THEORY OF CHANGE

THE PROBLEM

In the sub-Saharan region strengthening preventative and primary health care interventions remains key in decreasing under-five mortality. But 10% -20% of children are too sick to be managed at clinic level and will be referred to secondary and tertiary facilities. Here nurses are the largest and sometimes the only cadre of professional staff and are the mainstay of care for hospitalised children. This specialist cadre is still at a critical low. In South Africa registered children's nurses make up less than 2% of the workforce. Most sub-Saharan African nations have fewer than 100 children's nurses. Some still have none.

OUR IMPACT

A strengthened children's nursing workforce working to best possible effect in Africa's health care systems – leading to improved infant and child health outcomes in Africa

ASSUMPTIONS	RATIONALE
Specialist children's nurses can make a real difference to children's health outcomes. To work to their full potential, nurses need to: • be equipped with contextually relevant knowledge, skills and tools; • work within systems that support and capacitate them; • find and use their voices.	Under-five mortality in sub-Saharan Africa is still 84 deaths per 1000 live births - almost double the global rate. The shortage of trained healthcare professionals is one of the most significant barriers to the achievement of targets for improving child and maternal health. Specialised nursing is associated with better patient care outcomes (Uys 2013, Kendall et al 2011).

EDUCATION@UCT

OUTCOME 1	ASSUMPTIONS	RATIONALE
A strengthened workforce (2008 – 2023) *We will increase our PGDip graduate output by 67% from 2025 (from 30/year to 60/year) by building a broad blended learning (on campus and on-line) learning platform. We will introduce additional clinical placement sites to enable students to learn closer to home. We will increase MNCN graduates similarly.*	• Employers continue to release nurses for training • Provincial Depts of Health adopt local clinical placements • Facilities partner with us to provide clinical learning offering sufficient placements, supported by local alumni • Accreditation of new format programmes will be achieved with minimal reservations	International experience indicates it is feasible to double enrolment and achieve an 80% completion rate Employers say they are increasingly unable to release nurses from their services for a full year Students who are supported to practice and learn in local settings will find it easier to work to best effect there and on their return

EDUCATION PRACTICE DEVELOPMENT

OUTCOME 2	ASSUMPTIONS	RATIONALE
A strengthened education community *We will support the sustainability of children's nursing education across the region by establishing contextually relevant educator training resources and programmes that shift the focus from teachers teaching to educators increasingly facilitating learning in real clinical settings and health systems.*	• The new cadre of child nurse educators are recruited, employed and supported in their professional development • Educators at supported institutions in other SADC nations achieve accreditation of new programmes • SANC reaccreditation of SA programmes at supported institutions is successful	As health systems become increasingly fraught and burdened, children's nurses require different skill-sets, approaches, and resilience. Educators require new ways of facilitating this learning. Training programmes need leadership from a younger generation of educators: currently 66% of the programme leads we work with are >60 years of age.

CLINICAL PRACTICE DEVELOPMENT

OUTCOME 3	ASSUMPTIONS	RATIONALE
Improved child health services *We will implement and measure the impact of evidence-based, context-specific practice development and tools that equip nurses to provide higher quality safer care.* *We will establish a network of best practice clinical service units.*	• Facilities will actively support nurse-led teams to establish best practice units • The locally developed model will be more successful in achieving sustained implementation of practice improvements than other models, which continue to require external motivation	Learning takes place most effectively when what nurses are taught is aligned with what they do in practice and vice versa (Headrick and Neuhauser, 1995, Buchan, 2004) There is an absence of local practice norms and few evidence-based protocols to guide the nursing care of infants and children exist

EVIDENCE FOR EDUCATION, PRACTICE AND POLICY

OUTCOME 4	ASSUMPTIONS	RATIONALE
Peer reviewed local evidence *We will generate context-specific tools; approaches and practice guidelines.* *We will produce accurate information about the children's nursing workforce through annual surveys via a new workforce observatory.* *We will gather and share evidence about how children's nurses improve child health outcomes*	• National registries and employers will participate in workforce surveys • Decision makers will be receptive to information • Facilities will agree to students and graduates collecting outcomes data	Specifically African nursing knowledge is impeded as richer nations of the global North export ideas and import people (Crisp, 2010). The number of specialist children's nurses is not recorded accurately by WHO databases (Scheffler et al 2009) or national registries in SADC countries. A growing number of African nations are prioritising children's nurse training in HRH strategies, but lack information to inform decisions.