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WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

Independent Aid Review Submission

The World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development (WHO CC UTS) is a technical arm of the **World Health Organization**, responsible for advancing nursing, midwifery and health development capacity at the national, regional and international level and hosted at the **Faculty of Nursing, Midwifery and Health (FNMH)** of the University of Technology (UTS). As secretariat to the **South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)**, the WHO CC UTS supports leaders in nursing and midwifery, directly assisting the governments of 14 South Pacific Island Nations. This partnership has been in place since 2004, when at the first SPCNMOA meeting a request was made to UTS FNMH to take the lead on establishing a WHO Collaborating Centre for the region. It is within this context that we submit these comments.

In the context of the Australian Government's recently announced [Independent Review of Aid Effectiveness](#), called as it commits to effectively doubling its Official Development Assistance in order to meet its commitment to supporting countries to meet the Millennium Development Goals, this submission outlines a very brief summary of the need to scale up support of nursing and midwifery leadership capacity and research in the Pacific. Good leadership improves the standards and competencies of nursing and midwifery, which in turn improves the whole of the health system, especially in areas where the nurse is the major contributor to primary health care.

Crucial to the success of all our programs rest in the strong partnerships built with health care professionals in the region.

Our philosophy of true partnerships means a collaborative approach can be taken as outlined in the Cairns Compact and Paris Declaration. Working with regional stakeholder groups ensures global, regional and local priorities can be integrated. We therefore believe that aid effectiveness can only be achieved if projects and programs are able to have longevity and are repeated so lessons learned can be acted upon. These projects and programs need to be fully evaluated and where possible with concurrent research. This will ensure projects are not only effective but also developed through an evidence-based approach, working towards value for money. This work then can be developed into strong investment cases for projects that have proven success.

Below is an information brief on a successful program. This is a very successful model due to some of these points:

- Strong, trusting relationships with stakeholders at all levels of the program (eg. MoH, MoF, NHS, and local health professionals)
- Continuous support pre and post program provided by WHO CC UTS (eg support of local mentors, skills and knowledge transfer, and use of appropriate cost effective communications tools)
- Building leadership capacity of individuals who are coordinating projects that are relevant for their country has the biggest impact for improving population health
- Participants in this successful model reported improved knowledge skills resulting in broader outlooks and greater self awareness, confidence and motivation.

Please contact us if you require further information.

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South Pacific Fellowships in nursing and midwifery: supporting today's talent to become tomorrow's leaders

The successful Australian Leadership Awards Fellowship program conducted by WHO CC UTS has revealed an urgent need to scale-up leadership capacity-building and professional development among the outstanding talent pool of nurses and midwives in the South Pacific.

Background: In 2009, The World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology, Sydney (WHO CC UTS) secured AusAID funding to become a designated "Australian host organisation" under the Australian Government's Australian Leadership Awards Fellowships (ALAF) program. The ALAF "aims to develop leadership, address priority regional issues and build partnerships and linkages with developing countries". WHO CC's practical approach sought to develop the Fellows' skills, expose them to expertise and best practice, and require them to implement an action plan that would both benefit their country and earn them academic credits.



The ALAF process revealed the extent of undeveloped leadership capacity in Pacific nursing and midwifery.

Application process: The WHO CC at UTS is the secretariat to the *South Pacific Chief Nursing and Midwifery Officers Alliance* (SPCNMOA), and supports leaders in nursing and midwifery, directly assisting the governments of 14 South Pacific Island Nations. The WHO CC nominated SPCNMOA as its ALAF "counterpart organisation" and put out the call for applicants. Through wide collaboration and with the full participation of SPCNMOA, in-country mentors and external experts, 90 outstanding individuals were identified that met the program criteria. They were either leaders or mid-career professionals in nursing and midwifery who had the potential to assume leadership roles. Each exhibited a capacity to influence policy reform and drive development outcomes, both in their own countries and the region.

