

East, Central and Southern Africa College of Nursing (ECSACON)



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

ABSTRACT BOOK AND PROGRAMME

5TH QUADRENNIAL GENERAL MEETING AND 11TH SCIENTIFIC CONFERENCE

HELD IN RAINBOW TOWERS HOTEL, HARARE, ZIMBABWE

1ST -5TH SEPTEMBER 2014

Theme: Increasing access to quality nursing and midwifery care: Nurses and Midwives taking the Leading role.

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Acknowledgement

ECSACON expressed its profound gratitude to all researchers, experts and partners that have submitted abstracts and made it possible for this Abstract Book to be compiled and shared with conference delegates. The presentation of abstracts and other best practices to be shared either through oral presentations and poster presentations will go long way towards improving health care delivery to the people of ECSA region and beyond.

Special acknowledgements goes to the regional conference organizing team as well as the local organizing team in Zimbabwe under the strong leadership of the Director of Nursing Services Ms. Cynthia Chasokela who is also the Vice President of ECSACON.

Recognition goes to the Acting Director General of ECSA Health Community, Mr Ernest Manyawu for his tireless commitment to make this conference a reality.

In addition to that, special appreciation goes to the Executive Committee of ECSACON under the leadership of the ECSACON president, Mrs. Maleshoane Monethi-Seeiso for the dedication invested on this activity to its fruition amidst other important activities.

ECSACON also gratefully acknowledges the generous support received from all its partners and collaborators towards organizing this conference.

Special thanks go to organizations, institutions, partners in Zimbabwe and beyond for providing support in one way or another. To mention a few;

- ECSA Health Community
- Ministry of Health and Child Care Zimbabwe
- Ministries of Health in ECSA region
- USAID- United States Agency for International Development
- Zimbabwe Nursing Association
- WHO- World Health Organization
- Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)
- International Center for AIDS Programs (ICAP)
- Africa Health Professional Regulatory Collaborative (ARC)
- International Confederation of Midwives (ICM)
- International Council of Nurses (ICN)

In a special way we would like to acknowledge the generous support given by ICAP through Nursing Education Partnership Initiative (NEPI) for financial support in producing this abstract book.

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Introduction

The East, Central and Southern African College of Nursing (ECSACON) is a professional body of Nurses and Midwives in the ECSA-HC region. The region is composed of the following countries: Botswana, Kenya, Lesotho, Malawi, Mauritius, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. ECSACON is anchored in the Human Resources for Health and Capacity Building Programme of the East, Central and Southern African Health Community Secretariat.

ECSACON was inaugurated in 1990 and its membership is made up of the following:

- Individual nurses and midwives from the member states,
- Regulatory bodies (nursing and midwifery councils) from all the ECSACON member states
- Professional associations for nurses and midwives drawn from the ECSACON member states

Some of the mandates of ECSACON include:

- Strengthening nursing and midwifery education, practice, management, including leadership and research in order to effectively respond to health issues of the region
- Providing leadership in nursing and midwifery and
- Facilitating national, regional, international and interdisciplinary collaboration for the benefit of health and well-being among the people of ECSA region

The region is currently experiencing many health challenges that include high disease burden, inequitable access to health care, economic crisis, harmful cultural taboos, tribal wars and poverty, all of which militate against the achievement of the MDGs.

To address some of the challenges, ECSACON in collaboration with various stakeholders and partners will hold its 11th Scientific Conference and 5th Quadrennial General Meeting in Harare Zimbabwe 1-5 September 2014. This will be one of the scientific conferences held after every 2 years. The purpose of the conference is to explore and share research findings, best practices including high impact interventions as well as experiences and challenges attained along the way in increasing access to health care for the people in ECSA region.

Objectives of the Conference

Main objective

The main objective is to explore and share research findings, best practices (high impact interventions) as well as experiences on how nursing and midwifery will accelerate achievement of MDGs.

The Specific Objectives are:

1. To Share ideas and learn how Nursing and Midwifery fraternity can facilitate acceleration towards achievement of MDGs
2. To share experiences on strengthening human resources for health for effective health services delivery through nurses and midwives that form a pool of frontline workers.
3. To disseminate best practices and innovative ideas in increasing access to health care delivery.
4. To learn about evidence based practices in sexual, reproductive health, maternal and child health services provision through sustainable partnerships.
5. To share evidences towards mitigating the impact of alarming communicable and non-communicable diseases as well as risky life-style behaviours.
6. To make recommendations on the way forward in transforming nursing and midwifery to adopt innovative strategies

Theme and Sub Themes

Main theme:

Increasing access to quality nursing and midwifery care: Nurses and Midwives taking the leading role.

Sub themes

1. Improving Maternal, New-born and Child Health:

- Scaling up Essential New Born Care
- Prevention of major leading causes of maternal mortality
- Prevention of major leading causes of child mortality
- The role of nutrition in the reduction of child mortality
- Exploring linkages between population, health and environment including family planning initiatives

2. Health Systems Strengthening

- Health worker staffing
- Advocating improved productivity through motivation and retention of Nurses and Midwives
- Health Commodities infrastructure and logistics
- Tracking progress
- Effective financing

3. Innovations and Excellence in Nursing and Midwifery

- Strengthening clinical competencies in Nursing and Midwifery
- Utilizing Nursing and Midwifery Regulation as a tool towards patients' safety and improvement of patients' quality of care.
- Sharing innovative ways to nursing and midwifery education and training
- The role of continuing professional development in the provision of quality care.
- Utilizing e/m-health in strengthening nursing and midwifery service delivery

4. Evidence Based Primary Health Care Practices /Approaches

- Unveiling the impact of Non-communicable diseases amidst the battle against communicable diseases
- Enhancing linkage between research and practice for better health results
- Improving access to mental health services which are of high quality.

Methodology

Pre-conference Seminars

Pre-conference seminars and workshops will be held for topical issues

There will be intra-Conference seminars, side meetings and other pertinent activities.

There will be room for partners to link their activities also on this conference, taking the advantage of the presence of the policy-makers (Chief Nursing Officers, Registrars of Nursing/Midwifery Councils, presidents of Nursing Associations, programme directors and officers).

Conference

The conference will be held for three days from 1-3 September 2014. It will be conducted through a number of methods including plenary presentations, parallel sessions, workshops, exhibitions, discussions and poster sessions, short skills building sessions and evening interest group meetings.

A call for abstracts was sent to all member countries and beyond. A link on the ECSA-Health Community website was created where participants can access information on abstract submission and registration. There will be invited speakers for the theme and sub-themes. The resolutions will be specific in terms of the target, when and the type of resources needed. A mechanism for monitoring implementation of the conference resolutions will be developed and followed.

General Meeting

There will be a Quadrennial General Meeting from 4-5 where by all the ECSACON members and invited partners will meet to discuss pertinent issues in nursing and midwifery and the college at large.

The projects run by ECSACON in collaboration with other partners, will also be discussed and clear position statements for the region developed.

Post- Conference Planning Committee Meeting

The management and post-conference planning meeting will be held to chart the way forward in implementing the conference resolutions. Follow up actions, arising from the conference and pre-conference meetings/seminars will be documented clearly specifying what has to be done. The post conference planning meeting will produce this document. An implementation plan will be developed for the Secretariat, the regional and country levels. The ECSACON secretariat will coordinate the implementation of the resolutions and recommendations.

Programme

Pre-Conference Meetings/Activities		
Saturday and Sunday, 30th and 31 st August 2014		
Time	Topic	Presenter /Facilitator
30 th August	<p>AM- Satellite meeting for task force on ECSACON online Continuing Professional Development (CPD) Library</p> <p>PM- 25th ECSACON Council of National Representatives (CNR) Meeting</p>	<p>Task force team</p> <p>CNR</p>
31 st August	<p>AM - Global Tools</p> <ul style="list-style-type: none"> - Introducing Antenatal Corticosteroids (ACS) for women in preterm labor. - Landscape Analysis of other tools available to support nursing and midwifery associations (ECEB, MACAT, Global Competencies and Standards) <p>PM – State of the Worlds Midwifery Report – Using the report to build a strong national midwifery workforce</p>	Survive & Thrive Global Development Alliance , ICM, ICN, Jhpiego
31 st August	AM- Practical application of the Family Planning Training Resource Package	Evidence to Action (E2A)
1400-1900	Finalizing registration and issuing of loaded conference bags and name targets.	Conference Secretariat

Day 1 Monday, September 1 st		
Opening Session		
Session Chair: ECSACON Executive Member		
Rappoteurs: Catherine Ngoma, Zambia Gustav Moyo, Tanzania		
Time	Topic	Presenter
0830-10.00	Welcome and Introductions	Khumbulani Mbuya, CNR Zimbabwe
	Opening Ceremony	See separate program
	Launch of ECSACON Website and Online Library	Guest of Honour [TBD]
	Objectives and Methodology Administrative and Security Announcements	Sheillah Matinhure, Manager HRH&CB Alphonse Kalula, ECSACON Senior Programme Officer
Plenary Session One Keynote Address		Session Chair: Gylian Mein, ECSACON Executive Member Rappoteurs: Catherine Ngoma, Gustav Moyo
Time	Topic	
10.00-10.30	Keynote Address: Increasing access to quality nursing and midwifery care: Nurses and Midwives taking the leading role.	Leslie Mancuso, Jhpiego President
1030-11.00	Tea break	
Plenary Session Two Improving Maternal, New-born and Child Health		Session Chair : Maleshoane Monethi-Seeiso President ECSACON Rappoteurs: Kennedy Wakida, Uganda Theresa Sikateyo, Zambia
Time	Topic	
11.00-11.30	Sub-Theme Keynote Address: Improving maternal, new-born and child health	Frances Day-Stirk, President, International Confederation of Midwives (ICM)
1130-11.40	Programming strategies for postpartum family planning: a new resource to support health system strengthening	Mary Lyn Gaffield
1140-1150	Introducing new WHO Guidelines, resources and technical updates to strengthen family planning and safe abortion services	Monica Dragoman
1150-1210	Low dose high frequency learning materials: The case of helping mothers survive	Peter Johnson and Cherrie Evans
1210-1230	Introducing Maternal and Child Survival Project	Koki Agarwal

1230-1240	Discussion	
Plenary Session Three Health Systems Strengthening		Session Chair : Gylan Mein, Seychelles Rapporteurs: Mabel Magowe, Botswana Luke Simba K'odambo, Kenya
Time	Topic	Presenter
1240-13.10	Keynote Address: Health system strengthening	Jenipher Nyoni WHO
13.10-13.20	Strengthening Human Resources for Health through ECSA College of Health Sciences	Prof. Jani/Prof Samkange
13.20-1330	The Role of Surgical Camps in Promoting South to South Collaboration in the ECSA Region; the Case of Swaziland	Stephen Muleshe
1330-1340	Governmental support for quality improvement of a multi-country program pre-service nursing education initiative	Carolyn Hall
1340-1440	Lunch/Posters/Exhibitions	
Plenary Session Four Innovations and Excellence in Nursing and Midwifery		Session Chair: John Wakida Rapporteurs: Angelina Chilabade, Malawi Rajcoomaree Ramguttee, Mauritius
1440-1510	Key note address:	Judith Shamian, International Council of Nurses (ICN) President
1510-1530	Updates on Africa Health Professional Regulatory Collaborative (ARC)	Jill Ilfe ARC
1530-1550	The Option B+ approach to antiretroviral treatment to prevent mother-to-child HIV transmission and keep mothers healthy: An E-learning module for pre-service nursing and midwifery students	Janel Smith, ICAP
1550-1610	Coordinating a multi-country pre-service nursing education strengthening initiative: ICAP Columbia University Coordinating Center for the Nursing Education Partnership Initiative	Lyn Middleton, NEPI
1610-	Tea break	

1630		
	PARRALEL SESSIONS	
	Innovations and Excellency in Nursing and Midwifery	Improving Maternal, Newborn and Child Health.
1630-1640	Intensive care nurses' perspectives of nurse-patient communication in Intensive Care Unit Dithole K.S	Scaling up Essential Newborn Care Bube Mwamba
1640-1650	The increase in abdominal septic suture lines post caesarian section among postnatal mothers aged 18-35 years at a Central Hospital in Harare, Zimbabwe Lilian Dodzo	Maternal-child Health Nurse Leadership Academy: An intervention to address the quality of maternal-child nursing and midwifery in Africa Christa Van der Walt
1650-1700	Competency Based Curriculum in Zambia: A Nurse Education Partnership Initiative (NEPI) Innovation. Theresa Sikateyo	Standard based management and recognition process improving Quality of Maternal and Newborn Care in Tanzania Scholastica Chibehe
1700-1710	Medicines for Africa: Going beyond philanthropy. Lenias Hwenda	Nurse-led Educational Campaign to Reduce Risk of Needle sticks Injuries at Muhimbili National Hospital in Dar Es Salaam, Tanzania Angelina Sepeku
1710-1720	Discussion	
1720-1800	CNR Meeting	ECSACON
1730-1830	National Nursing Association Meeting	ICN

Day 2 Tuesday, September 2 nd		
Plenary Session Five Increasing acceleration towards increasing access to modern family planning services to meet FP2020 targets : The role of Nurses and Midwives		Session Chair : Mavis Nxumalo, <i>Swaziland</i> Rapporteurs: Mannuku Mokebisa, <i>Lesotho</i> Janet Michael, <i>South Sudan</i>
Time	Topic	Presenter
0830-0850	Key note address :	USAID East Africa [To be confirmed]
0850-0900	Knowledge attitudes and perception of family planning clients towards hormonal implants in one of the non-governmental organization in Mbabane.	Ruth Mkhonta
0900-0910	Factors influencing willingness to use intrauterine contraceptive device among women of reproductive age in Rwengwe sub county, Buhweju district, Uganda	Lilian Nuwabaine
0910-0920	Students Nurses' Life Skills and Family Planning Program in Zimbabwe	Cynthia Chasokela/ Regina Kanyemba and Simbarashe Shayanewako
0920-0930	How to get enough practice? Overcoming clinical caseload and equipment obstacles for trainings in long-acting reversible contraceptives (LARCs): experience from Kenya's Accelerating Scale-up of Implants (ASI) project	Mr. Jonesmus Wambua
0930-0940	Increasing access to MNCH services: the comprehensive package on delivering community based services in ECSA region	Odongo Odiyo
0940-1000	Discussion	
1000-1030	Tea Break and Posters Presentation	
Plenary Session Six		Session Chair: Mabel Magowe, <i>Botswana</i> Rapporteurs: Gylia Mein, <i>Seychelles</i> Dorothy Matebeni, <i>South Africa</i>
Time	Topic	Presenters

1030-1115	Panel Discussion 1: Moderator Leslie Mancuso and Eleanor Msidi Working together to support nursing and midwifery workforce development: From Global to local context. Judith Shamian, President, International Council of Nurses (ICN) Frances Day-Stirk, President International Confederation of Midwives (ICM) Hester C. Klopper, President Sigma Theta Tau International (STTI) Maleshoane Monethi-Seeiso, President East Central and Southern Africa College of Nursing (ECSACON) Grace Omoni, President Confederation of Africa Midwifery Associations (CONAMA)		
1115-1215	Panel 2: Moderator Peter Johnson , Jhpiego Working together from research to evidence-based practice: the example of medical male circumcision for HIV prevention in Zimbabwe	Ncube, J. Samuelson, C. Samkange, Pr. Tshimanga, X. Sinothemba, C. Chasokela ; R Baggaley	
1215-1315	Panel 3: Essential care for every baby	Facilitated by Laerdal Global Health in collaboration with Jhpiego and other GDA Partners	
1315-1415	Lunch and Poster Presentations		
Parallel Sessions			
Session	Session 1 Promoting maternal and child health	Session 2 Control of Communicable and Non communicable diseases	Session 3 Health Systems Strengthening
Venue			
Chair	Gustav Moyo, Tanzania	Purushutum Ramchandensingh Mauritius	Muriel Mothobi Zimbabwe

1430-1450	Partner Consent on Women's Choice of Using Family planning not required: Findings from Slums of Kampala Uganda Peter Kirabi	Child malnutrition and mortality in Swaziland: situation analysis of the immediate, underlying and basic causes Sakhile Masuku	Understanding Job Engagement and Self-Care among Ugandan Nurses and Midwives: An Avenue for Fostering Motivation and Retention Pauline Bakibinga, Hege F Vinje, Maurice Mittelmark.
1450-1510	Dignity during Childbirth: Perspectives of Midwives at a peri-urban hospital in Uganda Pauline Bakibinga	The role of Nutrition in the reduction of Child Mortality Florence Mulenga	The Extent to which Factors Within the Work Environment of Health Institutions in Uganda Affect the Performance of their staff and therefore the performance of these Institutions Dolorence Alaki Wakida
1510-1530	Increasing access to institutional deliveries through enhanced public-private partnerships: preliminary results from an intervention study in two urban informal settlements in Nairobi, Kenya Pauline Bakibinga	Developing technical capacity of front line workers to enable effective implementation of nutrition interventions in the region Rose Mwaisaka	Expected Roles of Nurses and Midwives by Key Informants in Botswana Seboni Naomi, Rapinyana Ogah, Phetogo Kenewang,
1530-1550	The Experiences of HIV-Positive Mothers, Breastfeeding Exclusively At A Regional Hospital In Swaziland Mduduzi Shongwe	Food fortification in ECSA region the path towards circumventing malnutrition among Children in ECSA region Doreen Marandu	Tracking Human Resources for Health from Pre-Service Nurse Midwifery Programs in Tanzania: Where do they go? Ukende Shala
1550-1610	Challenges Faced by Pregnant Women Taking ARV Prophylaxis at Mbabane Public Health Unit: a Health Facility in the Hhohho Region Nomathemba Nxumalo	Lived experience of HIV sero-discordant couples in Botswana William Baratedi	Needs assessment: a process towards nursing programmes at the National University of Science and Technology (NUST) Zimbabwe Cynthia Chaibva

1610-1630	From Door to Door: Early Pregnancy Identification to Promote early ANC booking in Chirumanzu and Shurugwi districts Naume Tavengwa		Kenya General Nursing Assessment of Tasks and Competency in HIV Care and Treatment Doris Naitore
1630-1700	Discussion		
1700-1730	Tea Break and poster presentations		
1730-1830	CNR Meeting		
1700-1800	ARC Meeting of QUAD members		

Day 3 Wednesday, September 3 rd		
Plenary Session Seven Evidence Based Primary Health Care		Session Chair : Susan Otieno, <i>Kenya</i> Rapporteurs: Mavis Nxumalo, <i>Swaziland</i> Elizabeth Oywer, <i>Kenya</i>
Time	Topic	Presenter
0830-0850	Key note address : Optimizing community health nursing in the context of Primary Health Care: Contextualizing Universal Health Coverage (UHC)	Annette Mwansa Technical Officer Nursing WHO Headquarters Geneva
0850-0900	Universal Health Care (UHC) post MDG	Edward Kataika ECSA HC
0900-0910	Paper from MOH Zimbabwe	To be confirmed later.
0910-0920	The current status of recruitment and deployment of Mental Health Nurses in Kenya.	Elizabeth Oywer
0920-0930	Improving Health Coverage: Lesotho Nurses & Midwives Taking the Lead	Sheillah Matinhure
9120-930	Discussion	

