

Kiribati-Australia Nursing Initiative

**Final Draft Design
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Map

(not available electronically)

Glossary

KANI	Kiribati-Australia Nursing Initiative
AIN	Assistant in Nursing
APP	Academic Preparation Program
AusAID	Australian Agency for International Development
EEN	Endorsed Enrolled Nurse
EU	European Union
FSM	Fiji School of Medicine
FSN	Fiji School of Nursing
GoK	Government of Kiribati
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency syndrome
IELTS	International English Language Testing System
KNA	Kiribati Nurses Association
MEYS	Ministry of Education, Youth and Sports
MHMS	Ministry of Health and Medical Services
NDPP	Nursing Diploma Preparation Program
NDS	National Development Strategies 2004 - 2007
NZAID	New Zealand Agency for International Development
PIC	Pacific Island Country
PSO	Public Services Office
RN	Registered Nurse
SPBEA	South Pacific Board for Educational Assessment
TB	Tuberculosis
KSON	Kiribati School of Nursing
USP	University of the South Pacific
WHO	World Health Organisation

Executive Summary

The Government of Kiribati (GoK) has identified rapid population growth and youth unemployment as key constraints to poverty reduction and a contributor to social unrest. Kiribati has a long history of remittances contributing to the economy through the provision of crews for international shipping companies and labourers to Nauru. In early 2005, the Kiribati President, Anote Tong raised the need to educate more I-Kiribati youth for international employment opportunities. He identified the global shortage of skilled nurses as an opportunity for I-Kiribati youth and Kiribati's development. Discussions have since been ongoing between Australia and Kiribati to realise nursing education that will provide access for I-Kiribati youth to the global opportunities for employment as nurses.

The Australia Government's White Paper on the overseas aid program outlines a commitment to building skilled workforces to meet domestic needs and to participate in international labour markets. Australia and New Zealand development assistance programs work closely together to reduce the burden of aid management on the Government of Kiribati. Australia leads on education, public sector reform and human resource development. New Zealand leads on urbanisation issues. A joint Kiribati, Australia and New Zealand review of the Development Cooperation Program undertaken in January - February 2005 identified critical development concerns, particularly the social and labour market implications of the large youth population and increasing populations in South Tarawa and Kiritimati. The Kiribati-Australia Nursing Initiative will sit within the strategic approach to human resource development under the joint country program strategy between Australia, New Zealand and Kiribati. The KANI will also contribute to development assistance objectives related to education and urbanisation under the joint country program strategy.

Feasibility studies for the KANI were undertaken in January and April-May 2006. The design study mission in August 2006 built on the findings of these feasibility studies.

Situation analysis

Kiribati's population is estimated at just over 92,000 and is growing at an estimated rate of 2.3% with a project increase to 161,500 by 2025. Added to this, more than 44% reside in the urban areas of South Tarawa. This population growth is having major socioeconomic and health impacts on all I-Kiribati. With 40% of its population under the age of 15 years, there is an increasing demand for education in Kiribati that leads to employment opportunities. However, of the 2000 school leavers each year, less than 25% can currently expect to find a job. Kiribati has identified regional and international employment as a key strategy to addressing population growth and urbanisation. Nursing has been identified as a sector of high opportunity for regional and international employment opportunities.

The Kiribati School of Nursing which provides basic nurse education to approximately 30 students each year does not train its graduates to the standard required for registration

and employment outside Kiribati. Elsewhere in the Pacific nurse education is moving to the tertiary level (e.g. Fiji and Samoa) but these institutions do not provide the qualifications needed for nurse registration in Australia or other developed countries without further education.

Feasibility studies conducted in January and April-May 2006, found a program to educate I-Kiribati students to international registered nurse standards feasible if undertaken *in Australia*. Building on the findings of the feasibility studies, a detailed design document for the Kiribati - Australia Nurses Initiative (KANI) was prepared in August 2006.

Strategies Chosen

To access international employment opportunities, and realise the resultant benefits, I-Kiribati need to undertake training at appropriate standards for international employment. Kiribati has had a generally positive experience in this area through the Maritime Training College. This experience has led to a strong desire by the Government of Kiribati to train nurses for international employment.

A pilot program for I-Kiribati youth to gain a Bachelor of Nursing (which will enable access to international employment opportunities) is proposed, commencing in 2007. The initiative will take students through a qualifications pathway that commences with a Certificate 3 level qualification or a Nursing Diploma. Students who demonstrate the aptitude and interest will then be supported to complete a Bachelor of Nursing program. This qualification pathway will provide exits points for students, thus increasing the likelihood of all students under the initiative gaining a qualification that could lead to international employment. Students who only complete a certificate level or diploma course will need meet other visa requirements for employment in Australia, but for those that do, employment opportunities exist. The pilot will monitor employment outcomes for all students.

The focus on I-Kiribati youth is in direct response to the concern over the growing youth unemployment problem facing the Government of Kiribati, I-Kiribati youth and their families. In the first instance the initiative will target school leavers in the youth category (i.e. 18-30 year olds) and not existing trained nurses. This is in recognition that the capacity of Kiribati's health system to deliver health care services should not be undermined, and that addressing the needs of school leavers with low employment opportunities is of immediate concern and priority to the Government of Kiribati. In time, with an increase in the number of nursing students at the Kiribati School of Nursing, nurses who have completed their training in Kiribati may be selected to participate in the scholarship program.

Strong interest in supporting existing, newly trained nurses to upskill and gain international employment has also been raised. However, undermining the existing capacity of the nursing sector in Kiribati needs to be avoided. A long-term strategy to increase Kiribati's nurse training capacity, and therefore the supply of nurses, is required as a precursor to targeted assistance that supports international employment opportunities for current I-Kiribati trained nurses.

In the longer term the initiative will also consider strengthening the Kiribati School of Nursing by enhancing staff teaching practices and assisting with an upgrade of the curriculum taught at KSON. Further design of this component will take place in the later years of the initiative. This will be done in consultation with the Fiji School of Medicine, which is anticipating working with the Kiribati School of Nursing to upgrade its curriculum and train outer island nurses, under the EU funded outer islands health project.

Activity Description – A Phased Approach

The Kiribati-Australia Nursing Initiative (KANI) is a pilot program designed to be implemented in a phased approach, commencing with Component 1. A phased approach has been taken to allow for the Initiative to be carefully developed and monitored at each output. Within each Component there are stop/go points between some outputs which will be used should certain risks, such as low student achievement, present themselves.

Goal: Contribute to the Government of Kiribati's efforts to reduce youth unemployment and to diversify the country's remittance base through emigration of skilled people accessing the global nursing market.

Purpose: (I) Educate and skill I-Kiribati youth to gain Australian and international employment in the nursing sector.

(ii) Upgrade nursing education in Kiribati to reduce the cost and period of time required to gain internationally accepted qualifications off-shore.

Three components have been identified to support the achievement of the purpose and goal for the Kiribati-Australia Nursing Initiative. **It is recommended that Component 1 begin implementation in 2006, while Components 2 and 3 (with the exception of output 3.1) will begin implementation in later years of the initiative.**

Component 1: Scholarship program to obtain an Australian Nursing qualification up to a Bachelor of Nursing through an articulated TAFE/University pathway that provides qualifications at Certificate 3 and Diploma level exit points.

Component 1 will support up to 30 I-Kiribati students per year to study in Australia. Suitable students will be selected by a rigorous process and undertake comprehensive preparation programs prior to commencing studies at an Australian tertiary institution. Component 1 will support students with demonstrated interest and aptitude, to gain a Bachelor of Nursing (with exit points at the Certificate 3 or Diploma of Nursing levels).

Diploma of Nursing and Bachelor of Nursing graduates require a minimum IELTS score of 7 to register as Endorsed Enrolled Nurses and Registered Nurse with a state nursing registration board in Australia. Immigration pathways are readily available for Registered Nurses and there are also some limited opportunities for Enrolled Nurses. Certificate Level 3 graduates do not require registration to practice and cannot meet immigration requirements based on their academic achievements.

Component 2: Scholarship program to obtain Bachelor of Nursing/ Nurse Education at Australian standards for nurses trained and registered in Kiribati.

Component 2 will provide training opportunities for nurses wishing to pursue further study for international employment or nursing specialties including nurse education. Course delivery options will include consideration of: linkages to the Australia Pacific Technical College; participation in the Academic Preparation Program; and distance education options. Nurses registered with the Kiribati Nursing Council will be eligible to participate in training under Component 2. Prior to accepting any registered nurses from the Kiribati system, workforce planning and parameters to support the delivery of Component 2 will be established with the Government of Kiribati.

Component 3: Kiribati's School of Nursing upgraded to provide a higher standard of basic nurse education.

Considerable analysis is required to define the parameters for support under Component 3. Upgrading the basic nursing education provided at the Kiribati School of Nursing will increase the opportunities for scholarships and reduce the time required for students to gain qualifications off-shore for international employment purposes. Early exposure of I-Kiribati nurse educators to contemporary best practice in both nurse education and health industry environments in Australia will be beneficial for improved nurse education in Kiribati. In the first instance a nurse educator will accompany each cohort group for the first year and be involved in the education process.

Implementation

It is suggested that the Kiribati-Australia Nursing Initiative begin implementation in September/October 2006. An assessment of progress should be undertaken in December 2007.

Depending on the results of this assessment, it is recommended that the KANI pilot phase continue until August 2013. This seven-year timeframe will allow for three cohorts of students to be trained in Australia and substantial time for the implementation of Components 2 and 3.

Program monitoring and evaluation includes data gathering and analysis to gauge the long-term social and economic impacts of the initiative, including such things as remittance levels and patterns of remittance spending in Kiribati. It is suggested this be primarily done through funded tertiary research.

Benefits and Risks

The benefits of this initiative include: increasing the employment rate of school leavers by 1.5% annually; providing support to up to 90 students to train in Australia over the 5

years; enhancing nurse education in Kiribati; and, contributing to research in the area of skilled migration and remittances. A cost benefit analysis is included in this design. In addition to the immediate and direct benefits of the initiative, it is anticipated there will be positive flow-on effects for the nursing sector more broadly in Kiribati. Over time it is likely that nurses trained in Australia will return to employment in Kiribati. The combination of Australian-trained nurses returning to Kiribati with enhanced nurse education for Kiribati trained nurses is likely to see improved standards and practices of nursing care in Kiribati.

There are several risks associated with realising these benefits. The assessment of risks and appropriate mitigation and management strategies was undertaken with stakeholders during the design study mission. The greatest risks to achieving the benefits of the Kiribati-Australia Nursing Initiative include: compromised selection process (because of timing issues or not enough students meeting criteria); low numbers of nurses succeeding in their studies; inability of Australian-trained nurses to find employment (either in Australia or at home); and employed nurses not remitting funds to Kiribati. A comprehensive analysis of risks and strategies to manage and minimise these risks is detailed in the design.

1. Activity Preparation

1.1. Activity origin

The Government of Kiribati has identified rapid population growth and youth unemployment as key constraints to poverty reduction and a contributor to social unrest. There is documentary evidence of the economic and social benefits of skilled labour mobility between PICs and their neighbours.¹ Kiribati has a long history of remittances contributing to the economy through the provision of crews for international shipping companies and labourers to Nauru. The Government of Kiribati (GoK) has identified international employment of skilled nurses as a possible option for I-Kiribati youth.

In 2004 the Kiribati President, Anote Tong requested assistance from Australia to educate the young women of Kiribati for international employment opportunities as nurses. Discussions have since been ongoing to realise an education pathway that enables access to the global nursing market. The Australia Government's White Paper on the overseas aid program outlines a commitment to building skilled workforces to meet domestic needs and to access international labour markets.² In response to the Pacific requests for greater labour mobility between PICS and Australia at the Pacific Island Forum in 2005, Australia offered to establish the Australia-Pacific Technical College to develop skilled labour for the domestic and Australian market. To date, the proposal to undertake nursing education through the APTC has not been developed. In time, it may be possible to bring the KANI under the APTC umbrella and provide some education through Pacific based program. This opportunity to do this will be assessed prior to the selection of each cohort group and if necessary the program adjusted.

Australia's significant and consistent support of the education and training sector is in recognition that an educated population and skilled workforce contributes significantly to the opportunities for I-Kiribati to improve the quality of public sector management and to address the educational and health demands of the rapidly growing population.³ Equally, experience in Kiribati and in other PICS shows emigration of skilled workers can contribute to managing population growth and facilitating foreign income earnings and remittances. These developments are key to Kiribati's future.

Kiribati's Third National Development Strategy (2004-2007) identifies six key policy areas: (i) Economic Growth, (ii) Equitable Distribution, (iii) Public Sector Reform, (iv) Equipping People to Manage Change (includes Education & Training, Health, Culture and Governance), (v) Sustainable Use of Physical Resources, (vi) Protecting and Using

¹ For example, Asian Development Bank (Connell and Brown), *Remittances in the Pacific: An Overview*, March 2005, Brown, R. and Connell, J. *Occupation-specific analysis of migration and remittance behaviour: Pacific Island nurses in Australia and New Zealand*, Asia Pacific Viewpoint, Vol 47, No 1, April 2006, World Bank, *At Home and Away*, 2006.

² Australian Aid: Promoting Growth and Stability, 2006, p.39.

³ Australian Aid: Promoting Growth and Stability, 2006

Financial Reserves. Key areas (I), (ii) and (iv) will be addressed under the Kiribati-Australia Nursing Initiative.

The joint Kiribati, Australia and New Zealand review of the Development Cooperation Program undertaken in January - February 2005 provides guidance for future development cooperation activities. The review identifies critical priorities, particularly the social and labour market implications of the large youth population and increasing urbanisation of South Tarawa and Kiritimati that have not been addressed in any systematic way.⁴

The joint review also recommends a more coherent and strategic approach, focusing on fewer but better defined priority areas. The 4 agreed strategic priority areas are: human resource development, improved education outcomes, urban management and improved public sector performance.

