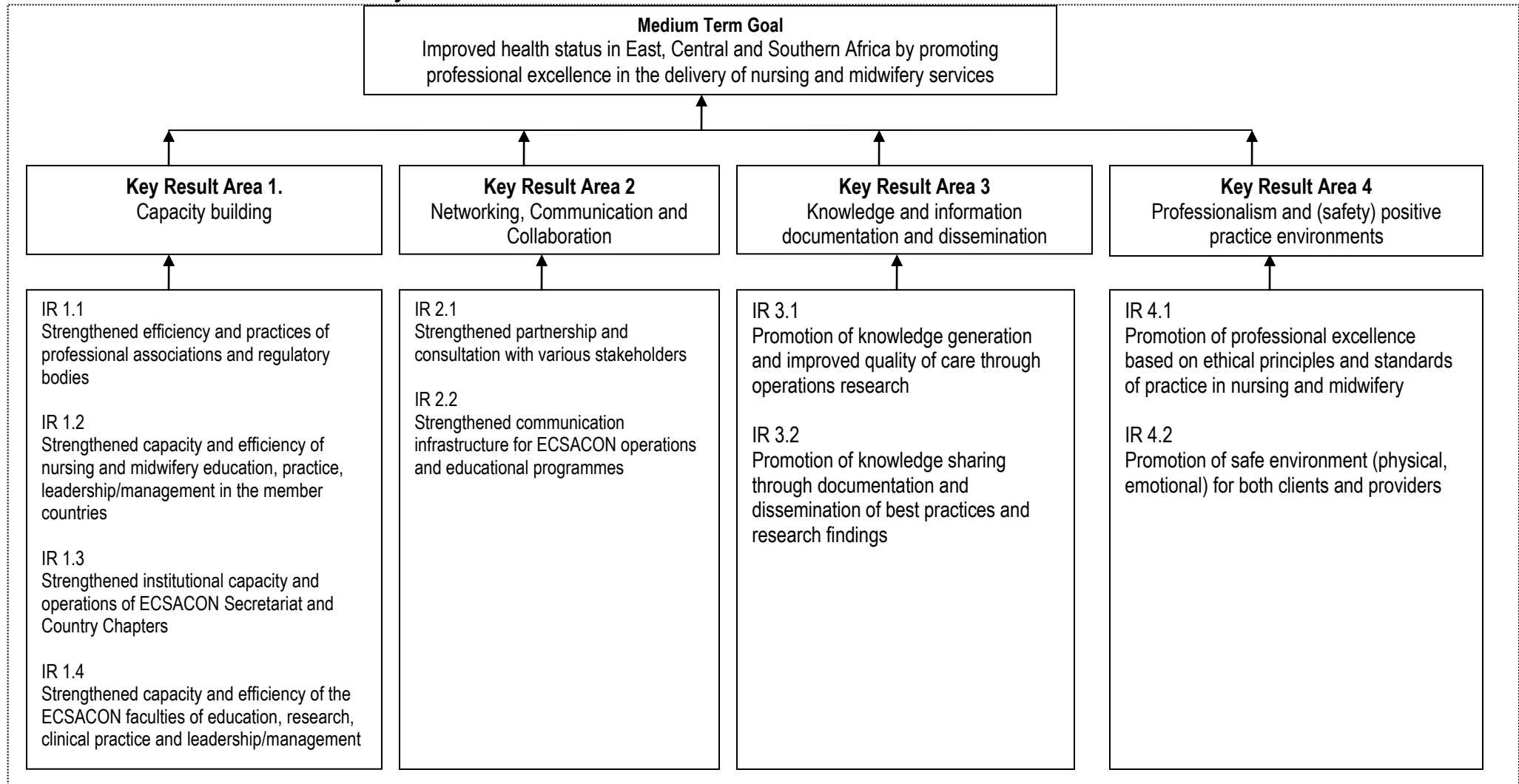
IR 4.1: Promotion of professional excellence based on ethical principles and standards of practice in nursing and midwifery

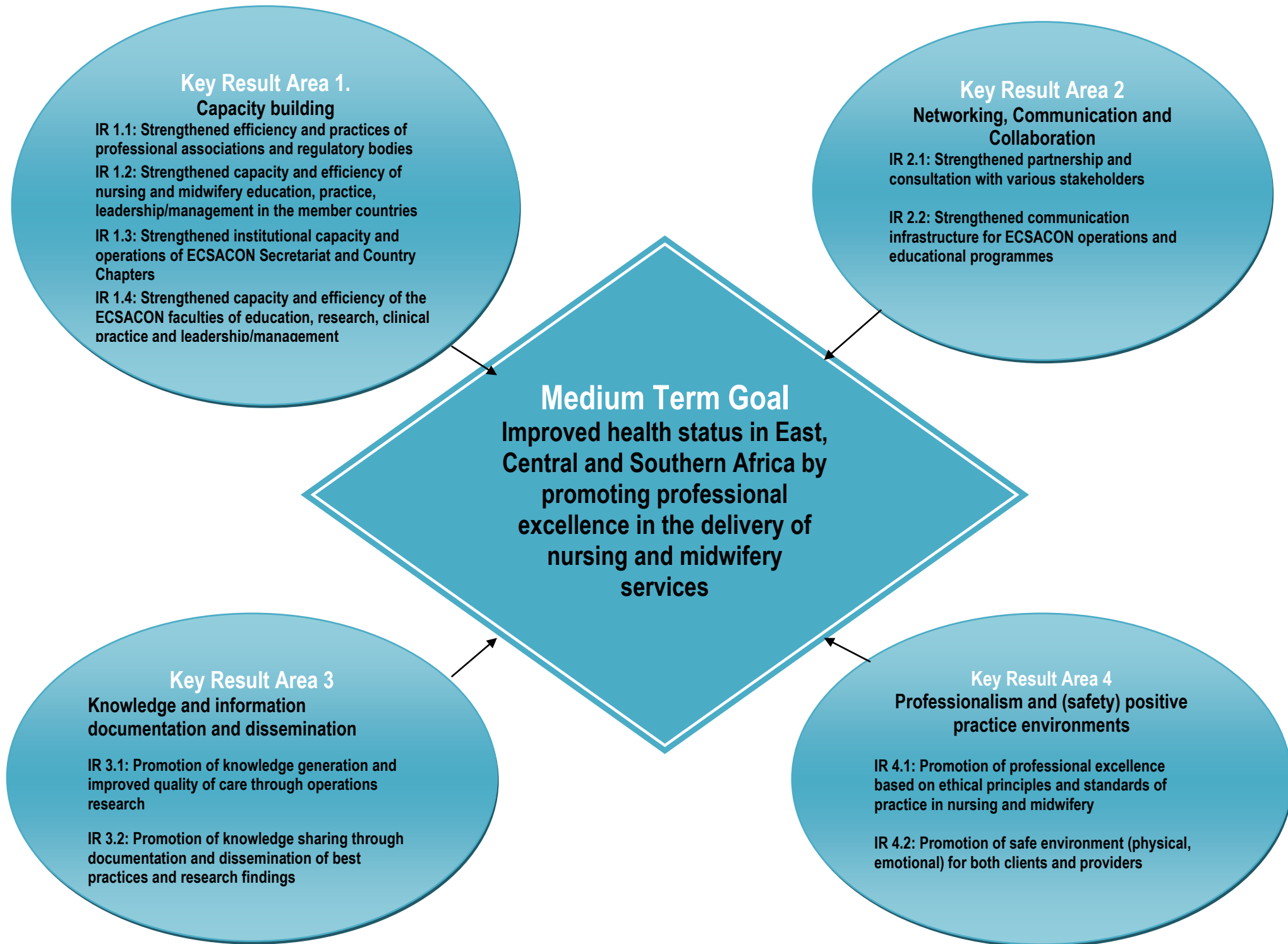
Adoption of the ECSACON Code of Ethics for implementation at country level; emphasis of ethical principles and standards of practice in pre-service curricula and in-service CPD courses on ethics and standards of practice; recognition of role model professionals (nurses/midwives) or institutions/facilities in the areas of ethics or high standards of practice; sharing of best practices.