Program design: The program was aligned with SPCNMOA's five priority areas: leadership, evidence-based policy, human resources for health, strengthened regulation, and data literacy skills. WHO CC and its partners devised a project component (action plans) and capacity building course in which Fellows were introduced to these priorities and given access to the tools, strategies, knowledge and expertise that would enable them to:

- develop effective strategies to increase capacity to meet changing population and health system needs;
- establish supportive professional networks in nursing and midwifery across the region;
- devise a credible and detailed Action Plan which addresses identified priority issues in their home country.

Program implementation: The participation of 30 Fellows from 10 Pacific countries was supported by available ALAF funding which met the costs of the 12-day study program and workshop hosted at UTS. Resources to conduct the extensive pre- and post-workshop activities were provided by UTS Faculty staff, WHO CC, SPCNMOA, in-country mentors and technical experts, and the Fellows themselves.

Before attending the workshop, Fellows established Country Teams and then used the UTS Workshop to devise actual projects with action plans that would be implemented upon returning to their home country. Post-workshop WHO CC evaluated the Action Plan implementation to award academic credits to the Fellows for their achievements.



ALAF PARTICIPANT COUNTRIES:

- Cook Is.
- Fiji
- Kiribati
- Nauru
- Niue
- PNG
- Samoa
- Solomon Is.
- Tokelau
- Tonga

PARTICIPANTS' FEEDBACK ONE YEAR ON*:

- All ALA fellows continue to make progress on the projects in their Action Plans
- All respondents found the program productive and worthwhile.
- All respondents agreed the study component met the program objectives.
- Professional networks forged by the program between ALA team members and mentors remain strong.

* EIGHT COUNTRIES RESPONDED TO FEEDBACK REQUESTS.



AusAID Australian Leadership Awards Fellowship Program: Strengthening Nursing and Midwifery Leadership in the South Pacific

Outcomes: In follow up surveys, our Fellows praised the group approach and the opportunities to hear from experts, to network with peers, to share knowledge and experiences with other Pacific cultures. They reported improved knowledge skills resulting in broader outlooks, and greater self awareness, confidence and motivation.

Fellows were able to apply new knowledge and skills in using data in action plans and applying data to practice. They reported sharing information about the program content back home, and were acting as role model, coach or mentor to others, using teamwork to motivate others.

Completion of the short course and related assessments enabled the Fellows to gain credit points towards a UTS award. Fellows chose to be involved in this process. Some tangible individual success stories arising directly from the program include:

- **Tokelau:** ALA Fellow promoted to Acting Chief Nurse
- **Fiji:** ALA Fellow promoted to Chief Matron for her Hospital
- **Nauru:** ALA Fellow promoted to Infection Control Nurse for her Hospital

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Review: For its 2009 Fellowship program, WHO CC and its partners devoted extensive extra resources and added significant value to ensure not just the overall success of the program but to deliver long-term benefits to both the Fellows and their countries, going well beyond the scope of the ALAF-funded component. AusAID has recognised the benefits of the WHO CC ALA program and WHO CC will again participate in the ALAF in 2011.

Ongoing evaluation will enable SPCNMOA and WHO CC to develop other appropriate programs, projects and research based on the successes and lessons learnt from the ALA programs.

The beneficial effects of the ALAF cannot be underestimated.

Country	ALAF Action Plan Scope
Cook Islands	Establish a professional development program for nurses.
Fiji	Develop a program for sustainable succession planning for Nursing Leadership
Kiribati	Review Nursing Standards from the Pacific Islands and relevant western countries and adapt those that are relevant to the Kiribati context and produce a draft Nursing Standard.
Nauru	Develop a national infection control manual and scope-of-practice for nursing role in infection control
Niue	Strengthen responses to emerging infectious disease and pandemic task force; improve pandemic plan
PNG	Develop Protocol Guidelines for data collection and cleansing on Nursing Information Systems
Samoa	Activate the implementation of the Nursing & Midwifery Practice (Clinical) Governance Framework in line with National Standards for Nursing & Midwifery Practice 2007
Solomon Islands	Develop a training program to strengthen supervisor leadership performance
Tonga	Develop leadership competencies.
Tokelau	Develop and implement the Tokelau National Standards for Nursing Practice to monitor and regulate the standard and safety of nursing practice in Tokelau