Parallel Sessions			
Session	Session1 Promoting maternal and child health	Session 2 Innovations and excellence in nursing and midwifery	Session 3 Strengthening nursing and midwifery education
Venue			
Chair	Hermine Iita ,<i>Namibia</i>	Theresa Sikateyo, <i>Zambia</i>	Dorothy Matebeni, <i>South Africa</i>
0930-0940	Competency based training: Improving providers and facility performance on basic emergency obstetric and new-born care in Tanzania Gaudiosa Tibajuka	The role of E-health in the delivery of quality, safe and efficient health care services in Kenya: Review of published literature on e/m-Health in Kenya Linnet Mulinya	The evaluation of midwifery curriculum in Zimbabwe Rose Ndlovu
0940-0950	Adaptation of Focused Antenatal Care Modal: Improving Quality of ANC Services in Tanzania Rose Mnzava	The use of mobile cell phone technology in supporting FANC in Kenya Odongo Odiyo	Bridging the theory practice gap: Insights from clinical preceptors at Mzuzu University, Malawi Bvumbwe, T
0950-1000	Experience in Maternity waiting homes: the case of Zambia Peggy Chibuye	Model Wards as a Means to Improve Clinical Teaching/Learning of Nursing and Midwifery Students in Malawi Gertrude Chipungu	Strengthening Clinical Environment in Nursing and Midwifery Education: The Nursing Education Partnership Initiative (NEPI) Clinical Simulation Program in Lesotho Mpho Shelile
1000-1010	Empowering Midwives on Improving the Quality of Maternal and Newborn care in Tanzania Dorcas Jidayi	Preceptors' clinical teaching practices at a Regional Referral Hospital in Uganda Safinah Kisu Museene	Low uptake of upgrading course among nurses-midwives through eLearning model in Tanzania: is it entry qualifications or computer-phobia? David Ngilangwa
1010-1040	Tea Break		

1040-1100	Factors influencing willingness to use intrauterine contraceptive device among women of reproductive age in Rwengwe sub county, Buhweju district, Uganda Lilian Nuwabaine	The influence of culture on health Lakshmi Rajeswaran	Standards for Nursing and Midwifery Education in Malawi: Promoting Quality in Nursing and Midwifery Education Stella Kamphinda
1100-1110	Community Dialogue In The Causes Of Maternal Death Mavis P. Nxumalo, Phumzile Mabuza, Ms. Nomsa Magagula	Review of Nursing Council of Kenya regulatory tools to achieve quality and safety Sarah Burje Elizabeth Oywer	The Nursing Education Partnership Initiative Lesotho's experience of transforming midwifery education from a content-based to a competency-based curriculum Nthabiseng Molise
1110-1130	Updates on Safe Abortion care new development Mary Lyn/Veronica	Preferred learning styles among graduate nurses in Malawi Evelyn Chilemba	The Role of Institutional Collaboration in Improving Nurse Education; Experience of Lusaka Schools of Nursing, Lusaka, Zambia Priscar Sakala Mukonka
1130-1150	Public Awareness on the Maternal and Neonatal Mortality Prevention Strategies Cynthia Chasokela, RM.Marck-Katumba	Nurses' Knowledge, Practices, and Barriers in Care of Patients with Pressure Ulcers in a Ugandan Teaching Hospital Ivan Mwebaza	An evaluation of the course for the Diploma in Nursing Administration in Zimbabwe Edward Makondo
1150-1210	The midwife in addressing unmet need for family planning.” Stembile Mugore	Factors affecting mental health nursing practice in Tanzania. Paul Magesa	Reforming nursing and midwifery education in Cote d'Ivoire: Introducing the “License-Master-Doctorate” System at INFAS Jules Bashi
1210-1220	Discussion	Discussion	Discussion
1220-1300	Poster session		
1300-1400	Lunch		
1400-1500	Presentation of Draft Recommendations Discussion Closing		

1800-2000	Cocktail Party
4th and 5th Sept 2014	ECSACON QUADRENNIAL GENERAL MEETING
6th Sept 2014	26TH CNR Meeting

List of posters;

1. The role of male involvement in reducing maternal mortality... **Agnes Mpota**
2. The impact of using a modified Ministry of Health Traditional Birth Attendant training curriculum on the infection prevention knowledge, practice and attitude of traditional birth attendants in Chongwe District of Zambia. ... **Dorothy Chanda**
3. Intent to stay in the nursing profession and associated factors among nurses working in referral hospitals, Amhara Regional State, Ethiopia.... **Eshetu Haileselassie**
4. The Role of National Council for Higher Education in Ensuring Quality of Nursing and Midwifery Training... **Dolorence Alaki Wakida**
5. Improving Quality Nursing and Midwifery Care through facility visits: Lessons from Botswana... **Opelo Mercy Rankopo**
6. Realizing Nursing Process through reflection... **Anne Kabimba Wawire**
7. Improving nursing and midwifery care delivery through transforming professional conduct... **Hannah Mmamokgatla Kau-Kigo**
8. Nursing education and practice: a global collaborative project for Botswana... **L.Rajeswaran and K.Dithole.**
9. The role of spirituality in coping with HIV/AIDS in Gaborone Botswana... **Ogar Rapinyana**
10. Addressing the gaps in Nursing and Midwifery Care Documentation.... **David Wambua**
11. Quality of TB/HIV care as perceived by patients in the municipal clinics in Bulawayo, Zimbabwe.... **Sithokozile Hove**
12. The role of Nutrition in the reduction of Child Mortality....**Florence Mulenga**
13. The role of Midwives in the Management and Care of Women diagnosed with Post Partum Mental Disorders admitted at
14. MTRH, Eldoret Kenya.... **Ann Kabinda Wawire.**

ABSTRACTS

Abstract No .1

Title: Scaling Up Essential New Born Care

Authors: Bupe M. Mwamba; RN/RM,3rd Year Student, University of KwaZulu Natal, School of Nursing and Public Health, Howard Campus P.O. Box 4041, Durban. South Africa. bpmumbi@yahoo.com, Mudenda M. Jacob; RN/RM,4th Year Student, University of Zambia, School of Medicine, Department of Nursing Science, Box 50010, Lusaka. Zambia. mudendajacob@yahoo.com.

Background:

Every human life is precious regardless of how it came about; hence quality of care at every stage of human life is critical. Neonatal care has remained a challenge in many Sub Saharan Countries, Zambia inclusive. This has been necessitated by lack of trained neonatal nurses. This challenge arises from the fact that no nursing school or college or university offers a Specialty in Neonatology or Neonatal Nursing in Zambia.

The lack of training in this area of specialty has resulted in transmission of knowledge through apprenticeship from the old and experienced Nurses who also lack skill and knowledge. This has not improved the neonatal care in any way as shown in the high numbers of mortality rates. Speaking from experience having worked in the Neonatal Intensive Care Unit (Ward D11) of University Teaching Hospital, Lusaka, Zambia, Kitwe Central Hospital Special Baby Care Unit and also during attachment to Wusakile Mine Hospital Special Baby Care Unit in 2008 as a midwifery student; it is evident that an urgent need of establishing neonatal training to scale up essential newborn care which has lacked behind since independence can be achieved by the introduction of neonatal nursing science specialization trainings in our country and in particular in all ECSACON Chapters.

Specialization will help improve staffing in the neonatal units which will eventually improve the quality of neonatal care with an ultimate goal of reducing neonatal deaths which are at the moment very high due to compromised care from the overburdened, unskilled and stressed general nurses. This abstract has been prompted by the visit and experience I had in South Africa and the University of Alabama Birmingham Regional Neonatal Intensive Care Unit where neonatal deaths are close to zero.

In South Africa, Saint Augustine Hospital, in particular, has a standard neonatal unit and have a good job description for all the nurses. The role of a registered midwife is clearly defined as one in charge of ventilated and critically ill babies in the Intensive care side. The ratio of nurse patient is 1:1 when well staffed and 1:2 when understaffed.

The quality of patient care is excellent. The Zambian Scenario is the very opposite of this, nurse- patient ratio in the neonatal unit is approximately 1:25.resulting in compromised neonatal care. Therefore scaling up of essential newborn care should be taken as a priority by all concerned parties.

Objectives

1. To reduce neonatal deaths.
2. To scale up essential newborn Care.
3. To establish long and short term plans for scaling up essential newborn care.
4. To increase job satisfaction in neonatal units.

Method

1. It's a lived experience.
2. It will be an oral presentation.

Lessons learnt

1. Clear Job description gives a proper guide to effective neonatal care.
2. Quality of care is directly related to staffing.
3. Neonatal deaths are reduced with quality of care.
4. It is the responsibility of decision makers to implement good standards in the neonatal units for scaling up of essential newborn care.

Conclusion

1. The short term plan is the implementation of non costly measures for scaling up of essential newborn care like improving of staffing with current staff and formulation of Job descriptions for Neonatal Units.
2. The long term plans is the introduction of a post basic degree in Neonatal Nursing Science to improve on staffing in the neonatal units.

Abstract No.2

Title: Maternal-child Health Nurse Leadership Academy: An intervention to address the quality of maternal-child nursing and midwifery in Africa

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Background

In partnership with Johnson & Johnson and Sigma Theta Tau International (STTI), the Honor Society of Nursing, the Africa Maternal and Child Health Nurse Leadership Academy (MCHNLA) develops the leadership skills of nurses and midwives who work in a variety of health care settings. The MCHNLA, adapted from the North American model, prepares participating nurses and midwives for effective inter-professional team leadership as they strive to improve the quality of health care for childbearing women and children up to 5 years old.

Objectives

The objective with this presentation is to share the process followed in the implementation of the MCHNLA SA pilot, the outcomes achieved; and to share the challenges and lesson learned.

Methods

The MCHNLA South Africa Pilot (SAP) was implemented in the North West Province of South Africa after extensive adaptation of the North-American MCHNLA. Implementation took place in 2012-2013, where after the pilot was independently evaluated. The objectives of the evaluation were to (a) document the evidence of changes in mentees' and mentors' leadership-related knowledge, skills, and behaviors, as well as evidence of organizational and/or patient impact from mentee projects; (b) summarize mentees' and mentors' feedback on the workshops and on the MCHNLA as a whole; and (c) identify aspects of SAP evaluation instruments and data collection processes that could be improved for the next SAP cohort.

Conclusions and Programme Implications

MCHNLA was successfully adapted for implementation in Africa. Many lessons were learned but overall the aim of the MCHNLA SAP was reached which was to see if and how the MCHNLA can be implemented in Africa. The success of the MCHNLA SAP led to the launch of the first Africa MCHNLA 2014-2015. Twelve mentor-mentee pairs from Malawi, Uganda, Swaziland and South Africa are included in this cohort.

Abstract No. 3

Title: Programming strategies for postpartum family planning: a new resource to support health system strengthening

Author: Mary Lyn Gaffield, PhD, World Health Organization, Geneva, Switzerland

Background

The World Health Organization (WHO) produces evidence-based guidance on the use of various contraceptive methods. WHO's *Medical eligibility criteria for contraceptive use, Fourth edition 2009* (MEC), provides recommendations on *who* can safely use contraceptive methods. It is intended for use by policy-makers, programme managers, and the scientific community in the preparation of national family planning/sexual and reproductive health programmes for delivery of contraceptives.

Objectives

During this session, newly issued WHO recommendations related to contraceptive eligibility for women at high risk of HIV infection and women who are living with HIV, as well as women who are taking antiretroviral therapies (ARVs) will be announced.

Methods/Description

In 2012, the World Health Organization convened a group of 75 experts to review epidemiological, biological, and other data on this issue, and concluded by consensus that WHO should recommend no restriction on use of any method of HC. To assure that this guidance remains up-to-date, WHO initiated a revision of the MEC in early 2013. Following a consultation of experts during 9-12 March 2014 in which a rigorous and systematic review of the evidence was undertaken, WHO developed new recommendations for contraceptive eligibility.

As part of this review, definitions for HIV-related conditions in the MEC guideline were updated in order to be consistent with WHO/UNAIDS terminology and reflect current clinical practice. Recommendations for contraceptive eligibility for women taking antiretroviral therapies include specific names of therapies, in addition to the broad therapy classifications, to aid implementation and adoption of the recommendations. Review of the evidence-base supporting recommendation decisions will be highlighted.

Conclusions, Policy/Programme Implications

There is an urgent need to ensure women at high risk of HIV or women living with HIV are offered high quality family planning services, and that standards of care are based upon the best available evidence.

Abstract 4

Title: Improving Health Coverage: Lesotho Nurses & Midwives Taking the Lead

Authors: Ms. Sheillah Matinhure¹, Mrs. Nthabiseng Lebaka². **Human Resources Alliance for Africa,** Ministry of Health Lesotho, Maseru 100, Lesotho. E-mail: smatinhure01@gmail.com

Background

The Kingdom of Lesotho is a very mountainous country with a population of 1.8 million, a maternal mortality ratio (MMR) of 1155 per 100,000 live births and HIV prevalence of 23.2%. A total of 46 clinics are extremely hard to reach, 9 of which are only accessible on horseback or by aeroplane. According to WHO, Lesotho has fewer than the recommended density of 2.3 health workers per 1000 population. Contributory factors include weak HRH recruitment processes, low hiring rate of quality staff, unattractive salary packages. Of the total health workforce, only 20% of the formal health workforce worked at primary care level. This situation resulted in poor delivery of services at Health Centre level. Currently, Lesotho is revitalizing Primary Health Care and also attempting to meet the MDG targets. The HRH crisis was hampering these efforts. HRAA decided to work with the Ministry of Health to embark on an intensive advocacy campaign for creation posts and recruitment and retention of nurses for the 46 health centers in hard to reach areas.

Methodology

In 2012, HRAA embarked on activities to engender political commitment, policy-maker engagement and partners' support. High level meetings attended by the Principal Secretaries of relevant sector Ministries were convened. These resulted in the expansion of nurses' establishment for hard to reach facilities by creation of 183 posts, securing a retention package of both financial and non financial incentives from donors and obtaining government commitment to take over the retention package for sustainability. In order to accelerate recruitment, HRAA conducted media campaigns to advertise for vacant posts encourage all unemployed nurses to apply.

Results of the advocacy activities

In February 2014, HRAA used the Human Resource Information System tool to assess the impact of the advocacy efforts in accelerated recruitment process. Since these were hard to reach areas, the HRIS team had to use the airplanes provided by the Lesotho Flying Doctors (Figure 5). Currently, 74% of health centers have a full staff complement of 5 (one clinical nursing officer, 2 nursing sisters and 2 nursing assistants). All the created posts had been filled. This greatly improved access to health care services and contributed to the new focus of revitalizing Primary Health Care.

Lessons Learnt

Recruitment, placement and retention of nurses in hard to reach areas is possible if: High level commitment is cultivated, Advocacy efforts are sustained to encourage nurses continue to apply for the available jobs, Innovative recruitment strategies are implemented, Retention package improved, Mobilisation & motivation of nurses is sustained, Partnerships are engendered and, the Public demands improved services

Abstract No.5

Title: Standard based Management and recognition process improving Quality of Maternal and New Born Care in Tanzania.

Authors: Scholastica Chibehe, Rose Mnzava, Christina Lulu Makene, Marya Plotkin, Dunstan Bishanga, GaudiosaTibaijuka. **Jhpiego, Tanzania.**

Background

At 454 per 100,000 live births, maternal mortality in Tanzania is unacceptably high, despite showing some improvement in levels in the 1990's. Approximately half of deliveries take place in health care facilities, making quality of health care services an important factor in saving lives of mothers. The USAID-funded MAISHA program provides technical support to the Ministry of Health and Social Welfare (MOHSW) to improve the quality of maternal and newborn health care across the country.

Intervention

MAISHA supports a quality improvement process to improve maternal and newborn health care, assisting facility-based teams to use MOHSW-approved standards to identify gaps in service delivery and take steps to improve. When facilities score 70% of the Focused Antenatal Care (FANC) and Basic Emergency Obstetric and Newborn Care (BEmONC) standards they are recognized by the MOHSW.

Results

Summary findings out of 53 health facilities from 19 regions requested for external verification 49 health facilities (92%) both in FANC and BEmONC scored above 70% and received recognition from the MOHSW. A total of 44 health facilities scored above 70% in FANC and 38 in BEmONC.

Conclusion

Effective implementation of evidence-based MNH standards resulted in improving the quality of care in FANC and BEmONC. The recognition status promotes motivation, and ownership hence improves quality of care.

Abstract No. 6

Title: Medicines for Africa: Going Beyond Philanthropy

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Email: Lenias@medicines4africa.org, Website: <http://www.medicines4africa.org>.

Background

Over the next decade, the Africa region's growing health care demands will require approximately \$30 billion in new investment. The constraints facing governments towards meeting this demand raises the necessity of governments to engage partners who can contribute to necessary solutions. The private sector already makes a significant contribution to health care across the region. The level of participation by the sector is influenced by the capabilities of the public sector and the government's view of its role in health development. Constructive engagement coupled with the appropriate checks and balances to ensure accountability could create shared value towards solving pressing medicines challenges facing countries by leveraging the strengths of partners.

Project Description

The project aims to build partnerships between governments, the local and global private sector to collaborate on sustainable solutions to meeting growing demand in medicines in African countries.

Methods

Preliminary work to create partnerships between African governments and the medical and technology industry, which synergise the strengths of partners to solve poor access to medicines focused on assessing feasibility of such partnerships. A consultative process with stakeholders to determine potential interest in the partnership amongst partners led to a meeting convened between the African Group Ambassadors and representatives of the industry in July 2013.

Conclusions

The meeting established the interest of both partners to engage in areas of shared value. Progress has been made towards forming a consortium of like-minded private sector partners interested in the agenda of improving access to medicines in African countries. Ongoing projects include a platform for innovation and access to medicines in African countries being developed in collaboration with the WHO, with the support of the International Finance Corporation.

Abstract No.7

Title: The Role of Surgical Camps in Promoting South to South Collaboration in the ECSA Region: The Case of Swaziland.

Authors: Stephen Muleshe¹, Josephine Kibaru², Ernest Manyawu³, Fredrick Mutyaba⁴, Sheillah Matinhure⁵, Ulisubisya Mpoki⁶, Boniface Wandwi⁷, William Siang'a⁸, Farrid Shubi⁹, Gileard Masenga¹⁰, Optatus Silanda¹¹, Lilian Dodzo¹². Address: P.O. Bo 1009, Oloirien Njiro Road, Plot 157, Arusha Tanzania, Office Phone: +255272549365, E-Mail: s_muleshe@ecsa.or.tz / skmuleshe@gmail.com.