The proposed Kiribati-Australia Nursing Initiative will sit within the strategic approach to human resource development envisaged under the joint country program strategy between Australia, New Zealand and the Government of Kiribati.

An exploratory study, consisting of literature reviews and interviews with key stakeholders in Kiribati, was undertaken in late January 2006. A feasibility design mission was undertaken in April-May 2006. The design study mission in August 2006 has built on the findings of the exploratory and feasibility design studies.

1.2. Study teams and methodology

Feasibility studies

In late January 2006, a study was undertaken to determine the feasibility of a nurse education project for Kiribati.⁵ The study team comprised Joanne Tollefson, Senior Lecturer, School of Nursing Sciences, James Cook University, Suzanne Jones, Faculty Manager, Health and Community Care, Tropical North Queensland TAFE and Sandra Glaister, Director of Nursing, Blue Care Garden Settlement.

The study team reviewed available documents, conducted interviews with some of the key stakeholders and prepared an outline of suggested components to address upgrading of nurse education in Kiribati and preparation of nurses for overseas employment. The study team found two components for a design (i.e. taking pre-nursing I-Kiribati students to Australia for their entire nursing course and assisting existing registered nurses to upgrade their qualifications) were certainly feasible, but upgrading the Kiribati School of Nursing to an international standard would require on-site evaluation. A field mission was then undertaken from 21 April to 6 May 2006 and comprised the original feasibility study team as well as Dr Isolde Macatol, AusAID.

⁴ Governments of Kiribati, Australia and New Zealand, *Joint Review of New Zealand and Australia's Development Cooperation Programmes for Kiribati. Final Report: April 2005*

⁵ See Kiribati Nurse Initiative Final Report, February, 2006.

The feasibility study team interviewed key stakeholders and sought validation of the January discussions through written documentation or verification from other sources. The team also undertook site visits at the hospitals, some of the clinics on South Tarawa, and the psychiatric unit. During these site visits, discussions were held with a large number of registered nurses, midwives, public health nurses, medical assistants, student nurses, patients, medical practitioners and allied health personnel. The Principal Nurse Educator acted as liaison and interpreter when required.

The site visits provided an opportunity for the team to observe the conditions and work practices of the registered and student nurses, including the manner in which they interacted with patients and medical staff. This enabled the team to evaluate the levels of care offered and the standards of nursing care delivered.

Further research was undertaken using information gathered from a wide variety of sources including: policy and procedure manuals, KSON curriculum, teaching and assessment documents, the National Development Strategy, Ministry of Health and Medical Services operational plans, statistical data, the national drugs policy, FSM/EU agreement on the 'Improvement of Health Services in the Outer Islands of the Republic of Kiribati', and information obtained from the internet and the AusAID intranet were some of the documents examined.

The feasibility mission produced the draft report "Kiribati Nurse Initiative: 11 May 2006", which proposed three components for support under the initiative. The ensuing design study articulates the parameters for support under the three components.

Design study

A design study was undertaken in August 2006, including a mission to Kiribati, from 3-10 August. The design study team comprised Stacey Tennant, AusAID (Team Leader), Vickie Owens, Nurse Educator, Tropical North Queensland TAFE and Stuart Lee, Education Practitioner, with Tareu Tong, Principal, Kiribati School of Nursing as the local counterpart.⁶

The design study team held extensive consultations with stakeholders in Kiribati, Australia, and the region, including education providers, donor agencies working in Kiribati, regional organisations, Government of Kiribati officials, health sector officials and nurses in Kiribati.⁷ Data was sourced from all of these stakeholders to confirm the anecdotal and experiential opinions offered to the team. As with the feasibility study, site visits of health care and educational facilities were undertaken in Kiribati. Visits to educational institutions, such as the Saint Louis High School, the USP Centre, and the Tarawa Technical Institute, provided valuable insights into the education sector in Kiribati.

⁶ See Appendix 1 for the Terms of Reference for the design study mission.

⁷ See Appendix 2 for names of stakeholders interviewed.

An extensive review of relevant documentation was undertaken.⁸ In addition to the documentation reviewed by the feasibility study team, the design study team also considered data from the education sector, including information provided by the GoK on Form 6 results in 2005, reports from regional organisations and research on remittances and labour mobility.

2. Analysis

2.1. Development context

Kiribati, located in the Central Western Pacific Ocean, has a total land area of 726 square kilometres covering 3.5 million square kilometres comprising 33 atolls and reef islands. The land areas fall into three distinct island groups, the Gilbert Islands, the Phoenix Islands and the Line Islands, with three economic zones.⁹

Kiribati's population is 92,013 and is growing at an estimated annual growth rate of 2.3% with a projected increase to 161,500 by 2025. 41% of the total population is below the age of 20 years – a trend that is likely to continue.¹⁰ Added to this, more than 44% reside in the urban areas of South Tarawa,¹¹ an increase of 7% in 10 years. This population growth is having major socioeconomic and health impacts on all I-Kiribati.

Of the more than 2000 students who leave school annually, only 500 will gain employment.¹² Predominantly employment is in the public sector (two out of every three persons employed). The dominance of the public sector in the employment market has led to little expansion in the private sector and minimal performance management.

This rapid population growth, overcrowding and increased urbanization has led to health issues including an increase in chronic diseases such as diabetes, hypertension, coronary heart disease, chronic obstructive pulmonary disease, and also in acute diseases such as gastroenteritis, hepatitis, TB and HIV/AIDS. High population rates and minimal employment opportunities has also had an impact on the society with an increase in alcohol abuse, underage drinking, crime (gender-based violence, sexual abuse, graffiti and theft) and pollution.¹³

2.2. Kiribati Situation Analysis

Migration and Remittances

Historically, the international employment of I-Kiribati has generally been “either as labourers to nearby Nauru or as contract workers on shipping lines. Workers were specifically trained for these activities, their remittances were and are both obligatory and

⁸ See Appendix 3 for the list of documents consulted.

⁹ Government of Kiribati, *National Development Strategies (NDS), 2004 – 2007*, p.12.

¹⁰ Government of Kiribati, *NDS, 2004 – 2007*, p.12

¹¹ Government of Kiribati 1995 census and 2005 (draft) census.

¹² Republic of Kiribati, *NDS, 2004 – 2007*, p. 12.

¹³ Personal communication, Dr K. Tiiban, Director of Public Health, Bikenebeu, Kiribati, 3 May 2006

institutionalized, and they were required to return home.”¹⁴ Between 1994 and 2002 remittances from I-Kiribati seaman was reported as US\$53.5 million.¹⁵ Though overall remittances have proven to be an increasing source of income for Kiribati, the source of remittances has not proven as stable. In Kiribati “remittances from seafarers grew almost tenfold between 1979 and 1998 though national data suggests that there was a parallel decline in remittances from Nauru.”¹⁶ The Government of Kiribati is looking for ways to diversify its remittance base as well as provide opportunities for I-Kiribati women to gain international employment.¹⁷ Given Kiribati’s relative inexperience in supporting migration of workers outside of institutionalised schemes, it is difficult to predict what the remittance patterns will be.

The experience of other Pacific Island Countries, such as Fiji, Tonga and Samoa, who have nurses remitting funds to their home country provides useful insight into what may possibly occur with I-Kiribati nurses. Recent research has argued that “nurse households are clearly different from others in their pattern of sending remittances.”¹⁸ The research found also that “nurses are more likely to be remitters and are more likely to remit larger absolute amounts than other migrants”, and they are “more likely to be intending to return home than other migrants”.¹⁹ The design study team has taken these research findings into consideration when developing the Kiribati-Australia Nursing Initiative.

Nursing Sector

The following information was gathered during the feasibility and design study missions, and is derived from data collected and extensive discussions with KSON staff and students, the Acting Director of Nursing, several of the Principle Nursing Officers, many of the nursing staff of the hospital units and two of the community clinics on South Tarawa (Bairiki and Betio). The teams also spoke to the executive members of the Kiribati Nursing Association (KNA), representatives of the Ministry of Health, the anaesthesiologist, a medical practitioner and emergency medical practitioner for the hospital, the hospital pharmacist, the WHO representative and the Peace Corps physician.

The nursing sector in Kiribati is governed by legislation and the Kiribati Nursing Council (KNC) which is integrated with the Kiribati Medical Council. The KNC deals with registration, discipline and deregistration where necessary. It does not address the scope of practice or competencies, but there is a plan to address these areas within this council in future.

¹⁴ Asian Development Bank (Connell and Brown), *Remittances in the Pacific: An Overview*, March 2005, p. 3.

¹⁵ Ibid. p. 9.

¹⁶ Ibid, p.10.

¹⁷ Personal communications: Mrs Bintonga Tonganibeia, Deputy Secretary, Ministry of Labour and Human Resource Development, 9 August 2006; Mr Taam Biribo, Secretary, Ministry of Foreign Affairs & Immigration, 8 August 2006

¹⁸ Brown, R and Connell, J. *Occupation-specific analysis of migration and remittance behaviour: Pacific Island nurses in Australia and New Zealand*, Asia Pacific Viewpoint, Vol 47, No 1, April 2006, p. 149.

¹⁹ Ibid, p. 149.

There are a number of qualifications available for nurses. Nurse education and higher qualification courses are undertaken in Kiribati with some nurses going to Fiji for more extensive education. The basic recognised qualification is the registered nurse (RN) although there are 2 levels of nurse who receive only 'on the job' training. These are nurse aides who practice in the hospital (12) and outer island nurse aides who are employed by individual Island Councils to assist the RN (30). Registered nurses can take further education to qualify as midwives, public health nurses or a medical assistant (who have an expanded role in diagnosis and treatment and are registered by the Medical Council).²⁰

Kiribati's National Development Strategies document recommends strengthening nursing and public health training and increasing staff allocations to the outer islands. There is also a MHMS Ministerial Operational Plan (Jan-June 2005) that guides workforce planning. However there are a number of problems with the current workforce arrangements. There is a nursing shortage in Kiribati, although it is not immediately apparent as Kiribati uses 'retired' nurses to fill some of its 233 established nursing positions. Of the nurses currently filling service positions, 63 have passed the mandatory retirement age of 50 and have been retained as nurse administrators, nurse educators, hospital nurses, community nurses, midwives and outer island nurses to ensure ongoing service in these areas.

There is provision for educating 30 nurses per year although this number of graduates is not achieved due to attrition. Some new graduates are not immediately employed because the 'retired' nurses (i.e. those over 50 years of age) are on contract and the new graduates cannot be employed until a vacancy occurs. Last year and this year there were over 400 applicants for the nursing school and approximately 100 passed the student selection criteria. There are plans to increase the intake and the Kiribati Nursing School will be able accommodate students who are selected for but do not progress through the Australian program.

There are three hospitals on Kiribati: the main hospital in South Tarawa at Tungaru with 120 beds, and two smaller hospitals (Betio and Kiritimati) with a combined total of 21 beds. All hospitals are run by the government. The Tungaru Hospital has a separate psychiatric unit which provides custodial care (but does not provide occupational or rehabilitative services) for 53 male and female patients. The facilities provided in all areas were observed to be very basic. Generally patients or their families provide for their basic needs including food and drinks, although Tungaru Hospital provided meals for in-patients, their main carer, and for discharged patients awaiting transport to the outer islands. Patients bring their own sleeping mats, linens, pillows, clothing, utensils and a wash bowl to hospital for their own use. Medical support facilities at Tungaru include a pharmacy, a prosthetics, an x-ray, physiotherapy and a pathology department. There is an operating theatre complex with two basic theatres and a minimal post-anaesthetic recovery area. There is a surgeon on Tarawa, and visiting specialists attend occasionally. There are 19 medical practitioners; all but three are on South Tarawa. These

²⁰ Personal communication, Mrs Teramira Schutz, 1 February 2006.

three medical officers are on Kiritimati and attend to the hospital needs on that island. Kiribati is currently negotiating for the engagement of over 20 doctors from Cuba.

Nurses in Kiribati generally do not attend to patient's basic hygiene, such as bathing or toileting. A family member remains with the patient and acts as a primary carer which includes providing meals and personal care. The concept of nursing is vastly different from that understood in Australia. Nurses follow the doctor's orders but do not seem to autonomously initiate care (e.g. changing the frequency of observations, undertaking physical assessments when the patient's condition is declining, alteration in wound management within their scope of practice, undertaking teaching of patients and their families). Documentation and record-keeping appears to be sporadic. Standards of nursing care differ to those in Australia; there are no accreditation or quality improvement processes evident, although data collection does occur. Nurses tend not to use any specialist skills for an extended period as they are expected to be generalists capable of frequently moving to cover absences in the hospital and clinics throughout Kiribati.

The nurses who work on outer islands offer the only formal health/medical care available. They work alongside traditional healers and birth attendants. The outer islands have clinics run by nurses and medical assistants who treat according to protocols. They can prescribe and dispense drugs under direction (via phone/radio) or indirectly (through standing orders) of a medical officer or by protocol. They can refer patients to the hospitals as necessary. The clinics are generally quite isolated with assistance at least several hours away by boat. The outer island nurses' protocol book is well constructed and encompasses the vast majority of commonly seen conditions and problems. It is currently being updated.

Kiribati has received much ad hoc nurse training in the past and continues to receive donor assistance in this area. Examples of short-term training provided, both in Kiribati and the region, include: infection control (Australia's In-Country Training program), neonatal care (Church of the Latter Day Saints), nursing management and leadership (International Council of Nurses), on-line learning through the Pacific Health Network (SPC/WHO) and nursing management study tours to Taiwan. The European Union, under the Eighth European Development Fund, recently began funding a €8.8 million project for the improvement of health services in the outer islands of Kiribati. Implemented by the Fiji School of Medicine, this project focuses on capacity building (training), infrastructure and service delivery. F\$4.4 million has been allocated over 5 years for training. It is anticipated approximately 58 registered nurses, from the outer islands and KSON, will be supported to commence undergraduate and postgraduate studies in 2006.

