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South-East Asia Nursing and Midwifery Educational Institutions Network

*Report of the First Meeting
Chandigarh, India, 7-10 May 2007*



**World Health
Organization**

Regional Office for South-East Asia

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Executive summary

The South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN) was established in 2005 as a forum for information and experience sharing, capacity building of educational institutions and tackling common issues facing nursing and midwifery in the Region. The First Meeting of SEANMEIN was organized during 7-10 May 2007 in Chandigarh, India. The meeting focused on five main areas: actions in response to World Health Assembly Resolution WHA 59.23 on Rapid scaling-up of health workforce production; WHA 59.27 on Strengthening nursing and midwifery; framework on midwifery education; framework of community nursing education and the byelaws of the Network. There were 39 participants from nursing and midwifery institutions from nine countries of the South-East Asia Region, WHO country offices, the Regional Office (SEARO), WHO/Headquarters and a representative from the International Confederation of Midwives. The Regional Adviser for Nursing and Midwifery, WHO/SEARO delivered the Regional Director's message to the participants.

Main discussion points

The main discussion points of the meeting were:

- Nurses and midwives should be involved in the development of the national health workforce plan.
- The nursing and midwifery educational institutions should have a production plan that responds to the national workforce plan.
- Production of quality students should be scaled up.
- Teachers' capacity in teaching midwifery and community nursing courses should be strengthened.
- Students should be trained to be competent in antenatal care, normal delivery, postpartum care and newborn care.
- Students should have experience in community-based care.
- The pre-service nursing and midwifery curriculum should prepare the students to perform health promotion, disease

prevention, nursing therapeutics and to rehabilitate the individual, family and community in a holistic manner.

- WHO should continue providing technical and financial support to organize the meetings and activities of the Network.

Recommendations

Recommendations to institutions

- (1) Develop and monitor the nursing and midwifery educational institutional plan, especially the production of quality nursing and midwifery students and capacity building of teachers.
- (2) Review midwifery courses and apply the framework on midwifery education in the pre-service nursing and midwifery or midwifery curriculum.
- (3) Review community nursing courses and apply the framework on community nursing education in the pre-service nursing and midwifery curriculum.
- (4) Advocate and support activities of the South-East Asia Nursing and Midwifery Educational Institutions Network.

Recommendations to WHO

- (1) Advocate strengthening midwifery education and community nursing education in the pre-service nursing and midwifery programme of countries in SEAR.
- (2) Provide technical guidance on scaling-up the production of nurses and midwives in the countries with shortages of such personnel.
- (3) Provide support to the Network in the development of a website, in organizing the Network meetings, participation of the Network members in WHO-related meetings and in carrying out Network activities.

1. Introduction

Nurses and midwives constitute the majority of the health workforce in the health care system of most countries in the South-East Asia Region. An adequate, competent and motivated health workforce can lead to effective health outcomes. Strengthening nursing and midwifery educational institutions is one of the key strategies in improving the quality of nurses and midwives. The South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN) was established in 2006 and the first meeting of the Network was held during 7-10 May 2007 in Chandigarh, India. Four major areas were emphasized during the meeting. These are: WHO actions in responding to World Health Assembly Resolution WHA 59.23 on Rapid scaling-up of health workforce production; Resolution WHA 59.27 on Strengthening nursing and midwifery; framework on midwifery education; framework of community nursing education; and byelaws of the Network. There were 27 participants from 17 institutions in the Region, a representative from the International Confederation of Midwives and staff members from five WHO country offices as well as the Regional office and WHO/HQ.

2. Inaugural session

Dr Indarjit Walia, Director of the WHO Collaborating Centre for Nursing and Midwifery Development and Principal, National Institute of Nursing Education, Post-Graduate Medical Education and Research (PGIMER), Chandigarh, India, welcomed the participants.