Institutional Affiliation

1. Program Manager, HIV/AIDS, TB & Infectious Diseases at the East, Central & Southern Africa Health Community
2. Former Director at the General, East, Central & Southern Africa Health Community
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4. Former President, College of Surgeons of East, Central & Southern Africa Health Community and Consultant Orthopedic Surgeon at Mulago Hospital
5. Program Manager, Human Resources for Health & Capacity Building, East, Central & Southern Africa Health Community
6. President College of Anesthesiologists of East, Central & Southern Africa Health Community and Consultant Anesthesiologist at Muhimbili University College of Health & Allied Sciences
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10. Consultant Gynaecologist, Muhimbili University College of Health & Allied Sciences
11. Critical Care Nurse & Senior Lecturer, Muhimbili University College of Health & Allied Sciences
12. Senior Nursing Officer, Ministry of Health Zimbabwe

Background

Swaziland is one of the countries in the ECSA region experiencing a critical shortage of human resources for health. The East, Central and Southern Africa Health Community (ECSA HC) initiated a South to South collaborative strategy by mobilizing a surgical camp team of 39 specialist doctors and nurses from seven countries to conduct a regional medical/surgical camp from 20th October to 30th October 2013.

Purpose & Objectives

The purpose of the camp was to promote South to South Collaboration in the ECSA Region, but more specifically to;

1. Offer free specialized medical and surgical services to needy patients
2. Eliminate or defray the financial costs associated with transferring/referring patients outside the country
3. Provide Continuous Professional Development (CPD) to health care workers
4. Teach basic surgical and clinical management skills to health care workers

Approach

Thirty nine (39) Specialists in Anesthesiology, Obstetrics/Gynecology, Maxillofacial, Orthopedic/Spinal, Cardiothoracic/Vascular, Radiology, Urologist and Dermatology and specialized nurses in theater/critical care were mobilized from seven countries in ECSA Region.

Results

A total of 519 cases were attended to including 154 major and minor operations. The rest were consultations.

Lessons Learnt & Key Policy Recommendations

The Surgical camp in Swaziland saved thousands of US dollars had the patients been referred outside the country. The following were the lessons learnt and recommendations

- 1) Africa has come of age and has produced specialists in various fields who can help fellow Africans
- 2) South –South Collaboration is key in promoting Human Resources for health in the African region
- 3) Medical camps help needy patients and save a lot on cost of transferring patients outside the country.

Abstract No. 8

Title: Governmental support for quality improvement of a multi-country program

Author: Carolyn Hall, Marlene Matosky, John Hannay, Janette Yu-Shears, Susan Becker, Barbara Aranda – Naranjo. Institutional Affiliation: The U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Address, 5600 Fishers Lane, Suite 7-69, Rockville, MD 20857 USA, Email: chall@hrsa.gov.

Background

As part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Health Resources and Services Administration supports the Global Nursing Capacity Building Program (GNCBP) to support leadership and capacity development of the nursing profession in countries affected by HIV/AIDS. ICAP competitively won and was awarded a Cooperative Agreement for the GNCBP in 2009 and 2012. PEPFAR aims to treat at least three million HIV infected people with anti-retroviral therapy; care for twelve million HIV infected and affected persons; and prevent twelve million infections. To meet these goals, PEPFAR is mandated to train at least 140,000 new health care workers.

Objectives

1. Improve the production, quality, and relevance of nurses and midwives to address population-based health care needs
2. Identify, evaluate and disseminate innovative models and practices that are both generalizable and cost-efficient for national scale-up of training programs
3. Develop and foster partnerships with local and regional nurse/midwife affiliated

The grantee implements two sub-projects, the General Nursing sub-project and the Nursing Education Partnership Initiative.

Methods/Description of the Project

Efforts to improve the quality of program implementation and outcomes will be identified, including site visits, data review and analysis and communication between organizations will be described. Coordination, collaboration, advocacy and communication will be discussed.

Results/Lessons Learned

The presenter will describe techniques that have been used to stay informed on a concentrated and global perspective, tools used to enhance the attainment of goals and objectives, and examples of the sharing of information and best practices.

Conclusions, Policy/Program Implications

A strong working relationship with a grantee allows entities to challenge each other and provides an opportunity to dialogue about the context and the best path forward. It is through the shared expertise of all stakeholders that a program is able to maximize successful sustainability.

Abstract No.9

Title: Intensive care nurses' perspectives of nurse-patient communication in Intensive Care Unit

Authors: K. S. Dithole; M.M. Molekiand G.B. Tsheneagae-Thupayagale. P.O. Box 70845 Gaborone, Botswana. Email: Ditholek@mopipi.ub.bw

Introduction

Communication is an integral patient of nursing care especially for mechanically ventilated patients because they experience communication difficulty. Most patients experience moderate to severe frustration when they communicate their needs. Mechanically ventilated patients wish to be informed about their condition, progress and any activities that could be performed on them. They appreciated the nurses' presence and the nurses who communicate with them. The purpose of this study was to interview nurses of two ICU in Botswana to gather information on their view on how nurses communicate with ventilated patients and conduct a communication skills workshop with them.

Methods

Quasi-experimental design using mixed method approach was deployed to interview individual nurses and conduct training workshops with eight nurses. Participants were involved during 20 – 30 minutes audio taped interviews before and after the workshop. The main question was to ask them their perceptions about nurse-patient communication in the ICU.

Findings

Three main themes emerged from data analysis: perceptions about the importance of nurse-patients communication with its subthemes: communication as the ICU nurse' role, the ICU patients are vulnerable; nurses communicate minimal with patients and this is worsen by lack of training in intensive care. However after the workshop nurses were motivated to communicate with ventilated patients.

Conclusion

Despite the fact that nurses were not eager to continuously communicate with ventilated patients, with the support from management and availability of alternative and augmentative communication devices the nurse-patient communication improved after the workshops.

Abstract No. 10

Title: The increase in abdominal septic suture lines post caesarean section among postnatal mothers aged 18-35 years at a Central Hospital in Harare, Zimbabwe.

Author: Ms Lilian Gertrude Dodzo, Senior Midwifery Tutor, Ministry of Health & Child Welfare Parirenyatwa Group of Hospitals P O Box CY 198 Causeway, Harare, Zimbabwe , Office Phone: +2634734116, Mobile Phone: +263773854650 ,Email:dodzolilian@yahoo.com

Background

There seems to be a problem in maintaining infection prevention and control measures by health care providers at a Central Hospital in Harare, Zimbabwe. The incidence of septic suture lines among postpartum mothers is increasingly becoming high & calling for immediate interventions.

Objectives

1. To assess the knowledge of health care providers on IPC measures in a maternity unit.
2. To establish the factors contributing to increase in septic suture lines post caesarean sections
3. To determine the practices on IPC measures among health care providers in a maternity unit.

Methods

A descriptive design & a systematic random sampling technique were used for sampling. A structured interview schedule & nursing audits were utilized to collect data & descriptive statistics used to analyze the data.

Results

Lack of knowledge and malpractices on IPC among health care providers contributed to the increase in septic sutures lines post caesarean sections.

Implications for Midwifery Practice, Women and Families, Education, Research or Policy

Training of health care providers on IPC is essential in promoting positive labour and delivery outcomes thereby promoting the health of women of child bearing age.

Conclusion

The findings will promote sharing of ideas and experiences on IPC practices in different countries and enhance the bridging of gaps to improving care & health outcomes for women.

Abstract No.11

Title: Coordinating a multi-country pre-service nursing education strengthening initiative: ICAP Columbia University Coordinating Center for the Nursing Education Partnership Initiative

Authors: Lyn Middleton, L¹; Smith, J¹; Dohrn, J^{1,2}; Hall, C⁴; Howard, A.A¹; El-Sadr, W.M.¹

Affiliation: ¹ICAP Columbia University, Mailman School of Public Health, New York; ²Columbia University School of Nursing, New York; ⁴Health Resources and Services Administration, Rockville, M.D.

Background

Long standing underinvestment in pre-service nursing/midwifery education limits the ability of institutions to educate nurses and midwives in sufficient numbers and with the right clinical skills for current and anticipated population health needs. The PEPFAR-funded Nursing Education Partnership Initiative (NEPI) was established in 2011 in response to key challenges facing 19 nursing/midwifery education institutions (NEI) in five countries: Ethiopia, Democratic Republic of Congo, Lesotho, Malawi and Zambia.

Objective

The ICAP Columbia University NEPI Coordinating Center (CC) in cooperation with the Human Resources Services Administration (HRSA) coordinates this multi-country initiative. NEPI CC leads the design, implementation and evaluation of NEPI in partnership with governments and key stakeholders to strengthen the capacity of selected NEI.

Description of the Project

The coordinating center interacts with systems, organizations and individuals to achieve the NEPI goal of improving the production, quality and relevance of nurses and midwives to address essential population-based needs, including HIV and other life threatening conditions, in low resource settings. The four elements: partnerships, comprehensive capacity building strategies and country ownership; formal and informal coordinating mechanisms; support for project and grants management; and technical assistance for transforming education practices and systems and evaluating change, underpin ICAP's multi-layered coordination approach.

Lessons Learned

Coordination involves harmonizing the interests, perspectives and capacities of different partners in achieving project outcomes. Coordination is multilayered involving the organization of relations not only at headquarters, but also at the donor, regional, country and NEI levels.

Conclusions

The NEPI CC fosters dialog, leverages technical expertise in public health and nursing education systems strengthening strategies, and supports program planning, implementation and evaluation at the NEI, country and ICAP levels. Coordination is key to ensuring that NEPI's investments and contributions will be sustainable and contribute to achieving universal health coverage for the countries of this region.

Abstract No.12

Title: Competency Based Curriculum in Zambia: A Nurse Education Partnership Initiative (NEPI) Innovation.

Author: Sikateyo T¹; Milapo, N²; Mulenga, U³; Makonka, P⁴; Smith, J⁵; Middleton, L⁵.

Affiliation: ¹ICAP Columbia University, Zambia; ²Chief Nursing Officer Education, Ministry of Health Zambia; ³Registrar, General Nursing Council of Zambia; ⁴Principal Nursing Education Officer, Ministry of Health, Lusaka Schools of Nursing, Zambia; ⁵ICAP, Columbia University New York.

Background

Development of competency-based curricula is driven by health and human resource needs to create nurses who are prepared to provide quality care. The International Council of Nurses has called for competency-based curricula, defining competencies as characteristics that graduating students should demonstrate which indicate they are prepared to perform and function independently in professional practice.

Objective

ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) in collaboration with Zambia Ministry of Health (MoH) and Clinton Health Access Initiative (CHAI) led the development of competency-based curriculum for combined nursing and midwifery diploma program to increase the number of graduates competent in providing both nursing and midwifery services.

Description of the Project

The competency-based curriculum for nursing and midwifery was developed in consultation with nursing and midwifery experts, surveys of Principal Tutors and health facility assessments. Nurse experts from the MoH and Nursing Council identified key priorities for improving the quality of nursing education. Principal Tutors shared challenges with providing quality education.

Health facility assessments showed that nurses and midwives often provided services for which they received no training, and midwifery skills were greatly needed at health facilities. Insight from nurse experts, Principal Tutors, and health facility assessments resulted in the identification of competencies for the development of a competency-based combined nursing and midwifery curriculum.

Lessons Learnt

Development of a competency-based curriculum for combined nursing and midwifery education in Zambia resulted in standardization of learning, enhanced tutor student interaction, implementation in all schools, easy monitoring by the Nursing Council by use of one tool with timely corrective measures, and best practices shared among schools.

Conclusions Improvements to nursing and midwifery education were made by ensuring the curriculum was competency-based and thus prepared nurses and midwives for practice. Competent nurses and midwives can have a direct effect on health outcomes for populations.

Abstract No.13

Title: The Option B+ approach to antiretroviral treatment to prevent mother-to-child HIV transmission and keep mothers healthy: An E-learning module for pre-service nursing and midwifery students.

Authors: Smith J, Murrman M, Langston A, Middleton L, Dohrn J, Chipungu G, Chabela A, Molise N, Abrams E, Howard AA, El-Sadr W, ICAP-Columbia University, 722 W 168th Street, New York, NY10032, USA.

Background

Recent changes to HIV care and treatment guidelines under the Option B+ approach calls for a scale-up of services requiring task-shifting to trained nurses and midwives to initiate and manage antiretroviral treatment (ART) for pregnant and breastfeeding women and care for HIV-exposed infants in generalized epidemic settings in sub-Saharan Africa. Nursing and midwifery school curricula must be updated in light of these new guidelines to ensure graduates are ready for practice.

Objective

ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) developed an e-learning module to prepare nurses and midwives at the pre-service education level with essential competencies to initiate and manage ART for HIV infected pregnant and breastfeeding women to prevent mother-to-child transmission (PMTCT) and keep mothers healthy according to the Option B+ approach.

Description of the Project

The e-learning module was designed to facilitate student self-directed learning through six online sessions: 1) PMTCT basics, 2) HIV testing for the mother, 3) ART for the mother, 4) Care of the HIV-exposed infant, 5) Infant diagnosis, 6) Retention in care. The curriculum is competency-based, with competencies defined according to WHO 2013 guidelines and a survey of fourteen nursing schools in Zambia, Lesotho, Malawi, Ethiopia, Mozambique, and Cote D'Ivoire.

Evaluation measures include a learner satisfaction survey, pre-post multiple choice exam, job performance observational checklist, and organizational change instrument. Interactive learning sessions will engage students through case studies following the narratives of three women and their infants from the point of HIV testing to retention in lifelong HIV care and treatment.

Conclusions

The e-learning module addresses a gap in nursing and midwifery schools' HIV curricula, aiming to ensure graduates are competent to initiate and manage ART for HIV infected pregnant and breastfeeding women according to the Option B+ approach. Increasing numbers of trained nurses and midwives should result in a scale-up of services to prevent mother-to-child transmission (PMTCT) and keep mothers healthy.

Abstract No.14

Title: Knowledge attitudes and perception of family planning clients towards hormonal implants in one of the non-governmental organization in Mbabane.

Authors: Shongwe M.C.¹ and N.R. Mkhonta¹

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Background

In Swaziland, 41.1% of pregnant women live with HIV, while only 32% of Swazi mothers (including HIV negative mothers) currently practice exclusive breastfeeding among infants under six months of age. The rate of exclusive breastfeeding decreases with an increase in the infant's age, as only 17% of infants aged four to five months are reported to be exclusively breastfed. However, little is known about HIV-positive mothers' perspectives and experiences of exclusive breastfeeding in Swaziland.

Objectives

To describe the experiences of HIV-positive mothers, breastfeeding exclusively at a regional hospital in Swaziland.

Methods

An explorative, descriptive qualitative study design was employed where seven exclusive breastfeeding, HIV-positive mothers who were purposively selected to participate during two visits to the study site. Responses to semi-structured and in-depth interviews were analyzed in order to generate themes.

Findings

Five major themes emerged: (i) benefits of breast milk to the mother and the baby; (ii) social support; (iii) the role of healthcare workers in promoting exclusive breastfeeding; (iv) psychological factors; and (v) challenges faced by breastfeeding mothers. Despite pressure from relatives and in-laws for some of the participants, they continued to breastfeed exclusively for the first six months of the baby's life, stating that breastfeeding benefited themselves and their infants.

Recommendations

Continuous teaching and counseling offered by nurses during the mothers' child-welfare clinic visits, motivated them to continue breastfeeding exclusively. In view of the challenges expressed by mothers, there is a need to develop and implement feasible interventions to improve support for HIV-positive mothers, in order to scale up exclusive breastfeeding practices in the country.

Counseling on exclusive breastfeeding should also include the in-laws as they play a pivotal role in child feeding. This study contributes to the body of knowledge on infant feeding and provides insights to health care professionals and stakeholders working with breastfeeding women.

Abstract No.15

Title: Factors influencing willingness to use intrauterine contraceptive device among women of reproductive age in Rwengwe sub county, Buhweju district, Uganda

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Background

General Contraceptive prevalence rate of Uganda has remained low (30%) and currently, only 26% of women are using modern methods of family planning (UDHS, 2011). Despite the fact that the intrauterine contraceptive device (IUCD) is very safe and highly effective (WHO, 2010; Katz *et al.*, 2012), it is used by only 0.4% of Ugandan women (UDHS, 2011). Therefore, due to low utilization of IUCDs, this study sought to understand the factors influencing women's willingness to use IUCDs.

Objectives

The research was intended to assess the factors influencing the willingness to use IUCDs specifically the individual factors and social factors among women of reproductive age in order to increase their willingness to use IUCDs through increase of family planning programs.

Methods

A cross sectional study using quantitative method of data collection was employed to obtain information from women of reproductive age in Rwengwe Sub County, Buhweju district. The study respondents were selected using convenient sampling method. Written informed consent was obtained and participants interviewed using a questionnaire and the study was voluntary.

Results

Results in this study indicated that majority of the participants 195 (59.1%) were not willing to use an IUCD. Also, general CPR for family planning in this study was 46.2% and the one for modern methods of family planning was 25.9%. However, IUCD was used by only 1.7% of the participants hence indicating an unmet need of use of long term methods of family planning. Statistically significant individual factors influencing willingness to use IUCD at multivariate analysis were; education level, occupation, it prevents pregnancy once inserted, has side effects of menstrual irregularities, heavy menstrual bleeding and only the following social factors were found to be statistically significant at multivariate analysis; IUCD causes wounds on the cervix once inserted and it also causes discomfort during sexual intercourse.

Conclusion

Irrespective of the mass education programs on the long term methods of family planning like an IUCD, few women were willing to use it. According to this study, the following factors were found to be influencing willingness to use IUCD; educational level, occupation, side effects of menstrual irregularities and heavy menstrual bleeding.

Abstract No.16

Title: How to get enough practice? Overcoming clinical caseload and equipment obstacles for trainings in long-acting reversible contraceptives (LARCs): experience from Kenya's Accelerating Scale-up of Implants (ASI) project

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Background

Kenya is one of four countries in the two-year Accelerating Scale-up of Implants (ASI) project, led by Jhpiego and supported by The Bill & Melinda Gates Foundation. ASI began in May 2013 to strengthen clinical competencies and create an enabling environment for the provision of long-acting reversible contraceptives (LARCs) and, in particular, implants. ASI's training activities for nurses and midwives are an essential part of the Implants Access Program, a public-private partnership to reduce the price of implants for all countries covered by the FP2020 commitments.

Objectives

Objectives include: (1) describing ASI/Kenya's "trainings of trainers" for LARCs; (2) sharing first-year project results; and (3) discussing challenges with clinical practicums such as ensuring sufficient client caseload and equipment, especially for intrauterine contraceptive devices (IUCDs), to permit observation of participants prior to completion of training.

Methods/Description of the Project

Leveraging the pre-existing Gates-funded Kenya Urban Reproductive Health Initiative, known as Tupange, ASI/Kenya has expanded a network of trainers and has conducted site-strengthening activities for LARCs in 22 public facilities. Six-day "trainings of trainers" were held with pre- and post-testing of participants and clinical practice sessions organized in high-volume public facilities.

