









NURSES AND MIDWIVES FOR

### **African Health Profession** Regulatory Collaborative

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- Strengthen the capacity and collaboration of national organizations to perform key regulatory functions and mobilize resources
- Foster a *sustained regional network* of nursing and midwifery regulatory leaders to facilitate the exchange of best practices





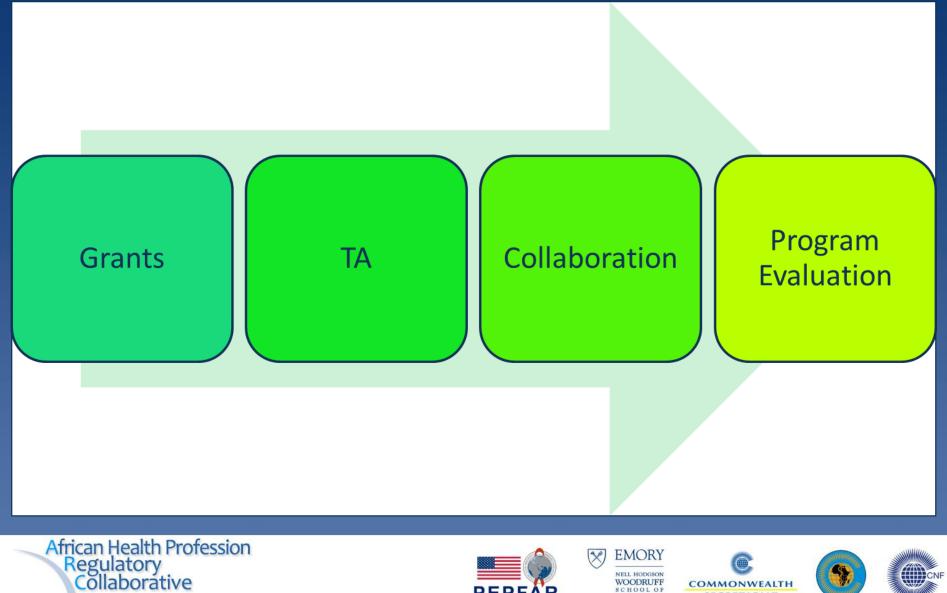








#### The ARC Approach



FOR NURSES AND MIDWIVES



NELL HODGSON WOODRUFF SCHOOL OF

NURSING

COMMONWEALTH

SECRETARIAT

#### **ARC'S IMPACT:**

#### NATIONAL CAPACITY













#### Teamwork among National Nursing Leaders

- Teamwork: Quad members tended to work in isolation from each other prior to ARC
  - "Prior to ARC each nursing pillar operated individually. There was miscommunication, a lack of coordination and wasted resources...currently the pillars are working together with a common goal."













# Relationship Building between QUAD Organizations

- Relations between Quad organizations prior to ARC were described as moderate at best (10 countries). Following ARC, 13 countries report strong or very strong inter-organizational ties.
  - "[Before ARC], there was no communication between the CNO's office, regulation, and the schools. The Association was not supportive of council activities.
     All organizations now work together and support each other...messages are disseminated across all organizations."













### Relationship Building with Other National Organizations

- Prior to ARC, 8 Quads reported weak or very weak relationships compared to 11 reporting strong or very strong after ARC
  - "Our networks have increased beyond the MOH to other professional groups, NGOs and development partners. We have been able to form linkages for technical support and funding."













# *Regional Networking* with Nursing Leaders from Other Countries

 ARC has also promoted regional networking between Quad teams from participating countries.

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













# *Increased Funding* Opportunities for Nursing Regulation

- Countries reported an increase in funding opportunities following their participation in ARC with 8 of the 15 countries noting several to many opportunities after ARC.
  - "Before, we had few opportunities for additional funding because organizations came with their own agendas. Now, we have several opportunities for additional funding. As the Quad, we are able to identify our needs and set goals and objectives. A number of organizations have been able to support our project."





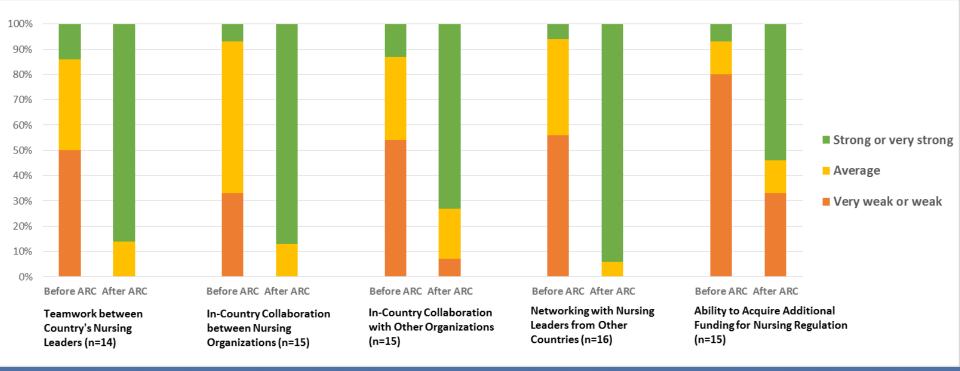








#### *Increased Capacity* in National Teamwork, Organizational Collaboration, Regional Networking, and Additional Funding













### **Nursing Practice Collaborative**

Improve the quality of nursing practice at priority, high-volume sites

- Seed Grants
- Technical Assistance
- Learning Sessions
- PMTCT B+
- Pediatric HIV
- Patient experience