Dr Prakin Suchaxaya, Regional Adviser for Nursing and Midwifery, WHO South-East Asia Region, delivered the opening remarks of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region. It was stated that the South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN) was established in 2006 to be a forum for sharing information and experiences among nursing and midwifery educational institutions in the Region for institutional capacity building and tackling major issues facing nursing education, service and workforce. The Regional Director thanked the WHO Collaborating Centre for Nursing and

Midwifery Development, the National Institute of Nursing Education, PGIMER, Chandigarh, India for serving as the Network Secretariat.

Shortage of nurses and midwives was mentioned as one of the major workforce issues in nursing and midwifery in the Region which was further aggravated by migration. Nursing and midwifery educational institutions could play an important role in the development of the national nursing and midwifery workforce plan and in producing adequate and competent nurses and midwives for their health care system. This action would respond to Resolution WHA 59.23 on Rapid scaling-up of health workforce production and Resolution WHA 59.27 on Strengthening nursing and midwifery as well as the Regional Strategic Plan for Strengthening Health Workforce in Countries of SEAR.

There were also many issues in nursing and midwifery education that needed to be tackled urgently. These include curriculum, teaching methods, clinical practice, clinical sites, student assessment and evaluation methods, quality assurance and accreditation, the management system of the institution and the graduates. The Network should assist in these matters as well as in increasing the number of skilled birth attendants especially for the community, increasing institutional delivery and strengthening community-based care services with more public health interventions.

The focus of this meeting was on four areas: WHO actions for nursing and midwifery development; framework of midwifery education; the framework of community nursing education; and Network byelaws.

Dr Arvind Mathur, National Professional Officer, WHO India introduced the participants. Dr Indarjit Walia was nominated as Chairperson and Professor Dr Khin Mae Ohn, Rector, University of Nursing, Yangon, Myanmar as Vice-chairperson of the meeting.

3. Objectives

3.1 General objective

To build capacity of nursing and midwifery educational institutions in the South-East Asia Region.

3.2 Specific objectives

- (1) To discuss WHO's global and regional activities for nursing and midwifery development.
- (2) To deliberate and discuss capacity building of institutions in relation to midwifery education and community nursing education.
- (3) To build consensus on the issues and future plans of the South-East Asia Nursing and Midwifery Educational Institutions Network.

4. Expected outcomes

- (1) Framework of midwifery education
- (2) Framework of community nursing education
- (3) Plan of action and byelaws of SEANMEIN

5. Technical sessions

5.1 Report of educational institutions

The representatives of nursing and midwifery schools reported on the programmes, issues and activities of respective institutions in 2006-2007.

Programmes offered

Programme	Diploma	Bachelor	Post Basic	Master's	Doctoral
Royal Institute of Health Sciences, Bhutan	x		x		
Christian Medical College, College of Nursing, Vellore, India	x	x	x	x	x
National Institute of Nursing Education PGIMER, Chandigarh, India	x	x	x	x	x
Faculty of Nursing, University of Indonesia, Indonesia		x		x	

Programme	Diploma	Bachelor	Post Basic	Master's	Doctoral
University of Nursing Yangon, Myanmar	x	x		9 months specialty	
Nursing Campus, Maharangunj, Nepal	PCLN	x	x	x	
Faculty of Nursing, Mahidol University, Thailand		x		x	x
Department of Nursing, Ramathibodi Hospital, Mahidol University, Thailand		x		x	x
Faculty of Nursing, Chiang Mai University, Thailand		x		x	x

Note: PCLN =Proficiency Certificate Level in Nursing

Issues and key activities in 2006-2007

Institution	Issues/activities
Royal Institute of Health Sciences, Bhutan	<ul style="list-style-type: none"> – Affiliated with the Royal Bhutan University in 2007 – Resources need to be mobilized to upgrade the infrastructure, curriculum and teaching capacity
Christian Medical College, College of Nursing, Vellore, India	<ul style="list-style-type: none"> – Offers a Post- basic Bachelor Degree in Family Nurse Practitioner programme to prepare nurses for primary care – Participated in the activity to formulate a chapter of Indian National Society of Midwives as a unit of the International Confederation of Midwives
National Institute of Nursing Education, PGIMER, Chandigarh, India	<ul style="list-style-type: none"> – Serves as a training centre for auxiliary nurse midwives to be skilled birth attendants – Participated in the development of the Eleventh Five Year National Development Plan
Faculty of Nursing , University of Indonesia, Indonesia	<ul style="list-style-type: none"> – Assisted 15 nursing institutions in the development of the curriculum and institutions – Collaborated with Nurses' Association and Nursing Educational Institutions' Association in e-learning in nursing and development of accreditation of nursing practice model in hospitals and in a community setting
University of Nursing, Yangon, Myanmar	<ul style="list-style-type: none"> – Implementing community-oriented nursing curriculum – Developing a collaborative model between nursing service and nursing education