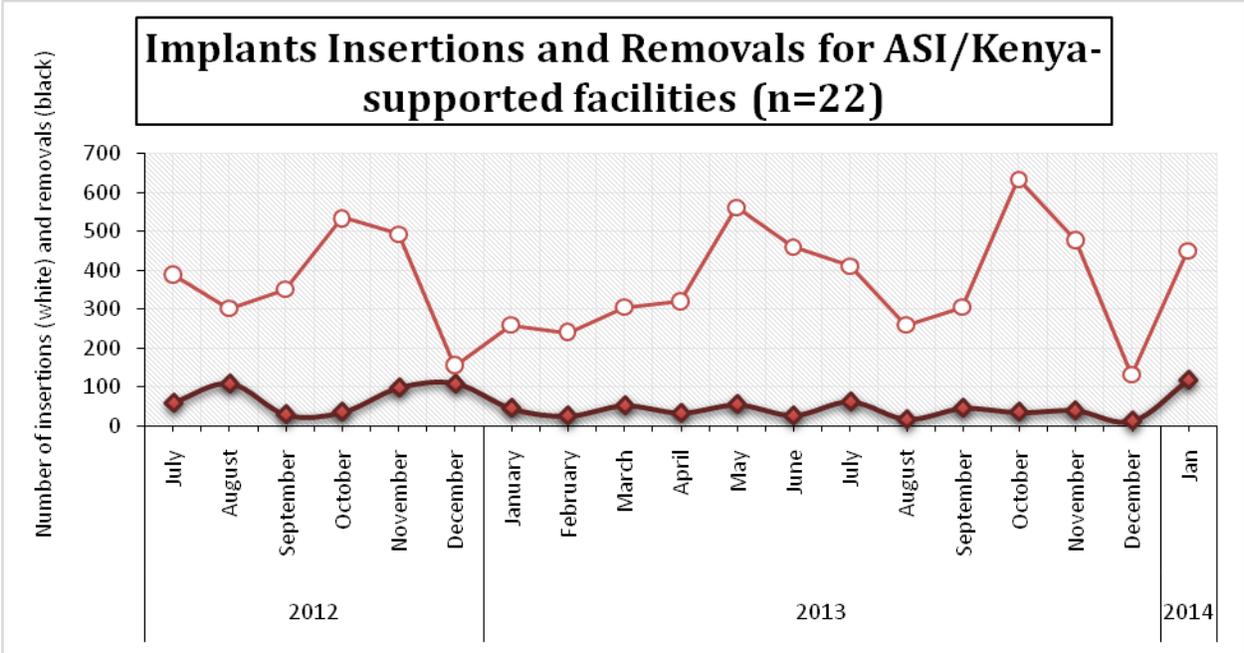
Results/Lessons Learned

On average, pre-test scores were 74%, while post-test scores were significantly higher, at 82% ($p < 0.001$) (Table 1). Service delivery statistics in ASI-supported facilities in 2013 were comparable to those in the prior year (Figure 1). Few IUCD insertion cases presented during trainings, and equipment was sometimes unavailable, requiring post-training follow-up. ASI also had to arrange waivers of service charges to improve caseload flow.

Table 1. Mean pre- and post-test scores from trainings

	Pre-test	Post-test	P-value
Mean	74%	82%	<0.001

Figure 1. Implants service delivery for ASI/Kenya-supported facilities



Conclusions, Policy/Programme Implication

Meeting FP2020 goals in countries such as Kenya requires careful planning for practicums in LARCs to promote high-quality service delivery and increase contraceptive options available to women and their families.

Abstract No.17

Title: Increasing access to MNCH services: the comprehensive package on delivering community based services in ECSA region

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Background:

ECSA health community conducted gap assessment in 2010 on expanding access to FP/MNCH services at the community level. The results showed inequality in service delivery between the urban and rural areas, and that 60-80% of ECSA population lives in the rural areas, where the health services are relatively very poor.

The results prompted the HMC of 2011 to pass a resolution directing the secretariat to develop a Standard practice package to for expanding access to FP/MNCH services at the community level. The package was developed through iterative and consultative process, which lasted three years. The completed package was launched by the health ministers in February 2014, when they passed a resolution that urged the member states to adopt/adapt the package, in and directed the secretariat to support the member states to implement the package.

Objectives

The specific objectives were to develop a comprehensive package that would guide the structured implementation of FP/MNCH services at the community level. The package is also meant to guide the stakeholders; including partners, policy makers, and ministry of health implementers on the specific roles they are supposed to play to facilitate more access to the delivery of FP/MNCH at the community level.

Methodology/Description of the project

The package developed was informed by a comprehensive desktop review of the current FP/MNCH situation in service delivery at the community level. The regional expert committee of Reproductive health reviewed the draft framework developed from this information. The draft package was then developed and reviewed by the experts committee again. The member states then validated the package. The document then underwent peer review by global experts on FP/MNCH. An expert editor, working together with the ECSA team, then edited it. The package was the formatted before it underwent printing.

The health ministers then launched the printed package during the health ministers' conference in February 2014.

Results/Lessons learned

The standard practice package for expanding access to FP/MNCH services at the community level has been the ultimate outcome of the development process.

Conclusions, policy/programme implications

The standard practice package has been developed in response to the regional health ministers' resolution, and will form an important reference tool for the delivery of FP/MNCH services at the community level. It gives an overview of the current status of MDGs 4, 5, and 6; the health sectors in ECSA in terms of policies and strategic planning, ownership and management of health facilities in the region. It has also addressed four guiding principles, namely, community involvement; innovation; integration; and inter-sectoral collaboration.

The package will be useful to policy makers in formulating relevant policies on the thematic areas discussed to improve quality health services. The health care providers will find it a useful tool for implementing services at the community level. Programmers will find it a useful guide for designing, implementing and scaling up of the relevant programmes at the community level.

Abstract No.18

Title: Working Together From Research to Evidence-Based Practice: The Example of Medical Male Circumcision for HIV Prevention in Zimbabwe

Authors: B. Ncube¹, J. Samuelson¹, C. Samkange², Pr. Tshimanga³, X. Sinothemba³, C. Chasokela³; R Baggaley¹

Chair/moderator: Peter Johnson, Jhpiego, Institutional affiliations: World Health Organization and Zimbabwe Ministry of Health and Child Care, Email:samuelsonj@who.int

Background

Medical male circumcision (MMC) reduces heterosexual HIV risk in males by 60%. In 2007, WHO and UNAIDS recommended MMC in high HIV burden countries - predominantly East and Southern Africa. Six million men were reached with VMMC services by end 2013, but accelerated expansion is needed to maximize impact. Challenges posed by MMC methods, including human resources constraints, are a major obstacle to expansion.

Objectives

This session will share the interdisciplinary and global to local approach of research to evidence-based nursing practice on addressing this challenge.

Description

Innovative, simpler MC methods along with task sharing / changes in scopes of practice may expand access to MMC. WHO-convened interdisciplinary group explored alternatives to conventional male circumcision methods. Through global tonational linkages, research on one new method, the PrePex device, was undertaken in three countries, including Zimbabwe. The research team considered physician and nursing providers' performance and perspectives. A Zimbabwean interdisciplinary team sought nursing practice experiences from nearby countries and reviewed scopes of practice with health professional regulatory bodies to expand MMC practice.

Lessons Learnt

Evidence on competent nurses performing MCs, with more surgically skilled providers offering backup, informed policy decisions including scope of nursing practice on use of MC methods. A shared vision of a 'felt' public health problem and 'added value' intervention was accompanied by an interdisciplinary approach (including nurses, physicians) and cadre-specific regulatory negotiations. Global-regional-national information exchange added relevance. Collaboration and planning with stakeholders to expand evidence-based practice through training and capacity building is critical.

Conclusions

Nurses must lead change as new HIV/AIDS interventions, such as people-centered testing and treatment, arrive. Principles to successful evidence-based practice includes relevance, interdisciplinary collaboration, global-regional-national experience sharing, and empowered nursing leadership. An evidence-based, streamlined and clearer approach to policy-making and reassignment of health care worker responsibilities is needed to adapt and expand high impact public health interventions.

Abstract No.19

Title: Partner Consent on Women's Choice of Using Family planning not required: Findings from Slums of Kampala,Uganda

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Background

Family planning (FP) remains one of the most important pillars of safe motherhood, hence needed for population regulation in urban settings with high population growth. We assessed the utilization of FP services in Namuwongo slums and determined the factors influencing FP-choices.

Methods

Conducted a cross-sectional baseline-survey in 4 slum zones of Bukasa parish clustered along the railway line within a distance of 5km, sampled 824 out of 3,158 households, held 12-FGDs and 12-Key Informants interviews. Did quantitative analysis with STATA and manually analyzed the qualitative data.

Results

FP-utilization rate was 46%, (49%-injection, 16%-pills, 7%-male condoms and only 2%-IUCDs). At bivariate analysis, widowed women, women who ever discussed FP-choice with husband, ever used FP, used FP-pills, used FP-Injection, and paid for FP were more likely to use FP. The higher the FP-cost from 1,000-5,000/= to 5,000-10,000/=, to over 10,000/= the less likely to use FP. Women who sought the FP from a pharmacy/drug-shop were twice more likely to use FP than from a public health facility.

On multivariate analysis, those with monthly income of 250,000-500,000/= (aOR=3.7 95%CI 1.2-11.38) were 4-times more likely to use FP compared to < 2,500/= income. Those who didn't discuss FP-choice with partner were 3-times more likely to use FP compared to those who actually discussed with their partners (aOR 2.9 95%CI 1.68-5.03) while cost of FP above 1,000/= was associated with less current FP-use compared to cost under 1,000/=.

Conclusions and Recommendations

It's a young slum population with youthful household heads. Over a dollar monthly income of and mothers not discussing FP-choice with the partner influenced FP-use. FP-cost above 1,000/= was a barrier to FP-use. We recommend free FP-commodities provision and women empowerment women through engaging men in FP-involvement allowing their wives make independent FP-choices, with men playing an entirely supportive roll.

Abstract No.20

Title: Child malnutrition and mortality in Swaziland: situation analysis of the immediate, underlying and basic causes

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Background

Malnutrition is a major confounding factor for child morbidity and mortality in developing countries. In Swaziland, about 31% of the under-five children are stunted in growth, where-as 1% and 6% are wasted and underweight, respectively. Hhohho region has the highest prevalence of underweight children (8.2%) relative to other regions such as Shiselweni (7.3%), Lubombo (6.7%) and Manzini (6.4%).

The prevalence of infant and under-five children mortality rate (per 1,000 live births) are 85 and 102 deaths, respectively. Lubombo region has the highest cases of under-five mortality rate (deaths per 1,000 live births) of 115 when compared to rates in other regions, namely; Manzini (112), Shiselweni (100) and Hhohho (96). Despite the several child healthcare programmes, the problem of high child malnutrition places a significant hindrance towards the attainment of the Millennium Development Goals (MDG) 4 on reduction of child mortality.

Results

Potential determinants of childhood malnutrition and mortality in Swaziland can be categorized into three levels, namely: (a) immediate causes (inadequate dietary intake of protein, energy and micronutrients; diseases such as pneumonia, diarrhoeal diseases and HIV/AIDS), (b) underlying causes (inadequate access to food due to poverty and decline in food production; inadequate care of children and women, insufficient health services and unhealthy environment), and (c) basic causes (inadequate mother's education and nutrition knowledge, insufficient human resources in child health care; inadequate policies on child nutrition and health care; inequitable distribution of household and national socioeconomic resources).

Conclusion

This paper presents an in-depth analysis of the causal factors of childhood malnutrition and mortality in Swaziland, and further explores opportunities that could be adopted to address the malnutrition and mortality problem. It also aims to reinforce that in order to ensure effectiveness and sustainability of intervention programmes, there is need for multi-dimensional strategies and collaboration between all the stakeholders concerned with child nutrition, health and socio-economic development. However, the interventions must recognize the existing socio-economic differentials between the rural and urban areas, and the administrative regions.

Abstract No.21

Title: Understanding Job Engagement and Self-Care among Ugandan Nurses and Midwives: An Avenue for Fostering Motivation and Retention

Authors: Pauline Bakibinga, Hege F Vinje, Maurice Mittelmark

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Background

Nurses, the backbone of health care in sub-Saharan Africa, endure various forms of difficulties while on the job and as a result many choose to migrate in search for better opportunities, or leave the profession. Despite the challenges experienced, there are many nurses who remain on the job in their countries, do thrive and stay engaged while on the job. Nursing managers are faced with the need to enhance nursing job engagement and encourage staff retention; both critical to the provision of quality patient care.

Objective

To explore the phenomena of job engagement and self-care among Ugandan nurses known to thrive on the job despite having challenging working conditions.

Methods

An exploratory qualitative study was conducted, with a purposive sample of 15 nurse practitioners with reputations for thriving despite having difficult working conditions; and currently practicing within the public and private sectors in two districts in Uganda. Data were collected through in-depth interviews conducted, between March and May 2010; lasting from one hour to two hours and 15 minutes. Content analysis was done.

Results

A sense of calling to the profession and meaning are critical to the experience of and maintenance of the nurses' job engagement. When workplace adversity threatens one's job engagement, a self-care process mediated by reflection and introspection about work life and involving nurses' abilities to use personal and job resources is set into motion enabling nurses to adjust and cope better on the job.

Conclusions:

Findings from this Ugandan context suggest that nurse practitioners should be encouraged to practice habitual introspection and reflection about the satisfaction they derive from work, to enable them retain a high level of job engagement despite the adversities of nursing practice. Health care managers need to make work environments conducive to enhance job engagement by ensuring that all nurse practitioners have job resources such as working equipment and social support that they need to thrive on the job.

Abstract No.22

Title: Dignity during Childbirth: Perspectives of Midwives at a peri-urban hospital in Uganda

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Background

Skilled attendance at birth is a critical strategy to ensuring a mother's safe passage through the childbirth process. A key, yet understudied aspect of SBA is childbirth with dignity. The study aimed to explore in-depth the existing aspects of dignity violation during childbirth, from a midwife's perspective at Nsambya hospital, Kampala, Uganda.

Methods

An exploratory qualitative design with a phenomenological approach was employed. 5 midwives were purposively selected. Data were collected by tape-recorded open-ended interviews in 2013 that lasted between 30-60 minutes. The interviews were conducted in Luganda and in English using a thematic guide. All data were transcribed into English. Qualitative content analysis was done.

Results

All the midwives used the term respect in their description of the term dignity. Respect was earned and possessed when a person perceived internally that her behaviour, verbal expression and appearance enriched their self-image. The midwives reported undertaking actions aimed at maintaining respect and reducing the loss of respect during childbirth. Unrealistic demands from superiors were identified as a cause of ineffectiveness and abuse of clients

Conclusions

Women delivering at Nsambya hospital experience, albeit mild, violations and loss of respect. Ward managers and hospital administrators ought to rectify issues like providing and maintaining privacy of women, while emphasizing the importance of respectful care to all in-service midwives. The pre-service midwifery training curricula should emphasize education that involves dignified care as part of theory and practical lessons by including social science disciplines e.g. ethics, anthropology, human rights including reproductive and sexual rights. In addition, nurse managers ought to make workplaces supportive to midwives in order to minimize negative effects on clients.

Abstract No.23

Title: The Role of Nutrition in the Reduction of Child Mortality

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Campaign Background

The Communications Support for Health (CSH) is a USAID funded project which aims to strengthen the capacity of the Government of the Republic of Zambia (GRZ) to implement effective health communications activities. The vision of the CSH project is to have an empowered Zambian population that is able to make informed health decisions and healthy lifestyle choices. In 2013, the Zambian Government (GRZ) with support from UK-AID launched the First 1000 Most Critical Days Programme, which includes critical, evidence-based services as well as behavior change communication. CSH is a partner on this project to support the behavior change communication component.

Problem Statement

Child stunting (low height-for-age) is one of the most serious but least addressed health problems in the world. In Zambia, although rates of stunting have shown some improvement over the past five years, they are still high (in rural area almost half of all children are stunted) and a major factor in preventing maternal and child mortality.

The Zambia 2007 DHS household survey indicates:

- Poor maternal diet in consumption of animal-source foods, fruits and vegetables
- Of 90% of children breastfed, only 61% are exclusively breastfed until 6 months
- 63% of children do not receive an adequate diversity of foods in their diet and almost half (45%) do not eat enough meals for their age
- Only 59% of the population has access to improved water sources and only 49% use improved sanitation facilities.

Campaign Goal

Contribute to the GRZ goal of reducing young child stunting in Zambia from 45% to 30% by 2015.

Process

Consultative meetings with key partners, formative research and a literature review of existing research were conducted in 2012 before the final strategy for the campaign was developed in early 2013.

Audience Groups

Pregnant women of any age and mothers (or other caregivers) of children under two. Secondary target audiences include fathers/male partners and grandmothers, facility and community based health workers including Safe Motherhood Action Groups (SMAGs) and traditional leaders.

Campaign products

Mass Media

- 13 series of a radio drama programme dubbed “Bushes that Grow” translated into 7 Zambian local languages
- Radio discussion guide for use with mothers’ groups

Interpersonal

- Child Reminder Card
- Child feeding bowl
- Child feeding placemat
- Child feeding menu game

Results

- 13 series radio drama series translated into 7 local languages
- 16500 growth reminder cards distributed in 5 provinces
- 440 menu games distributed to community health workers
- 9200 menu placemats distributed to mothers
- 180 community nutrition promoters trained in community counseling and use of products (8 districts of 4 rural provinces)

Conclusions, Policy/Programme Implication

The project uses simple and practical interactive approaches and tools for use by community health workers to influence behavior change. The programme is anchored on government national campaign and so lessons learnt can easily be rolled out countrywide. Nutrition is one of the key priority areas for government, hence acceptability, support and sustainability is a reality for the reduction of maternal and child mortality towards attainment of the 2015 MDGs 4 and 5.

Abstract No.24

Title: The Extent to which Factors within the Work Environment of Health Institutions in Uganda Affect the Performance of their staff and therefore the performance of these Institutions

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Background

The study set out to establish the extent to which factors within the work environment of health institutions in Uganda had affected the performance of these institutions. It was guided by four objectives which included; ascertaining the factors within the work environment that facilitated performance; identifying performance management practices used to manage performance, finding out how effective the identified performance management practices were in enhancing performance and finding out what health workers required in their work environment in order to contribute to better performance.

The Study was undertaken in Mulago National Referral and Teaching Hospital in Kampala. The study was carried out using a self-administered questionnaire to the employees, an interview guide; Focus group discussions and consumers of health services were also interviewed. The data collected was analysed using the Statistical Package for Social Scientists (SPSS). The hypotheses of the study were verified using the Pearson Product Moment Correlation based on certain conditions that described the data.

Results

The study found a number of management practices being used in measuring performance. However, though these practices were identified as important, the results from their measurements were not made known to the health workers by their supervisors and had therefore affected the employees' recognition of the value enshrined in these practices. The idea of involving employees in decision-making was neglected yet it was important as it promotes sharing of ideas, consultation and general cooperation that would eventually motivate workers and therefore improve performance.