Education Sector

The Ministry of Education, Youth and Sports (MEYS) is the largest ministry in Kiribati with the highest level of staff, the largest budget allocation (5.7% of the national budget in 2006) and it receives the bulk of development partner assistance.²¹ MEYS oversees 91

²¹ Government of Kiribati, 2006 Budget.

primary schools, 24 junior secondary schools, 3 Government senior secondary schools and 14 approved senior secondary schools run by the churches. It is also responsible for 2 tertiary institutions (the Kiribati Teachers' College and the Tarawa Technical Institute) and coordinates the informal education sector.

Secondary Education

MEYS administers a national curriculum for primary and secondary school, up to the Form 5 level. For Forms 6 and 7, Kiribati participates in the regional qualifications offered by the South Pacific Board for Educational Assessment (SPBEA). These qualifications are the Pacific Senior Secondary Certificate (PSSC) at the Form 6 level and the South Pacific Form Seven Certificate (SPFSC). In addition to the SPFSC, the University of the South Pacific (USP) operates a Foundation Program that can be undertaken at the USP Centre in Tarawa, and used for entry to USP.

The churches have an active role in the education sector, operating 10 of the 14 secondary schools in Kiribati. Only three schools have Form 7: St. Louis High School, (Catholic), Moroni High School, (Church of the Latter Day Saints); and King George V and Elaine Bernacchi School (Government school).

The growth of education in Kiribati was steady through the 1990s. In 1998 the Government established Junior Secondary Schools (JSS) with upper grades of primary school (grades 7-9) converting into Forms 1-3 Junior Secondary School. Students no longer had to sit the Common Test, which screened student access to upper secondary school (Forms 4-7). As a result of this restructure, capacity and enrolments in Forms 4-6 increased by 25 percent.²² There has been a large increase in students sitting the Form 6 Pacific Senior Secondary Certificate (PSSC) and the South Pacific Form Seven Certificate (SPFSC). Enrolment data indicates that between 2000 and 2005 there was a 340 percent increase in students sitting for the PSSC. Since 1995 there has been an 800 per cent increase in students sitting the PSSC. The increased number of students has exerted great pressure on education quality and resources. According to data provided by the MEYS the Kiribati scaled examination mean in the PSSC 2005 was lower than those of other countries in the region in every examinable subject.²³ Historically, Kiribati has had test means above those for the region in mathematics, history and geography.

There is a strong perception amongst education and health officials that the level of English literacy and numeracy in Kiribati is falling. While the mean in the 2005 Form 6 PSSC has dropped, this largely reflects the greater number of students progressing from JSS into senior secondary school. Many blame the quality of education in the JSS for lower mean scores in external testing. Classes are more likely to be staffed by graduates from a 2-year JSS Teaching Certificate program.²⁴ There is criticism that the quality of teaching is poor, and that the new, inexperienced teachers are ill-equipped to prepare students for higher secondary education. Teachers of Form 6 and Form 7 commented that

²² Government of Kiribati, *NDS, 2004-2007*, p. 19.

²³ SPBEA, *Report on the Pacific Senior Secondary Certificate 2005 - Kiribati*.

²⁴ MacKenzie, E. *Junior Secondary School in Kiribati*, 2004 pp 6-7.

English is not taught well in JSS and that students enter their classes unable to meet the rigours of the Form 6 and 7 curricula. A common complaint is that English is taught in I-Kiribati in the JSS.

The Government of Kiribati acknowledges that increased enrolments in schools have placed a burden on the education system.²⁵ There is a strong need for upgrading the skills of teachers and lecturers and improving classroom resources. A number of primary schools and JSS buildings are poorly maintained. There is a need for improved teaching methodologies, especially for outer island teachers, increased support for church schools, and delivery of materials to schools through a regular, monitored program.²⁶

I-Kiribati students also appear to be reluctant users of English. Lack of practice, a cultural aversion to the use of English, and low confidence as English speakers all contribute to weak English speaking skills. Limited access to texts written in English, and poor choice of texts, have a strong impact on student performance in reading and comprehension. The team was advised that reading and comprehension is an area of English where I-Kiribati students perform poorly in the PSSC and SPFSC examinations.

The Academic Preparation Program in Component 1 of the initiative has been developed in consideration of the educational and learning issues discussed above. The risks associated with low English language skills and poor study habits are addressed in the draft risk management matrix attached at Appendix 12.

Tertiary Education

There are 6 post-secondary institutions operating in Kiribati:

- Kiribati School of Nursing (MHMS): approx. 70 students
- Tarawa Technical Institute (MEYS): 220 students
- Kiribati Teachers College (MEYS): 133 students
- Marine Training Centre (Ministry of Labour and HRD): approx. 70 students
- Fisherman Training Centre (Ministry of Labour and HRD): 36 students
- Police Training Centre (Office of Te Beretitenti): 21 trainees

The University of the South Pacific also has a centre in Tarawa where students can study foundation, undergraduate and postgraduate courses by distance. Currently 245 students are studying at the foundation level and 20 at the undergraduate level. Some students study undergraduate and postgraduate courses at institutions in the region, including Australia and New Zealand. Currently 945 I-Kiribati students study at the University of the South Pacific, of which 30 are funded by the Australian Government. 11 of the 27 I-Kiribati students attending the Fiji School of Medicine are also funded by the Australian Government, as well as 3 of the 16 students at the Fiji Institute of Technology.

²⁵ Government of Kiribati, *NDS, 2004-2007*, p. 19.

²⁶ *Ibid*, pp.30-31.

2.3. Strategy Selection

Kiribati has identified regional and international employment opportunities as key to its national development strategies. Economic benefits arising from international employment are felt most immediately at the familial level in Kiribati through remittances from overseas workers. Social benefits are also recognised and expected as international employment opportunities are offered in an environment of increasing youth unemployment and urbanisation of youth seeking jobs in Tarawa.

To access international employment opportunities, and realise the resultant benefits, I-Kiribati need to undertake training at appropriate standards for international employment. Kiribati has had a generally positive experience in this area through the Maritime Training College. This experience has led to a strong desire by the Government of Kiribati to train nurses for international employment.

Skills Development for International Employment and Domestic Needs

Internationally workers in the health sector are in high demand. Some developing countries, for example the Philippines, have privately funded training institutions to specifically train citizens to gain international employment. This type of training however is not available in Kiribati and is unlikely to be a cost effective option. There are limited opportunities for I-Kiribati to gain such skills in other Pacific Island countries. Most countries educate for national registration and the qualifications are not recognised for nurse registration elsewhere. Australia, through its overseas aid program, is committed to building skilled workforces to meet domestic needs and to access international labour markets.²⁷ The KANI focuses on the latter but it is expected there will be some improvements in local nursing education.

A pilot program for I-Kiribati youth to gain a Bachelor of Nursing (which will enable access to international employment opportunities) is proposed, commencing in 2007. The initiative will take students through a qualifications pathway that commences with a Certificate 3 level qualification then a Nursing Diploma. Students who demonstrate the aptitude and interest will then be supported to complete a Bachelor of Nursing program. This qualification pathway will provide exits points for students, thus increasing the likelihood of all students under the initiative gaining a qualification that could lead to international employment. Students who only complete a certificate level or diploma course will need meet other visa requirements for employment in Australia, but for those that do, employment opportunities exist. The pilot will monitor employment outcomes for all students.

The focus on I-Kiribati youth is in direct response to the concern over the growing youth unemployment problem facing the Government of Kiribati, I-Kiribati youth and their families. In the first instance the initiative will target school leavers in the youth category (i.e. 18-30 year olds) and not existing trained nurses. This is in recognition that the capacity of Kiribati's health system to deliver health care services should not be undermined, and that addressing the needs of school leavers with low employment

²⁷ Australian Aid: Promoting Growth and Stability, 2006, p. 39.

opportunities is of immediate concern and priority to the Government of Kiribati. In time, with an increase in the number of nursing students at the Kiribati School of Nursing, nurses who have completed their training in Kiribati may be selected to participate in the scholarship program.

Strong interest in supporting existing, newly trained nurses to upskill and gain international employment has also been raised. There are potential benefits to be gained from supporting these nurses to train in Australia; however risks associated with this include undermining the existing capacity of the nursing sector in Kiribati. It is suggested that a scoping mission be undertaken early in the initiative to consider the benefits, risks and practicalities of supporting existing nurses to train and gain employment outside Kiribati. A long-term strategy to increase Kiribati's nurse training capacity, and therefore the supply of nurses, is required as a precursor to targeted assistance that supports international employment opportunities for current I-Kiribati nurses.

The Kiribati-Australia Nursing Initiative will work closely with partners (WHO, EU, FSM) who are developing or providing programs that will also improve the delivery of nurse education at the Kiribati School of Nursing. KANI support provided to nurse educators accompanying the students each year (through their attachment to the Australian institution) will focus on developing basic education modules that are relevant to both the Australian and local nursing programs. During their attachment in Australia the nurse educators will participate in the education of the I-Kiribati nurses, learning new teaching methodologies and mapping Australian curriculum requirements against their own.

In the longer term the initiative will may need to consider strengthening the Kiribati School of Nursing by enhancing staff teaching practices and assisting with the upgrade of the curriculum taught at KSON. Further design of this component will take place in the later years of the initiative and be at the initiation of the Kiribati School of Nursing and in collaboration with other programs that may also be engaged in that process.

Australian potential to contribute

Australian secondary and tertiary institutions have a long history of providing education for Pacific Island Country nationals, including students sponsored by the Australian Government, by partner governments, or educating privately-funded students. Australia's education institutions are experienced and well-equipped to provide a high standard of teaching and training, as well as providing welfare and mentoring support to international students. Australia's aid program has supported 38 I-Kiribati students to undertake undergraduate and postgraduate studies in Australia over the last five years. There is every indication that with the right level of assistance, the I-Kiribati students will do well at Australian tertiary institutions, and gain the relevant qualifications for subsequent employment in Australia or internationally.

Australia's commitment to assisting Pacific island countries build skilled workforces is clearly outlined in *Australia Aid: Promoting Growth and Stability*. The White Paper also

includes an important new initiative in this area, the establishment of the Australia-Pacific Technical College (APTC). The college aims to increase the number of skilled workers in the Pacific island and upgrade the quality of their education to meet Australian vocational and technical standards.²⁸ The KANI will consider options for integration and collaboration with the APTC as the college develops and this initiative progresses.

Immigration pathways in Australia support both temporary and permanent migration of skilled workers. Eligible students will have access to visa categories such as the Regional Sponsored Migration Scheme (119/857); Skilled Independent Overseas Student Visa (880); Skilled Independent Visa (136); Employer Nomination Scheme (121/856); Skill Matching Visa (134); Skilled Independent Regional Visa (495); and the Temporary Business Long Stay Visa (457). DIMA has provided information of options for the program's students and advice on pathways for immigration.

In early 2007 AusAID will undertake a study on the international employment opportunities in nursing for I-Kiribati workers. The study will investigate a range of employment pathways in the nursing industry including home care. The results from the study will be discussed with the GoK and provided to the tertiary institution contracted to provide training under the KANI. Accordingly appropriate employment advice will be provided to I-Kiribati students who successfully complete nurse training under the initiative.

Lessons Learned

Australia has provided scholarship funding to I-Kiribati students, for study in Australia and in the Pacific, for over two decades. This experience has taught us much about the need for comprehensive orientation programs for students, English language skills support and the benefits of close academic monitoring. The design team has incorporated these lessons learned into the initiative's outputs.

The importance of a merit-based, open and transparent selection process has been demonstrated in the past, not least to reduce the likelihood of political interference and/or inappropriate candidates being selected. The design team, in collaboration with the Kiribati School of Nursing, has outlined a selection process that will select the most appropriate candidates based on merit. The selection process and timing has been documented in this design and may be shared openly with any and all interested parties.

The positive employment and remittance outcomes achieved by the Maritime Training College is in large part due to the existing employment arrangements for trained seafarers and institutionalised remittance processes. While it is beyond the scope of this initiative to set up a structured remittance process through a banking institution, every attempt has been made to ensure strong linkages to employment opportunities. This has been done primarily through an education pathway that provides work experience, recognised qualifications at exit points and advice on nurse registration and Australian visa requirements. As mentioned above students will also be provided appropriate

²⁸ *Australian Aid: Promoting Growth and Stability, 2006*, p.39.

employment advice following a study in early 2007 on international employment opportunities.

The benefits of this initiative include: increasing the employment rate of school leavers by 1.5% annually; providing support to up to 90 students to train in Australia over the 5 years; enhancing nurse education in Kiribati; and, contributing to research in the area of skilled migration and remittances. A cost benefit analysis is included in Section 5.3.

In addition to the immediate and direct benefits of the initiative, it is anticipated there will be positive flow-on effects for the nursing sector more broadly in Kiribati. Over time it is likely that nurses trained in Australia will return to employment in Kiribati. The combination of Australian-trained nurses returning to Kiribati with enhanced nurse education for Kiribati trained nurses is likely to see improved standards and practices of nursing care in Kiribati.

There are several risks associated with realising these benefits. Detailed analysis of risks is outlined in Section 4.2 and the Risk Management Matrix attached at Appendix 12. The various implementation strategies have been designed to minimise risk factors as much as possible. For example, anecdotal evidence and data gathered during the design study mission suggests that the single largest risk to students not succeeding in tertiary study is likely to be limited English language skills. A one-year preparatory program has therefore been designed to ensure that students are given support to improve their English language skills, and that only students who demonstrate the necessary level of English language aptitude will enter into tertiary education in Australia.

