

Nursing Education Partnership Initiative (NEPI)

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A Critical Moment for Nursing

A Critical Opportunity for Nursing

- What we know:
 - Nursing/midwifery is the universal access point for care by most people in African countries (up to 90% of patients are seen by nurses only)
 - Competent nurses improve the quality of health care
 - Critical nursing shortages exist all over Africa
 - Creating non-exportable cadres of lower competency is not the answer
 - The future of health care systems is dependent on building the capacity of nursing and midwifery

Creation of Columbia University ICAP Nurse Capacity Initiative (INCI) April 2009

- Funded by HRSA to develop strategies to increase capacity of nurses and midwives:
 - At nursing education level: pre-service
 - At clinical sites: in-service
 - Increase knowledge
 - Increase clinical skills
 - Increase role in health systems strengthening
 - At national level: nursing strategy, scope of practice, nursing visibility and leadership
- INCI now active in Swaziland, South Africa, Rwanda, Cote D'Ivoire, Ethiopia; start up in Kenya, Lesotho

A Special INCI Component: Nurse Education Partnership Initiative (NEPI)

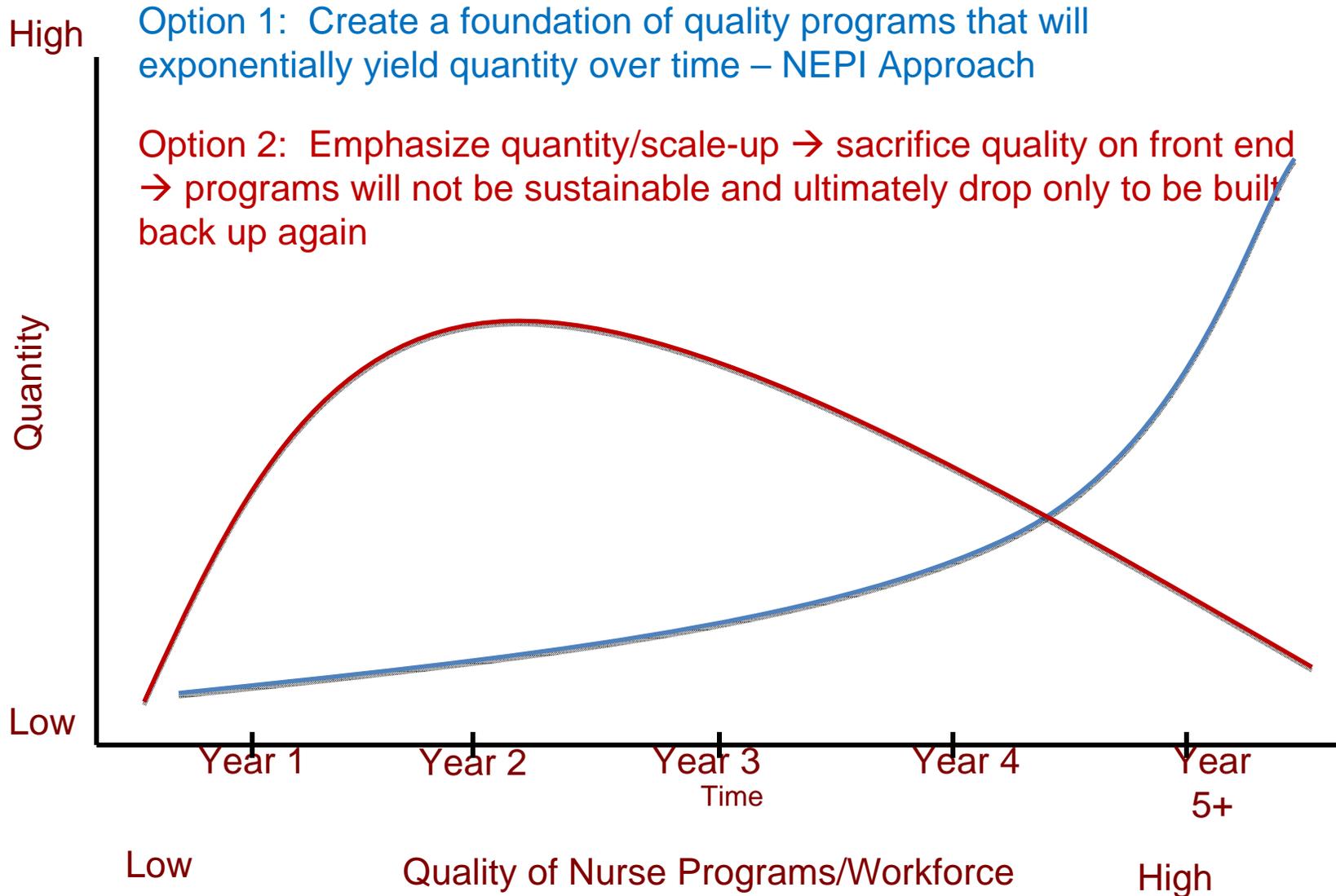
Funded by OGAC in 2010, its purpose is based on:

- Nursing and midwifery education is the foundation for building corps of nurses who are:
 - competent in knowledge and clinical skills
 - competent in health systems strengthening
 - competent in leadership – of the multidisciplinary facility team and of the country level health planning team
- NEPI offers a unique opportunity to support the creation and sustainability of high quality innovative nursing education models with direct and positive effects for people's health