Conclusion

In conclusion the study results indicated that there was a relationship between factors within the work environment and performance and that employees needed to obtain results generated from continuous assessment. The study indicated that the element of performance management practices has a strong correlation with worker and organizational performance.

Abstract No.25

Title: Increasing access to quality maternal, newborn and child health services through enhanced public-private partnerships: preliminary results from an intervention study in two urban informal settlements in Nairobi, Kenya.

Authors: Pauline Bakibinga¹, Catherine Kyobutungi¹, Thaddeus Egondi¹, Eva Kamande¹, Jane Osindo¹

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Background

The rapid urbanization in Kenya has resulted in a population of over 58% of urban residents living in slum-like conditions. In the wake of this rapid urban growth, the formal health care delivery system has not kept pace with the growing needs of the population. Research done in the slums of Nairobi has shown that less than 1% of health facilities serving these settlements were public.

More than a decade of research by in the slums of Nairobi, Kenya shows that these areas exhibit poor child, neonatal and maternal health indicators including high levels of maternal mortality (709/100,000), high neonatal, infant and under-five mortality. The African Population and Health Research Center rolled out a 3 year project, 'Partnerships for Maternal, Neonatal and Child Health (PAMANECH)' in Viwandani and Korogocho informal settlements of Nairobi, Kenya with the aim of strengthening public-private partnerships for the improvement of health care services and outcomes for mothers, neonates and young children through various strategies: service delivery, leadership and governance, health work force and the health information system

Objectives

To determine the effect of strengthened public-private partnerships on the quality, accessibility, and affordability of maternal health services

Methodology

This is an intervention study with pre and post-intervention phases to assess the impact on the MNCH services and population health outcomes. Data were collected at baseline and is continuously being collected, from multiple sources, examining trends and trying to find explanations for the findings. **Results**

Data analysis of preliminary findings is currently on-going

Policy implications

The findings will show effectiveness, if any, of the intervention and possibly provide a model of public-private engagement for adoption by the local and central governments, for under-served populations like slums, in Kenya and other sub-Saharan African countries.

Abstract No.26

Title: Expected Roles of Nurses and Midwives by Key Informants in Botswana

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Introduction

The roles and tasks of nurses and midwives have developed significantly over the years, calling for adjustment to the needs of local current consumers. This paper presents the results of a qualitative study that explored the perceived tasks and roles of nurses and midwives, by key informants, in Botswana, in order to contribute to the development of a culturally relevant Sub Saharan nursing and midwifery practice model.

Methods

This was a cross sectional qualitative descriptive study, which was part of regional study involving 9 Sub-Saharan African countries. Respondents were patients, community leaders, and nurse-leaders, selected from different settings in Botswana by purposive sampling based on eligibility criteria, who participated in focus group discussions. Permission was received from the local institutional review boards. Participants signed a written consent form, completed a 16-item demographic questionnaire and engaged in focus group discussions. Qualitative data were textually analysis to generate themes and subthemes, supported by excerpts from participants' responses.

Results

Respondents stated that nurses and midwives were the backbone of the health care system in Botswana, operating at different levels of the system, with dependent, interdependent and independent roles. They expected from nurses to be respectful, welcoming, and respectful, compassionate to patients, and be knowledgeable about their work. They identified that nurses have caring, leadership, supervision, mentoring and managerial roles. Tasks expected from nurses included basic nursing, and other roles beyond that would be normally expected of other health workers, because *"the nurse is often the sole health care provider out there"*.

Discussion

The main emphases was that nurses are often the only personnel in remote areas and therefore were expected to perform more duties than those in their scope of practice and training curricula. Hence curricula and regulations should be reviewed so that nurses take additional roles independently and be remunerated accordingly.

Abstract No.27

Title: The Experiences of HIV-Positive Mothers, Breastfeeding Exclusively At A Regional Hospital In Swaziland

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Background

In Swaziland, 41.1% of pregnant women live with HIV, while only 32% of Swazi mothers (including HIV negative mothers) currently practice exclusive breastfeeding among infants under six months of age. The rate of exclusive breastfeeding decreases with an increase in the infant's age, as only 17% of infants aged four to five months are reported to be exclusively breastfed. However, little is known about HIV-positive mothers' perspectives and experiences of exclusive breastfeeding in Swaziland.

Objectives

To describe the experiences of HIV-positive mothers, breastfeeding exclusively at a regional hospital in Swaziland.

Methods

An explorative, descriptive qualitative study design was employed where seven exclusive breastfeeding, HIV-positive mothers who were purposively selected to participate during two visits to the study site. Responses to semi-structured and in-depth interviews were analyzed in order to generate themes.

Findings

Five major themes emerged: (i) benefits of breast milk to the mother and the baby; (ii) social support; (iii) the role of healthcare workers in promoting exclusive breastfeeding; (iv) psychological factors; and (v) challenges faced by breastfeeding mothers. Despite pressure from relatives and in-laws for some of the participants, they continued to breastfeed exclusively for the first six months of the baby's life, stating that breastfeeding benefited themselves and their infants.

Recommendations

Continuous teaching and counseling offered by nurses during the mothers' child-welfare clinic visits, motivated them to continue breastfeeding exclusively. In view of the challenges expressed by mothers, there is a need to develop and implement feasible interventions to improve support for HIV-positive mothers, in order to scale up exclusive breastfeeding practices in the country. Counseling on exclusive breastfeeding should also include the in-laws as they play a pivotal role in child feeding. This study contributes to the body of knowledge on infant feeding and provides insights to health care professionals and stakeholders working with breastfeeding women.

Abstract No.28

Title: Tracking Human Resources for Health from Pre-Service Nurse Midwifery Programs in Tanzania: Where do they go?

Authors: UkendeShalla, Email:Shalla@jhpiego.org, Grace Qorro, Email: Grace.Qorro@jhpiego.org, Natalie Hendler, Email:Natalie.Hendler@jhpiego.org Marya Plotkin, Email: Marya.Plotkin@jhpiego.org

Background

Jhpiego wanted to follow up nurse-midwifery graduates who had benefited from the strengthened FANC curriculum, training tutors on BEmONC and Interpersonal communication. These tutors have transferred knowledge and skills to students. So Jhpiego wanted to know where these graduates are working. In working with the schools and the MoHSW, that there was no formal system of tracking post-graduates.

Objectives

1. Interpret where graduate are posted after graduating from colleges
2. Analyze which percentage of graduate work in maternal and new born health

Methods used in Tracking Graduates

In 2007 and 2008, forms were distributed to all schools with instructions to give to students but there were poor response rates. So in 2009 forms were revised for data collection and sent to all schools requesting student: names, addresses, phone numbers, emails, anticipated places of employment. Sent collection forms pre-final examination period involved principals in follow up. A total of 1440 students graduating in 2009 from 53 numbers of schools provided contact information. The follow up survey administered in 2010 asked 18 quantitative and qualitative questions, including:

1. Participants' current workplace
2. Primary responsibilities at work
3. Incentives for working in rural settings, among others

The survey was administered using phones, 3 full time phone operators were employed for two months

Results

Of the 984 graduates interviewed, 95.3% reported being employed in a health facility one year after graduation. Reasons for unemployment were returning to school, unable to find a job, and caring for self or sick family member. 65.6% work in a government-run facility, 70.1% in hospitals and 91.8% work in service delivery.

Lesson Learned

1. 50 percent of graduates return to their previous working station after graduation
2. 26 percent were employed after one month after graduation
3. 17 percent were employed between 1 -5 months after graduation
4. 6 percent were employed between 6 – 12 months after graduation

Abstract No.29

Title: Challenges Faced by Pregnant Women Taking ARV Prophylaxis at Mbabane Public Health Unit: a Health Facility in the Hhohho Region

Authors: Simelane Thulisile¹, Nxumalo Nomathemba C² and Masuku Sakhile K.S².

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Background

Swaziland's HIV prevalence rate of 26% (31% women and 20% men) among people aged 15-49 years (NERCHA, 2009), and 42% amongst antenatal women (Swaziland Sentinel Surveillance Report, 2010), is reported to be the highest compared to other countries in the region. The introduction of PMTCT Programme in Swaziland in 2003 helped reduce mother to child transmission of HIV and statistics showed a success of 77% by the end of 2010 (HIV Estimates and Projections, 2010) and also UNAIDS (2012) in 2011 reported a total of 10, 641 (87.5%) HIV positive pregnant women were provided with antiretroviral prophylaxis to reduce the probability of MTCT.

Objectives

The purpose of the study was to explore and describe the challenges faced by pregnant women taking ARV prophylaxis at Mbabane Public Health Unit a health facility in the Hhohho region of Swaziland.

Methods

This study utilized a quantitative cross-sectional survey design. The study consisted of 34 participants recruited by non-probability convenience sampling. A structured questionnaire administered face to face was used to gather data. Analysis was done using SPSS software version 17.0 to generate description using bivariate analysis with one way ANOVA.

Results

The study sample composed of a total of 34 HIV positive pregnant women on ARV prophylaxis with ages ranging from 18-40 years, mean age 27 ± 7.431 . Of these 47.1% had primary school level education; 41.2% were single and 47.1% were unemployed living in the rural area (52.9%) with their partners (52.9%). A minority (32.4%) had an average monthly income of more than 2000 Emalangeni.

A majority (88%) of the respondents had disclosed their status to their partners, 55.9% had disclosed to someone else, while 41% had not. Reasons for non-disclosure included fear of rejection or fear of in-laws or employer knowing status.

Among socio-demographic variables, source of income ($p=0.047$) and mode of transport used to travel to the health facility were significantly ($p=0.020$) associated with challenges faced the participants. A significant positive correlation between age and average monthly income ($r=0.417$, $p=0.014$), first diagnosis and health status ($r=0.929$, $p=0.001$), duration on ARV prophylaxis and health status ($r=0.397$, $p=0.001$), travel expenses and challenges ($r=0.573$, $p=0.000$) were observed.

Conclusion

Results of the study revealed that HIV positive pregnant women face many challenges including stigma and discrimination, poverty, unemployment and low levels of education which limit their decision making capacity with regards to their health care. Recommendations were made that should be addressed by nursing practice and research in order to improve the quality of life of women taking ARV prophylaxis.

Abstract No.30

Title: Kenya General Nursing Assessment of Tasks and Competency in HIV Care and Treatment

Authors: D. Naitore¹, C. Rakuom², A. Katana³, M. Hawken¹, E. Muigai¹, D. Chege¹, J. Smith⁴, P. Padmaja⁴, J. Dohrn⁴

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Background

Kenya has significant shortages of health workers and consequently nurses are assuming an expanded role in HIV care. However, the current nurses' scope of practice in Kenya does not mirror these expanded roles. Similarly, the current Kenya nurse training curricula have not been revised to reflect the expanded roles of nurses. The quality of HIV care offered by nurses may be compromised if nurses perform taskshift without proper training. The objective of this assessment was therefore to identify discrepancies between nursing education and competence in HIV care.

Methods:

A cross-sectional survey of nurses providing HIV care services was conducted in four public health facilities in Kenya using a modified WHO HIV nurse tasks assessment tool. The frequency of performed tasks related to HIV care, their training and self-perceived competency were analyzed. Tasks performed by < 40% of nurses and deemed an important/expected nursing task was classified as a gap. Training and competency gaps were also identified when >5% of nurses performing these tasks reported not having received training in the task or if nurses did not feel competent to perform the task.

Results

One hundred and sixty-eight (168) nurses were surveyed. Major gaps in training were identified in the clinical management of HIV, including the management of opportunistic infections and ordering and interpretation laboratory tests; provision of isoniazid preventive therapy was also a gap. In the management of antiretroviral therapy (ART), gaps were identified in the management of adverse drug events and treatment failure. Additionally, widespread training and competency gaps were identified in the clinical management of HIV in people who use drugs. No major gaps were identified in the management of HIV in pregnant women.

Conclusions

This study characterizes the broad scope of work Kenyan nurses perform in offering HIV care and identifies key gaps in training and competency amongst nurses offering HIV care. Our findings provide essential information to inform national policy and revision of the nursing training curriculum.

Abstract No.31

Title: Competency based training: Improving providers and facility performance on basic emergency obstetric and new-born care in Tanzania

Authors: GaudiosaTibaijuka, ScholasticaChibehe, Rita Mutayoba, Dunstan Bishanga

Introduction

Under MAISHA, USAID funded program, Jhpiego and its partners collaborated with the Tanzanian Ministry of Health to deliver critical, evidence-based health interventions on a national scale to reduce maternal and newborn morbidity and mortality, contributing to the achievement of the national targets for Millennium Development Goals Four and Five.

Objective

MAISHA program objective was to update the health care provider's knowledge, skills and attitude in caring of women during labour and childbirth to reduce chances of child birth related deaths.

Methodology

Based on Basic emergency Obstetric and Newborn Care (BEmONC) performance standards Competence Based Training (CBT) was conducted to MAISHA supported facilitate covering seven signal functions. While knowledge-based assessments were held to measure mastery of information, the primary focus was on measuring mastery of skills and demonstration of attitudes. Case studies, anatomical models and simulations training methods were used to promote learning.

Skills checkout were conducted to ensure implementation of the signal functions such as administration of uterotonics, MgSO₄, manual removal of placenta, manual vacuum aspiration, resuscitation of newborn baby etc. and was enhanced by receiving basic equipment and mentoring of graduates.

Results/Achievement

921 service providers from 251 Jhpiego/MAISHA supported facilities in all 21 regions of Tanzania Mainland received BEmONC training including newborn resuscitation, gained competencies to implement the signal functions with reduction of clients who used to be referred to higher level facilities for care. 49 health facilities recognized of high performance which also acts as a motivation for sustainability.

Conclusion

Competence based training coupled with supportive supervision and mentoring enhance adherence to performance standards with facilities gearing to quality service delivery.

Abstract No.32

Title: The role of E-health in the delivery of quality, safe and efficient health care services in Kenya: Review of published literature on e/m-Health in Kenya

Authors: Linnet Mulinya¹, Dr. Mabel N. Nangami², Dr Serah Odini³

Institutional Affiliation

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3. Senior Lecturer, Moi University School of Medicine/AMREF, Nairobi Kenya.

Background

Health systems in Kenya continue to face considerable challenges in providing high-quality, affordable and universally accessible care. This review looks at the extent to which e-health strategies and policies have been implemented in Kenya including identifying specific areas where e-health has been used to enhance issues of quality, equity, effectiveness and efficiency in the delivery of health services and also the gaps and challenges in the implementation of e-health policies & strategies with the aim of making key recommendations to policy and decision makers.

Objectives

The four objectives of the review are;

1. Assess the comprehensiveness and inclusiveness of the e-health policies, guidelines and strategies to support implementation of e-health in Kenya
2. Determine the capacity and extent of preparedness of the Ministry of Health in Kenya in implementation of the e-strategy & Policies
3. To determine the factors that enhances effectiveness of e-health strategy on quality of health service delivery in Kenya.

Methods

The review was conducted between December 2013 and March 2014 and focused on published and unpublished literature in journals, bulletins and articles. It involved use of internet such engines such as Pubmed, Google and Hinari.

Results/ Lessons Learned

The review found out that the Ministry of Health Kenya is among the few Ministries in the Region with an e-health strategy which has largely remained unimplemented. Implementation of e/m-health activities in Kenya is fragmented. Most of the e/m health interventions in Kenya have focused on health information systems, health promotion, disease surveillance and human resources for health with little focus on e-learning which is still lagging behind.

Conclusions, Policy/Programme Implications

Indeed in Kenya, Progress has been made on the e-health front but there still remain several challenges: coverage, training, curricula, awareness, legislation, partnerships, and infrastructure among others.

Abstract No.33

Title: The evaluation of midwifery curriculum in Zimbabwe

Authors: Ms Lilian Gertrude Dodzo -Senior Nursing Officer, Ms CMZ Chasokela Director of Nursing Services, Mrs. Regina Kanyemba -Principal Tutor Ministry of Health & Child Welfare P O Box CY 1122 Causeway, Harare, Zimbabwe ,Office Phone: +2634734116 ,Mobile Phone: +263712 878014,263773854650 ,+263773394281,Email:dodzolilian@yahoo.com [/lrnkanyemba@yahoo.co.uk](mailto:lrnkanyemba@yahoo.co.uk).

Background

The midwifery training curriculum has not been reviewed for years. The training program runs for 1 year and on a block system. Continuous evaluations of students` performance are done through end of block examinations and clinical assessments. Some new trends in midwifery have emerged yet they are not included in the training curriculum. There is need to evaluate the training program in order to include the new trends in the curriculum and remove outdated topics.

Objectives

The study sought to:

1. Assess the content of the midwifery training curriculum in Zimbabwe.
2. Determine the availability of human and material resources for training of pupil midwives.
3. Assess the teaching methodologies for midwifery training in Zimbabwe.

Methods

A descriptive design and a systematic random sampling technique were used for sampling of the training schools. Observations, focused group discussions, review of the training curriculum, teaching guide, clinical assessments and period of training questionnaire were utilized to collect data & descriptive statistics used to analyze the data.

Results

The findings revealed gaps in the training curriculum and point to the need to include new trends in midwifery, ICM essential competencies and standards for midwifery education.

Implications for Midwifery Practice, Women and Families, Education, Research or Policy

The evaluation of midwifery training curriculum revealed gaps and the inclusion of new trends will improve the quality of midwives trained in Zimbabwe. The Nurses Council of Zimbabwe should ensure inclusion of new trends in midwifery in the training curriculum.

Abstract No.34

Title: Adaptation of Focused Antenatal Care Modal: Improving Quality of ANC Services in Tanzania

Authors: Rose Mnzava, ScholasticaChibehe, GaudiosaTibaijuka, Rita Mutayoba, Dunstan Bishanga,

Background

Antenatal care (ANC) is a widely used strategy to improve the health of pregnant women and to encourage skilled care during childbirth. The Ministry of Health of the United Republic of Tanzania developed a national adaptation plan based on the new model of the World Health Organization. Jhpiego through MAISHA program in collaboration with the Ministry of Health achieved to build capacity on Focused Antenatal Care to frontline health care workers, supervisors including Pre service education by ensuring the model is included into the national curricula.

ANC Quality Improvement tool among other guidelines was integrated to a six day Focused ANC training to empower providers and supervisors with knowledge and skills on to conduct self, internal and external assessments for quality care.

Results

All health facilities providing RCH clinic are providing Focused Antenatal Care. In 2010 and 2012 Quality of care study on ANC was conducted shows remarkable improvement on ANC services provided from MAISHA supported health facilities, included counseling on IPTp, preventative services; FE/FO, pre eclampsia screening and danger signs.

Among 50 health facilities requested external verification after they had reached 70% and above 35 (70%) health facilities received national recognition guided by the National Recognition Guidelines for Health Care Quality Improvement June 2013.