IR 4.2: Promotion of safe environment (physical, emotional) for both clients and providers

Including implementation of infection prevention and control measures, care for health workers' health, occupational health and safety standards, and development of workplace safety policies and guidelines.

ECSACON Medium Term Goal and Key Results Areas for 2008- 2012





3.3 ECSACON Strategic Objectives (SOs) for 2008-2012

Towards the achievements of the key results and intermediate results under the four KRAs, ECSACON will be guided by the following strategic objectives (SOs):

Strategic Objective 1 (SO1)

To strengthen nursing and midwifery education geared to improve quality of students and practitioners' performance.

Strategic Objective 2 (SO2)

To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.

Strategic Objective 3 (SO3)

To advocate for and promote positive practice environments

Strategic Objective 4 (SO4)

To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.

Strategic Objective 5 (SO5)

To strengthen nursing/midwifery skills in leadership and management

Strategic Objective 6 (SO6)

To strengthen the ECSACON Secretariat and its governing bodies for strategic partnerships, communication and delivery of educational programmes

3.4 ECSACON Strategies and Main Activities for 2008-2012

Given the strengths, weaknesses, opportunities and challenges already alluded to, ECSACON has identified 8 strategies by which the College will achieve the stated strategic objectives, namely:

1. Strengthening the skills of nurses and midwives through the development and implementation of educational programmes, with a focus on harmonization, regional sharing and exchange, and continuing professional development, that aim at meeting societal needs as well as improving the quality of care given.
2. Developing and strengthening partnerships, networks and communication with all stakeholders with similar interests.
3. Facilitating professionalism in the practice of nursing and midwifery by promoting ethical conduct and use of standards that are evidence-based.
4. Promoting positive practice environment for both health care providers and clients.
5. Documenting and disseminating best practices and lessons and promoting sharing of information.
6. Strengthening research skills among nurses and midwives to facilitate evidence-based practice, education and management.

7. Strengthening the capacity of ECSACON functional levels (Secretariat, country chapters, faculties, executive committee) through organizational development, capacity building for management and resource mobilization.
8. Monitoring and evaluation of programmes within the Secretariat, country chapters and faculties.

3.4.1 Strengthening the skills of nurses and midwives through the development and implementation of educational programmes, with a focus on harmonization, regional sharing and exchange, and continuing professional development, that aim at meeting societal needs as well as improving the quality of care given.

In order to strengthen nursing and midwifery skills in the region, ECSACON will:

- Offer technical assistance to training institutions to review their curricula with a view to harmonising them with other programmes in the region
- Provide a forum for sharing and exchange of ideas on innovative approaches to the education and training of nurses and midwives in the region
- Develop prototype continuing professional development materials for adaption and adoption at country level.
- Sensitise member states (through CHM and country chapters) on the need for harmonised approaches to the education of nurses and midwives

3.4.2 Developing and strengthening partnerships, networks and communication with all stakeholders with similar interests.

ECSACON is aware of its financial frailty, and recognises the tremendous value its extensive network of partners brings to its operations; ECSACON will therefore:

- Strengthen existing partnerships, and seek new ones, in response to the high needs of the region for skilled health professionals.
- Develop mechanisms for closer cooperation with all partner organisation in all areas – research, training, clinical care and leadership and management.
- Facilitate the development of country-level partnerships to ensure greater visibility and impact of the College at country level.
- Encourage a consultative and participatory method of work at both the regional and country levels to ensure full ownership of all programmes and activities.

3.4.3 Facilitating professionalism in the practice of nursing and midwifery by promoting ethical conduct and use of standards that are evidence-based.

As front-line health providers, nurses and midwives need always to exhibit the highest levels of ethics and professionalism, which in turn call for proper training and guidance. To promote these qualities,, ECSACON will:

- Champion for the adoption and implementation of the ECSACON Code of Ethics at country level, and regularly review the Code to ensure its relevance and currency.
- Develop and disseminate evidence based standards of care

- Conduct an audit of nursing and midwifery ethical standards and standards of practice in the region

3.4.4 Promoting positive practice environments for both health care providers and clients.

The safety and security of the nurses and midwives at work greatly influence the quality of care rendered, and influences the job satisfaction they derive from their work. ECSACON will promote positive practice environments through:

- Development of guidelines and policies for positive practice environments in member states
- Facilitation of the development of supportive workplace policies including the care for HIV infected health workers
- Conduct studies and disseminate information on the application of positive practice environment.
- Facilitating the exchange and sharing of information on positive practice experiences in the region and beyond.
- Advocating for the implementation of IPC measures and universal precautions

3.4.5 Documenting and disseminating best practices and lessons and promoting sharing of information

A lot of work is being done within the region, with many missed opportunities for the countries to learn from each other due to poor documentation and dissemination of information. In the next five years, ECSACON will:

- Provide forums for the sharing of best practices in all aspects of nursing and midwifery professions
- Promote and continue supporting the African Journal of Midwifery and Women's Health as a medium of choice for dissemination of quality work on nursing and midwifery
- Support international conference attendance by nurses and midwives in the region
- Increase the scientific component of the biennial ECSACON conferences
- Encourage and support member participation in all health conferences at national level

3.4.6 Strengthening research skills among nurses and midwives to facilitate evidence-based practice, education and management.