Institution	Issues/activities
Nursing Campus, Maharajgunj, Nepal	<ul style="list-style-type: none"> – Incorporated essential newborn care and 27 core competencies of skilled birth attendants in PCLN programme and trained master of trainers – Revised student assessment tools for clinical practice
Sri Jayawardenepura University, Sri Lanka	<ul style="list-style-type: none"> – Implementing the first Bachelor degree programme in nursing in the second year – Developing a bridge nursing programme to upgrade nurses with Diploma to obtain Bachelor's degree
Department of Nursing, Ramathibodi Hospital, Mahidol University, Thailand	<ul style="list-style-type: none"> – Research in chronic care – Offered a training course on nursing education to DPR Korea delegates
Faculty of Nursing, Mahidol University, Thailand	<ul style="list-style-type: none"> – Implementing health promotion-oriented curriculum – Coordinated a 12 week- Regional Training of Trainers on Nursing and Midwifery Management in HIV/AIDS Prevention, Care and Support under WHO guidance
Faculty of Nursing, Chiang Mai University, Thailand	<ul style="list-style-type: none"> – Having nursing excellence centres in HIV/AIDS, elderly care and policy development – Expansion of international collaboration to institutions in USA, UK, Australia, Japan and China

5.2 Report on implementation of the recommendations

The Regional Office and the institutions which attended the Intercountry Meeting on Networking of Nursing and Midwifery Educational Institutions for Nursing and Midwifery Development in 2006 reported on the implementation of the recommendations. The activities for strengthening nursing and midwifery were included in the Regional strategies for strengthening health workforce and in the WHO/SEARO workplan 2008-2009. Some institutions were involved in setting standards of nursing and midwifery education at the national level and advocating on the World Health Assembly resolutions related to nursing and midwifery. Sri Lanka is in the process of increasing the production of nursing students for the next five years. Most countries did not have a nursing and midwifery workforce plan and more mechanisms need to be developed for nurses and midwives to be involved in policy development on nursing and midwifery at the national level.

5.3 WHO Global Action on strengthening nursing and midwifery

Dr Jean Yan, Chief Scientist, Nursing and Midwifery/WHO/Hq, presented global issues and actions carried out by the Nursing and Midwifery Office, WHO/Hq in 2006 for strengthening nursing and midwifery. They were as follows:

- (1) There was a global shortage of nursing and midwifery workforce especially in Africa and Asia. Evidence showed that an adequate and well-trained workforce saves lives. Efforts were being made for development of a framework for scaling-up nursing and midwifery services and for a study on migration.
- (2) The framework for scaling-up nursing and midwifery services in response to MDGs consisted of six core components. These were: education and training; recruitment and retention; technology and innovation; talent management; integrated practice; and network and partnerships.
- (3) The global response to health workforce issues was demonstrated in World Health Assembly resolutions (2006): WHA 59.23 on Rapid scaling-up of health workforce production and WHA 59.27 on Strengthening nursing and midwifery.
- (4) The Islamabad Declaration (2006) was made on the belief that efficient and effective nursing and midwifery services are critical to achieving the MDGs, country-specific programmes including primary health care, health systems strengthening, and the general health of all nations. Attention was focused on three key areas: scaling-up nursing and midwifery capacity, skill mix of existing and new cadres of workers and positive workplace environments.
- (5) The website to share best practice in nursing and midwifery was launched. More evidence and research were encouraged.
- (6) Global standards of nursing and midwifery education were drafted. These consisted of five components: programme admissions criteria; programme development requirements; programme content components; faculty qualifications and programme graduate characteristics.