The government of Kiribati is keen to see its remittance base diversified. The program does not make any demands on students to remit either while they are studying (students are able to work for up to 20 hours per week and will be encouraged to do so in the health and aged care sector); or once they enter the workforce. However, it is anticipated that the nurses will remit and the initiative will gather data and undertake analysis. A study (primarily done through funded tertiary research) will gauge the long-term social and economic impacts of this initiative, including such things as remittance levels and patterns of remittance spending in Kiribati.

3. Kiribati-Australia Nursing Initiative: Description

The Kiribati-Australia Nursing Initiative (KANI) is a pilot program designed to be implemented in a phased approach, commencing with Component 1. A phased approach has been taken to allow for the Initiative to be carefully developed and monitored at each output. Within each Component there are stop/go points between some outputs which will be used should certain risks, such as low student achievement, present themselves.²⁹

3.1. Goal and Purpose

Goal: Contribute to the Government of Kiribati's efforts to reduce youth unemployment and to diversify the country's remittance base through emigration of skilled people accessing the global nursing market.

Purpose: (I) Educate and skill I-Kiribati youth to gain Australian and international employment in the nursing sector.

(ii) Upgrade nursing education in Kiribati to reduce the cost and period of time required to gain internationally accepted qualifications off-shore.

3.2. Component Structure

Three components have been identified to support the achievement of the purpose and goal for the Kiribati-Australia Nursing Initiative. The components and their outputs can be separately tendered as required. **It is recommended that Component 1 begin implementation in 2006, while Components 2 and 3 (with the exception of output 3.1) will begin implementation in later years of the initiative.**

3.2.1. Component description

Component 1: Scholarship program to obtain an Australian Nursing qualification up to a Bachelor of Nursing through an articulated TAFE/University pathway that provides qualifications at Certificate 3 and Diploma level exit points.

Component 1 will support up to 30 I-Kiribati students per year to study in Australia. Suitable students will be selected by a rigorous process and undertake comprehensive preparation programs prior to commencing studies at an Australian tertiary institution. Component 1 will support students with demonstrated interest and aptitude, to gain a Bachelor of Nursing (with exit points at the Certificate 3 or Diploma of Nursing levels).

Component 2: Scholarship program to obtain Bachelor of Nursing/ Nurse Education at Australian standards for nurses trained and registered in Kiribati.

²⁹ See Appendix 4 for KANI logframe.

Component 2 will provide training opportunities for nurses wishing to pursue further study for international employment or nursing specialties including nurse education. Course delivery options will include consideration of: linkages to the Australia Pacific Technical College; participation in the Academic Preparation Program; and distance education options. Nurses registered with the Kiribati Nursing Council will be eligible to participate in training under Component 2. Prior to accepting any registered nurses from the Kiribati system, workforce planning and parameters to support the delivery of Component 2 will be established with the Government of Kiribati.

Component 3: Kiribati's School of Nursing upgraded to provide a higher standard of basic nurse education.

Considerable analysis is required to define the parameters for support under Component 3. Upgrading the basic nursing education provided at the Kiribati School of Nursing will increase the opportunities for scholarships and reduce the time required for students to gain qualifications off-shore for international employment purposes. Early exposure of I-Kiribati nurse educators to contemporary best practice in both nurse education and health industry environments in Australia will be beneficial for improved nurse education in Kiribati. In the first instance a nurse educator will accompany each cohort group for the first year and be involved in the education process.

3.2.2. Output description

Component 1

Scholarship program to obtain an Australian Nursing qualification up to a Bachelor of Nursing through an articulated TAFE/University pathway that provides recognised qualifications at Certificate 3 and Diploma level exit points.

Output 1.1: Student Selection

Candidates selected based on the agreed selection criteria. See Appendix 5 for the approach, criteria and timing of the selection process.

Indicative Tasks

- 1.1.1 KSON to undertake its usual selection process
- 1.1.2 Applications received from candidates successful in KSON selection process
- 1.1.3 Administer KANI test to candidates successful in KSON selection process
- 1.1.4 Candidates selected (based on criteria outlined in Appendix 5)
- 1.1.5 List of selected candidates to be forwarded to GoK for final approval

Output 1.2: Academic Preparation Program

A 16-20 week Academic Preparation Program (APP) for all selected students will be delivered in Kiribati. Appendix 6 outlines the recommended approach and content for the APP.

Indicative Tasks

- 3.2.1 APP tailored to meet students' needs identified by the KANI test.
- 3.2.2 APP conducted over 16-20 weeks.
- 3.2.3 IELTS test

Stop/Go Point: In order for students to participate in Output 1.3 they must satisfactorily complete the APP and obtain a minimum IELTS (Academic) test result of 5.5. Students who score 5.0 IELTS may be considered on a case-by-case basis. The criteria for satisfactory completion of the APP will be set by the delivery organisation and communicated in advance of the APP to the students, GoK and AusAID.

Output 1.3: Nursing Diploma Preparation Program

A 16-20 week Nursing Diploma Preparation Program (NDPP) for up to 30 students will be delivered in Australia. Appendix 7 outlines the recommended approach and content for the NDPP.

Indicative Tasks

- 1.3.1 Student mobilisation and settling-in to Australia.
- 1.3.2 Tertiary institution tailors NDPP to meet students' needs as identified in the APP assessment.
- 1.3.3 Tertiary institution conducts a 16-20 week NDPP.
- 1.3.4 Tertiary institution administers an IELTS (or equivalent) test.

Stop/Go Point: In order for students to participate in Output 1.4 they must satisfactorily complete the NDPP and obtain a minimum IELTS (Academic) test result of 6.0.

For students who demonstrate the appropriate English language skills (IELTS 5.5 or equivalent), but may not demonstrate the tenacity or desire to complete the 18-month diploma course, AusAID and the tertiary institution will recommend on a case-by-case basis, that the student complete their studies at Certificate 3 level (at between 6 and 12 months).

Output 1.4: Certificate Level 3 and Diploma of Nursing (or equivalent)

On successful completion of the NDPP, eligible students will progress to the Diploma of Nursing (or equivalent) in Australia. They will be required to meet the theoretical and clinical components of the course set down by the Australian Quality Training Framework (AQTF) and the nursing council of the state or territory in which they are studying.

Indicative Tasks

- 1.4.1a Students undertake 12-18 month diploma (or equivalent) course of sequential semesters to obtain an enrolled nurse qualification. *Progression through each semester is permitted when competency is achieved in all subjects and associated clinical placements at the end of each preceding semester. Attendance at residentials / classes and clinical*

placements is a mandatory requirement of both the tertiary institution and the governing nursing council.

1.4.1b Alternatively students undertake a 6-month Certificate Level 3 course.

1.4.2 Subject to AusAID approval, Institution to assist enrolment of capable and interested students in Bachelor of Nursing program.

Output 1.5: Bachelor of Nursing (Registered Nurse qualification)

On successful completion of the Diploma of Nursing (or equivalent), students are able to apply for articulation into the Bachelor of Nursing program in Australia. The diploma equivalent course will permit credit of up to 12 months to the Bachelor of Nursing course. A minimum further 2 years of university study is required to achieve the Bachelor of Nursing qualification. The students must adhere to the requirements set down by the tertiary institution and the governing nursing council of the state or territory in which they are studying.

Indicative Tasks

1.5.1 Students undertake 2-2.5 year Bachelor course. *Progression through each semester is permitted when minimum pass equivalent results are achieved in all subjects and associated clinical placements. Clinical competencies as deemed by the tertiary institution staff and industry supervisors are mandatory for progression through the course.*

Output 1.6: Student Management

The Tertiary institution will ensure effective, timely and responsive management of KANI students

Indicative Tasks

- 1.6.1 Tertiary institution administers pre-departure briefings and mobilisation of students to Australia in accordance with the KANI student management guidelines.
- 1.6.2 Tertiary institution undertakes effective and timely monitoring of student academic performance and administers student awards, support and welfare programs in accordance with the KANI management guidelines.
- 1.6.3 Tertiary institution provides timely reporting as outlined in the KANI student management guidelines, the performance management and monitoring framework, and as requested by AusAID.
- 1.6.4 Tertiary institution administers post-training briefings and demobilisation of students in accordance with KANI student management guidelines.

Output 1.7: Nurse Registration

Upon completion of the Diploma of Nursing or the Bachelor of Nursing students will register with the relevant state or territory governing nursing council. It is anticipated that some of the nurses, either immediately or after a period in Australia, will wish to return to Kiribati to work as registered nurses. The GoK will recognise Australian studies and offer an appropriate bridging program for registration in Kiribati.

Indicative Tasks

- 1.7.1 Tertiary institution assists with nurse registration in Australia and provides employment advice to all students with completed qualifications.
- 1.7.2 Students apply for appropriate work visa.
- 1.7.3 Tertiary institution provides Government of Kiribati with its nursing curricula.
- 1.7.4 GoK and Kiribati Nursing Council establish process for registration in Kiribati of Australian-trained nurses.

Diploma of Nursing and Bachelor of Nursing graduates require a minimum IELTS score of 7 to register as Endorsed Enrolled Nurses and Registered Nurse with a state nursing registration board in Australia. Immigration pathways are well established for Registered Nurses and there are also some limited opportunities for Enrolled Nurses. Certificate Level 3 graduates do not require registration to practice and cannot meet immigration requirements based on their academic achievements.

As indicated under Component 3, an I-Kiribati nurse educator will accompany each cohort of students to Australia. See Output 3.1 for details.

Component 2

Scholarship program to obtain Bachelor of Nursing/ Nurse Education at Australian standards for nurses trained and registered in Kiribati

Output 2.1: Plan to provide access to scholarships for existing Registered Nurses developed and implemented by year 3.

Government of Kiribati to identify strategies to ensure there is no negative impact on the Kiribati Health Service if Kiribati registered nurses are considered for scholarships. This may include AusAID support to increase the numbers of students at the Kiribati School of Nursing.

Indicative Tasks

- 2.1.1 Government of Kiribati (in collaboration with the WHO) to undertake workforce planning to meet the domestic requirements for nurses.
- 2.1.2 Mapping of existing KSON curriculum against Australian nursing qualifications completed by KSON and tertiary institution (potentially as part of the work undertaken by the nurse educators accompanying students to Australia).
- 2.1.3 Identify strategies, including appropriate increase of numbers at and support to the Kiribati School of Nursing, to enable current nurses to participate in a scholarship program.

Stop/Go Point: In order for Output 2.2 to begin, all tasks under Output 2.1 (including an increase in the KSON intake) must be completed.

Output 2.2: Course Delivery and Scholarship Program for existing nurses

Identify and implement course delivery and scholarship program options for current nurses. These options will be jointly developed with the Kiribati School of Nursing and in close consultation with all relevant stakeholders.

The terms, conditions and student management arrangements outlined in the KANI Student Management Guidelines would apply to any scholarship program under Component 2. These term and conditions are consistent with those used by AusAID and institutions participating in the Australian Development Scholarships (ADS) scheme.

Indicative Tasks

- 2.2.1 In consultation with the GoK/KSON document course delivery options. This will include consideration of: (i) any Recognised Prior Learning (RPL) credits identified through the curriculum mapping exercise; (ii) linkages to the Australia Pacific Technical College; (iii) participation in the Academic Preparation Program conducted under Output 2.1 and (iv) distance and flexible learning delivery modes.
- 2.2.2 Identify scholarship program delivery options, including implementation timing and arrangements as well as any recommended changes to existing selection criteria and student management arrangements.
- 2.2.3 Implementation of scholarship program.

Component 3

Kiribati's School of Nursing upgraded to provide a higher standard of basic nurse education and the time required for education off shore is reduced.

Considerable analysis is required to define the parameters for support under Component 3. Early exposure of I-Kiribati nurse educators to contemporary best practice in nurse education in Australia will be beneficial.

Output 3.1: Education in Australia for KSON Nurse Educators completed

A nurse educator will accompany each cohort of students to Australia and be attached to the Tertiary Institution. The nurse educator will remain in Australia for up to one year and provide some mentoring and support to students in addition to that expected of the Tertiary Institution. The nurse educator will also participate in a tailored nurse education program and/or assist with mapping the KSON curriculum against Australian nursing curriculum.

Indicative Tasks

- 3.1.1 Tertiary institution, in consultation with KSON and AusAID, to document the role of the nurse educator while in Australia.
- 3.1.2 Nurse educator selected on an annual basis by a panel of KSON/GoK, AusAID and Tertiary Institution representatives.
- 3.1.3 Tertiary Institution develops a tailored package of training / activities to enhance the nurse education skills and knowledge of the nurse educator (this will include, under guidance, assisting with the Nurse Diploma Preparation Program).

- 3.1.4 Nurse educator mobilisation and settling-in to Australia.
- 3.1.5 Tertiary Institution to manage the attachment of each nurse educator and monitor their progression through the tailored package.

Output 3.2: Scoping mission for Component 3 support undertaken
Mission to design parameters for assistance under Component 3.

Indicative Tasks

- 3.2.1 Undertake scoping mission.
- 3.2.2 Undertake extensive consultation with all relevant stakeholders to develop appropriate objectives and outputs for assistance to the KSON.
- 3.2.3 Draft, and subsequently finalise, a design document in accordance with AusGuide.

3.3. Resources and costs

Appendices 9, 10 and 11 outline the necessary resources and costs associated with implementing the Kiribati-Australia Nursing Initiative.

3.4. Suggested timing

It is suggested that the Kiribati-Australia Nursing Initiative begin implementation in September 2006. An assessment of progress should be undertaken in December 2007 (see section 4.1 for further detail of this assessment).

Depending on the results of this assessment, it is recommended that the KANI pilot phase continue until August 2013. This seven-year timeframe will allow for three cohorts of students to be trained in Australia and substantial time for the implementation of Components 2 and 3.

It is anticipated that Component 2 will commence implementation around mid-2007, with further analysis for Component 3 undertaken in 2007.