ECSACON is aware of the great need for evidence to inform decisions on health care and policy, and yet many among the ECSACON members do not have the requisite skills to conduct research. During the life of this plan, ECSACON will:

- Actively support and encourage operations research among its members
- Build research capacity at member state level through various courses
- Encourage and support members to present and write up their findings for wider audience dissemination
- Recognise excellence in nursing and midwifery research through awards at the biennial scientific conferences

3.4.7 Strengthening the capacity of ECSACON functional levels (Secretariat, country chapters, faculties, executive committee) through organizational development, capacity building for management and resource mobilization.

ECSACON is desirous of improving the functionality of the secretariat, the more effectively to steer the affairs of the college towards its strategic goals. In this regards, the College will:

- Increase use of IT for day-to-day communications
- Start a website which will be up to date with all information on the College
- Start a mailing list which will serve to generate discussions and be a sounding board on topical issues
- Mobilise resources and equip nurses and midwives with computer skills, and avail more nurses and midwives with computers.

3.4.8 Monitoring and evaluation of programmes within the Secretariat, country chapters and faculties.

Lack of capacity to monitor and evaluate its activities has been identified as one of the ECSACON weaknesses, and so in the next five years, ECSACON will seek to:

Include monitoring and evaluation in all its work plans and activities

- Conduct regular reviews of the plan (e.g. six-monthly), and insist on and receive activity reports for all its programmes
- Carry out a mid-term review of the performance of this plans and a full review towards the end of the plan
- Enforce greater accountability from all the members, country chapters, CNR and Exco on all ECSACON related activities
- Build M&E capacity at secretariat and country chapter levels.
- Be more accountable to its partners, members and other stakeholders

3.5 Implementation Framework

The strategic plan describes the direction and focus of ECSACON's programmes to satisfy the health and nursing/ midwifery needs and requirements of the member countries of the community during the period January 2008 to December 2012.

The SP will be used through the process of strategic management among other things to:

- Assist ECSACON in the governance and overall policy and programme direction
- Promote institutional stewardship and effective management of ECSACON
- Provide a clear vision, mandate structure and direction for programme planning and management
- Plan for systematic and constructive responses to the expectations and requirements of stakeholders in health and nursing in midwifery in ECSA member countries
- Build capacity through the effective transfer of technical skills and establishment of educational and practice systems and process for the ECSA community

- Facilitate the creation of demand for ECSACON's programmes and products among governments and NGOs in member states of ECSA.

This plan will be translated into costed action plans with target time frames for implementation. Periodically the plan will be reviewed to reflect the realities of the time and to assess results. Yearly work plans will be developed to ensure timely operationalisation of the strategic plan. The activities of ECSACON are implemented through the four College faculties (education, research, clinical practice and leadership and management).

3.6 Progress Review and Updating of the Strategic Plan

The strategies will be carried out through planned activities which will inform the design of programme content using criteria developed by ECSA HC to assure that these programmes are aligned with those of the Community, as well as being cost-effective and likely to achieve impact on the health needs of the region.

3.6.1. The ECSA criteria

The implementation of the strategy will complement the HRH strategy of ECSA-HC, and will closely follow the ECSA criteria, guiding principles and core values. The main ECSA criteria are:

Regional approach: Favours programmes that lend themselves to a regional approach to the resolution of health issues that are of concern to member states

Relevance: Programmes that are relevant to the mission and strategic objectives of ECSA Health Community, and that address significant public health concerns of member states

Potential for impact: Programmes that are expected to have a measurable impact on health concerns of member states, especially in view of ECSA's limited resource base.

ECSA Contribution: Programmes areas where ECSA has a particular contribution to make towards resolution of the health problems of Member States

Complementarity: Programmes that are complementary to activities or programmes of Member States, NGOs or other organisations working with ECSA HC.

Capacity: Programme areas in which ECSA has, or can mobilise adequate and sustainable technical capacity

Financial resources: Programme areas in which ECSA has or can mobilise adequate and sustainable funding.

ECSACON will implement the programme of work outlined in this plan by making use of available human resource capacity at the secretariat, within the member states and partner organisations, and where possible collaboratively with other organisations and institutions to develop such capacity.

3.6.2 Monitoring and Evaluation

The performance of the plan will be periodically monitored and evaluated for effectiveness (as in how much of the expected results have been achieved), efficiency (how well, e.g. at what cost) and impact (especially in terms of change in policy and practice), all measured against the expected results and activity indicators. The M&E will ensure the continuing effectiveness and relevance of

this plan. For that purpose, the procedure below will be used to assess the impact and progress of, and make adjustments to, the plan.

The work plans will include activity indicators, and also specify the accountable/responsible persons or faculty for each of the planned activities. The Executive Committee will be ultimately responsible to the ECSACON membership through the General Assembly, CNR and country chapters for the success of the plan. The operationalisation of the plan will be monitored through annual work plans, the amount of funds raised for the programmes and number of projects undertaken. The impact of the plan will be evaluated through activity and performance indicators

Performance indicators: These are included in each broad activity appearing in the plan, and will be used to assess the extent to which each activity undertaken has achieved its intended objectives. These indicators will be used along with other elements of the strategic plan to guide and influence organizational decision-making, and programme planning and implementation.

Annual guidelines for benchmarks, targets and milestones based on critical success indicators will be established for measuring progress towards programme/project planning and implementation.

Strategic planning and Management workshops: These will be held annually to evaluate progress and adapt the plan as required to current dynamics and demands among clients, collaborators and sponsors.

The **Management Information system** and the **Continuous Quality Improvement** system will be used to monitor performance and support organizational and programme management and decision-making.

Management and programme reporting will provide regular summaries on status and establishment of baseline and performance levels including quantity, quality, and effectiveness and efficiency indicators of all stages of performance, project and activity.

The Financial Management System will facilitate monitoring of cost effectiveness and efficiency of programmes, projects and services.

The Personnel Management System will provide information from environment, clients and sponsors to support strategic planning and management as well as to guide programmes, services and products prioritisation and selection.

The Faculties and CNR Meetings will be used to assess the strategic plans, management and performance of ECSACON and provide guidance from key clients, sponsors and collaborators for future directions

External Evaluation by donors and sponsors will be scheduled and supported to provide objective input into strategic and organizational planning and management.

Summary of Success Indicators

The following is a summary of categories of Success Indicators that will guide the M&E of the SP during its period of operation.

- Guidelines and standards for nursing and Midwifery education and practice developed and institutionalised
- Number of people trained
- Level of support from donors
- Income generated
- Number of activities carried out
- Increased demand for ECSACON services
- Efficient and effective support systems for ECSACON
- Improved reputation and corporate image of the college
- Number of partnerships created and sustained
- Monitoring systems for quality assurance developed and institutionalised.

Timing

There will be annual reports on all ECSACON activities, based on work plans arising from the strategic plan, and the performance indicators. A review of the plan should be carried out biennially, using a structured approach to ensure that a comprehensive assessment.