5.4 WHO Regional action on strengthening nursing and midwifery

Dr Prakin Suchaxaya, Regional Adviser for Nursing and Midwifery, WHO/SEARO presented four key regional areas in strengthening nursing and midwifery in 2006. They were as follows:

- (1) Nursing and midwifery workforce development: Member countries are urged to take actions proposed in the Dhaka Declaration on Human Resource for Health (2006) and the Regional Strategies for Strengthening Health Workforce in Countries of South-East Asia. It included development of a national health workforce plan and improving the quality of education and training.
- (2) Building capacity of educational institutions and teachers: activities included development of guidelines on quality assurance and accreditation of the nursing and midwifery educational institutions, study on teaching of HIV/AIDS in pre-service nursing curriculum and training on community-oriented nursing curriculum.
- (3) Strengthening nursing and midwifery service: 1) module development, i.e. nursing and midwifery management modules in the areas of HIV/AIDS, malaria and injury prevention. Modules on Midwifery Teaching and Community Nursing are being developed, 2) capacity building of nurses and midwives through training:, Training of Trainer courses in the areas of HIV/AIDS and malaria.
- (4) Strengthening the capacity of nursing and midwifery council in their role and functions by providing technical advice.

5.5 WHO and countries' action to improve maternal and newborn health

Dr Arvind Mathur, National Professional Officer, WHO India, presented the global and regional situation on maternal and child health and actions taken by WHO. Most of the deaths of mothers and newborns during pregnancy, child birth, post-partum and the newborn period could be prevented by an adequate and competent health workforce, well equipped health care

facilities and an effective referral system. WHO action and strategies related to Safe Motherhood Initiatives and Making Pregnancy Safer were presented.

Educational institutions were required to produce an adequate number of skilled birth attendants (SBA). A skilled birth attendant is an accredited health professional – such as midwife, doctor or nurse – *who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, normal childbirth, the immediate postnatal period, and identification, management and referral of complications in women and newborns.* Priority actions included strengthening pre-service and in-service midwifery training, development and revision of midwifery tools standards and kits, strengthening of training institutions especially nursing and midwifery schools and setting up quality assurance and accreditation of training institutions and health care facilities.

Dr Mathur also presented the strategies for increasing the number of SBAs in India. Some of the strategies included revision of the ANM curriculum, strengthening infrastructure and teachers of ANM schools, revision of Diploma of nursing programme to have adequate contents of midwifery; the identification of training sites for SBAs, the training of existing ANMs, Lady Health Visitors and staff nurses and increasing the nursing posts at the community level for 24 hours emergency services at the primary care level.

Midwifery in Indonesia

Dr Laura Gurenti, Medical Officer, Making Pregnancy Safer, WHO Indonesia, shared the problems in midwifery education and the priority actions undertaken by Indonesia. Problems included limited 'hands-on' experience of students; poor clinical supervision of students; limited participation in the clinical field by teachers; limited compliance with standards for safe practice; and a mismatch between the supply and demand of graduates and workforce planning.

The priority actions identified included (1) reduce the number of students for the same clinical experiences at any one time; (2) improve clinical supervision by improving the scientific knowledge and teaching skills of clinical instructors from the clinical field and participation in the clinical field by lecturers; (3) develop national evidence-based standards for

clinical practice and (4) establish a collaborative relationship between the Ministry of Education and Ministry of Health.

Skilled birth attendants in Nepal

Dr Muzaherul Huq, Medical Officer, Human Resource for Health, WHO Nepal shared the situation of maternal and newborn mortality in Nepal which was the highest in the Region, and the government policy and plan on SBA. He said that there were only maternal and child health workers and ANMs in the community who had limited educational background, limited midwifery training and lack of logistics support from the health system.