Recommendations:

1. Increase number of qualified health personnel for ANC and other maternal health services is critical for efficiency and better outcome for the services being delivered to mothers during ANC, delivery, and during postnatal period
2. Improve supportive supervision coaching and mentoring to support high quality provision of care
3. Strengthen linkage between health care facilities with community to improve quality of care

Abstract No.35

Title: The use of mobile cell phone technology in supporting FANC in Kenya

Author/s- Odongo¹, Manyawu¹, Ayiko¹, Maua², Kuria², Bett³, Miheso⁴, Henn⁴, Oliech⁵, Odongo⁵, Diemo⁶, Chieng⁶

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Background:

Many communities in the developing world own mobile phones, whose use has been shown to improve quality of health care. Involvement of male partners in health care is an important approach in the improvement of pregnancy outcome. Such involvement facilitates the release of resources from that are then used to support the care of the pregnant women. It also enhances their interest in the care of their partners during pregnancy and childbirth.

The intervention was done in Kenya.

Objectives

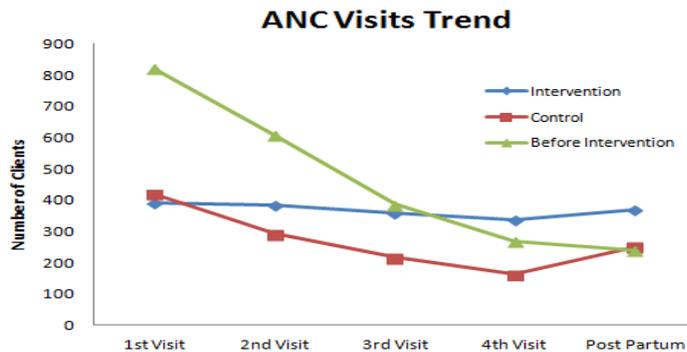
To use mobile phone to improve MNCH services; and facilitate the participation of male partners to improve the MNCH

Methodology

In the intervention group mothers and their male partners were recruited along the lines of ownership of the mobile phone, and willingness of the male partner to participate in the care of woman through pregnancy, child birth and post partum period. Short messages were sent to the couples through mobile phones reminding them of the subsequent visit. Corded messages were also regularly sent to educate them on progress and expectations of pregnancy. Intervention took place in 5 EmONC facilities. 5 other facilities acted as controls. 391 women were recruited for the intervention sites and 420 in the first control. Follow-up was done for 15 months. Both quantitative and qualitative methods were used to collect data. Data and content analysis used SPSS software.

Results

Before the intervention, only 33% of women in the control group attended the 4th antenatal visit, compared with 86% in the intervention group; and only 29% of mothers attended the post natal care compared to 95% in the intervention group. The study further demonstrated that those mothers who attended the 4th antenatal visit had 94% chance of skilled facility delivery.



Conclusions, policy/programme implications

Mobile phone use in pregnancy and child birth; and constructive male partner involvement significantly, improves the FANC visits, skilled facility delivery and post natal care.

Abstract No.36

Title: Bridging the theory practice gap: Insights from clinical preceptors at Mzuzu University, Malawi

Authors: Bvumbwe, T¹; Konyani, A¹; Chipungu, G²; Smith, J²; Middleton, L².

Affiliation(s): ¹Mzuzu University, Malawi; ²ICAP Columbia University, Mailman School of Public Health, Malawi and New York

Background

Clinical experience is essential for nursing education and professional socialization. Malawi has an average ratio of 1 clinical preceptor: 40 students, compared to the Council-approved ratio of 1:10 for the clinical setting. The shortages of well-prepared clinical teachers undermine the quality of clinical teaching and learning experiences and student acquisition of clinical competencies. Mzuzu University offers a six-week university certificate course in clinical preceptorship to prepare experienced registered nurses to teach, supervise and support students and serve as a clinical role model for pre-service students in developing competence and confidence.

Description of the project

Course evaluations were conducted for the first two cohorts to ensure the course's fidelity with overall objectives and to inform planning for the 2014 course. Preceptors discussed their experiences with the learning process, the knowledge and skills they gained, and the changes they anticipate in their performance as preceptors, which will bridge the theory-practice gap. Level one of Kirkpatrick's approach to evaluating training and education was applied to measure learning satisfaction. The course coordinator summarized the discussion and obtained verbal permission from participants to use their input in disseminating information about the course.

Lessons learned

Participants viewed the course content and structure favorably and made suggestions for how preceptorship theory could be further integrated into their supervised practice. They felt the course increased their knowledge and skills and fostered a positive attitude towards teaching and students.

Conclusion

The clinical preceptor course was received favorably. There is a need to measure learning outcomes and job performance amongst the preceptors, in order to determine the effectiveness of the program.

Abstract No.37

Title: Model Wards as a Means to Improve Clinical Teaching/Learning of Nursing and Midwifery Students in Malawi

Authors: Chipungu, G¹; Bandazi, S²; Phoya, A²; Bvumbwe, T³., Konyani, A³; Lungu, F³;Phuma E³; Smith, J¹; Middleton, L¹

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Background

Pre-service nursing students spend between 50-60% of their time in clinical settings developing the requisite knowledge, skills and attitudes for competent nursing practice. The quality of the clinical learning environment is a significant bottleneck to increasing the production of sufficient numbers of nurses to competently address health challenges in Malawi. Clinical wards frequently lacked essential clinical supplies and resources for training, were overloaded with students and had insufficient numbers of registered nurses to supervise clinical learning and act as role models for students.

Objectives

In partnership with the Department of Nursing at Mzuzu University and the Ministry of Health, ICAP Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative developed model teaching wards at four of the country's teaching hospitals to strengthen the clinical learning and teaching environment.

Project Description

A model ward development team, lead by Mzuzu University, developed a multi-level approach for establishing model teaching wards. This approach involved extensive engagement with stakeholders; gap analysis of the ward learning environment and resources; development of professional practice guidelines for clinical practice; preceptorship training for the clinical nurses on the wards; procurement of clinical supplies and equipment for the wards; and the establishment of a clinical placement coordination forum with clinical services and faculty.

Lessons Learned

Students' acquisition of clinical competencies and professional behavior is closely tied to the quality of the clinical teaching environment. Strengthening the capacity of clinical wards to provide quality clinical education requires intensive collaboration between the clinical nurses, hospital management and education faculty at each stage of development.

Conclusion

Anecdotal reports from students, clinical services and faculty suggest these model wards have improved the quality of teaching, learning and most importantly, patient care. A systematic evaluation will contribute robust evidence for this innovation, informing best practices in clinical teaching in Malawi.

Abstract No.38

Title: Strengthening Clinical Environment in Nursing and Midwifery Education: The Nursing Education Partnership Initiative (NEPI) Clinical Simulation Program in Lesotho

Authors: Sesinyi-Ngwane, N,¹; Shelile M.²; Moabi, P,³; Masava, B,⁴; Shanyurai, S,⁵; Lebona, M,⁶; Chabela, A,⁷; Molise, N,⁸; Smith, J,⁷;Pitt, B,⁷; Middleton, L,⁷.

¹Maluti Adventist College; ²National Health Training College; ³Scott School of Nursing; ⁴Paray School of Nursing; ⁵Roma College of Nursing; ⁶National University of Lesotho; ⁷ICAP Columbia University, Mailman School of Public Health; ⁸NEPI Coordinator Ministry of Health

Background

Lesotho has the third highest HIV prevalence in the world at 23%, and a maternal mortality ratio twice the global average at 620 per 100 00 live births. The nursing shortages are acute with 0.49 nurse-midwives (NM) per 1000 population. Increasing the number of qualified NM providing clinical care, especially in rural areas, may reduce HIV- and pregnancy-related morbidity and mortality. Limited clinical placement sites and opportunities for supervised clinical practice have constrained the productive capacities of pre-service institutions.

Objective

In partnership with the Ministry of Health, ICAP-Columbia University Coordinating Center for the PEPFAR-funded NEPI developed a clinical simulation program in Lesotho to enhance acquisition of clinical competencies by NM and bridge the theory and practice gap.

Description of the Project

Clinical simulation in Lesotho was designed to provide students with a learning environment in which mistakes can be made and learning takes place without the risk of harming the patient. A systematic approach included: review of curricula; building of scenarios/case studies for the required skills; defining minimum criteria for learners to move to the clinical setting.

Lessons learned

Clinical simulation allows all students to gain experience in critical competencies that might be difficult for them to develop in real life due to limited clinical practicum settings. It promotes the integration of evidence into practice, increases student confidence, and improves problem solving and clinical reasoning.

Conclusion

Clinical simulation will increase the capacity of NM entering the workforce to provide competent care. Many institutions are investing significantly in this method. The NEPI advocates for the need to apply a systematic and evidence based approach for effective implementation of this intervention in low resource settings.

Abstract No.39

Title: Empowering midwives on the management of Eclampsia: The case of Tanzania

Authors List: Dr. Fatma Suleiman, Dorcas Jidayi , Dr Brenda D'mello.

Authors' Affiliation: Dr. Suleiman is an OBGYN, Jidayi is a Midwife advisor trainer and Dr D'mello is a technical advisor in the Maternal and Newborn Health programme at CCBRT. Email: dorcas.jidayi@ccbrt.or.tz.

Background

Beginning in 2010, Comprehensive Community Based Rehabilitation in Tanzania's (CCBRT) Maternal and Newborn Health programme embarked on a project to build capacity and improve quality at hospitals and health centres in Dar es Salaam. It partnered with the Regional Health Management Team (RHMT) to target sixteen public health facilities in Dar es Salaam.

Objectives

CCBRT worked to improve the quality of maternal and new born care at sixteen sites, focusing on improving Basic Emergency Obstetric and Newborn Care (BEmONC) skills among health staff. Of particular importance was the management of eclampsia as it was the number one cause of death in 2013 in the Dar es Salaam region.

Methods

Using the national register (MTUHA), we collected data from three quarters in 2013 on the causes of maternal death, specifically focusing on eclampsia. This data was shared with the hospital management and maternal department supervisors. Consequently, a common module and methodology of teaching was created at the beginning of 2014 and implemented in April 2014. Preceptors were selected for training on the management of eclampsia, and they were tasked with coaching and mentoring the midwives and doctors at their respective sites.

Results

Sbmr scores showing increases/decreases in eclampsia management

Discussion, Conclusions, Recommendations

It is too early to say whether the training program has led to an increase in diagnosis and effective treatment of eclampsia. On-the-job training and coaching did help raise competency of the health staff. It is important to ensure that health staff are competent in best practices for care. Continuing medical education is an imperative for ensuring that health staff receive up-to-date training. The midwives were receptive to these trainings because they were empowered to manage eclampsia more effectively.

Abstract No.40

Title: Preceptors' clinical teaching practices at a Regional Referral Hospital in Uganda

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Background

The health service provision in Uganda comprises public and private sectors with a central and decentralized approach under the district and health sub districts, ([Ministry of Health, 2010a](#)). There are thirteen regional referral hospitals, two national referral hospitals and several other referral and district hospitals under the government of Uganda and private sector ([Ministry of Health, 2010a](#)). Four out of the 38 fully accredited nursing training institutions in Uganda, acquire their clinical competencies from preceptors working at Jinja regional referral hospital. The study was conducted to describe the preceptors' clinical teaching practices of pre-registration nursing students at Jinja regional Referral hospital in Uganda.

Objectives

- i. Describe the current nursing preceptors' clinical teaching practices at Jinja regional Referral hospital
- ii. Describe current pre-registration nursing students' satisfaction in terms of clinical teaching by preceptors at Jinja regional Referral hospital

Methods/Description of the project

A cross sectional survey of the current preceptor clinical teaching practices and nursing students' perception of the nursing preceptors' clinical teaching practices was done

Results/Lessons learned

Nursing as a practice is an outcome of clinical teaching and learning which is facilitated by preceptors. During the process of providing clinical services to patients, nurses precept nursing students (service and education). It is important to initiate a program for nursing preceptors which will equip them to conduct clinical teaching. A program that will be friendly to their work requirements.

Conclusions, policy/programme implications

Nursing and midwives Council of Uganda can build on the findings to ensure that deliberate move preceptors requirements for clinical teaching

Abstract No.41

Title: Factors influencing willingness to use Intrauterine Contraceptive Device among Women of Reproductive age in Rwengwe Sub County, Buhweju District, Uganda

Authors: Lilian Nuwabaine, Intern BSN Nurse, Makerere University, P.O Box 7062, Kampala Uganda, Office, Mobile Phone: +256779218872, E-Mail(s): lilliannuwabaine@yahoo.com.

Background

General Contraceptive prevalence rate of Uganda has remained low (30%) and currently, only 26% of women are using modern methods of family planning (UDHS, 2011). Despite the fact that the intrauterine contraceptive device (IUCD) is very safe and highly effective (WHO, 2010; Katz *et al.*, 2012), it is used by only 0.4% of Ugandan women (UDHS, 2011). Therefore, due to low utilization of IUCDs, this study sought to understand the factors influencing women's willingness to use IUCDs.

Objectives

The research was intended to assess the factors influencing the willingness to use IUCDs specifically the individual factors and social factors among women of reproductive age in order to increase their willingness to use IUCDs through increase of family planning programs.

Methods

A cross sectional study using quantitative method of data collection was employed to obtain information from women of reproductive age in Rwengwe Sub County, Buhweju district. The study respondents were selected using convenient sampling method. Written informed consent was obtained and participants interviewed using a questionnaire and the study was voluntary.

Results

Results in this study indicated that majority of the participants 195 (59.1%) were not willing to use an IUCD. Also, general CPR for family planning in this study was 46.2% and the one for modern methods of family planning was 25.9%. However, IUCD was used by only 1.7% of the participants hence indicating an unmet need of use of long term methods of family planning. Statistically significant individual factors influencing willingness to use IUCD at multivariate analysis were; education level, occupation, it prevents pregnancy once inserted, has side effects of menstrual irregularities, heavy menstrual bleeding and only the following social factors were found to be statistically significant at multivariate analysis;

Conclusion

Irrespective of the mass education programs on the long term methods of family planning like an IUCD, few women were willing to use it. According to this study, the following factors were found to be influencing willingness to use IUCD; educational level, occupation, side effects of menstrual irregularities and heavy menstrual bleeding.

Abstract No.42

Title: The Influence of Culture on Health

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Background

Nursing is a profession that the society has vested with a very challenging role of maintaining the health of individuals, families, and communities. Caring within nursing is a complex process that involves not only the knowledge but also the intellectual and analytical ability of the nurse to relate relevant and culturally appropriate knowledge in the delivery of health care. Providing quality care cannot be possible without considering the context of the client as a whole person and the associated factors such as culture, beliefs and traditions.

Description of the Paper

Caring exists in all cultures but how it is carried out and interpreted should be culturally applicable and relevant. Since nurses interact with clients and families from various cultural backgrounds, it is important that nurses understand their cultural values and beliefs in order to provide holistic care. Recent trends in migration and globalization have a tremendous influence on nursing care.

Nurses are in a period of great mobility and exchange, and they interact with people from all over the world. This poses the greatest challenge to nursing profession that demands nurses to expand their role in trans-cultural nursing. Accommodating trans-cultural issues in nursing care is an innovative method of contributing to the enhancement of excellence in nursing care. This creates awareness among nurses to improve the quality of health care.

Conclusion

This concept paper highlights the cultural issues that may arise in delivering care with special focus on the third world countries. Integrating Trans-cultural Nursing concepts into nursing and midwifery curriculum will contribute to achieve culturally congruent holistic care.

Abstract No.43

Title: Standards for Nursing and Midwifery Education in Malawi: Promoting Quality in Nursing and Midwifery Education

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Background

The need for standards in nursing and midwifery education has arisen globally as a result of increasing complexities in health service delivery systems, increasing numbers of health professionals at different levels, variations in the type and duration of educational programs, and the need to ensure more equitable access to quality health care. In 2006, the World Health Assembly (WHA) called for the development of global and national standards for initial education of nurses and midwives to ensure a minimum quality of nursing and midwifery education.

Objectives

ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) in collaboration with the Nurses and Midwives Council of Malawi (NMCM) and the Ministry of Health developed nursing and midwifery education standards to serve as a benchmark for moving educational institutions toward a common competency-based education in unison with global requirements to ensure the provision of quality nursing and midwifery services in Malawi.

Description of the Project

Standards for nursing and midwifery education programs were prescribed for ten categories including: mission, philosophy and objectives; educational program; academic faculty; educational resources; governance and administration; student selection, admission and support; assessment of students; program evaluation; quality assurance; and research and evidence. Each of the ten standards categories has indicators that guide in benchmarking achievement.

Lessons Learned

Development and application of the standards among training institutions has allowed for immediate intervention and capacity building, ensured education is relevant to the needs of the population, improved quality assurance and performance mechanisms, and facilitated on-going development of nursing and midwifery education through continuous dialogue and feedback.

Conclusions

Establishment of standards to promote quality in nursing and midwifery education in Malawi will serve as leverage in the production of sufficient numbers of well-trained, clinically competent graduates, building a high quality nursing and midwifery workforce for strengthened health systems.

Abstract No.44

Title: Community Dialogue in the Causes of Maternal Death

Authors: Ms. Mavis P. Nxumalo- MSC in Leadership for Change, DPH, SRN/SCM, Ms. Phumzile Mabuza-DPH. SRN/SCM /SRHU Manager, Ms. Nomsa Magagula MSC Health information in Health services Management, Bachelor of Education in Nursing, SRN/SCM

Introduction

This paper aims at summarizing a six weeks technical Support in developing Millennium Development Goal 5 Accelerated Framework (MAF) Country Plan of Action since August 2013. This assignment was preceded by a community dialogue for better understanding of the opinion of communities on the causes of maternal and neonatal mortality rate in Swaziland.

Methodology

The community dialogue was conducted in eight hard to reach rural communities that were randomly selected in the four regions. Focus group discussions were held with women and men of child bearing ages.

Results

Findings from the dialogue revealed that the causes of maternal mortality were observed to be beyond the client and outside the sphere of the Ministry of Health. It also confirmed that most mothers still deliver at home whilst some deliver to their way to health facility. Other causes cited ranged from, family structure, myths and misconceptions, poverty socio-economic/sociocultural issues, absence of waiting huts, road infrastructure and communication net-work.

Implications of the Results

The results of the community dialogue revealed that the issues were outside the mandate of the MOH and hence the need to link the key issues with the responsible sector so that there have a buy in and participate in the development of the Country Plan of Action for MAF. Identified Ministries that had a stake in MNCH included almost all Govt. Ministries, Sectors, Civic Societies, NGOs and Private.

Conclusion

The assessment was an eye opener as it opened doors for working together with other ministries for f the country to yield great impact in reducing maternal and neonatal mortality rates in Swaziland as the CARMMA slogan says **“No Woman Should Die While Giving A Life”**

Abstract No.45

Title: Review of Nursing Council of Kenya Regulatory Tools to achieve Quality and Safety

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Background

The main purpose of regulations is quality and safety. These can be achieved if the students and practitioners alike have regulatory tools against which their practice can be benchmarked and safety to patients is guaranteed. Nursing Council reviewed its regulatory tools including the standards of nursing education and practice document. The tools are aligned to the Kenya Constitution and the amended nurses act (2012)

Objectives

1. To ensure nursing education programs are appropriate and adequate in preparing nurses to join the profession;
2. To foster continuing improvements in nursing education and practice.