The implementation schedule attached at Appendix 8 provides detailed timing for the three components.

4. Monitoring and Management

4.1. Performance Indicators and Benefits

The benefits of this initiative include: increasing the employment rate of school leavers by 1.5% annually; providing support to up to 90 students to train in Australia over the 5 years; enhancing nurse education in Kiribati; and, contributing to research in the area of skilled migration and remittances. A cost benefit analysis is included in Section 5.3.

Performance Measurement & Evaluation

The performance measurement and evaluation system developed for the Kiribati-Australia Nursing Initiative comprises the following elements:

- risk monitoring and management (see section 4.2 for details);
- a monitoring and evaluation framework to monitor and evaluate achievement of outputs and outcomes; and,
- tertiary-level academic research to measure long-term social and economic impact of KANI.

All stakeholders in KANI have an active role to play in the effective on-going monitoring and evaluation of the initiative. The risk management matrix and the monitoring and evaluation framework outline the respective responsibilities for and timing of any mitigating action as well as data collection, analysis and reporting. Both the risk management matrix and the monitoring and evaluation framework outline strategies that encourage monitoring for continuous improvement in the initiative. All stakeholders will need to ensure that the risk management matrix and the monitoring and evaluation framework are considered and updated on at least an annual basis.

Monitoring and Evaluation Framework

A draft monitoring and evaluation framework is attached at Appendix 13. The Australian tertiary institution will be required to finalise Component 1 of the framework with AusAID within 6 weeks of contract signature. The monitoring and evaluation framework will be added to following the further development of Components 2 and 3.

AusAID's experience in supporting tertiary education opportunities for Pacific Island Country nationals within Australia and the region has provided lessons about monitoring student academic performance. On-going monitoring is necessary to identify learning issues and put in place early interventions to assist a student succeed in their course. Component 1 of the monitoring and evaluation framework has been developed with this and other lessons in mind.

It is recommended that an assessment be carried out in December 2007 to evaluate the effectiveness of the preparatory programs and consider progression rates of students.

At a minimum the assessment should consider: the numbers of students progressing through the selection processes to the preparation program; the percentage of students who successfully completed the in-Kiribati and in-Australia preparatory programs; the learning rate of the students in the preparatory programs (e.g. how quickly is the IELTS level improved); and any difficulties encountered by the students and teachers during the preparatory programs. The assessment should also consider whether any changes to the selection process and preparatory programs are needed to improve student academic success.

Research

Thorough and analytical academic research at the tertiary level will provide an independent measure of outcome achievement and impact of the Kiribati-Australia Nursing Initiative. It will also provide valuable information to the Governments of Australia and Kiribati to inform the policy settings for supporting skills development for international employment.

The research should include, among other things, analysis of:

- overall trends in academic progress of I-Kiribati students;
- success in gaining employment and employment history; and,
- remittance sending and spending patterns.

The research would be well suited to Masters level students or constitute part of a larger PhD level thesis. The research could be conducted by the tertiary institution with the final outcomes documented by 2012 (i.e. on year after completion of the pilot phase). The tertiary institution will provide a copy of the research proposal to AusAID, for comment, prior to research commencement. AusAID will provide a contribution to a research grant.

AusAID may engage the services of a Technical Advisory Group (TAG), with the membership and scope being determined by AusAID in consultation with the GoK. AusAID may also, at its discretion, undertake reviews and appraisals of the KANI as necessary.

A midterm review of the pilot phase is recommended for September 2010. The review should assess achievement of objectives under the KANI (in particular the success of training of the first 2 cohorts under Component 1) and make a recommendation regarding an extension to the KANI for future training.

Reporting Requirements

Key reporting requirements, responsibilities and timing are:

Reporting Requirement	Responsibility	Timing
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Academic Preparation Program Report	Contractor	Annually in April & July
Nursing Diploma Preparation Program Report	Tertiary Institution	Annually in December
Student Academic Progress	Tertiary Institution	End each Semester
Exception Reporting	Tertiary Institution	As required
Tertiary Institution Annual Report	Tertiary Institution	August
Annual Student Survey	Tertiary Institution	November
Nurse Educator Attachment Completion Report	Tertiary Institution / Nurse Educator	Annually
Risk management matrix updated	Tertiary Institution / AusAID	Annually in December
Monitoring and evaluation framework updated	Tertiary Institution / AusAID	Annually in December
Research project	Tertiary Institution	2012

The Student Management Guidelines contain information on the content required in the reports from the Tertiary Institution.

4.2. Risks and Risk Management

Key assumptions and risks

The assessment of risks and appropriate mitigation and management strategies was undertaken with stakeholders during the design study mission. Various, and often common, challenges and risks were identified by all stakeholders consulted. The nature and severity of risks was discussed comprehensively with stakeholders, and for the most part management strategies were also clearly identified.

The success of KANI will depend on a wide variety of factors, including the successful implementation of each phase of the program by the relevant education provider, student academic performance, the availability of jobs in the health sector in Australia or other countries, and the capacity of nurses to remit funds to their families in Kiribati.

The draft risk management matrix (Appendix 12) details specific risks and appropriate management strategies. It also identifies the specific responsibilities and timing for each risk management strategy.

The greatest risks to achieving the benefits of the Kiribati-Australia Nursing Initiative include: compromised selection process (because of timing issues or not enough students meeting criteria); low numbers of nurses succeeding in their studies; and inability of Australian-trained nurses to find employment. There is also a risk that nurses won't remit to Kiribati which compromises the government's broader objective of diversifying their remittance base.

Strategies designed to reduce these risks include:

- Close monitoring of the rigorous and transparent student selection process
- An intensive 16-20 week English language and academic preparation program in Kiribati, followed by a 16-20 week NDPP course in Australia.
- Appropriate and on-going counselling and academic mentoring of students.
- Monitoring current and projected vacancies in the health sector, and ensuring that student qualifications are aligned with employment prospects.
- Ensuring that students have suitable levels of English to successfully undertake employment in nursing in English speaking countries.
- Providing students with career counselling (writing a resume, applying for a job, the job interview etc) to improve prospects of employment.
- Teaching financial management to enable students to live within their means, and still have the capacity to remit funds to Kiribati if they choose to.
- Appropriate mapping of KSON's curriculum with the Australian Certificate Level 3, Diploma of Nursing and Bachelor of Nursing curricula to decrease the amount of time needed studying abroad and to ensure that students have a pathway to register as nurse should they choose to return to Kiribati.

The intensive preparation programs during the first year will identify those students who may struggle, and planned interventions through tutoring, counselling and mentoring should manage any problems that arise. Drop-outs are most likely to occur during the preparation programs for many reasons, including the pressure to reach IELTS targets within limited timeframes; the requirement to meet Australian standards of study and academic performance; familial commitments; and the greater familiarity with nursing and its responsibilities, including some of the less glamorous parts of the job. AusAID, any Contractors and the relevant Tertiary Institution will communicate closely to identify any problems early in the initiative.

Other risks include:

- “Brain Drain” could occur from “poaching” talented students to study in Australia from other programs and reducing the number of high calibre students for the local nursing training program.

Several senior members of GoK indicated that they preferred to bear the burden of the ‘brain drain’ to ensure international employment for as many nurses as possible.

With some prior planning, many of the causes of a brain drain can be minimized, reducing the impact of this loss of intellectual capital. As mentioned above, the first protective mechanism against brain drain is to produce enough nurses for domestic needs and to allow for migration. GoK's current target of 30 nurses a year to graduate is not being met due to attrition of 1-5 students per year. The Ministry of Health and Medical Services needs to develop a deliberate policy and processes to produce nurses for export markets. This includes the workforce

planning exercise identified under Component 2. The KANI will encourage the GoK to increase the annual intake to the KSON.

- The Government of Kiribati has a responsibility to establish the registration process for Australia-trained nurses who return to Kiribati to participate in its health care system. AusAID will also need to communicate with the Kiribati Government throughout the Initiative to ensure that there is progress in this matter. For nurses who return from an overseas career or at least several years of nursing experience overseas, a bridging course back into the Kiribati health care system is advised. This could include some extra public health care units and time spent in clinics on Tarawa and on the outer islands.

The risk management matrix will be updated on an annual basis by the relevant Tertiary Institution and AusAID.

4.3. Sustainability

Sustainability is defined as “the continuation of benefits after major assistance from a donor has been completed.”³⁰

The Kiribati-Australia Nursing Initiative is designed to achieve maximum sustainability of benefits by: training individuals for lifelong employment as nurses; establishing policies that allow easy employment of Australia-trained nurses both in Australia and in Kiribati; and using a phased approach to implementation which allows for on-going consideration of policy settings and capacity.

The continued use of scholarships as a means of providing development assistance is a valuable part of the aid program budget and will continue to be subject to bilateral decisions made between the Government of Australia and the Government of Kiribati. Evaluation of the program benefits will provide an indication as to how much of the bilateral program budget should be committed to this type of program in the absence of other funding or education options.

Ultimate responsibility for sustained benefits rests with the students, the health sector in Kiribati and the Government of Kiribati.

Scoping and design missions under Components 2 and 3 will further examine sustainability considerations for the KANI.

4.4. Management and Coordination Strategies

Management Arrangements

The management roles for respective stakeholders are outlined in the table below.

³⁰ AusGuideline 6.4: *Promoting Practical Sustainability*, p. 1.

ROLE	RESPONSIBILITY
Policy setting and KANI direction	GoK / AusAID
Risk Management	GoK / AusAID / Contractors
Monitoring and Evaluation	GoK / AusAID / Contractors
Financial Management	AusAID / Contractors
Timely and appropriate student selection	GoK / AusAID
Student Management	Contractors / AusAID

AusAID management of KANI implementation will be the primary responsibility of the Education Specialist at Tarawa Post with support from AusAID, Canberra. AusAID, Canberra will be responsible for the further scoping mission under Component 3.

Close engagement between Tarawa Post and GoK is required on the annual selection process, as well as on-going dialogue regarding the direction of KANI and monitoring of achievements under the initiative.

Key inputs and commitments are required from the Government of Kiribati for the successful implementation of the KANI. These include, but may not be limited to:

- Timely management of annual selection process as indicated in the KANI design;
- Provision of facilities for KANI benchmark testing;
- Provision of training facilities for the Academic Preparation Program;
- Release of KSON nurse educators for attachments at the Tertiary Institution;
- Participation in selection panels and management committees as necessary;
- Chair the KANI Steering Committee;
- Assisting with nurse curriculum mapping;
- Identification of nurse registration arrangements in Kiribati for Australian-trained nurses.

Student Management Guidelines

Guidelines for institutional management of I-Kiribati nursing students have been developed and will form part of the contractual arrangement with the contracted Tertiary Institution. These guidelines are a stand-alone document and are comparable to those used by AusAID and institutions participating in the Australian Development Scholarship (ADS) scheme. The Student Management Guidelines outline the services expected of the tertiary institution, the associated reporting requirements and performance expectations.

Coordination

The Program will use a Steering Committee to provide oversight of the operations of the KANI and to provide a mechanism for GoK input into the initiative's direction. The

Steering Committee will include representatives (preferably at the Director or Deputy Secretary level) from:

- AusAID Post ;
- Ministry of Health and Medical Services;
- Public Service Office (Human Resource Management Centre);
- Ministry of Education, Youth and Sports;
- Ministry of Finance and Planning;
- other donors; and
- others as mutually agreed.

The Steering Committee will be chaired by the Ministry of Health and Medical Services.

The Steering Committee will meet on a six monthly basis. It is suggested the first Steering Committee meeting take place in January/February 2007 following the selection of the first cohort of students under KANI. The Steering Committee will be the forum for AusAID and GoK stakeholders to review KANI progress and to provide direction and advice on the initiative.

The role of the Steering Committee is to:

- provide advice concerning the implementation of KANI;
- identify constraints to implementation in the preceding 6 month period and appropriate remedial action;
- discuss the proposed activities for the following 6 month period;
- make decisions regarding implementation in future years (including outcomes of scoping missions under Components 2 and 3);
- consider all relevant reporting;
- discuss KANI achievements over the preceding 6 month period and in particular how students are (or are not) progressing; and,
- approve minutes that reflect decisions made.

Planning and budgeting systems

The budget allocation for each student intake will be estimated by the Tertiary Institution at the beginning of each NDPP and updated at the end of each calendar year.

Skills required

The skills required for implementation of the KANI include, but are not limited to:

Component 1:

The Contractor for the Academic Preparation Program will employ appropriately qualified teaching staff to deliver the program as outlined in Appendix 6. In particular teaching staff will be native English speakers and have extensive experience in teaching English to international students and preparing students for IELTS testing.

The Tertiary Institution will employ appropriately qualified teaching staff to deliver the Nursing Diploma Preparation Program as outlined in Appendix 7 as well as appropriately qualified staff to teach the relevant nursing qualifications. The Tertiary Institution will also employ appropriately qualified staff in the Liaison Roles identified in the Student Management Guidelines. In particular all staff dealing with the I-Kiribati students will have experience with International students, preferably those from the Pacific Islands.

Component 2:

An experienced workforce planner (possibly from the World Health Organisation) will be required to work with the Government of Kiribati to identify strategies for appropriate nurse workforce planning, including the participation of currently registered nurses in a KANI scholarship program.

The development of scholarship program delivery options will require a mix of personnel with experience and skills in delivering nurse education and developing scholarship programs.

Component 3:

The development of a program for assistance under Component 3 will require a mix of personnel with experience and skills in scoping and designing educational institution strengthening programs, and delivering quality nurse education.

5. Feasibility, impacts and sustainability

5.1. Manageability of the initiative

While the KANI has some complex factors, the phased approach to further developing and implementing the initiative will ensure the effective management of the initiative.

The selection process and in-country training are likely to be the most difficult parts of Component 1 to manage because of the timing and training space limitation. This will require close monitoring by AusAID.