The Government of Nepal had launched a number of policies and plans related to safe motherhood and newborns. In 2006, a policy on SBAs was launched with 27 SBA core competencies. The strategies to increase the number of SBAs included : (1) provide in-service training on Basic Emergency Obstetric Care, and Complicated Emergency Obstetric Care for General Practice doctors/obstetricians and staff nurses working at primary health care centre and district hospitals; (2) train existing ANMs to be SBAs, train MCHWs and upgrade them to be ANMs; (3) incorporate SBA in ANM curriculum; (4) review and update the nursing/midwifery curriculum to include midwifery and neonatal components and (5) encourage educational/training institutions to develop a quality assurance programme. Institutions should be accredited to ensure quality of education.

Skilled birth attendants in Bangladesh

Dr Prakin Suchaxaya shared a paper written by Ms Rose Johnson, Nurse Administrator, WHO Bangladesh on training of SBAs in Bangladesh. Over 90% of deliveries occurred at home and were attended by Traditional Birth Attendants and relatives. Nearly 80% of maternal and newborn deaths occurred at home, during and immediately after childbirth. Bangladesh's National Strategy for Maternal Health, 2001, aimed to increase the proportion of skilled attendants at birth from 12% in 2001 to 50% in 2010. In 2003, the Ministry of Health and Family Welfare piloted a six-month-SBA training programme followed by nine months of working in the community. The trainees were Family Welfare Assistants and Female Health

Assistants in six districts. Nursing institutes were the training sites. Upon completion of the programme, they would be certified and registered by the Bangladesh Nursing Council.

The Ministry of Health and Family Welfare has included SBA training as a part of the National Health, Nutrition & Population Sector Programme. In April 2007 the training covered 28 districts with support from UNFPA and WHO Bangladesh. Approximately 2500 community SBAs were working at the community level. The long-term plan was to train 900 to 1800 SBAs per year until 2015 to have an adequate number of SBAs in all rural Upazillas and districts.

5.6 Midwifery education in South-East Asia

The participating institutions reported on midwifery education in their respective institutions. It was noted that all nursing and midwifery programmes at both diploma and bachelor degree levels had midwifery courses. Most of the courses covered areas including fetal development, stage of pregnancy, stage of labour, post-partum and newborn care and the role of nurse-midwives. The common complications during pregnancy, childbirth, post-partum and newborn period and its management were also included. The requirement for normal delivery varied from 2-20 cases. All programmes provided an opportunity for students to practice antenatal care, delivery, care during post-partum and newborn care. The hours of study devoted to theory and practice varied among each school. It also varied according to the level of education of the students.

The common concerns are the limited clinical sites and cases of normal delivery, limited clinical experience of students in midwifery, lack of a midwifery laboratory and an inadequate number of qualified and competent midwifery teachers. In some schools, the students did not meet the case requirement for normal delivery.

In Indonesia and Myanmar, there was also direct entry into a three-year Diploma III in Midwifery. Maldives, Indonesia and Sri Lanka, opened a one-year midwifery programme to those with a certificate or degree in nursing. In countries where maternal and newborn mortality was high and the percentage of birth delivered by skilled persons was low, efforts were being made to revise the ANM and nursing curriculum to have adequate contents and hour of midwifery in the classroom and in clinical practice, for example,

in DPR Korea, India and Nepal. Bangladesh revised the curriculum of Diploma in Nursing and changed the programme into Diploma of Nursing Science and Midwifery programme to be implemented in 2008. Timor-Leste was developing a new Diploma in Midwifery. Meanwhile, there was a Master's degree programme in midwifery in Thailand.

Conclusion: It was agreed that the teaching on midwifery in most nursing and midwifery schools was still very weak. There is an urgent need to review and revise pre-service nursing and midwifery curriculum to include core competencies of midwives or SBA, build capacity of teachers in midwifery and teaching, build equipped midwifery laboratory, provide opportunity for students to practice their role in ANC, normal delivery, post-partum care and newborn care as per requirements for graduation.