NEPI Approach

- NEPI is a demonstration program:
 - it will demonstrate transformative educational strategies for increasing enrollment, graduation and retention
 - it will demonstrate transformative educational strategies for enhancing quality of nursing and midwifery education
- NEPI intends to address a root cause (challenged capacity), thereby ameliorating the symptoms of inadequate quantity or quality
- NEPI itself is not a scale up program, but Ministry of Health ownership in each country ensures that demonstrated successes will be rolled out nation-wide (sustainability)

Building a Foundation for Future Targets



Organization of NEPI

- Partners (roles)
 - OGAC (lead)
 - In-country PEPFAR teams
 - HRSA (admin)
 - USAID (survey)
 - CHAI (assessment)
 - WHO (transformative guidelines)
 - Columbia University ICAP-NEPI (Coordinating Center)
 - **Ministries of Health**
- Initial selected Countries: Zambia, Malawi, Lesotho
- Within each country, NEPI interventions in selected nursing schools identified and prioritized by MOH

Unique Foundation of NEPI

- Governance by Ministries of Health
 - Central principle for NEPI
 - Places NEPI in context of country's needs for nursing education
 - NEPI becomes from start part of national health plan for HRH and HSS
 - MOHs determine nursing education interventions and selected nursing schools
 - Maximizes coordination
 - Maximizes contributing to national health strategy
 - Provides coordination, communication, enabling environment, sharing collaborations and harmonization, sharing of best practices, unified monitoring and evaluation framework
 - Pathway to sustainability and replication, within country and across countries

NEPI Delegates from Zambia, Malawi, and Lesotho at INCI Leadership Summit, Addis, February 21-24, 2011



NEPI's Participation

- Each country presented its work on NEPI and current status:
- Three countries' NEPI representatives had opportunity to discuss:
 - Nursing and midwifery education challenges in each country
 - NEPI interventions: similarities and differences
 - Planned monitoring and evaluation process
 - Networking and on-going communication
- Larger summit gathering embraced enthusiastically the NEPI initiative and its critical importance for transformative nursing education models that would concretely impact on the capacity of nurses in other countries

The interventions: NEPI supports a finite bundle of interventions in each nursing school

- Evidence-based
- Guided by what that school needs
- Guided by what entire system needs
- Guided by available resources
- Guided by the meaning of capacity: flexible/dynamic; expandable with high fidelity; stable
- For each school, a diverse intervention bundle of easy/rapid/inexpensive interventions combined with longer term/more complex/expensive interventions
- For each school, the intervention bundle targets issues of flexibility (curricular, clinical experiences), plus expandability (quality and quantity of tutors and students), plus stability (core leadership/finance/administrative capacity)

Common Issues Across Countries

- Increasing capacity of nursing tutors
 - Career advancement opportunities (to Master's degree)
 - Teaching methodology
 - Publishing, research
 - E-distance learning; distance-based curriculum modules
- Increasing integration of clinical knowledge into curriculum
 - Clinical Instructor program
 - High quality skills laboratories matched with needed competencies
- Upgrading programs for nurse midwifery training
 - Bridging midwife technicians to registered nursing
 - Combined midwifery-nursing tracks
- Supporting Nursing Councils to implement transformational nursing education standards and increased scopes of practice

All involve strengthening institutional capacity and **retention strategies** for nursing profession

**NEPI Delegation led by Dr. John Palen, OGAC/PEPFAR/HRSA/USAID,
to Lesotho, March 4, 2011:
Meeting with Honorable Minister Mpo Ramatlapeng**



Role of the Columbia University ICAP: INCI-NEPI Coordinating Center

- Responsibility within each country for:
 - presenting NEPI and getting buy-in
 - creating forum for designing NEPI, selecting schools, and implementing NEPI
 - monitoring and evaluating NEPI design, implementation, outcomes
 - politically optimizing sustainability of NEPI
- Coordinating role across countries, institutions, partners

Strengths of NEPI

- Interventions have depth: root cause
- Interventions are context specific but replicable
- Interventions can be scaled up
- Sustainability can be achieved with MOH leadership

Including a HSS Approach

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS



ACCESS
COVERAGE

QUALITY
SAFETY



OVERALL GOALS / OUTCOMES

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

A way forward - Together



NEPI – MEPI: How do we contribute to the building of a stronger multidisciplinary healthcare team?

- Participating together in development of global guidelines for transformative education
- Strengthening of the multidisciplinary team at all levels of NEPI and MEPI programming: important opportunity to look at rethinking and reorganization of healthcare team
- Introduction of NEPI to MEPI programs with nursing components
 - Can advise, contribute to MEPI initiatives that have nursing components
 - Can work to strengthen medical education’s understanding of role of nursing
 - In countries with both NEPI and MEPI (Zambia, Malawi) –can synergize work for better outcomes
- Sharing monitoring and evaluation results

“Making a way out of no way”

African-American expression that evokes the awe of survival

The needs are immense: the health of a continent rests on the shoulders of nurses and midwives.

The challenges are great.

Each country is unique, and sensitivity, intelligence, creativity, and the ability to listen are critical.

Quality must not be compromised, though urgency must be addressed.