Key players in the programme review

The following are key players in the programme review

- The General Assembly which will receive and review progress reports
- The CNRs
- Country Chapters
- Faculties
- Cooperating partners in ECSACON activities.
- Representatives of training institutions.
- Professional bodies
- Regulatory Councils
- ECSACON Executive
- ECSA HC Secretariat (programme on HRH and Capacity Building)

Content of the review

The review will be based on the following contents:

- Mid-year report(s) on performance, based on activity reports
- Objectives, activities and indicators
- Assessment of progress against indicators
- Special or mitigating circumstances

Key questions and Considerations during the review

Some of the key questions during the review will include:

- Are the objectives and indicators still relevant?
- Is there need to change, drop or add to the objectives or indicators?
- Are the activities still appropriate?

- Have any activities been completed, and if so, how successfully? Are there any that should be rolled forward, dropped or added?
- Is the number of planned activities appropriate, too few or too many?
- Is there need to prioritise the activities for the remaining period of the strategy? If so, prioritise from highest to lowest.
- For new activities, what are the appropriate indicators?
- Any other observations, advice, input for the programme staff?

Progress review of the Strategic Plan

Regular reviews and revisions will be carried out as necessary to adapt to the changing circumstances of nursing and midwifery in the member states. This should logically follow the programme review (above).

The content of the review should be as wide-ranging as possible, to include the programme strategic objectives, strategies; and should be based on the reports of the programme on how the strategies have been carried out, highlighting the successes and failures/lack of success.

Such a review could consider questions such as: Whether the strategic objectives are still the right objectives for ECSACON; whether the situation has changed enough to suggest a change; circumstances that may necessitate the dropping/adoption of a new strategy; the need to prioritise the strategies. The review exercise should include the generation of recommendations for the next steps, and follow up of such recommendations. And for the exercise to be meaningful, ECSACON should develop mechanisms to adopt and implement the recommendations into its programmes of work.

3. 7 Assumptions/Risks

The success of this strategy will rely on a number of factors:

- that the plan is made into work plans
- that ECSACON membership owns the plan and are prepared to implement it at country level
- that funding is obtained to get the strategies implemented
- that membership contributions increase
- that there is support and cooperation from funding partners
- that there is cooperation from member states, training institutions and regulatory bodies; and
- that ECSACON is seen as a valuable partner and an authority on nursing and midwifery issues in the region

4: Activity Plan and Performance Indicators

Strategic Objective 1: To strengthen nursing and midwifery education geared to improve quality of students and practitioners' performance														
Key Result: Nurses and midwives who are well-prepared for the challenges of health care delivery														
Performance Indicators: Harmonised training programmes; Regional continuing professional development courses; Innovative education approaches														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
1.1 Basic curriculum for nursing and midwifery education and practice harmonized by operationalizing established standards and guidelines for education and practice	1.1.1 Orient the regulatory bodies including MOHs, Ministry of Education, Training Institutions, Associations, Nursing and Midwifery Councils, Health commissions /Boards on the operationalisation of Professional Regulatory Framework (PRF)		X		X		X		X			Number of countries and institutions in which orientation done Number of role players oriented	Activity reports Country reports Reports from country chapters	ECSACON PRF team; FE, FCP, NECs, CNRs NNMCs CNRs Exco
	1.1.2 Encourage and facilitate Nursing and Midwifery education programme evaluations by regulatory authorities, according to stipulated acceptable standards and guidelines					X		X				Number of countries in which programme evaluations are conducted Number of programmes revised	Country reports Regulatory council reports Training school reports	
1.2 Guidelines for development, implementation and evaluation of short and long-term curricula in the context of PHC developed.	1.2.1 Put in place a Taskforce to develop the guidelines					X						Taskforce established	Report of meetings Appointment of taskforce document(s)	Exco FE, Training institutions Secretariat, FLM

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Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	1.2.2 Disseminate the guidelines to countries as soon as they are developed for implementation						X	X	X			Number of countries and nursing and midwifery organisations in which guidelines are disseminated	Distribution reports School reports	NNAs, NECs CNRs
	1.2.3 Facilitate orientation on guidelines in member states						X	X	X			Number of orientation workshops held; Number of participants	Workshop reports	
	1.2.4 Develop short term programs in curriculum development and leadership for trainers and practitioners					X						Number of programmes developed	Activity reports	
1.3 Long term courses developed	1.3.1 Finalize preparation of the Master of Science in Midwifery and launch it	X	X									Availability of course materials Timeliness of launch	Course materials Report on the launch	FE, Exco, Secretariat, Training Institutions, NNMCs ECSA HRH&CB, CNR
	1.3.2 Develop other long term courses			X	X	X	X					Number of long term courses developed	Course materials Reports on development process	

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Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
1.4 Continuing education programs to maintain competence of practitioners in various clinical practice settings established	1.4.1 Organize continuing education courses in emerging issues including HIV/AIDS, Avian Influenza, Rift Valley Fever	X	X	X	X	X	X					Number of courses organised Number of topics covered in the courses Number of participants Number of countries in which courses are organised	Activity reports Media reports Country reports	FE, FLM
	1.4.2 Conduct training courses on MDGs such as reducing child mortality, improving maternal health and Combating HIV/AIDS, ART management, malaria and other diseases		X		X		X		X			Number of MDG courses conducted Number of countries in which courses conducted Number of participants in MDG courses	Course reports Country reports	FE, FCP
	1.4.3 Establish long term recognized or accredited programs in different areas and levels				X	X	X					Number of recognised and accredited programmes established	Activity reports	FE, EXCO, Secretariat

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Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	1.4.4 Establish an exchange program within member states				X	X	X					Number of countries participating in exchange programmes Number of nurses/midwives involved in exchange programmes Number of exchanges	Country reports, Activity reports Reports from nurses and midwives involved in exchange programmes	FLP, FCP
	1.4. 5 Put in place a criteria for accrediting institutions for Nursing and Midwifery education					X	X					Accreditation criteria established	Accreditation criteria documents	FE, NNMCS, MoH
	1.4.6 Assist countries to institutionalise Quality Assurance (QA) and Leadership for Change (LFC) Programs in education and practice					X	X	X	X			Number of countries with QA and LFC institutionalised	Country reports Activity reports	FCP, FE, NNMCS