5.7 Framework of midwifery education

Dr Kobkul Phanchaloernworakul, Director, WHOCC for Nursing and Midwifery Development, Faculty of Nursing, Mahidol University presented a framework of midwifery education in the pre-service nursing and midwifery programme. The definition of a midwife by the International Confederation of Midwives Council 2005, the World Health Report in 2005 and the review of the core competency of the midwives and midwifery curriculum in North America, United Kingdom, Japan, Australia and SEA were presented.

The philosophy of curriculum, curriculum structure, midwifery courses, roles and competencies of midwives and capacity building of midwifery teachers were proposed. The population targets were pregnant women, post-partum women, newborns and married couples. The roles of midwives included provision of care and support to women and the family during pregnancy, delivery, post-partum as well as care to newborns and infants. The functions of midwives should include promoting healthy pregnancy, safe delivery and healthy mothers and newborns, and promoting family health through family planning.

The competencies of midwives were grouped under five areas: responsibility in their own professional practice with culture-sensitive and legal considerations; provide knowledge- base and quality of midwifery care using the problem solving process; provide and manage safe environment and quality of service; use effective communication and interpersonal skills

and engage in continuing education or self- development. Students should practice in the clinical settings under the supervision of skilled midwifery teachers to meet the case requirements set in the curriculum.

Participants were divided into three groups to review the proposed framework and make presentations. It was concluded that all groups agreed in principle to the proposed framework.

5.8 WHO policy on public health

Dr Arvind Mathur, National Professional Officer, WHO India made a presentation on the Calcutta Declaration on public health on the SEAR Public Health Initiatives, 2004-2008, which focused on the promotion of public health as a discipline and as an essential requirement for health development. He also referred to the establishment of the South-East Asia Public Health Education Institutions Network (SEAPHEIN) to strengthen public health education which would lead to efficient and effective public health services in the Region. Public health entails collaborative action to improve population-wide health and reduce health inequalities using a population-focus and an organized approach.

Public health core functions include assessment of information on the health of the community (community diagnosis), comprehensive public health policy development and leadership, and help to ensure that public health services are provided to the community: preventive, protective, promotive and curative. Public health education produces a public health workforce with multi-skill and multiple functions from management to clinical roles. An adequate supply of well-prepared public health professionals including a community nurse or public health nurse is essential for an effective public health system.

5.9 Community nursing education in South-East Asia

Each institution made a presentation on the community nursing education offered in their pre- service nursing and midwifery curriculum. It was found that both the Diploma and Bachelor's degree in Nursing had 1-2 courses in community nursing focused on common health problems in the community, outbreaks, population at risk, school health, home visits and the role of nurses in the community. In some institutions i.e. in Thailand,

programmes included more than one theoretical course and one practical course in community nursing to highlight the national health policy, concepts of community health, community functions, strategies in working with various groups in the community, school health nursing, occupational health nursing and community health nursing. Indonesia focused on assessment of individuals, the family, and the community especially the elderly and population at-risk; health problems in risky rural and urban communities; nursing care plan particularly for population at-risk, government's priority programme and policy in overcoming the community health problems, quality assurance programme in community health nursing, current trends and issues in community health nursing; concept of health and disease, factors responsible for spread of disease and prevention; functions of community health workers; principles of community health nursing and nursing interventions.

Sri Lanka had a public health nurse programme to supervise midwives and those working in the community. There was a Master's programme in community nursing in Thailand and Nepal. Thailand also had a Master's and doctoral programmes in public health nursing.

Discussions: Courses in community nursing in many schools were focused on individual health with the community rarely being seen as a client. The role of nurses in the promotion of community health and the involvement of the community and local organizations in health has not received much emphasis. The common problem was the lack of community practice for students. One of the main reasons was the lack of transportation. Other major issues were: the inadequate number of teachers in community nursing, lack of community nurses to be models for students in some countries and the lack of national policy on community nursing or community nurse. Educational institutions are being encouraged to improve the community nursing course, strengthen teachers' capacity in teaching community nursing and provide students with the experience in practicing community nursing.

5.10 Framework of community nursing education

Dr Khanitta Nuntaboot presented a framework of community nursing in nursing and midwifery curriculum. The move towards community care, the underlying concepts, the key actors, population target, the role of community nurses, competencies and suggested courses were also presented.