Method

The National Nurses Association of Kenya, responding to a call from ICN to develop standards put in place a committee to work on the same. This project never took off. A time came when the Council needed to start officially accrediting institutions for training nurses. This had to be done using objective measurements. NNAK therefore approached partners to develop the standards. Consultative meetings took place. Extensive literature review was also undertaken to learn what has been done elsewhere. A workshop was held with stakeholders, then finalization done by NNAK and NCK.

Results/Lessons Learnt

Standards of education and practice developed which can be used first of all to accredit nurse training institutions and secondly, to guide practice. These standards include: Curriculum; resources and facilities; CPD; provision of care including emergency treatment; occupational safety and private practice

Conclusion

Documented standards are essential for safe practice. Effective regulators need to revise their tools regularly and align them to changes in nursing and health in general

Abstract No.46

Title: The Nursing Education Partnership Initiative Lesotho's experience of transforming midwifery education from a content-based to a competency-based curriculum

Authors: Molise, N¹; Chabela, A²; Mohapeloa, L³; Makau, M⁴; Pitt, B²; Middleton, L²

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Background

Translating theory into practice is a considerable challenge for midwifery education in Lesotho, with little attention given to addressing the theory-practice gap. Many newly graduated midwives enter clinical settings unable to translate classroom learning into “real-life” clinical practice. The one-year post-basic diploma in midwifery curriculum was transformed to prepare nurse midwives to provide relevant, competency-based midwifery care aimed at contributing to improved maternal and child health.

Objective

The Lesotho Ministry of Health, in partnership with ICAP Columbia University Coordinating Center for the NEPI in Lesotho, supported nursing schools to transform the content-based curriculum for the one-year post-basic diploma in midwifery to one that was competency-based, in order to enable graduate midwives to attain clinical competencies to offer effective, life-saving midwifery services.

Project Description

Lesotho followed a multi-phased, participatory approach for the development of midwifery competency-based curriculum (CBC). An assessment was undertaken to determine level of readiness and abilities of faculty to implement this approach. Subsequently, the competencies outlined in the International Confederation of Midwives (ICM) and guidelines for curriculum development from World Health Organization (WHO) were adapted. The CBC and study guides were developed, underpinned by learning principles of constructivism, authenticity, scaffolding and constructive alignment. Assessments of competencies were aligned with academic and professional regulatory standards. Innovative methods, including clinical simulation and clinical residency programs in hard-to-reach areas, were implemented to Strengthen Acquisition of Clinical Competencies.

Lessons Learned

The change to CBC required faculty to shift from a “lecture-centered” to a “student centered” approach, with the student assuming the lead in the learning process. Faculty training in CBC and the introduction of a clinical residency program supported this shift.

Conclusion

CBC will prepare nurse-midwives to competently address health challenges facing women during pregnancy, childbirth and the post-partum period in Lesotho.

Abstract No.47

Title: Preferred learning styles among graduate nurses in Malawi

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Background

The growing concerns among stakeholders in Malawi that graduate nurses are not well prepared for practice, points to possible deficiencies in the undergraduate nursing education processes. Learning for optimal performance in practice requires learners to use diverse learning styles in an effort to advance deep learning. Learning styles are crucial for learning engagement if student-centred learning is to be promoted among learners. Lack of diversity in use of learning styles is a factor that might impede deep-learning for the development of cognitive abilities.

Objective

The study sought to determine learning styles employed by the graduate nurses during the BSN programme.

Methods

A two-phased, cross sectional, sequential explanatory mixed research design was used to investigate the learning processes of graduate nurses. Sample size of 235 graduate nurses who qualified from Kamuzu College of Nursing, were invited to participate. Data was collected using the Grasha-Reichmann Learning Style Scales. MS Excel was used to quantify the items of learning styles which were later entered on the statistical package SPSS Version 16.0 and descriptive statistics were computed.

Results/Lesson Learned

The most dominant and preferred learning style among graduate nurses' is the Competitive Learning Style ($\bar{x} = 3.98$; $SD = 0.52$), followed by Avoidant Learning Style ($\bar{x} = 3.88$; $SD = 0.68$) these are teacher-centred learning styles. There is also lack of diversity in the use of learning styles resulting in learner dependence and minimal learning involvement among the learners. Least preferred learning style is the Independent Learning Style ($\bar{x} = 2.84$; $SD = 0.80$).

Conclusion

Diverse learning styles is advocated for in the BSN programme by designing curricular benchmarks that integrates Socratic and facilitative teaching methods to promote diversity of learning styles among graduate nurses.

Abstract No.48

Title: The Role of Institutional Collaboration in Improving Nurse Education; Experience of Lusaka Schools of Nursing, Lusaka, Zambia

Authors: Priscar S. Mukonka, Aijaahokas, Pirjokoski, Kirsitanskanen, Mercy Pindani, Susan Moyo and Filbert Macha.

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Background

Lusaka School of Nursing is the biggest Nurse Education Institution in Zambia and it is part of the Malawi-Zambia-finland Co-operation (MaZaFi). The Co-operation has six partners namely Helsinki Metropolia and Karelia Universities of Applied Sciences in Finland, Kamuzu College of Nursing and Malawi college of Health Sciences in Malawi and Lusaka Schools of Nursing and Livingstone School of Nursing and Midwifery, Zambia. The project is sponsored by the Finnish Ministry of Foreign Affairs through the Centre for International Mobility (CIMO) and it is managed by Helsinki Metropolia University of Applied Sciences through an International Coordinator.

Goal and Objectives

The main goal of the Network is produce a competent practitioner who will provide quality care to the clients in accordance to the needs of the country. This has been achieved through promotion of Nurse/Midwifery education in partner Institutions.

Methods/Description of the Project

The School (Teachers and Students) has hosted and also attended network meetings, intensive courses and Exchange programmes at home and also in partner countries. The School is also organizing in collaboration with the partners an international conference on care of cancer patients to be held in March, 2015. Evidence Based Nursing Practice and Clinical Tutoring have been the broad themes of the intensive courses.

Results/Lessons Learned

Improved knowledge, both teachers and students, in Evidence Based Practice. Teachers, students and Clinical Staff are conducting Action Researches to improve practice. Journal clubs are being conducted one a month. Improvement in reading culture by Clinical Staff. Better care for cancer patients as a result of the international conference which the School will host in March 2015 through the collaboration.

Conclusions, Policy/Programme Implication

Evidence Based Nursing Education and Practice has improved quality of care rendered to the patients in Zambia.

Abstract No.49

Public Awareness on the Maternal and Neonatal Mortality Prevention Strategies

Authors: CMZ.Chasokela, RM.Marck-Katumba, M.Chiwara

Background

Maternal and neonatal mortality rates in Africa, Zimbabwe included are unacceptably high despite most of the causes of death being avoidable. Midwives provide essential care for women and newborns aimed at meeting the Millennium Development Goals 4 and 5. The Nursing and Midwifery Department within the Ministry of Health and Child Care took an undertaking at the 2013 Harare Agricultural Show to create public awareness on maternal and neonatal mortality.

Objectives

The objectives were to create awareness on the causes and prevention of maternal and neonatal deaths, to stimulate discussions on ways of preventing further maternal deaths and to explain the role of the Midwife in the provision of maternal and child health services.

Methods

Posters on pregnancy and Midwifery activities displayed in a cubicle were used to stimulate discussions with the public who visited the cubicle. The guests were then requested to give comments in the guest book. The comments were analysed thematically.

Results

One hundred and forty three (143) people visited the Nursing stand and forty three (43) gave comments. The public appreciated the information given commenting that 'such awareness should go beyond exhibition'. Men asked a lot of questions to clarify maternity problems that affected their relatives while females gave their birthing and hospital experiences which were mainly negative, for example, delay in attending to women in labour. Some positive contributions were given by men to create awareness at small group church meetings and through drama.

The Public recommended midwives to give detailed information at clinics and hospitals, more nurses to be added to clinics, to select and train nurses who are passionate about the profession, nurses attitudes to improve and not to use cell phones when on duty.

Conclusion

Public awareness and engagement should be intensified and midwives should display a positive and competent image.

Abstract No.50

Title: Nurses' Knowledge, Practices, and Barriers in Care of Patients with Pressure Ulcers in a Ugandan Teaching Hospital

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Background

Pressure ulcers have been identified as one of the major burdens of long hospitalization all over the world. There several reasons why their proper prevention and management should be one of the nursing care priorities. The most common reason is that disease conditions which are associated with pressure ulcers are on increase. This means such patients are more likely to get pressure ulcers and their consequences like sepsis, tissue destruction and increasing the hospital costs. Nurses are usually at fore front of preventing pressure ulcers in clients who are under their care.

The purpose of this study was to determine the nurses' knowledge and practices regarding risk factors, prevention, and management of pressure ulcers at a teaching hospital in Uganda

Objectives

1. To determine the nurses' knowledge about the risk factors, prevention strategies and management of pressure ulcers.
2. To determine the Nurses' practices towards prevention and management of pressure ulcers during their routine care of patients.
3. To identify the barriers that hinder nurses to put in practice their skills and knowledge towards the prevention and management of pressure ulcers.

Methods

The study employed a descriptive cross-sectional design. Fifty-six Ugandan registered practicing nurses were sampled. A composite self-administered questionnaire and an observation checklist were utilized

Results

The nurses had limited knowledge about critical parameters of pressure ulcers. Prevention practices were observed to be unreliable and uncoordinated related to a significant shortage of staff and logistics for pressure ulcer prevention. Nurses had poor access to current literature on pressure ulcer prevention. Lack of education and poor access to literature about pressure ulcers were also cited as barriers to proper management of pressure ulcers.

Conclusion

Translation of nurses' knowledge into practice is possible if barriers like staff shortage, pressure relieving devices provision, and risk assessment tools are addressed at Mulago

Programme Implications

The nurse training schools and universities need to examine their curricula to address issues related to pressure ulcers prevention and treatment. Hospitals also need to devote more resources to prevent and manage pressure ulcers. Professional bodies should also provide continuous nursing education (CNE) and continuous medical education (CME) to staffs about pressure ulcers.

Abstract No.51

Title: An evaluation of the course for the Diploma in Nursing Administration in Zimbabwe

Author: Dr Edward Makondo, Deputy Director Nurse Training and Administration, Ministry of Health and Child Care, P O Box CY 1122, Causeway, Harare, Zimbabwe, Mobile Phone:+263 772384629

Background

The purpose of the study was to identify the strengths and weaknesses in the course and make the necessary changes. Stufflebeam's Evaluation Model was the design which was used for the study. Questionnaires were sent to 228 nurses who completed the course and 165 nurses responded. All six nurse tutors and all 16 guest lecturers who are involved in teaching the course were interviewed. Thirty-four Matrons who supervised nurses who completed the course were interviewed. Descriptive statistics were used to analyze the data.

Results

Components indicated as relevant for inclusion in the course content were management of health finances, unit budgetary control measures in hospital, cost containment, cost benefit analysis in health care, labour relations, health sector reforms, patient/client rights, health care personnel rights, strategic planning and computer literacy. The sociology content to include issues on gender. Resources required in the course included a purpose built school, six permanent nurse tutors, current textbooks and journals, a vehicle and fax facility.

Conclusion

The nurse tutors and the majority of matrons were satisfied by the general performance of the nurses who completed the course. Recommendations were made for grandaunts to work under supervision of experienced nurse managers for a period of at least three months to consolidate what they learnt in the course.

Abstract No.52

Title: Factors affecting mental health nursing practice in Tanzania

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Institutional Affiliation: School of Nurse teachers Muhimbili, Ministry of Health and Social Welfare

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Introduction

Recently, hospital management teams have experienced and received reports that are highly suggestive of elements of inadequate mental health care. Adverse events such as patient killing one another in the psychiatric wards are one among incidences that indicate the degree or severity of deterioration of the quality of mental health practice. Limited infrastructure makes patients cared for in a non-therapeutic milieu; non-conducive working environment for nurses, including high workload, creating more demands from patients and their significant others. These factors compromise the quality of care provided and this affects the motivational factors for nurses working in mental health care. Understanding factors affecting mental health practice will be vital in correcting this anomaly.

Objective: The study aimed at determining factors affecting mental health nursing practice in Tanzania.

Methodology

The study deployed a descriptive qualitative design at Mirembe National Hospital for Mental Health and Muhimbili National Hospital, 27 nurses participated in providing information through focused group discussions and in depth interviews were by 16 nurses were Muhimbili and 11 nurses from Mirembe National Hospital. In addition, 10 nurses in charges and managers were involved in filling up the institutional quality assessment tool. Sessions were audio recorded, transcribed, analyzed and translated.

Findings

Un-conducive working environment was the main factors affecting in which there was low motivation to nursing staffs, lack of on job training for long time, limited infrastructure in mental health facilities, high workload, unguaranteed safety at work place, and nursing leadership in mental health units affected performance. Other factors included shortage of qualified nurses trained in mental health, limited treatment modalities, poor environments for hospitalized patients, inadequate funding of mental health services and absence of community mental health nursing. Also it was found that the quality of care was below standards.

Conclusion and Recommendations

There is a need for the government to provide adequate budget for financing mental health services that could enable to hospital managements improve the working environment and motivate nurses and increase their engagement in their work also to have effective community mental health nursing and training to nurses working in mental health settings. Mental health nursing need to be practiced by well-trained and competent nurses in this area.

Future research should investigate whether these findings remain consistent in other mental health facilities also there is a need to undergo study to find the impact of patients being enclosed in the wards for most of their hospitalized period.

Abstract No.53

Title: Reforming nursing and midwifery education in Cote d'Ivoire: Introducing the "License-Master-Doctorate" System at INFAS

Authors: Kramo Yao¹, Gnangui Vincent², Reda Mariam², Aka Koutoua³, Djama Laurent⁴, Bashi Jules², Wemin Louise², LynMiddelton⁵, Sess Daniel⁴, Viho Ida²

Affiliations: ¹ Institute National de Formation des Agents de Sante, Korhogo, Cote d'Ivoire; ²ICAP, Columbia University, Abidjan, Cote d'Ivoire; ³Institute National de Formation des Agents de Sante, Aboisso, Cote d'Ivoire; ⁴Institute National de Formation des Agents de Sante, Abidjan, Cote d'Ivoire; ⁵ICAP, Columbia University, New York, United States

Background

The West African Health Organization (WAHO), an ECOWAS health agency, is guiding implementation of the 'License-Master-Doctorate' (LMD) reform in nursing and midwifery education in the sub-region to enable diploma equivalence at the international level. The national nursing school (INFAS) in Cote d'Ivoire is revising its 'License' educational program and conducting a project at its Korhogo satellite campus.

Objectives

Strengthen INFAS Korhogo in production and maintenance of a skilled nurse/midwife workforce by improving pre-service education quality and sharing innovative models.

Description of the Project

ICAP Columbia University's PEPFAR-funded Global Nursing Capacity Building Program is supporting the transition to aLMD system. During academic year 2013-2014, a national Technical Working Group is implementing the project through: a) preparation of an annual workplan, staff recruitment, and a baseline assessment; b) implementation with revision of academic and clinical education tools, training teachers (INFAS faculty) and clinical mentors (at health facilities for students' internship) in new teaching techniques and mentorship, revising the clinical mentors' guide and students' training portfolio, equipping clinical skills laboratories; c) evaluation of how mentorship affects nurses'/midwives' knowledge/skills, quantity/quality/impact of support provided for pre-service training and policies/practices for improving retention of students/faculty/nurses/midwives.

Lessons Learned

As of March 2014, the training portfolio was revised into a single document for the 'License' training duration. This model enables teacher/clinical mentor/student to have ongoing follow-up of acquired clinical skills. Training sessions on LMD teaching and mentoring techniques were realized for 11 teachers and 100 clinical mentors. Close and harmonious collaboration between INFAS and health facilities is crucial for a successful competency-based training system. Documentation access and student self-education were improved by a permanent internet connection.

Program Implications

This project paves the way for the expansion of the innovative LMD system for nurses/midwives to all INFAS institutions and other regional structures, making INFAS a regional pioneer.

Biographies of Paper Presenters

1. **Mary Lyn Gaffield** joined the Department of Reproductive Health and Research at the World Health Organization in 2003 and is responsible for its evidence-based family planning guidelines. Her research interests include contraceptive safety and programmatic interventions that address strengthening family planning services. Since 2010, she has served as the co-chair of WHO's Guideline Review Committee. Dr Gaffield received her PhD in Epidemiology from the University of North Carolina.

2. **Carolyn Hall** is a Nurse Consultant with the U.S. Department of Health and Human Services (HHS)/Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau's (HAB) Global HIV/AIDS Program. She has served as the Program Officer for its Care and Treatment and Quality Improvement Programs and is currently the Nursing Team Lead, focused on the Global Nursing Capacity Building Program, which includes the Nursing Education Partnership Initiative (NEPI).

Ms. Hall is a member of PEPFAR's Human Resources for Health Technical Work Group, as well as a member of the Health Systems Strengthening sub-committee. Prior her involvement with PEPFAR, Ms. Hall provided HIV care and prevention services to people living with HIV/AIDS in New York City and Zimbabwe, Africa.

3. **Pauline Bakibinga** is a Ugandan trained medical doctor, currently the project manager of the 'Partnerships for Maternal, Newborn and Child Health' project under the Health Challenges and Systems Research Program at the African Population and Health Research Center, Nairobi-Kenya. The project seeks to improve health outcomes for people living in informal settlements through improving access to quality health care and strengthening referral systems. She holds a PhD in International. Her chief areas of research interests are in strengthening health systems through capacity building, expanding access to reproductive, maternal, newborn, and child health services, health promotion and identifying solutions to the challenges of expanding prevention and health care in resource limited settings.

4. **Lenias Hwenda** is an immunologist who specialized in infectious disease vaccine research and development at University of Oxford and Rockefeller University. She is an interdisciplinary professional with expertise in access to medicines, global health policy, the WHO, and UNAIDS governance processes. Her professional experience spans more than 10 years in academia, public, and private sectors.

Her global policy work with African country missions to the UN in Geneva involved conducting high-level policy negotiations. Lenias is the Founder of Medicines for Africa, an organization, which focuses on bringing together partners from across sectors to find sustainable ways of improving access to medicines in African countries. She has published her policy and scientific work in peer-reviewed journals in a range of areas that include clinical trials, poor access to medicines, pandemic influenza preparedness, intellectual property issues in global health, counterfeited

medical products, health security, and foreign policy.

5. **Mrs. Dorothy Chanda** is a lecturer in Community Health Nursing at the Department of Nursing Sciences of the School of Medicine, University of Zambia. She is a renowned Infection Prevention nurse-practitioner. She has devoted a major part of her professional career in the practice of infection prevention before joining the University of Zambia. Her passion for infection prevention has been demonstrated by the many presentations at International Conferences in Nigeria, USA, UK and locally in Zambia.