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Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
1.5 Culture of caring according to professional ethics and code of conduct adopted among nursing and midwifery students and practitioners	1.5.1 Disseminate the code of conduct document	X	X	X	X	X	X	X	X			Number of countries chapters distributing the code Number of associations & schools adopting the code	Country reports Reports from associations & schools Activity reports	FCP, FE, NNMCs
	1.5.2 Organize orientation training programs for all cadres of nursing and midwifery in the professional ethics and code of conduct		X		X							Number of trainings conducted	Reports on training in ethics and code of conduct.	FE, FCP
1.6 National and Regional Professional bodies strengthened	1.6.1 Organize Registrars meetings to reorient the registrars on the PRF and handbook to guide the process to facilitate its implementation in countries				X		X		X			Number of meetings held Number of registrars participating in meetings	Meeting reports	NNMCs, Secretariat EXCO
	1.6.2 Facilitate regular meetings of the Registrars in the region cooperating with other health professional bodies				X		X		X			Number of meetings Regularity of meetings	Meeting reports	Secretariat
	1.6.3 Facilitate the establishment of Nursing and Midwifery Councils in countries where they do not exist				X	X						Number of Councils established Number of countries without Councils	Reports on establishment of Councils Council reports	FCP, Secretariat, Exco

Strategic Objective 1: To strengthen nursing and midwifery education geared to improve quality of students and practitioners' performance														
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Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 220,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	1.6.4 Facilitate the linkage and role definition of Nursing and Midwifery Councils to other education accreditation bodies in the member states		X		X		X		X			Number of member states with such linkages	Activity reports Council reports	FE, FLM, NNMCs, Secretariat
1.7 Contents on priority emerging/neglected issues integrated in all levels of nursing and midwifery curricula	1.7.1 Assess the HIV and AIDS, adolescent health, Gender and GBV contents in the existing current curriculum to identify gaps	X	X									Number of institutions/countries with improved curricula	Curriculum documents	FE, Training institutions, NNMCs
	1.7.2 Conduct curriculum review to integrate the content			X	X							Number of reviews conducted Countries/institutions in which curriculum reviewed	Curriculum review reports	
	1.7.3 Develop teaching and learning materials and disseminate the materials to all institutions					X	X					Topics on which materials developed Institutions/countries in which materials distributed		

Strategic Objective 2: To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.

Key Result: Highly ethical nurses and midwives rendering high quality service

Performance Indicators: Number of countries adopting the ECSACON Code of Ethics; : Number of countries adopting the PRF, Models of evidence-based practice standards

Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery

Estimated Budget: US\$ 163,200.00

Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
2.1 Appropriate model(s) of care identified and adopted	2.1.1 Conduct desk review of models of care					X						Desk review completed	Review of models of care available	FCP, FR, Secretariat
	2.1.2 Hold meetings with stakeholders to select and agree on acceptable care model/s						X					Number of meetings held; Number of models selected	Meeting reports; Summary of selected models	
	2.1.3 Develop appropriate model/s of care and standards of care in line with the Nursing and Midwifery PRF						X	X	X			Number of models of care and standards of care developed	Reports of model development, Activity reports,	
	2.1.4 Disseminate care model/s						X	X	X			Number of countries in which models distributed; Copies of models distributed	Activity reports Country reports on utilisation of models	
	2.2.1 Identify team to work with the ECSACON Secretariat to spearhead the process of adopting/ adapting the PRF for the specific country			X	X							Constitution of the team Number of countries adopting/adapting the PRF,	Activity reports; Country reports on adoption of the PRF	

Strategic Objective 2: To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.

Key Result: Highly ethical nurses and midwives rendering high quality service

Performance Indicators: Number of countries adopting the ECSACON Code of Ethics; : Number of countries adopting the PRF, Models of evidence-based practice standards

Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery

Estimated Budget: US\$ 163,200.00

Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
		2.2 Capacity to develop standards of practice developed in member states	2.2.2 Review the PRF Document through workshops and review of existing documents from member states and sister organisations.			X	X		X					
2.2.3 Conduct training to strengthen skills of nurses and midwives in order to improve health care delivery					X		X		X	X	X	Number of skills training sessions held Number of people trained	Reports on training held Activity reports Financial records	
2.2.4 Implement the nursing and midwifery practice standards					X	X		X		X	X	Number of countries implementing the practice standards	Country chapter implementation reports	
2.2.5 Conduct an audit on the implementation of the nursing and midwifery practice standards						X	X					Number of countries where audit is conducted	Audit reports	
2.3 Best Practices identified, documented and disseminated	2.3.1 Develop criteria for identifying and awarding best practices			X	X							Number of meetings or workshops held to determine criteria Criteria for best practices adopted	Report of meetings Criteria documents	

Strategic Objective 2: To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.

Key Result: Highly ethical nurses and midwives rendering high quality service

Performance Indicators: Number of countries adopting the ECSACON Code of Ethics; : Number of countries adopting the PRF, Models of evidence-based practice standards

Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery

Estimated Budget: US\$ 163,200.00

Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	2.3.2 Present best practices at workshops, consultations or conferences.		X			X		X				Number of scientific meetings where best practices are presented	Conference proceedings and workshop reports	CNR, FCP, Secretariat, FR
	2.3.3 Publish and circulate Best Practices' information			X		X		X		X	X	Number of Journal articles, ,conference abstracts; and reports on best practices	Journal articles, conference reports, activity reports	
2.4 Models and strategies for implementing evidence-based care developed	2.4.1 Develop strategies for implementing evidence-based care, and establish monitoring and evaluation					X	X					Number of strategies developed Number of countries implementing the strategies	Reports on strategy development Country reports	FCP

Strategic Objective 3: To advocate for the promotion of positive practice environments														
Key Result: Safe and fulfilling workplaces.														
Performance Indicators: Guidelines and policies on positive practice environments; Number of countries implementing IPC policies; Number of countries with workplace policies														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 75,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
3.1 Guidelines/policies for positive practice environments developed, adopted and implemented; Higher job satisfaction among nurses and midwives.	3.1.1 Develop guidelines and recommendation on patient safety, abuse and violence in the workplace, occupational health safety for nurses and midwives			X	X							Number of guideline & recommendation documents Number of countries where guidelines & recommendations adopted	Guideline and recommendation documents Reports on country implementation	All faculties Exco Secretariat CNRs NNAs
	3.1.2 Facilitate the adoption or adaptation of IPC policies and support their implementation					X		X				Number of countries where IPC policies are adopted and implemented	Reports on IPC implementation	FCP, FLM
	3.1.3 Facilitate the development and implementation of workplace policies that include prevention of HIV/AIDS, violence, occupational injuries and their management				X		X		X	X	X	Number of countries with workplace safety policies Number of countries with HIV policies	Workplace safety documents HIV policies	FLM, FCP
	3.1.4 Facilitate evidence-based review and implementation of policies on HRH management with specific emphasis on nursing and midwifery retention and migration			X	X		X		X	X	X	Number of reports on retention and migration Number of HR policies reviewed or implemented	Reports on retention and migration Country policies on HR management	FCP, FR CNRs