AusAID Australian Leadership Awards Fellowship:

CASE STUDY: Nauru and Infection Control

Team: Vae Keppa, Elizabeth Giouba, Moralene Jeremiah. **Mentor:** Gano Mwareow

Action Plan: Improve Infection Control (IC) through professional development of nurses, a National IC Manual and a Scope of Practice for an IC Nurse

Purpose and Rationale: Nauru's ALA Action Plan is linked to the country health sector plan, and nursing reform. Recommendations exist for a full-time IC nurse to be employed full-time, where he/she will be collaborating with the National IC committee in developing IC guidelines and introduction of IC policies into healthcare facilities.

Problem: Nauru had no IC nurse trained and employed in the workplace who could introduce, train personnel and reinforce IC guidelines to healthcare workers. Therefore over time IC practices had deteriorated. Even-though an IC Committee existed, members comprised senior personnel each responsible for their own departments, and thus not focused solely on IC issues. Nauru also did not have a country-specific IC Manual, and since 2006 was basing Infection Control procedures on the Secretariat of the Pacific Community (SPC) Infection Prevention and Control Guidelines.

Short term goal: Increase nursing representation on the hospital infection control committee (ICC) – Achieved.

Long term Goal: Develop a draft scope of nursing practice for infection control & infection control manual – Achieved.



Timeline:

2009	April	Team meets with Director of Nursing, Acting Director of Nursing and Strategic Health Planner to identify challenges and issues for ALA project
	May	Consultations with Director of Nursing and Acting Director of Nursing for contributions on the action plan.
	June	IC Committee (ICC) meets Team to discuss IC status in Nauru and the appointment of an IC Nurse.
	June 15-26	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work; analysis of IC manual and Scope of Practice documents from Kiribati, Fiji, Niue and New South Wales (NSW), Australia.
	July	Nauru Fellows accepted as members of the ICC. Ms Giouba promoted to Assistant Director of Nursing
	September	Ms Jeremiah appointed the Infection Control Nurse (ICN) for Nauru Hospital.
	October	Ms Jeremiah implements the team's action plan with the support of Fellows and the ICC, commences work on National Infection Control Manual
		Ms Keppa accepted into Midwifery course in Fiji School of Nursing, Fiji
	November	Ms Jeremiah conducts a workshop on basic IC with the cleaners and laundress at Nauru hospital. Notes immediate improvement in practices.
	December	Ms Jeremiah holds consultations regarding IC manual and scope of practice for the ICN
2010	January	Ms Jeremiah works closely with housekeeping supervisor, cleaners and laundress. Develops cleaning schedules and checklist for cleaners to follow as adapted from the Kiribati Infection Control Manual. Works closely with Nurse Training Officer for orientation of new staff on infection control procedures.
	April	Draft Nauru Infection Control Manual completed and submitted to all IC Committee.
	August	Budget for IC passed. Fellows research the ordering of hand-dryers for all sections of the hospital.
	September	Ms Jeremiah attends workshops "Critical Health Systems in Emergencies: A focus on workforce development issues" and "Communicable Disease control and prevention in Emergencies". Ms Giouba and Ms Jeremiah attend "Consultancy to assist with Nauru Health Practitioner Regulation and Nursing Scope of Practice" where a Nursing Scope of Practice is drafted.
	December	Ms Keppa graduated from Diploma of Midwifery, Fiji
2011	January	"The completion of the Nauru Infection Control Manual draft has been a result of the AusAID ALA. Without the inspiration and ongoing support from the Fellows, Facilitators, Mentor and from our colleagues the outcome of the Nauru Action Plan would not have been possible," says Ms Jeremiah
Primary Stakeholders: Director of Nursing and Assistant Director of Nursing, Director of Medical Services, Director of Administration, Director of Public Health and services; Ministry of Health		
Secondary stakeholders: Health Education, Health Environment, Public Health; Donors; Healthcare workers, Community, Families, Police, Immigration/customs		