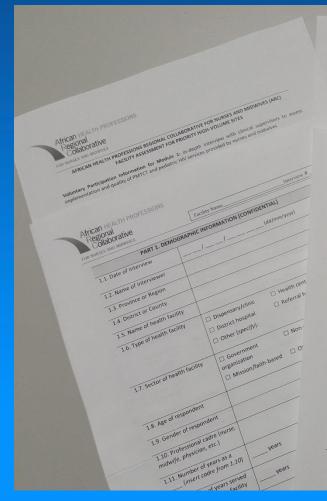
### **Objectives**

 Build capacity of nursing and midwifery leadership teams to <u>design and implement</u> <u>innovative projects</u> to improve the quality of nursing and midwifery practice in PMTCT B+ and pediatric HIV services, which have the <u>capability to be sustained and scaled</u> <u>nationally</u>





#### **Program Evaluation**



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RSES AND MIDWIVES	Facility Name	In
FRICAN HEALTH PROFESSIONS	REGIONAL COLLABORATIVE FOR NURS	ES AND MIDWIV
FACILITY ASSE	SSMENT FOR PRIORITY HIGH VOLUME	United and

Voluntary Participation Information for Module 2: Survey of facility nurses and midwives to assess Implementation and quality of PMTCT and pediatric HIV services

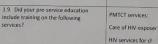
#### African HEALTH PROFESSIONS Regional Collaborative Facility Name

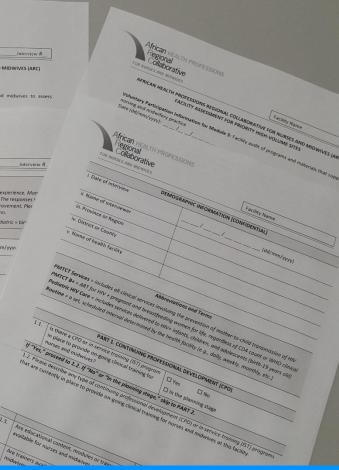
#### PART 1. BACKGROUND, EDUCATION, AND EXPERIENCE

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Instructions: This section seeks information regarding your background, education, and experience. Man questions we will ask rely on your best judgment - there are no right or wrong answers. The responses f provide will contribute valuable information in helping to identify possible areas for improvement. Plea the following questions about yourself, recording your answers in the "Responses" column.

Questions	Responses
1.1. What is today's date?	//(dd/mm/yy
1.2. How old are you?	years
1.3. What is your gender?	Female     Male
1.4. What is your professional title?	Nurse Midwife Nurse-
1.5. What is the name of the health facility in which you work?	Facility name:
1.6. Where is this facility located? Province/region and district/country	Facility location:
1.7. At this facility, do you currently provide HIV services to pregnant women, infants, children, or adolescents?	Yes No IF NO
1.8. What type of pre-service education did you receive? Check all that apply	Doctorate Mas Post-Basic Specialty Ce Other (specify):















Commonwealth Nurses and Midwives Federation

### Nursing Practice Projects – Growth Chart

[Country]	No Process	Process & Pilot	Routine Implementation	Replicate	Policy
Continuing Professional Development (CPD)	□ <u>No CPD, in-service</u> training (IST) or clinical mentorship program in place <u>at pilot site(s), or</u> in planning stage.	<ul> <li>CPD, IST or clinical mentorship program developed at sites.</li> <li>(enter the number of project sites/facilities)</li> </ul>	CPD, IST or clinical mentorship program <i>implemented</i> at sites to train nurses and midwives in NML HIV services. ( <i>enter the number of</i> <i>project sites/facilities</i> )	CPD, IST or clinical mentorship program <i>replicated</i> at sites to train nurses and midwives in NML HIV services. ( <i>enter the number of</i> <i>replication sites or</i> <i>facilities</i> )	□ National CPD, IST, or clinical mentorship program exists to train nurses and midwives in NML HIV care.
Service Delivery Models	No NML model of HIV care in place at pilot site(s), or <i>in planning</i> <i>stage</i> , for: PMTCT B+ services Pediatric HIV care.	NML model of HIV care established at pilot sites, for: PMTCT B+ services Pediatric HIV care. (enter the number of project sites/facilities)	Nurses and midwives <i>are trained</i> on clinical protocols, guidelines, policies, schemes of service, or job descriptions at sites to support NML: PMTCT B+ services Pediatric HIV care. (enter the number of project sites/facilities)	NML model of HIV care <i>replicated</i> sites, for NML: PMTCT B+ services Pediatric HIV care. (enter the number of replication sites or facilities)	NML model of HIV care exists nationally for: PMTCT B+ services Pediatric HIV care.











and Midwives Federation

#### Advancing the Science: Nursing Policy & Practice

- 1. Survey of Accreditation of Pre-Service Education Programs for Nursing and Midwifery in East, Central, and Southern Africa. *Human Resources for Health (under review), 2017.*
- 2. A Model for Advancing Professional Nursing Regulation: The African Health Profession Regulatory Collaborative. *JNR*, 2015.
- 3. A Survey of NIMART in practice, education, and policy and regulation in east, central, and southern Africa. *JANAC, 2014.*
- 4. Development of a Framework to Measure Health Profession Regulation Strengthening. *Evaluation and Program Planning, 2014.*
- 5. The African Health Profession Regulatory Collaborative (ARC) at Two Years. AJM, 2014.
- 6. Nursing and midwifery regulatory reform in east, central, and southern Africa: a survey of key stakeholders. *HRH*, 2013
- 7. Nursing and Midwifery Regulation and HIV Scale-up: Establishing a Baseline in East, Central, and Southern Africa. *JIAS*, 2013
- 8. The African Health Profession Regulatory Collaborative. HRH, 2012
- 9. Strengthening Nursing and Midwifery Regulation and Standards in East, Central and Southern Africa. *AJM*, 2011

10. Using law to strengthen health professions in Africa: frameworks and practice. AJM ,2011







#### **THANK YOU**