Strategic Objective 3: To advocate for the promotion of positive practice environments														
Key Result: Safe and fulfilling workplaces.														
Performance Indicators: Guidelines and policies on positive practice environments; Number of countries implementing IPC policies; Number of countries with workplace policies														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 75,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	3.1.5 Conduct advocacy and awareness campaigns on positive practice environments to enhance excellence in service delivery		X			X		X		X	X	Number of campaigns on positive practice environments Number of countries where campaigns conducted Types of campaign materials produced	Campaign materials Reports of campaigns Media reports, including internet coverage	Secretariat, FLM, FCP
	3.1.6 Conduct surveys among nurses and midwives on job satisfaction and staffing levels			X	X							Number of surveys conducted Number of countries or facilities surveyed Number of nurses and midwives surveyed	Survey reports	FCP, FR; NNAs

Strategic Objective 4: To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.														
Key Result: Nurses and midwives who are able to conduct research, and use research findings to improve clinical care														
Performance Indicators: Number of research projects supported; Research skills courses development; Nurses trained in research skills; Writing skills courses; Research output by nurses and midwives (publications and conference presentations)														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 193,200.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
4.1 A phased approach to training nurses and midwives in research adopted	4.1.1 Mobilise resources for TOT courses to spearhead research methods in member countries.			X	X		X		X	X	X	Amount of funds raised for the courses Partners willing to support the courses	Financial reports; Pledges from donors Fund raising report	FE, FR, Secretariat, Training institutions
	4.1.2 Identify potential candidates to be trained as TOTs, based on areas of practice and experiences				X							Number of candidates identified Number of countries with candidates for training	Activity reports	
	4.1.3 Conduct training of trainers and prepare training reports					X		X		X	X	Number of courses held Number of trainers trained	Training reports	
	4.1.4 Implement structured research courses training for nurses and midwives in phases.at country level						X		X	X	X	Number of countries with phased research training	Country research training reports	
4.2 Nurses and midwives writing and publication skills enhances	4.2.1 Workshops on writing of scientific papers for publication.		X			X		X				Number of writing workshops held Number of nurses and midwives trained	Reports of training workshops	FR, FE

Strategic Objective 4: To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.														
Key Result: Nurses and midwives who are able to conduct research, and use research findings to improve clinical care														
Performance Indicators: Number of research projects supported; Research skills courses development; Nurses trained in research skills; Writing skills courses; Research output by nurses and midwives (publications and conference presentations)														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 193,200.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	4.2.2 Follow up survey on success of publications.			X			X		X	X	X	Number of publications following training	Survey report	FE, FR
4.3 Nurses and midwives IT skills enhanced	4.3.1 Conduct workshops on Information and Technology.		X		X		X		X	X	X	Number of IT workshops held Number of nurses and midwives trained in IT	Workshop reports	Secretariat, FR, FLM, NNMCs
4.4 Nursing and midwifery workforce databases established and used for decision making and policy formulation	4.4.1 Build on existing work in countries and collaborate with relevant partners to establish and maintain nursing and midwifery workforce databases		X	X	X					X	X	Number of countries with nursing and midwifery databases	Country reports, media reports	NNMCs, Exco, Secretariat, FR
	4.4.2 Monitor use of nursing and midwifery workforce data for decision making and policy formulation		X		X		X	X	X	X	X	Number of countries making use of the databases; Number of reports/policies with reference to the databases	Database access records	
4.5 ECSACON nursing and midwifery research agenda developed	4.5.1 Country-level consultations on direction for ECSACON research agenda.				X	X						Number of countries consulted Number of people consulted	Activity reports Research agenda developed	FR

Strategic Objective 4: To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.														
Key Result: Nurses and midwives who are able to conduct research, and use research findings to improve clinical care														
Performance Indicators: Number of research projects supported; Research skills courses development; Nurses trained in research skills; Writing skills courses; Research output by nurses and midwives (publications and conference presentations)														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 193,200.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	4.5.2 Regional stakeholders consultation to finalise and adopt ECSACON research agenda and resource mobilisation plan					X	X					Draft research agenda ready for the stakeholders consultation Proposal for resource mobilisation	Activity reports Copies of draft research agenda and resource mobilisation plans	FR, Secretariat, Exco, CNRs
4.6 ECSACON Research, Publication and Consultancy Policy developed and disseminated	4.6.1 Develop an ECSACON Research, Publication and Consultancy Policy						X	X				Draft ECSACON research, publication and consultancy policy.	Activity reports Copies of the policy	Exco, Secretariat, CNR, FR
4.7 Scientific Journal(s) established and supported	4.7.1 Publish the African Journal of Midwifery and Women's Health quarterly, with articles from nurses and midwives in the regions.	X	X	X	X	X	X	X	X	X	X	Number of issues of the Journal produced per year Number of articles per issue Number of articles from ECSACON members	Issues of the African Journal of Midwifery and Women's Health	Editorial Board Secretariat

Strategic Objective 4: To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care.

Key Result: Nurses and midwives who are able to conduct research, and use research findings to improve clinical care

Performance Indicators: Number of research projects supported; Research skills courses development; Nurses trained in research skills; Writing skills courses; Research output by nurses and midwives (publications and conference presentations)

Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery

Estimated Budget: US\$ 193,200.00

Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
	4.7.2 Explore options for other journals, especially in nursing (eg. ECSACON Journal of Nursing and Primary Health Care)				X		X		X	X	X	Consultations on the establishment of ECSACON Journal of Nursing and Primary Health Care	Meeting Reports Funds for the establishment of the Journal	Exco, Secretariat, ECSA HRH&CB

Strategic Objective 5: To strengthen nursing/midwifery skills in leadership and management														
Key Result: Nurses and midwives who are better leaders and managers in the health sector.														
Performance Indicators: Number of management courses developed; Exchange visits among countries; Business plan for ECSACON; Marketing plan for ECSACON; M&E tools developed.														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 155,500.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
5.1 Leadership and management skills of health managers enhanced	5.1.1 Conduct regional leadership and management course for chief nursing officers, chief medical officers and heads of training institutions				X		X		X	X	X	Number of courses conducted Feedback from course participants	Course reports, Financial reports	Exco, Secretariat, FLM, FE
	5.1.2 Develop a formal leadership and management short course to be offered by ECSACON Secretariat in collaboration with the country chapters and training institutions			X		X		X		X	X	Course materials available for the course Number of country chapters running the course Number of nurses and midwives trained in leadership and management	Course materials Training reports from country chapters	
5.2 Tools for advocacy developed and adopted	5.2.1 Conduct a desk review on advocacy tools and methods			X	X							Completion of the desk review	Report of the desk review Financial records	FR, FLM, Secretariat
	5.2.2 Conduct a regional workshop to review tools and methodologies and develop a regional tool					X	X					Workshop attendance and outcomes Number of participants (country/individual)	Workshop report	