She prime-moved the infection prevention programme in the University Teaching Hospital (UTH), Lusaka Trust Hospital, and the Kitwe Central Hospital, Ndola Central Hospital,, Arthur Davison Children Hospital collectively known as the KANDO group of hospitals on the Copper belt province of Zambia. She is a member of the National Infection Prevention Working Group. She participated in the production of the National Infection Prevention policy and Guidelines. The Directorate of Clinical Care and Diagnostic Services of the Ministry of Health appointed her as a Master Trainer in Infection Prevention in which capacity she still continues to participate in capacity building of health care providers in infection prevention in all the provinces of Zambia.

She also has excellent writing skills. She has authored two books, one in 2004 entitled Infection Prevention Practices in the Rural Communities and Health Care Institutions in Zambia published by Maiden Publishing House. This book was distributed to all health institutions in Zambia by the Norwegian Embassy; a second edition is in progress.

The second book, sponsored by the School of Medicine, entitled 'Nursing Management of Cholera Patients in Zambia', was published in 2011 by the University of Zambia. She is also a research reviewer for international Journals. She is a recipient of a ZUNO Research Award among others.

6. **Dr. Peter Kirabira**, MPH, MBChB, Coordinator of the Research Department for International Health Sciences University (IHSU), and Lecturer in the Institute of Health Policy and Management at IHSU. Peter has been involved in Clinical and Public Health work since 2001.

He is a Public Health Specialist with a specific interest in slum health in the areas of Primary Health Care, Reproductive health, Health Policies, Community development, and health focused programs as the project in charge, and conducted various studies and surveys in these areas among the slum communities of Kampala, presenting the findings in several conferences. He has also sat on the national Technical Working Group for PMTCT with the Ministry of Health Uganda. He has participated in clinical and social research, evaluation of health and social development in health and has also initiated projects and coordinated projects since 2004.

7. **Dr. Lyn Middleton** is the Regional Nursing Advisor for the ICAP Columbia University Coordinating Center for the Nursing Education Partnership Initiative (NEPI) currently operating in five sub-Saharan countries. Prior to joining ICAP, Lyn was a faculty member of the School of Nursing and Public Health at the University of KwaZulu-Natal, Durban, South Africa.

8. **Ms. Janel Smith** is a nursing education officer with ICAP at Columbia University. In this role she supports the design, implementation, and evaluation of nursing education and training programs for the Global Nurse Capacity Building Program currently operating in ten countries in Africa.

Prior to joining ICAP, Janel provided clinical training and evaluation of sexual violence programs in refugee and post-conflict settings in Africa, Asia, and the Middle East with the International Rescue Committee and practiced as a nurse in a pediatric emergency department. Janel received her BSN from the University of Illinois at Chicago and her MPH from Johns Hopkins University.

9. **Dolorence Alaki Wakida** has worked in Educational Institutions for 37 years as a tutor but majorly as an Institutional Administrator and manager. Has headed two Diploma Nursing Institutions and one Allied Health Institution. Currently, a Vice Chairperson to the Association of Principals of Health Training Institutions in Uganda Played an enormous role in the introduction of the Training of Psychiatric Clinical Officers in Uganda in 1997. A cadre of mental health workers that has turned the face of mental health and Psychiatry in the country.

Has participated in a number of district and national trainings, support supervisions as assignments by the Ministry of Health, Disability Prevention and Rehabilitation Section, & Mental Health Department. Has participated in Support Supervision /Inspection of Health Training Institutions with the Ministry of Education & Sports- Directorate of Education Standards. In 2001 was elected Member of the National Council for Higher Education (NCHE) to represent Health Training Institution where she served for two five-year Terms, from (2001- 2012) and led visitation Teams to inspect Private Universities with Provisional Licenses, and Other Tertiary Institutions in Uganda.

As member of the NCHE, served in the following committees: Finance Committee; Accreditation and Quality Assurance Committee; Disciplinary Committee. In 2011, was appointed member of a five-person Special Task Force to study and review the restructuring of the National Council for Higher Education Secretariat. Developed a Human Resource Manual for the NCHE. In Collaboration with Makerere University, Dolorence is in the process of introducing the Bachelor's degree in Public Health Nursing in the country .Worked as Visiting Lecturer Aga Khan University-Kampala and later external examiner

10. **Mr.Mpho Shelile** is a Senior Lecturer at the National Health Training College. He teaches professional nursing practice, Community nursing and monitors functions of the skills laboratory. He is responsible for simulation teaching and supervises learners' clinical learning both in the simulation laboratory and also during clinical placements. He is a member of the clinical supervisors' network Lesotho. Mr Shelile is qualified nurse Midwifery (RN RM) currently is pursuing Masters Degree education.
11. **Dr Nkosazana Ruth Mkhonta** is a lecturer and former Head of the Department of General Nursing Science at the University of Swaziland, Faculty of Health Sciences. She is a holder of D Litt et Phil at the University of South Africa, Master of Curitionis in Community Health Nursing at Rand Afrikaans University. Bachelor of Curitionis in Nursing education and Administration at MEDUNSA, Diploma in General Nursing and Midwifery at the Institute of Health Science, Diploma in Community Health Nursing at the National Health Institute, Botswana. She worked at the Public Health Unit Mbabane as a Head Nurse and providing maternal and health services.

Other responsibilities include serving as a member of the University Calendar Committee, University Health and Information committee and representing my Faculty in the Faculty of Education. She is currently serving as a country representative for The Council of National Representatives for Swaziland (CNR) at ECSACON and Board member of Continuing Professional Development (CPD), representative of Schools of Nursing in the African Health Profession

Regulatory Collaborative (ARC) for Nurses and Midwives and chairperson of the Swaziland Nurses educators committee.

12. **Lilian Getrude Dodzo** is a Zimbabwean, currently working at Parirenyatwa Group of Hospitals in Harare as a nurse educator. Trained in Zimbabwe and has a Masters' Degree in Nursing Science (MCH major) as the highest qualification. She has vast experience in clinical practice, research and training of nurses and midwives. She is the president for Zimbabwe Confederation of Midwives and also a member of Zimbabwe Nurses Association, ECSACON & White Ribbon Alliance for Safe Motherhood.
13. **Nomathemba Khumalo** is a graduate nurse who from the University of Swaziland, with a Bachelor of Nursing Science in 2013. She currently works at Good Shepherd Hospital a Mission Hospital in the Lowyeld of Swaziland.
14. **Sakhile Masuku** is a lecturer at the University of Swaziland who graduated from the University of Swaziland, with a Bachelor of Nursing Science in 2004. She then worked for five years at the Swaziland National Referral Hospital. Sakhile was then recruited by the University of Swaziland and pursued a Master's Degree in Nutrition and Health.

She currently teaches nutrition, epidemiology, HIV and research amongst others at the University of Swaziland. She has also published several nutrition related articles following her completion of the Master's degree and is preparing for her doctoral studies. Sakhile has also been accepted as a Mentor in the Maternal and Child Health Nurse Leadership (MCHNL) Academy where she will be working on the project: Maternal and child health in the National Referral Hospital and selected communities with the support of Sigma Theta Tau International (STTI).

15. **Anne Kabimba Wawire** is a nurse specialist and a clinical tutor in nursing and midwifery education. She has work experience of over thirty years. She has worked in various places including hospitals and nursing teaching institutions, both as a bedside nurse and teacher. She is currently working with Moi University, College of Health Sciences, and School of Nursing.
16. **Mr.Thokozani Bvumbwe** is the Deputy Dean for the Faculty of Health Sciences at Mzuzu University. With support from the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) he is studying for a PhD in Nursing Studies at the University of KwaZulu-Natal, Durban South Africa. He is an experienced nurse educator. He first took up a teaching position with St. John of God College of Health Sciences in 2003 where he also served as Dean of Faculty.

He then worked for Management Sciences for Health as the District Coordinator before joining Mzuzu University in 2009. Thokozani teaches Health Services Management, Community Health Nursing Sciences and Mental Health Psychiatric Nursing. His research interests are clinical teaching and learning, geriatric nursing, mental health and learning disabilities.

17. **Doris Naitore** is a public health professional with over 20 years of experience in the field of Health Systems Management and HIV/AIDS focusing on improving demand, access and quality of prevention, care and treatment services for underserved populations. As a previous Director of various high impact public health initiatives and having led the design, implementation and evaluation of comprehensive HIV care and treatment programs in sub-Saharan Africa she has vast

knowledge of health in Africa having worked within the Ministry of Health, National AIDS and STI Control Program in Kenya.

In her current position as Capacity Building Advisor for ICAP, Doris's work focuses on ways in which to leverage the successes and lessons of HIV scale-up to strengthen health systems, and to enhance the capacity of the Ministry of Health and Local Implementing Partners and the Nursing sector. She is recognized as an international expert in Health Systems Strengthening and HIV care and treatment and has published numerous peer-reviewed articles. Doris Naitore holds a Diploma in Clinical Medicine, Bsc. Health Sciences, and a Master of Public Health.

18. **Mrs.Nthabiseng Molise** is a Registered Nurse Midwife with a Bachelor's Degree in Nursing Education and Master's Degree in Community Health. She worked for the Ministry of Health as a registered Nurse Midwife at rural health facilities and managed maternity wards for a number of years. She was a faculty member of the National Health Training College of Lesotho where she taught in the Diploma Community Health Nursing and Diploma in Midwifery programs and later assumed leadership roles as the Deputy Director and then as Acting Director of this institution. Nthabiseng is currently the Ministry of Health Coordinator for the ICAP Columbia University Nursing Education Partnership Initiative in Lesotho.
19. **Ms.Gertrude Chipungu** is the Country Representative with ICAP at Columbia University since 2011. As the Country Representative, Gertrude directs the implementation and evaluation of ICAP's Nursing Education Partnership Initiative (NEPI) program in Malawi. Prior to joining ICAP, Gertrude worked with Global AIDS Interfaith Alliance (GAIA) as the Programs Manager where she also established the GAIA Scholarship program.
20. **Mrs. Linley Linyenga** is the Director of Educational Programs at the Nurses and Midwives Council of Malawi (NMCM). She is a Registered Nurse and Midwife with BSc Degree in Nursing and Midwifery Education, a Diploma in General Nurse Midwife Instruction, and Certificates in Nursing and Midwifery, with vast experience in the nursing and midwifery professions.

She has worked as a lecturer for nurse-midwives at Blantyre School of Nursing, Kamuzu College of Nursing and Daeyang Nursing College. She also worked as a Health Program Manager at Voluntary Services Overseas and in Examinations, Registration, Monitoring and Evaluation Departments at NMCM.Linley has presented at National and International meetings.

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22. **Ms. Hannah M. Kau-Kigo**, has a diploma in General Nursing and Midwifery, Bachelor's degree in Nursing Administration and a Master's degree in Counseling and Human Services. She has 28

years' experience in the following areas, as a nurse and midwife in direct patient care and nursing administration in rural and urban hospitals, nurse educator at two health training institutions lecturing in general nursing and midwifery and at the nursing and midwifery council as the disciplinary officer.

23. **Ms. Opelo Mercy Rankopo** is a Clinical Practice Officer at the Nursing and Midwifery Council of Botswana – Ministry of Health. She is a nurse by profession with extensive experience of the twenty four (24) years in clinical practice at primary health care and tertiary care levels in Botswana. She holds a Master of Nursing Degree and Bachelor of Nursing from Queensland University of Technology in Brisbane, Australia; Diploma in General Nursing and Midwifery respectively from Institute of Health Sciences in Gaborone. In 2008 Ms. Opelo Rankopo joined the Nursing and Midwifery Council of Botswana as a clinical practice officer responsible for the establishment and enforcement of policies, procedures and standards for nursing and midwifery practice in Botswana.
24. **Buhle Ncube, MD serves as** the WHO HIV Prevention Officer in the WHO East and Southern African Sub-Regional Office. She focuses on HIV testing and counselling, medical male circumcision, and adolescent health; she provides technical support to the countries in this subregion and works across multiple agencies to support evidence-based practice. Previously Dr Ncube has worked with non-governmental organizations in the areas of reproductive health as well as HIV/AIDS.
25. **Julia Samuelson BSN, MPH** works with the World Health Organization, Department of HIV/AIDS, Key Populations and Innovative Prevention team in Geneva Switzerland. She is focusing on scaling up medical male circumcision for HIV prevention as part of a comprehensive package of services. In this role she develops guidance based on research findings including most recently on the use of innovative male circumcision methods using devices. She leads the WHO Secretariat Technical Advisory Group on Innovations in Male Circumcision since 2011. Previously Julia worked in the WHO Dept of Reproductive Health and Research with a focus on transferring evidence-based guidance on family planning and sexually transmitted infections to implementation. She coordinates across WHO including with the Nursing/Midwifery focal point; and collaborates with numerous global public health organizations.

Ms Samuelson has been involved in HIV and reproductive health for over twenty years. After initially working in medical-surgical and public health nursing in rural and urban settings in the USA, she received a Masters of Public Health degree in epidemiology from Johns Hopkins University School of Hygiene and Public Health. Ms Samuelson spent a number of years in Vietnam and Ethiopia working on HIV and reproductive health programmatic and research assignments with non-governmental, academic and UN agencies. She then worked at the Centers for Disease Control initially as an Epidemic Intelligence Services Officer in Maternal-Child Health and Chronic Diseases, until joining WHO in 2002.

26. **Mr C A Samkange MD** is a Specialist Urologist who has been Chief Trainer of the Zimbabwe VMMC program from the onset. He is a member of the WHO TAG on Male Circumcision. Mr Samkange has brought a public health and surgeon's approach to VMMC and is very keen on Quality Assurance in the delivery of this public health intervention.

He has been pleased to note how well the Zimbabwe VMMC programme has harnessed diverse expertise, allowing it to integrate well the traditional circumcisers, provide leadership in task shifting in an area unthinkable only a while back. As we scale up as we must, Zimbabwe would like to see that the scarce resources are used as profitably as possible as the target circumcisions need to be achieved in only a year from now. Appropriate training and preparation of the providers is one cornerstone of Zimbabwe VMMC service provision, the other is adherence to quality assurance processes in an appropriate regulatory environment. Leadership by the Ministry of Health and appropriate management of adverse events are key to public confidence.

Mr Samkange trained as a doctor in Cambridge and King's College, London,, UK, and obtained his Fellowship from Edinburgh, Scotland. He holds a Foundation Fellowship of the College of Surgeons of East, Central and Southern Africa (COSECSA-ASEA) and an Honorary Fellowship of the Colleges of Medicine of South Africa. Mr Samkange is the Director of The Institute of Continuing Health Education at The University of Zimbabwe, is the Immediate Past President of COSECSA-ASEA and is the Chairman of the Council of the Zimbabwe Open University.

27. **Prof. Mufuta Tshimanga, MD**, has been the Coordinator/Director of MPH (FETP) at the University of Zimbabwe, College of Health Sciences, Department of Community Medicine since 1996. He is the current Executive Director of the ZiCHIRe research Project at the University of Zimbabwe. He has served as Primary Investigator, co-Principal Investigator and Research Leader on numerous health related projects, including research on voluntary medical male circumcision for HIV prevention. These research projects include: the National Institute of Mental Health-funded project on Tracking Risk Compensation over Time in a National Male Circumcision Roll-Out in Zimbabwe and UNFPA and Bill and Melinda Gates funded 'Safety and efficacy trials of the PrePex Male Circumcision device'.

These study findings contributed to the evidence base for WHO pre-qualification of PrePex device for use in adult male circumcision. Within Zimbabwe the research evidence on this method of male circumcision for HIV prevention - whose goal is to introduce a simple and safe method – has been explored to facilitate implementation and scaling up of MC at health facility level by nurses.

28. **Sinokuthemba Xaba, MSc Dev, BScN, RGNM**, is currently National Male Circumcision Coordinator in the Ministry of Health and Child Care since the inception of the programme He has been very instrumental in establishing of the programme in the country. He has been one of the co- researchers in the VMMC Prepex studies that contributed to the evidence for the prequalification of the device. He has also played a pivotal role in the integration of traditional male circumcision into the mainstream voluntary medical male circumcision. Sinokuthemba has extensive work experience in HIV and public health nursing spanning over 20 years in different capacities in the Zimbabwe health sector.

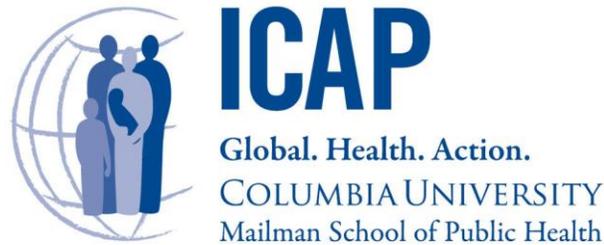
Previously he Mr Xaba worked as the National Condom Programme Coordinator in the Ministry of Health and Child Care where he led a very successful Comprehensive Condom Programme strategy development and implementation which has among the highest per capita distribution in

the region. He has also worked in collaboration with the Health Professions Authority of Zimbabwe, Nurses Council of Zimbabwe, the Directorate of Nursing Services and Medical Dental Practitioners Council to facilitate the Broadening of the Scope of Nursing practice in Zimbabwe to allow nurses to perform Male circumcision.

29. **Cynthia Chasokela MEd, BScN, RMC, SCM** is the Director of Nursing and Midwifery Services in Zimbabwe, Vice President of the ECASON and Dean of the Government Chief Nursing Officers in the AFRO region. Ms Chasokela also trained in International Council of Nurses Leadership for Change Program. Her interests include the management of health services and public organizations, ethics, education and training of nurses and midwives and the regulation of health care practitioners. She is involved in community and home-based care focusing on Nurse-led HIV and AIDS Prevention and Treatment.
30. **Khumbulani Mbuya BScN, RMN, RGN** is currently the PrePex training and Quality Assurance Officer for Population Service International-Zimbabwe (PSI). She has been the Voluntary Medical Male Circumcision (VMMC) National Trainer in the Ministry of Health and Child Care since the programme inception. Ms Mbuya has been a research nurse in 'safety and efficacy trials of the PrePex male circumcision device' whose findings contributed to the WHO decision on prequalification of the device.

Previously she worked for the Ministry of Health and Child Care as a Principal Tutor in one of the country's central Hospital School of Nursing and was involved in the current curriculum development for the general nurse and primary care nurse. She also served in the Nurses Council examinations committee for more than 10 years.

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Global Nurse Capacity Building Program

Nursing Education Partnership Initiative (NEPI)/General Nursing (GN)

Publication of this volume was supported by the Global Nurse Capacity Building Project (GNCBP) at ICAP. The GNCBP supports the *expansion* of and improved *quality* of the nursing and midwifery workforce across 11 countries. Strengthening competency based education of nurses and midwives as well as support to maintain a skilled workforce are the program's primary objectives.



This work has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) under the terms of the Global Nurse Capacity Building Program, cooperative agreement #U92HA12772. The contents are the responsibility of ICAP and do not necessarily reflect the views of the United States Government.