Community health nursing is a population-focused, community-oriented approach aimed at promoting the health of the entire population and preventing diseases, disability, and premature death in the population. Nurses have to understand social capital, community health conditions and risks, community interventions, services and programmes and health policies. They have to respond to health care demands of the entire community and build partnerships with all stakeholders and key actors in their communities.

The framework included the following five essential components: They are;

- (1) Core functions, roles and areas of work of community health nursing in the health care system
- (2) Classification of the population who are targets of the services and their health care demands
- (3) Competencies of nurses working in the community health care as expected outcomes of education
- (4) Knowledge and skills required for baccalaureate graduates who are working in community health nursing
- (5) A participatory teaching and learning process: interactive learning through actions

Three types of competencies of a community nurse were proposed. They were: (1) competencies for clinical care ranging from health assessment, disease management, case finding, case management, delegated medical treatment and observations, etc.; (2) competencies to implement core functions; and (3) complementary competencies including cultural sensitivity, participatory research, leadership, development of tools and guidelines for data collection and analysis, mapping, and experiential learning through actions.

The participants were divided into three groups to review the proposed framework and give a presentation. It was concluded that the proposed framework was agreed to in principle.

5.11 Byelaws of SEANMEIN

Dr Kobkul Phanchaleornworakul presented draft byelaws of SEANMEIN. It consisted of the name, aims, objectives, membership, meetings, executive

committee, conduct of business, income and revenue, ratification of byelaws, amendment to the byelaws, and membership fee. After lengthy discussions, the participants suggested a change in the objectives and in the rate of membership fee and requested the secretariat to distribute the revised draft to members.

5.12 Work of SEANMEIN

Dr Indrajit Walia, Chairperson of SEANMEIN, reported on the work of the Network between July 2006 – April 2007 as follows:

- Initiated SEANMEIN website, www.seanmein.com.
- Had a teleconference with the Global WHO Collaborating Centre Network on Nursing and Midwifery Development.
- Faculty of Nursing, Chiang Mai University worked in collaboration with the University of Nursing, Yangon, Myanmar, in developing the collaborative model between nursing services and nursing education in Myanmar.

For 2007-2008, the following activities were proposed:

- Development of the SEANMEIN website for easy accessibility and linkages
- Establishment of the Network secretariat office with basic facilities
- The second meeting of the Network to be organized in Yangon in 2008

6. Recommendations

6.1 Recommendations to institutions

- (1) Develop and monitor the nursing and midwifery educational institutional plan especially the production of nursing and midwifery students and capacity building of teachers.
- (2) Review midwifery courses and apply the framework on midwifery education in the pre-service nursing and midwifery or midwifery curriculum.

- (3) Review community nursing courses and apply the framework on community nursing education in the pre-service nursing and midwifery curriculum.
- (4) Advocate and support activities of the South-East Asia Nursing and Midwifery Educational Institutions.

6.2 Recommendations to WHO

Advocate on strengthening midwifery education and community nursing education in the pre-service nursing and midwifery programme to countries in SEAR.

- (1) Provide technical guidance on scaling-up production of nurses and midwives in the countries with shortages of nursing and midwifery personnel.
- (2) Provide support to the Network in the development of the website, in organizing Network meetings, participation of the members of the Network in WHO-related meetings and in carrying out network activities.

7. SEANMEIN executive board meeting

One participant from each country that participated in the meeting volunteered or was nominated by colleagues to serve as a member on the Executive Board. Dr Indarjit Walia was nominated as chairperson of the executive board. The first meeting of the executive board was held after the first SEANMEIN meeting was closed. The agenda included the activities in 2007. The WHO Collaborating Centre for Nursing and Midwifery Development, University of Yangon, Myanmar, was nominated to host the second meeting in Yangon in 2008.