Strategic Objective 5: To strengthen nursing/midwifery skills in leadership and management														
Key Result: Nurses and midwives who are better leaders and managers in the health sector.														
Performance Indicators: Number of management courses developed; Exchange visits among countries; Business plan for ECSACON; Marketing plan for ECSACON; M&E tools developed.														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 155,500.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
5.3 Best practices identified, documented and disseminated	5.3.1 Facilitate the documentation of best practices in various areas of nursing and midwifery at country level				X	X		X		X	X	Number of commissioned projects for documentation of best practices Number of countries where best practices are documented	Documents on best practices Financial reports	FR, FLM, NNAs
	5.3.2 Organize exchange visits between countries			X		X		X		X	X	Number of exchange visits Number of participants in exchange visits	Reports of exchange visits	FLM, FCP
	5.3.3 Edit and compile the best practices periodically				X	X		X	X	X	X	Compilation of best practices	Document on the synthesis of best practices	FR, FCP
	5.3.4 Disseminate compiled best practices to all member countries				X	X		X	X	X	X	Meetings on exchange of best practices Publication of compendium on best practices	Meeting reports Activity report	FR, Secretariat, Exco AJMWH

Strategic Objective 5: To strengthen nursing/midwifery skills in leadership and management														
Key Result: Nurses and midwives who are better leaders and managers in the health sector.														
Performance Indicators: Number of management courses developed; Exchange visits among countries; Business plan for ECSACON; Marketing plan for ECSACON; M&E tools developed.														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 155,500.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
5.4 Fund raising and marketing strategies for all levels of ECSACON structures developed	5.4.1 Develop a business plan for all levels of ECSACON structures covering: institutional development for all operations and educational programmes, capacity building, programmes & projects, and fundraising			X	X							Completion of the business plan Amount of funds raised at country and regional levels	Business plan document	Exco, All faculties, CNRs, NNAs
	5.4.2 Develop a marketing plan for all levels of ECSACON structures to include: increasing awareness about ECSACON and increased membership recruitment			X	X	X						Number of marketing activities and documents Number of new members registered	Marketings documents Country chapter registers and returns Contributions from members	
5.5 Monitoring and evaluation tool developed and adopted for all levels of ECSACON operations	5.5.1 Develop a monitoring and evaluation tools		X	X	X							Progress towards development of the M&E tool; Completion of the development process	M&E tool	Exco, Secretariat, All faculties
	5.5.2 Conduct yearly internal evaluation of ECSACON activities				X		X		X	X	X	Timeliness of annual reviews	Annual M&E reports	
	5.5.3 Conduct external evaluation at the end of 5 years											External review completed	Report of the external review	

Strategic Objective 6: To strengthen ECSACON Secretariat and its governing bodies for strategic partnerships, communication and delivery of educational programmes														
Key Result: Effective and efficient ECSACON Secretariat and other governing structures														
Performance Indicators: Functional ECSACON website; Electronic discussion platform and mailing list; Revised ECSACON Constitution; Accreditation and certification criteria for educational programmes.														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing and Midwifery														
Estimated Budget: US\$ 32,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
6.1 Information systems and management between Secretariat, member states, HEIs students and partners strengthened	6.1.1 Create an ECSACON website at Secretariat with links to relevant international and national organizations websites			X	X	X						Accessible ECSACON website	Number of times site is accessed	ECSACON Executive Committee, ECSA HRD &CB CNRs, Country Chapter Executive committees; Heads of HEIs; Webmaster
	6.1.2 Create ECSACON email list at Secretariat and national chapters			X	X	X						Functional mailing list	Number of members on the list; Volume of messages through the list	
	6.1.3 Create an electronic discussion platform for topical issues and training materials				X	X						Functional discussion board	Number of topics posted or discussed	
6.2 Newsletter production strengthened	6.2.1 Electronic Newsletter regularly posted on website		X		X		X		X	X	X	Regular issues of newsletter, number of people accessing newsletter	Newsletter archives	ECSACON Executive Committee, ECSA HRD &CB; webmaster

Strategic Objective 6: To strengthen ECSACON Secretariat and its governing bodies for strategic partnerships, communication and delivery of educational programmes														
Key Result: Effective and efficient ECSACON Secretariat and other governing structures														
Performance Indicators: Functional ECSACON website; Electronic discussion platform and mailing list; Revised ECSACON Constitution; Accreditation and certification criteria for educational programmes.														
Partners : USAID, AED, Africa Health 2010, Capacity Project, Rockefeller Foundation, Policy Project, JHPIEGO, IntraHealth, QAP, Commonwealth Secretariat, WHO, GHWA, SADC, UCLAN, ICN, ICM, CNF, AMA, ANA, UNAIDS, UNEP, UNFP, Schools of Nursing ad Midwifery														
Estimated Budget: US\$ 32,000.00														
Expected Results	Activities	Yr 1				Yr 2		Yr 3		Yr 4	Yr 5	Activity Indicators	Means of verification	Responsibility
		Q1	Q2	Q3	Q4	H1	H2	H1	H2					
6.3 Constitution review finalized and educational programmes accreditation and certification criteria adopted	6.3.1 Finalize review of constitution	X	X									Draft of proposed amendments; Feedback from country chapters Programmes accredited	Proposed amendments Reports from country chapters New ECSACON Constitution	ECSACON Executive Committee, ECSACON Faculties; CNRs, Country Chapters; HEIs, MoHs; Regulatory Councils.
	6.3.2 Development of educational materials and certification criteria		X	X								Educational materials available Reports on use of educational materials Certification criteria published Number of countries adopting certification criteria	Institutions using educational materials Country reports of certification criteria	

5. ECSACON Financial Plan for 2008 - 2012

In order for this plan to be implemented, ECSACON will have to raise funds to facilitate work at the secretariat, regional level and at country level. This will involve support from ECSA HC Secretariat, the continuing support of partner organisations and institutions, and the establishment of new partnerships. In addition, the College will have to market itself better among the nursing and midwifery fraternity in the ECSA region in order to increase active membership. The increase in active membership will increase subscriptions and also have the added benefit of increasing the human resource base from which the College may get collaborating partners for many of the activities planned. The financial plan based on the strategic objectives and activities for the years 2008-2012 is presented in the following tables.