5.2. Technical feasibility

AusAID has had extensive experience in successfully supporting developing country students to gain qualifications in Australia. Training under Component 1 will be at existing Australian standards as established by the tertiary sector and nursing governing councils. The Student Management Guidelines provide clear expectations for services and performance of the tertiary institution.

5.3. Financial and economic feasibility

An independent Cost Benefit Analysis was undertaken.³¹ The Cost Benefit Analysis (CBA) report, attached at Appendix 14, briefly considers the demographic implications

³¹ The Costs Benefit Analysis was undertaken by AusAID's, Economic Researcher, Ms Christine Groeger.

of the Kiribati-Australia Nursing Initiative and presents an overview of the costs and benefits.

The three main conclusions from the Cost Benefit Analysis are:

- A scheme which leads to 30 people migrating from Kiribati each year could significantly change the migration and potential employment outlook in Kiribati;
- If most students go on to full time employment, the benefits of the initiative exceed the costs for both the Diploma level (enrolled nurse) and Bachelor level (registered nurse) components of the initiative. The benefit-cost ratios are higher if students train to the Diploma level (enrolled nurse).
- Dropping the Bachelor level (registered nurse) component of the scheme needs to be seriously considered. Taking into account impediments for individuals to move into the Bachelors program under their own funding or funding from another source, and whether or not offering the Bachelors program will impact greatly on the quality of the applicants who choose to enter the scheme.

The CBA report demonstrates this initiative is a sound investment in human capital for Kiribati and will result in commensurate financial returns. Consideration has been given to Bachelor level training, as suggested in the CBA report. The design team recommends that the Bachelor level training be retained, as it provides pathways to international employment opportunities not accessible to enrolled nurses. The employment status of AKNI graduates will be monitored closely and should it appear in future that the Bachelor level training is of little benefit to the students' employment opportunities offering this level of training should be reconsidered.

5.4. Effect on poverty

The Kiribati-Australia Nursing Initiative will have a direct impact on poverty levels of individual families who will receive remittances from nurses trained and employed in Australia (or internationally). These remittance benefits, and their positive effect on poverty, can be expected long after the KANI is completed.

While the economic benefits of remittances have been clearly documented in research across the Pacific, it is worthy to note that research into spending patterns of remittance receivers in Kiribati showed that “almost all remittance recipients gave money to those who asked for it, and although there was an expectation of reciprocity, some recipients were actually worse off financially by the time their remittances arrived.”³² Further exploration of spending patterns of remittances will be undertaken as part of the KANI supported research.

³² Asian Development Bank (Connell and Brown), *Remittances in the Pacific: An Overview*, March 2005, p.10.

An indirect impact on poverty will come from decreasing the levels of youth unemployment and the concurrent increase in urbanisation in Kiribati.

5.5. Social and cultural impact and gender implications

The KANI is unlikely to have a broad impact on I-Kiribati culture, however on an individual level social and cultural issues will arise for individual students. Student will likely face cultural and social challenges as they integrate into academic, social and work life in Australia, and when they eventually return home to Kiribati. The preparation programs are designed to assist students gain a strong appreciation of Australia in order to minimise feelings of alienation and negative experiences while studying, living and working in Australia. It is believed the students will gain a strong understanding of and appreciation for Australia through their experiences under KANI. These experiences are expected to be generally positive and encourage students to foster close ties with Australia throughout their lives. It is highly likely that students returning to Kiribati will experience “reverse culture shock” as they return to families and friends with changed attitudes, beliefs and behaviours due to their time in Australia. This is likely to be the case for young women who will have experienced different types of freedom by way of individual living and working in Australia to that generally experienced in Kiribati.

Although no gender specific criterion is included in the selection criteria, it is highly likely the majority of students under the KANI will be female. This assumption is based on the low levels of males currently applying to study nursing in Kiribati (only two out of 30 trainee nurses at KSON this year are male). Many GoK officials noted as a positive outcome that this initiative will increase the possibilities for female I-Kiribati youth to gain international employment. At the moment this is seen as the domain of the male seafarers graduating from the Maritime Training College. It is anticipated that the opportunity of studying overseas and gaining international employment will be attractive to male I-Kiribati youth and an increase in the numbers of males applying to study nursing is expected. The value of males in nursing should not be understated as the perception that nursing is only for females has changed markedly in the recent past.

5.6. HIV/AIDS and health implications

Prevalence and transmission of HIV in the Pacific Region and indeed globally is related to low rates of condom use and increasingly mobile populations. At present Papua New Guinea, French Polynesia, Guam and New Caledonia are in the grip of serious epidemics. Reported cases in Fiji, Kiribati and Tuvalu are also on the rise.³³ A sexual health education component within the Academic Preparation Program (APP) prior to their departure to Australia is highly recommended. This information will be reinforced within the Nursing Diploma Preparation Program (NDPP) in Australia.

Under the umbrella of “Recommendations for General Health in Australia”, the sexual health component should include information regarding the prevalence, mode of transmission and clinical manifestations of HIV/AIDS and Sexually Transmitted

³³ www.ausaid.gov.au

Infections (STIs) and most importantly the preventative measures the students can personally take against STIs and unintended pregnancy.

The information presented to the I-Kiribati students will include the importance of respecting the rights of people living with HIV/AIDS or any other illnesses that may attract a social stigma (e.g. mental illness or hepatitis).

In addition to the sexual health component both preparation programs should address other general health issues as the students may not have been exposed to some common infections and could be vulnerable to acquiring them when in Australia. It should be noted the participants will be required to proceed through the medical screening for an Australian visa so corresponding education and counselling should be available if diagnoses (of any kind) are made during this process. Selection of appropriate personnel to conduct this counselling and to impart the education during the APP and NDPP will be arranged following consultation with key I-Kiribati health staff to ensure cultural and psychosocial aspects are addressed.

6. Appendices

Appendix 1: Design Terms of Reference

KIRIBATI NURSES PROGRAM DESIGN ACTIVITY

1. PURPOSE

- 1.1 The purpose of this activity is to design components 1 and 2 of the proposed program to upgrade nurses' skills in Kiribati to the enrolled nurse level acceptable in Australia. The objective is to improve the standard of nursing and health care in Kiribati and provide young people of Kiribati international nursing employment opportunities.
- 1.2 The proposed program will contribute to the Kiribati Government's efforts to address rapid population growth and urbanisation through emigration of skilled labour and advancement of nursing care services.
- 1.3 The proposed Kiribati Nurses Initiative Program considers 3 component objectives: (1) Provide young I-Kiribati opportunities to attain Australian nursing qualifications and industry experience to the enrolled nurse level in Australian nursing institutions; (2) Provide Kiribati Registered Nurses opportunities to attain, at a minimum, an Australian enrolled nursing qualification for the purpose of strengthening the Kiribati nursing training institution and health care services; (3) upgrade Kiribati Nursing school to an international nursing standard and train Kiribati students in upgraded nursing school.

2. BACKGROUND

- 2.1 During 2004-2005, governments in Pacific countries have identified rapid population growth and youth unemployment as key constraints to poverty reduction and a contributor to social unrest. In addition, there is documentary evidence of the economic and social benefits of skilled labour mobility between Pacific countries and their neighbours. International employment of skilled nurses at the enrolled nurse level has been identified as a possible option for young unemployed I-Kiribati.
- 2.2 The Third National Development Strategy (2004-2007) was produced by the Government of Kiribati in November 2003 following in-depth community consultation. This consultation resulted in the identification of six key policy areas: (1) Economic growth, (2) Equitable distribution, (3) Public Sector Reform, (4) Equipping people to manage change (includes Education & Training, Health, Culture, and Governance), (5) Sustainable use of physical resources, (6) Protecting and using financial reserves. Key areas 1, 2 and 4 will be addressed in this design activity.

- 2.3 A joint Kiribati, Australia and New Zealand review of the Development Cooperation Program undertaken in January - February 2005 provides guidance for future development cooperation activities. The review identifies critical priorities, particularly the social and labour market implications of the large youth population and increasing urbanisation of South Tarawa and Kiritimati that have not been addressed in any systematic way.
- 2.4 The joint review also recommends a more coherent and strategic approach, focusing on fewer but better defined priority areas. The 4 strategic priority areas agreed are human resource development, improved education outcomes, urban management and improved public sector performance.
- 2.5 The proposed Kiribati Nurses Initiative Program will sit within the strategic approach to Human Resource Development envisaged under the joint country program strategy between Australia, New Zealand and the Government of Kiribati. Human Resource Development is one of the four strategic priority areas of the joint strategy. Skills enhancement for nurses to enable them to work locally or overseas is clearly consistent with the human resource development strategy.
- 2.6 A meeting between Government of Kiribati and Australia's Head of Mission in Tarawa raised nurse training as an area worthy of investigation. The proposal has high level and strong support within the Government of Kiribati. A draft paper drawing together research and information on Kiribati policies, remittances and nurse employment was prepared in September 2005. It draws together literature on nurse migration/recruitment issues such as brain drain, competency (nursing schools curriculum), merit recruitment, visa availability and the magnitude of the jobs market.
- 2.7 An Exploratory Study consisting of literature reviews and interviews with key stakeholders in Kiribati was undertaken in late January 2006. A feasibility design mission was undertaken in April-May 2006. This design activity will build on the findings of the exploratory and feasibility design study. A key output will be a detailed design document for components 1 and 2 of the proposed nurses initiative that will be the basis for program implementation by AusAID and the Government of Kiribati.

3. PROGRAM RATIONALE

- 3.1 The rationale behind Australia's significant and consistent support to the education and training sector is the recognition that a well-trained and educated population contributes significantly to the opportunities for I-Kiribati to improve the quality of public sector management and to address the educational and health demands of the rapidly growing youth population. Equally, it contributes to managing population growth and facilitating the earning of foreign income and remittances to Kiribati. These factors are key to Kiribati's future development and consistent with Government of Kiribati policy.

4. DESIGN OBJECTIVES & TASKS:

- 4.1 The objective of this design activity is to produce a detailed Program Design Document (PDD) for Components 1 and 2 of the Kiribati Nurses Initiative in accordance with the format of AusGuide. The design mission will be undertaken by a four person team that will consist of the Kiribati Education Program Officer (design specialist/Team Leader), Nurse Educator, a general Education Practitioner and Kiribati Nursing Counterpart
- 4.2 To produce the design document, the team will undertake the following:
- a. **Review** all documents relevant to the development of the proposed Kiribati Nurses Program. These would include the Kiribati Nurses Initiative Exploratory Mission Report, the Feasibility Design Report, and other documents provided by AusAID.
 - b. **Develop** a thorough understanding and relevance of the proposed Nurses Program to the proposed Kiribati Human Resource Development Program jointly developed by the Government of Kiribati, AusAID and NZAID.
 - c. **Review** the capacity of current Australian policies on scholarships, immigration and employment in relation to the recommended options for components 1 and 2 for study to enrolled nurse level first and foremost and the possibility of progression to Registered Nurse level for those with the interest and required aptitude provided by the feasibility design study and recommend appropriate steps *for AusAID to support and advance this with DIMA and other relevant Australian institutions.*
 - d. **Undertake** a field design mission as appropriate.
 - e. **Consult** with relevant officials from the Government of Kiribati and in Australia with the feasibility design team, the independent reviewer, other relevant institutions and with *other government areas in conjunction with officers from AusAID.*
 - f. **Identify** options that AusAID and Kiribati may consider to achieve the program's objectives within short, medium and long-term frameworks.
 - g. **Develop** a logical framework, risk management and sustainability matrix, implementation schedule, costing, performance indicators and monitoring & evaluation framework for the proposed program.
 - h. **Recommend** appropriate phasing for the implementation of the program.
 - i. **Review and recommend** operational, management and implementation arrangements of the proposed Nurses program in relation to:
 - student/nurses selection and preparation processes
 - selection approval and decision making processes;
 - English language and numeracy assessment and determination of IELTS scores;
 - training to improve student's/nurses' level of proficiency in the English language
 - approaches to the provision of scholarship assistance;
 - nurses overseas recruitment/employment practices;

- role of Kiribati government agencies and local training institutions;
- role of AusAID posts and desk;
- mechanism for providing grant funding;
- accountability and quality assurance;
- monitoring and evaluation processes at both strategic and activity level; and
- costing and reporting systems.

5. DURATION & PHASING

5.1 The design activity is estimated to take up to 45 days from 3 August – 20 September 2006.

Table 1: Phasing, Outputs and Timing of Phases

Phasing	Output	Duration	Estimated Date
Phase 1 – Initial briefing and review of documentation in Canberra (Desk Study)	<ul style="list-style-type: none"> • Review documentation • Consultations with AusAID officers and participate in discussions with other relevant agencies within the Australian government 	Up to 5 days	1 – 31 July 2006
Phase 2 – Field consultation, design and preparation of draft document	<ul style="list-style-type: none"> • Aide Memoire • Draft PDD 	Up to 30 days	3 – 31 August 2006
Phase 3 – Finalisation of design document	<ul style="list-style-type: none"> • Appraisal/Peer Review • Final PDD 	Up to 10 days	1 – 20 September 2006
Estimated Total Number of Days		Up to 45 days	

6. DESIGN TEAM SPECIFICATIONS:

6.1 The Kiribati Education Program Officer will:

- be responsible for ensuring the successful completion of the draft and final Program Design Document. This will include assigning tasks and design document drafting responsibilities to all members of the design team.
- provide strategic project management advice to AusAID with regards to the processes required in undertaking this initiative and assist AusAID in phasing, costing and identifying further technical support that may be needed by AusAID to undertake this activity.
- facilitate in-country discussions with relevant stakeholders, assess and provide advice on the capacity of stakeholders to implement the design as it is being developed. The necessary processes and capacities to develop the proposed activity for AusAID and the Government of Kiribati to successfully undertake the Program should be identified and scoped in consultation with the designated officers from the Government of Kiribati.