Annex 1

List of participants

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Annex 2

Programme

Monday, 07 May 2007

13:30 – 14:00 Registration

14:00 – 14:45 Opening session

Theme: Situation of Nursing and Midwifery at the Regional and Global Levels

14:45 – 15:15 Strengthening Nursing and Midwifery : Global Initiatives by
Dr Jean Yan, Chief Nurse Scientist, WHO/HQ

15:15 – 15:45 Situation of Nursing and Midwifery in South-East Asia by
Dr Prakin Suchaxaya, RA NUR, SEARO

15:45 – 16:00 Report on the Progress of the Recommendations of the Networking
Meeting in Cha-am, Thailand July 2006 by *Dr Prakin Suchaxaya*,
RA NUR, SEARO

16:00 – 17:30 Reports of Institution Performance in 2006 by Head or
representative of the Nursing and Midwifery Institutions

Tuesday, 08 May 2007

Theme: Midwifery Education

08:30 – 08:45 Reflection of Day 1 by *Ms Rose Johnsen*, NA, WHO, BAN

08:45 – 09:15 Maternal and Child Health Situation in South-East Asia:
WHO Action and Nursing and Midwifery Response by
Dr Arvind Mathur, MO, WHO/India

09:15 – 09:30 WHO and Partners in Strengthening Midwifery in SEAR by:

– *Dr Prakin Suchaxaya*, RA NUR, WHO/SEARO

– *Mr Dileep Kumar*, President Indian Nursing Council

– *Professor Muzaherul Huq*, MO-HRH/Nepal

– *Dr Laura Guarenti*, MPS, WHO/Indonesia

– *Ms Rose Johnsen*, NA, WHO/Bangladesh

09:30 – 10:30 Country presentations on Midwifery Education

10:50 – 11:30	Discussion on Issues and Challenges in Teaching of Midwifery Facilitator: <i>Dr Laura Guarenti</i> , MPS, WHO/Indonesia
11:30 – 12:15	Midwifery Education Framework by <i>Dr Kobkul Phanchaloenworakul</i>
12:15 – 13:00	Discussion on the Framework
14:00 – 15:00	Group Work: Implementation of Midwifery Framework in the Countries of SEAR
15:00 – 15:30	Group Presentation
15:50 – 17:00	Regional Policy on Midwifery Education and Network Contribution to the Development of Midwifery Education and Service Facilitator: <i>Dr Arvind Mathur</i> , MO, WHO/India

Wednesday 09 May 2007

Theme: Community Nursing Education

08:30 – 08:45	Reflection of Day 2 by <i>Dr Arvind Mathur</i> , MO, WHO/India
08:45 – 09:15	WHO/SEARO Policy on Public Health and the Need for Public Health Nurse and Community Nurse in SEAR by <i>Dr Arvind Mathur</i> , MO, WHO/India, and add on by country focal points
09:15 – 10:30	Country Presentation on Community Nursing Education
10:50 – 11:40	Discussion on Issues and Challenges in Teaching of Community Nursing Facilitator: <i>Dr Somchai Peerapakorn</i> , WHO/Thailand
11:40 – 12:10	Community Nursing Framework by <i>Dr Khanitta Nuntaboot</i>
12:10 – 13:00	Discussion on the Framework
13:30 – 15:00	Group work II : Implementation of Community Nursing Framework in the Countries of SEAR
15:00 – 15:30	Group presentation
15:50 – 17:00	Regional Policy on Community Nursing Education and Network Contribution in Strengthen Community Nursing Education and Services Facilitator: <i>Professor Muzaherul Huq</i> , MO-HRH, WHO/Nepal

Thursday, 10 May 2007

Theme: Network Business

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| 08:30 – 08:45 | Reflection of Day 3 by <i>Dr Somchai Peerapakorn</i> |
| 08:45 – 09:00 | Update of the Work of the Network by <i>Dr Walia</i> , Principal, NINE |
| 09:00 – 10:30 | Bylaw of the Network by <i>Dr Kobkul Phanchaloenworakul</i> |
| 10:50 – 12:00 | Network Plan 2007-2009
Facilitator: <i>Dr Walia</i> |
| 12:00 – 12:30 | WHO Contribution to the Network Activities by Country Focal Points |
| 12:30 – 13:30 | Conclusion / Closing |