	Strategic Objective and Planned Activities	Total Cost (\$)
SO1	To strengthen nursing and midwifery education geared to improve quality of students and practitioners' performance	
1	Workshop for regulatory bodies and training institutions on implementation of the harmonization process and the PRF	25,000.00
2	Facilitate programme evaluation by authorities that control Nursing and Midwifery Education	10,000.00
3	Establish taskforce to develop the guidelines for curricula	1,000.00
4	Disseminate the guidelines to member countries for implementation	2,000.00
5	Facilitate orientation on guidelines in member states	10,000.00
6	Develop short term programs in curriculum development and leadership for trainers and practitioners	5,000.00
7	Finalize preparation of the Master of Science in Midwifery and launch it	2,000.00
8	Develop other long term courses	10,000.00
9	Organize continuing education courses in emerging issues including HIV/AIDS, Avian Influenza, Rift Valley Fever	35,000.00
10	Establish long term recognized and accredited programs in different areas and levels	10,000.00
11	Establish an exchange program within member states	25,000.00
12	Develop criteria for accrediting institutions for Nursing and Midwifery education	5,000.00
13	Assist countries to institutionalise Quality Assurance (QA) and Leadership for Change (LFC) Programs	2,000.00
14	Disseminate the code of conduct document	1,000.00
15	Organize orientation training programs for all cadres of nursing and midwifery in the professional ethics and code of conduct	15,000.00
16	Facilitate regular meetings of the Registrars in the region cooperating with other health professional bodies	25,000.00
17	Facilitate the establishment of Nursing and Midwifery Councils in countries where they do not exist	5,000.00
18	Facilitate role definition and linkage of Nursing & Midwifery Councils to other education accreditation bodies in countries	2,000.00
19	Assess the HIV and AIDS, adolescent health, Gender and GBV contents in the existing current curriculum	5,000.00
20	Conduct curriculum review to integrate the content on identified as missing	10,000.00
21	Develop teaching and learning materials and disseminate the materials to all institutions	15,000.00
	SO1 Sub Total	220,000.00

	Strategic Objective and Planned Activities	Total Cost (\$)
SO2	To enhance the development and use of standards of practice and ethical principles for quality service provision in the region.	
1	Conduct desk review of models of care	7500.00
2	Hold meetings with stakeholders to select and agree on acceptable care model(s)	10,000.00
3	Develop appropriate model(s) of care and standards of care in line with the Nursing and Midwifery	10,000.00
4	Disseminate care model(s)	1000.00
5	Identify team to work with the ECSACON Secretariat to spearhead the adopting/adapting the PRF in specific countries	200.00
6	Workshops to review the PRF Document and existing documents from member states and sister organisations.	40,000.00
7	Conduct training to strengthen skills of nurses and midwives in order to improve health care delivery	50,000.00
8	Develop and implement nursing and midwifery practice standards	10,000.00
9	Conduct an audit on the implementation of the nursing and midwifery practice standards	10,000.00
10	Develop criteria for identifying and awarding best practices	1000.00
11	Support the presentation of best practices at workshops, consultations or conferences.	20,000.00
12	Publish and circulate Best Practices' information	1000.00
13	Develop strategies for implementing evidence-based care, and establish monitoring and evaluation	2500.00
SO2 Sub Total		163,200.00

	Strategic Objective and Planned Activities	Total Cost (\$)
SO3	To advocate for the promotion of positive practice environments	
1	Develop guidelines and recommendations on abuse and violence in the workplace, occupational health & safety and patient safety	5000.00
2	Facilitate the adoption or adaptation of IPC policies and support their implementation	5000.00
3	Facilitate the development and implementation of workplace policies that include prevention of HIV/AIDS, violence, occupational injuries and their management	10,000.00
4	Facilitate evidence-based review and implementation of policies on HRH management with specific emphasis on nursing and midwifery retention and migration	10,000.00
5	Conduct advocacy and awareness campaigns on positive practice environments to enhance excellence in service delivery	25,000.00
6	Conduct surveys among nurses and midwives on job satisfaction and staffing levels	20,000.00
SO3 Sub Total		75,000.00

	Strategic Objective and Planned Activities	Total Cost (\$)
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SO4	To strengthen nurses and midwives research skills to enable them to undertake research in clinical and provide evidence-based care	
1	Mobilise resources for TOT courses to spearhead research methods in member countries.	2000.00
2	Identify potential candidates to be trained as TOTs, based on areas of practice and experiences	200.00
3	Conduct training of trainers and prepare training reports	20,000.00
4	Implement structured research courses training for nurses and midwives in phases at country level	5000.00
5	Workshops on writing of scientific papers for publication.	25,000.00
6	Follow up survey on success of publications.	3000.00
7	Conduct workshops on Information and Technology.	25,000.00
8	Collaborate with relevant partners to establish and maintain nursing and midwifery workforce databases	50,000.00
9	Monitor use of nursing and midwifery workforce data for decision making and policy formulation	5000.00
10	Country-level consultations on direction for ECSACON research agenda.	5000.00
11	Recognise and reward research excellence at ECSACON scientific meetings	5000.00
12	Regional stakeholders consultation to finalise and adopt ECSACON research agenda and resource mobilisation plan	35,000.00
13	Develop an ECSACON Research, Publication and Consultancy Policy	2000.00
14	Publish the African Journal of Midwifery and Women's Health quarterly, with articles from nurses and midwives in the regions.	10,000.00
15	Explore options for other journals, especially in nursing (ECSACON Journal of Nursing and Primary Health Care?)	1000.00
SO4 Subtotal		193,200.00

	Strategic Objective and Planned Activities	Total Cost (\$)
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SO5	To strengthen nursing/midwifery skills in leadership and management	
1	Conduct regional leadership and management course for chief nursing officers, chief medical officers and heads of training institutions	30,000.00
2	Develop a formal leadership and management short course	5000.00
3	Conduct a desk review on advocacy tools and methods	7500.00
4	Conduct a regional workshop to review tools and methodologies and develop a regional tool	30,000.00
5	Facilitate the documentation of best practices in various areas of nursing and midwifery at country level	3000.00
6	Organize exchange visits between countries	25,000.00
7	Edit and compile the best practices periodically	10,000.00
8	Disseminate compiled best practices to all member countries	5000.00
9	Develop a business plan for all levels of ECSACON structures	10,000.00
10	Develop a marketing plan for all levels of ECSACON structures	10,000.00
11	Develop a monitoring and evaluation tool	5000.00
12	Conduct yearly internal evaluation of ECSACON activities	5000.00
13	Conduct external evaluation at the end of 5 years	10,000.00
SO5 Sub Total		155,500.00

	Strategic Objective and Planned Activities	Total Cost (\$)
SO6	To strengthen ECSACON Secretariat and its governing bodies for strategic partnerships, communication and delivery of educational programmes	
1	Create an ECSACON website at Secretariat with links to relevant international and national organizations websites	10,000.00
2	Create ECSACON email list at Secretariat and national chapters	1000.00
3	Create an electronic discussion platform for topical issues and training materials	1000.00
4	Electronic Newsletter regularly posted on website	5000.00
5	Finalize review of constitution	5000.00
6	Development of educational materials and certification criteria	10,000.00
SO6 Sub Total		32,000.00

Total for the plan: US\$ 838,900.00

6. ECSACON Organogram:

Structure of ECSACON at Regional and Country Level