6.2 The general Education Practitioner will

- Develop an options paper on English Language testing and training ready for the design mission to start on 3 August 2006. The Options paper will:
 - i. Provide an overview of the various types of English language testing systems available that are accepted for visa requirements and articulation to education institutions in Australia. This will include the pros and cons of each system and the content, form and structure of the tests
 - ii. Recommend the best testing option for assessing proficiency in the English language
 - iii. Provide cost estimates for the recommend English language test and required resources
 - iv. Canvass options for providing English language training in Kiribati and in Australia for potential nursing students to improve English language proficiency to assist achievement in the English language test.
- Provide verbal and written input on the design as directed by the Team Leader

6.3 The Nurse Educator will:

- provide advice on the options for components 1 and 2 of the proposed Nurses Initiative and recommendations on the best methods for implementation

- advise of the requirements for potential nursing candidates and the nature of the course to be undertaken
- provide costings for the initiative where required as directed by the Team Leader
- provide verbal and written input on the design as directed by the Team Leader.

- END -

Appendix 2: People Consulted

Name	Position	Organisation
Anne Quinane	High Commissioner	Australian High Commission, Kiribati
Mr Carlo Rajos	Ambassador designate	Cuban Embassy, Kiribati
Mr Michel Gauchet	1 st Counsellor Natural Resources	European Commission, Fiji
Dr Eddie McCaig	Head, School of Medical Science	Fiji School of Medicine
Mr Meita Beiabure	Director, Education	Ministry of Education, Youth and Sports
Dr Iete Rouatu	Director Planning & Statistics	Ministry of Finance & Economic Development
Mr Tangitang Kaureata	Senior Planning Officer, Budget	Ministry of Finance & Economic Development
Ms Nuntaake Tokamauea	Macro-economist	Ministry of Finance & Economic Development
Mr Taam Biribo	Secretary	Ministry of Foreign Affairs and Immigration
Hon. Natanaera Kirata	Minister	Ministry of Health and Medical Services
Mr Riteti Manninraka	Secretary	Ministry of Health and Medical Services
Ms Teboranga Tioti	Deputy Secretary	Ministry of Health and Medical Services
Mr Booti Navan	Senior Assistant Secretary	Ministry of Health and Medical Services
Dr Airam	A/g Director Public Health	Ministry of Health and Medical Services
Mrs Maaka Rui	A/g Director Nursing	Ministry of Health and Medical Services
Mrs Mamao Robate	A/g Deputy Director Nursing	Ministry of Health and Medical Services
Mrs Helen Murdoch	Principal Nurse Officer	Ministry of Health and Medical Services
Mrs Rote Tong	Principal Nurse Officer	Ministry of Health and Medical Services
Mrs Bintonga Even Tonganibeia	Deputy Secretary	Ministry of Labour and Human Resource Development
Bereti Awira	NZAID officer	New Zealand High Commission, Kiribati
Ms Monica Fong	HRD Policy Officer	Pacific Islands Forum Secretariat
Mrs Helen Tavola	Social Policy Adviser	Pacific Islands Forum Secretariat
Mr Atanteora Beiatou	Small Island States Officer	Pacific Islands Forum Secretariat
Mr Kamaua Bareua	Director, Human Resource Management Centre	Public Service Office
Brother Kalolo	Principal	Saint Louis High School
Mrs Ana Raivoce	Director	South Pacific Board for Educational Assessment
Mr Steve Lusby	Senior Professional Officer	South Pacific Board for Educational Assessment
Mr Benati Nenebati	Deputy Principal	Tarawa Technical Institute
Mr Kantera Tebwebwe	Head, Language Department	Tarawa Technical Institute
Mrs Tareu Tong	Principle Nurse Educator	Kiribati School of Nursing
Mrs Fenua Mareweia	Nurse Educator	Kiribati School of Nursing
Mrs Terenga Itibita	Former Principle Nurse Educator	Kiribati School of Nursing
Dr. Ueantabo MacKenzie	Director	University of the South Pacific Centre, Kiribati
Ms Louise Vakamocea	Centre for Excellence in Learning & Teaching	University of the South Pacific, Fiji
Ms Pamela Messervey	Country Liaison Officer	World Health Organisation, Kiribati

Appendix 3: Documents Reviewed

Asian Development Bank (2006) *Kiribati: Country Strategy and Program Update (2006-2007)* Draft.

Asian Development Bank (Connell and Brown), *Remittances in the Pacific: An Overview*, March 2005

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Government of Kiribati, 2006 Budget.

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Lee, S. *English Language Testing and Training Options for Kiribati-Australia Nursing Initiative*, August 2006.

MacKenzie, E. *Junior Secondary School in Kiribati*, 2004

Schofield, K., Kaiekieki, T., Kabubuke, P. & Lowe, M. *Governments of Kiribati, Australia and New Zealand, Joint Review of New Zealand and Australia's Development Cooperation Programmes for Kiribati. Final Report: April 2005*

South Pacific Board for Educational Assessment, *Report on the Pacific Secondary Certificate 2005 - Kiribati*.

World Health Organisation, *Western Pacific Region Database: Kiribati*, 2004.

Appendix 4: Logframe

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
GOAL	Contribute to the Government of Kiribati's efforts to reduce youth unemployment and to diversify the country's remittance base through emigration of skilled people accessing the global nursing market	<p>Decrease in youth unemployment</p> <p>60% of I-Kiribati youth trained under KANI working internationally as nurses For those youth working internationally as nurses, 75% are remitting funds home</p> <p>Improved basic nursing education standards</p> <p>Improved nurse education practices</p>	<p>Selection statistics / GoK statistics</p> <p>Graduates registered as nurses in Australia or internationally</p> <p>Studies/research on remittances</p> <p><i>To be further defined</i></p>	<p>Australia-trained nurses have stable employment and remit funds home.</p> <p>Pilot phase of initiative is successful in selecting and training 3 cohorts of students</p> <p>Nurses returning to Kiribati will strengthen the nursing sector</p> <p><i>To be further defined</i></p>
PURPOSE	<p>(I) Educate and skill I-Kiribati youth to gain Australian and international employment in the nursing sector.</p> <p>(ii) Upgrade nursing education in Kiribati to shorten the cost and period of time required to gain internationally accepted qualifications off-shore</p>	<p>80% of I-Kiribati youth successfully achieving an Australian nursing qualification under KANI registered with a governing nursing council in Australia or internationally</p> <p>New program developed with first 6-12 months of basic nurse education provided in Tarawa.</p> <p><i>To be fully defined following implementation of Outputs 2.1 and 3.2.</i></p>		<p>Australia-trained nurses have stable employment</p> <p><i>To be further defined</i></p>

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
Component 1 Objective	Scholarship program to obtain an Australian Nursing qualification up to a Bachelor of Nursing through an articulated TAFE/University pathway that provides qualifications at Certificate 3 and Diploma level exit points.	<ul style="list-style-type: none"> 80% of KANI students enrolled in Australian institution successfully complete an Australian nursing qualification (including Certificate Level 3, Diploma of Nursing and Bachelor of Nursing). 	<ul style="list-style-type: none"> Final academic results 	Australia-trained nurses meet registration criteria and register in timely fashion
Output 1.1: Student Selection	Up to 30 candidates selected based on the agreed criteria.	<ul style="list-style-type: none"> Selection process and timing met Final list approved by GoA and GoK 	<ul style="list-style-type: none"> Application forms, KANI test and ranking 	At least 30 students meet the selection criteria and pass KANI test
<i>Indicative Tasks 1.1</i> 1.1.1 KSON to undertake its usual selection process 1.1.2 Applications received from candidates successful in KSON selection process 1.1.3 Administer KANI test to candidates successful in KSON selection process 1.1.4 Candidates selected (based on agreed criteria) 1.1.5 List of selected candidates to be forwarded to GoK for final approval				
Output 1.2: Academic Preparation Program	A 16-20 week Academic Preparation Program (APP) for all selected students, delivered in Kiribati	<ul style="list-style-type: none"> 70% of APP enrolled students successfully complete the APP and obtain a minimum IELTS score of 5.5 	<ul style="list-style-type: none"> On-going monitoring as per APP course outline IELTS test Final Report 	APP is successfully conducted, with most students passing and obtaining IELTS level 5.5. Students well prepared for study in Australia.
<i>Indicative Tasks 1.2</i> 1.2.1 APP tailored to meet students' needs identified by the KANI test. 1.2.2 APP conducted over 16-20 weeks. 1.2.3 IELTS test				

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
Output 1.3: Nursing Diploma Preparation Program	A 16-20 week Nursing Diploma Preparation Program (NDPP) for all selected students, delivered in Australia	<ul style="list-style-type: none"> 80% of NDPP enrolled students successfully complete the NDPP and obtain a minimum IELTS score of 6. 	<ul style="list-style-type: none"> On-going monitoring as per NDPP course outline IELTS test Final Report 	NDPP is successfully conducted, with most students passing and obtaining IELTS level 6.0. Students well prepared to continue study in Australia
<i>Indicative Tasks 1.3</i> 1.3.1 Student mobilisation and settling-in to Australia. 1.3.2 Tertiary institution tailors NDPP to meet students' needs as identified in the APP assessment. 1.3.3 Tertiary institution conducts a 16-20 week NDPP. 1.3.4 Tertiary institution administers an IELTS (or equivalent) test.				
Output 1.4 Certificate Level 3 and Diploma of Nursing	Eligible students complete a certificate level 3 or nursing diploma course.	<ul style="list-style-type: none"> 80% of students enrolled in a Certificate Level 3 or Diploma of Nursing obtain the qualification (and obtain minimum IELTS score of 7) 	<ul style="list-style-type: none"> Final academic results 	Most students will successfully complete a Diploma of Nursing and either enter the Bachelor of Nursing course or seek employment in Australia.
<i>Indicative Tasks 1.4</i> 1.4.1a Students undertake 18-month diploma (or equivalent) course of three sequential semesters. 1.4.1b Alternatively students undertake a 6-month Certificate Level 3 course. 1.4.2 Subject to AusAID approval, Institution to enrol capable and interested students in Bachelor of Nursing.				
Output 1.5: Bachelor of Nursing	Eligible students complete the bachelor of nursing course.	<ul style="list-style-type: none"> 80% of students enrolled in Bachelor of Nursing obtain the qualification (and obtain minimum IELTS score of 7) 	<ul style="list-style-type: none"> Final academic results 	Students will successfully complete Bachelor of Nursing course and seek employment in Australia.

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
<i>Indicative Tasks 1.5</i>				
1.5.1 Students undertake 2-2.5 year Bachelor course.				
Output 1.6: Student Management	Effective, timely and responsive management of KANI students	<ul style="list-style-type: none"> • 70% students satisfied with services delivered by Tertiary Institution • Initiative managed in accordance with Contract and Student Management Guidelines (SMGs) • Proactive and responsible academic and welfare management of students • Risk matrix and M&E framework updated • Timely and accurate invoicing and reporting 	<ul style="list-style-type: none"> • Student survey • KANI reporting arrangements outlined in Contract and SMGs. 	Strong institutional student management will result in high numbers of students completing studies, thereby increasing the likelihood of graduates remaining in Australia to work as nurses.
<i>Indicative Tasks 1.6</i>				
1.6.1 Tertiary institution administers pre-departure briefings and mobilisation of students to Australia in accordance with the KANI student management guidelines.				
1.6.2 Tertiary institution undertakes effective and timely monitoring of student academic performance and administers student awards, support and welfare programs in accordance with the KANI management guidelines.				
1.6.3 Tertiary institution provides timely reporting as outlined in the KANI student management guidelines, the performance management and monitoring framework, and as requested by AusAID.				
Output 1.7: Nurse registration	Upon completion of the Certificate Level 3, Diploma of Nursing or the Bachelor of Nursing students register with the relevant state or territory governing nursing council in Australia or return to Kiribati to register as nurses.	<ul style="list-style-type: none"> • 100% of graduating students register with a state or territory governing nursing council in Australia • 100% of graduating students seeking employment receive and offer of employment • Less than 30% graduating students return to Kiribati within in the first 2 years after graduation 	<ul style="list-style-type: none"> • Tertiary Institution obtains registration notification from students 	Nurses will register in Australia and opportunities for employment will be strong. The desire to remit funds to families will result in most graduates working in Australia.

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
<i>Indicative Tasks</i> 1.7.1 Tertiary institution assists all students with completed qualifications with employment advice and nurse registration in Australia. 1.7.2 Students apply for appropriate work visa. 1.7.3 Tertiary institution provides Government of Kiribati with its nursing curricula. 1.7.4 GoK and Kiribati Nursing Council establish process for registration in Kiribati of Australian-trained nurses.				
Component 2 Objective	Scholarship program to obtain Bachelor of Nursing/ Nurse Education at Australian standards for nurses trained and registered in Kiribati	<ul style="list-style-type: none"> To be defined following completion of Output 2.1 		Enhances skills will result in new ideas, innovations and stronger skills to strengthen nurse education . It may also result in nurses working overseas and remitting funds.
Output 2.1: Plan to provide access to scholarships for existing registered nurses developed and implemented by year 3	Government of Kiribati to identify strategies to ensure no negative impact on the Kiribati health services if current nurses are considered for scholarships. This may include AusAID support to increase the numbers of students at the Kiribati School of Nursing.	<ul style="list-style-type: none"> Human resource planning report Plan to outline options for educating existing nurses in Australia documented Plan to be costed and include timing, management and coordination arrangements, risk management considerations (i.e. no negative impact on Kiribati health services) and monitoring and evaluation considerations 	<ul style="list-style-type: none"> Scoping Mission 	Appropriate and feasible plan for educating existing nurses for international employment will be developed.
<i>Indicative Tasks</i> 2.1.1 Government of Kiribati (in collaboration with the WHO) to undertake workforce planning to meet the domestic requirements for nurses. 2.1.2 Mapping of existing KSON curriculum against Australian nursing qualifications completed by KSON and tertiary institution (potentially as part of the work undertaken by the nurse educators accompanying students to Australia). 2.1.3 Identify strategies, including appropriate increase of numbers at and support to the Kiribati School of Nursing, to enable current nurses to participate in a scholarship program.				

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
Output 2.2: Course Delivery and Scholarship Program for existing nurses	Identify and implement course delivery and scholarship program options for current nurses.	<ul style="list-style-type: none"> Documented course delivery strategy and recommended scholarship program options. <i>To be further defined following completion of tasks 2.2.1 and 2.2.2.</i> 		
<p><i>Indicative Tasks</i></p> <p>2.2.1 In consultation with the GoK/KSON document course delivery options. This will include consideration of: (i) any Recognised Prior Learning (RPL) credits identified through the curriculum mapping exercise; (ii) linkages to the Australia Pacific Technical College; (iii) participation in the Academic Preparation Program conducted under Output 2.1 and (iv) distance and flexible learning delivery modes.</p> <p>2.2.2 Identify scholarship program delivery options, including implementation timing and arrangements as well as any recommended changes to existing selection criteria and student management arrangements.</p> <p>2.2.3 Implementation of scholarship program</p>				
Component 3 Objective	Kiribati's School of Nursing upgraded to provide a higher standard of nurse education and the time required for education off shore is reduced.	<ul style="list-style-type: none"> <i>To be defined following completion of Output 3.2</i> 		Kiribati will be able to train nurses to internationally recognised standards.

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
Output 3.1: Education in Australia for KSON Nurse Educators completed	A nurse educator will accompany each cohort of students to Australia and be attached to the Tertiary Institution. The nurse educator will remain in Australia for up to one year and provide some mentoring and welfare support to students in addition to that expected of the Tertiary Institution. The nurse educator will also participate in a tailored nurse education program and/or assist with mapping the KSON curriculum against Australian nursing curriculum.	<ul style="list-style-type: none"> Completion report for each nurse educator which evaluates attachment and details successful completion of education program undertaken and mentoring activities undertaken. 	<ul style="list-style-type: none"> Completion Report 	The quality of nurse educators, and therefore the quality of nurse education in will be improved.
<p><i>Indicative Tasks 3.1</i></p> <p>3.1.1 Tertiary institution, in consultation with KSON and AusAID, to document the role of the nurse educator while in Australia.</p> <p>3.1.2 Nurse educator selected on an annual basis by a panel of KSON/GoK, AusAID and Tertiary Institution representatives.</p> <p>3.1.3 Tertiary Institution develops a tailored package of training / activities to enhance the nurse education skills and knowledge of the nurse educator (this could include participation in the Nurse Diploma Preparation Program and a subsequent 6 month program or a 12 month program).</p> <p>3.1.4 Nurse educator mobilisation and settling-in to Australia.</p> <p>3.1.5 Tertiary Institution to manage the attachment of each nurse educator and monitor their progression through the tailored package</p>				

Narrative Summary		Verifiable Indicator	Means of Verification	Assumptions
Output 3.2: Scoping mission	Mission to design parameters for assistance under Component 3.	<ul style="list-style-type: none"> Design for Component 3 to be costed and include timing, management and coordination arrangements, risk management considerations and monitoring and evaluation considerations. 		The design mission will identify appropriate and feasible strategies for Australian support to KSON in collaboration with other donors and stakeholders.
<i>Indicative Tasks 3.2</i> 3.2.1 Undertake scoping mission 3.2.2 Undertake extensive consultation with all relevant stakeholders to develop appropriate objectives and outputs for assistance to the KSON. 3.2.3 Draft, and subsequently finalise, a design document in accordance with AusGuide.				

Appendix 5: Selection process approach, criteria and timing

Approach

The selection process is underpinned by merit-based and transparency principles. The criteria, key tasks, timing and responsibilities have been documented for distribution to all interested parties, including potential applicants.

The selection process is integrated with the process for selection of nurse trainees at the Kiribati School of Nursing. In addition to the KSON process, a KANI English language test will be administered to determine which students met the English language criteria to commence the Academic Preparation Program. Should more than 30 students pass the KANI English language test, the South Pacific Board for Educational Assessment will rank the students based on their KANI test results and relevant Form 6 and 7 results.

The selection process will commence in September each year and be completed by the following January.

Criteria

To be eligible for a KANI scholarship, applicants must:

- a) be under the age of 30;
- b) have both citizenship of and be currently living in Kiribati;
- c) not hold Australian or New Zealand citizenship or permanent residence status;
- d) not be married to/or be a defacto of, or engaged to be married to, a person who holds or is eligible to hold an Australian or New Zealand citizenship or permanent resident status;
- e) not hold or have held an Australian Government funded scholarship in the preceding 12 months at the time of application;
- f) not commenced or completed undergraduate studies;
- g) satisfy all requirements of the Department of Immigration and Multicultural Affairs (DIMA); and
- h) satisfy the admission requirements of the Institution at which the course is to be undertaken.

Timing

Timing	Task	Responsibility
SEPTEMBER	Announce applications for nursing on national radio. Receive and screen applications.	KSON to organise the announcement and add AusAID information to their radio broadcast. KSON identifies those students who will be eligible for KSON testing.
OCTOBER	Announce names of students eligible for testing. KSON test.	KSON – produces list and organises their broadcast on national radio. KSON administers and commences marking the KSON test.
NOVEMBER	Marking of KSON tests completed. Test results sent to the Education Committee. Announce test results and invitations for interviews. Administer Kiribati-Australia Nursing Initiative (KANI) test. KSON conducts its interviews and collates marks.	KSON After Education Committee authorisation, KSON organises the announcement of results/interviews. The contracted educational institution KSON
DECEMBER	Ranking of KANI applicants by South Pacific Board for Educational Assessment.	If more than 30 students are identified as eligible for the KANI, The SPBEA will rank the students using results from the KANI test, the KSON test, interviews and relevant data.
JANUARY	Inform GoK of applicants selected for AusAID-funded Academic Preparation Program (APP) Announce successful applicants selected for AusAID-funded APP, as well as those for Kiribati-Australia Nursing Program.	AusAID through Australian High Commission. KSON.
FEBRUARY	Students commence APP.	Contracted educational institution.

Appendix 6: Academic Preparation Program

Semester 1, In Kiribati

- 16-20 week program; 27.5hrs face-to-face teaching per week

Aim of Program:

- English Language / Maths / Acculturation / Basic Computer Skills
- First 8 weeks of program (4 to 5.0 IELTS)
- Second 8 weeks of program (5.0 to 5.5 IELTS)
- Final week of program test of relevant numeracy skills and selected maths equivalent
- Mock IELTS tests every 2 weeks

Writing Component

- To be able to interpret pie charts, graphs and tables and write approximately 150 words describing and explaining the trends presented graphically and numerically. This may involve an understanding of causal relationships.
- To write an essay of approximately 250 words presenting an opinion. The essay will have an introduction with a thesis statement and an essay with a body of at least 3-4 paragraphs demonstrating a development of an idea and a conclusion summing up the argument. The writing will demonstrate coherent logic, substantiating a point of view using examples, good and varied sentence structure, correct use of grammar and appropriate and varied vocabulary.

Reading Component

- Identification of main idea
- Development of argument
- Legitimising argument through example
- Cause & Effect
- Time sequencing
- Summary completion
- Identifying writer's views
- Table completion

Reading passages should be varied, and include:

- i) documents (such as application forms and instructions) schedules/timetables (such as academic calendars and transport timetables)
- ii) technical articles (such as passages from academic textbooks)
- iii) persuasive writing (such as letters, essays and editorials)
- iv) passages with a health focus would be an advantage

Students should be exposed to a variety of questions types, including multiple choice (and how to effectively respond to this type of questioning); short answer questions; gap fills (with and

without word lists); matching paragraphs and paragraph headings; grammar matching; matching author's opinion and paragraphs; and true/false/not given style of questions.

Listening Component

- Facts – using “WH” questions – Who What Where When
- Australian accent, monologue/dialogue/media/lecture style
- Short answer questions based on a taped lecture with education or training focus that uses technical language

The listening component should examine both survival and academic English. Students should be taught to listen for accuracy; identify register of speech; voice tone; and timing (natural language and time-management of responses)

Speaking Component

- No formal assessment during benchmark – 2 weekly assessment to occur during Pre Academic Course
- Answer questions / deliver a short presentation on a particular topic; engage in discussion based on particular topic
- Prepare them from start of 16 weeks by using conversation in class
 - monologue
 - dialogue
 - questioning on pre determined topic

The Language of Maths

- Fractions, ratios decimals, and percentages.
- Multiplication, division, subtraction and addition.
- Graphs and charts. This foundation knowledge could be taught in conjunction with units of work that plot and interpret graphs and charts in the IELTS preparation of the APP.
- Problem-solving. Wherever possible this should include narrative-based mathematical problems with a health focus e.g. relationship between time and measurement and time and weight.
- Reading a variety of scales and other instruments. Weights and measures.
- Calculations involving time; time measurement; time differences (in the context of medication); speed and rates of progress.

Acculturation component: an overview of the recommendations for General Health in Australia will be required (e.g.: GP services, Emergency Departments, Ambulance, Chemists, Community Health Centres, Sexual Health)

Resource Recommendations

Student Profile

- low exposure to Australian media and culture
- possible limited general knowledge

- students in late teens or early 20s, and mainly female.
- used to a rote learning style
- little practice with spoken English
- I-Kiribati students score below the regional Pacific average in external English testing (SPBEA Form 6 and 7 testing)

Units of work should include:

- A health focus whenever possible (activities / reading material / videos / etc).
- Use of local newspapers and articles from Australian papers.
- Exposure to media, such as BTN (Behind the News) – TV program aimed at Primary or ESL High School students. Construct exercises around the programs. News programs, such as ABC news (radio or TV), are necessary.
- Exposure to Australian language and accent e.g. Australian sitcoms or Australian Soap Operas.
- English language textbooks for the first 10 weeks.
- IELTS Preparation Textbooks) for the second 10 weeks.
- A variety of stimulus materials.
- Resources that include basic medical instruments and weights and measures.

Access to technology may be limited, and so comprehensive written and non-electronic teaching aids will be necessary. It is expected that the education provider has textbooks, test materials and other reading material for the 16-20 week course. Access to photocopiers may be restricted. Tape players that operate on battery-power, as well as wall circuits are recommended.

Appendix 7: Nursing Diploma Preparation Program

Semester 2, In Australia

- Continued from Semester 1, 2007 Pre Academic Course in Kiribati
- 16 week program; 27.5hrs per week face-to-face

Aim of Program:

- Building English Language skills – students to obtain IELTS score of 6.0 by end of NDPP.
- Continued acculturation
- Computer skills
- Study skills and time management
- Life skills / Recommendations for General Health in Australia
- Mathematics: a refresher of weights/measures and conversions
- Introduction to Health Terminology
- Two subjects of Certificate Level 3 (which are credited to Nursing Diploma)

1. Building English Language skills

Writing Skills

Prepare students to respond in writing to a variety of assignment tasks

- Short answer questions using technical language
- Paragraph responses that can either use technical language or demonstrate that students can decode technical language/texts and write the concepts in plain English.
- Simple essay writing (up to 1,000 words), including appropriate referencing.
- Written responses based on an analysis of data and graphs.
- Research tasks using texts, Internet and other resources (up to 1,200 words).
- Writing with confidence. – avoidance of plagiarised and memorised responses.
- Writing a health brochure aimed at the patient, using appropriate terminology.
- Written responses to a simple hospital/health scenario that demonstrate student understanding of what should or could have been done in that situation.
- Emailing a supervisor with questions to an assignment – communicating ideas clearly in writing, using economy of language.
- On-line chats with other class members and teachers on matters related to health and nursing.

Reading and Comprehension Skills

- Use of technical vocabulary in context.
- Interpreting charts, graphs etc, including identifying abnormal data.
- Reading media articles on health-related matters that supplement textbooks.
- Reading and understanding health and science textbooks.
- Using the Internet as a research tool.
- Reading and understanding electronic equipment.

Listening Skills

- Listening to an audio/audio-visual presentation for facts and detail.
- Listening to a presentation and correctly answering questions related to its subject matter.
- Following instructions, such as in a mock clinical practice.

Speaking Skills

- Communicating occupational, health and safety instructions.
- One-on-one dialogue with a supervisor.
- Conducting workshops
- Role-plays – mock nurse-patient; doctor-nurse; nurse-nurse situations.
- Class discussions – expressing an opinion.
- Informal debates on health-related issues.

2. Continued acculturation

- Students will be accommodated in homestay arrangements during the NDPP.
- Class activities that promote an understanding of cultural expectations in Australia. Can involve exercises with homestay families where appropriate. Theatrical groups can be useful in designing or leading workshops for classes.
- Reading media articles that give an insight in prevailing cultural mores in Australia – or even the locality where the student is studying.
- Audio-visual presentations.
- Class excursions that assist in acculturating the students with the workplace or the town/city.
- Understanding, and have confidence using, electronic communication – a different culture of communication to that used by the students.

3. Computer skills

- Use of the Internet for research
- Confidence using on-line chats/phone for training purposes.
- Confidence using technology in the workplace.

4. Study skills and time management

- Organisational and management skills in general.
- Understanding and exercising time management in the classroom and the workplace (Using a diary – pacing your work).
- Correct method of referencing
- Reading efficiently – identifying main idea, and understanding the structure of texts for quick retrieval of information.
- Identifying fact from opinion.
- Using a thesaurus.

5. Life skills

- Recommendations for General Health in Australia (including GP services, Emergency Departments, Ambulance, Chemists, Community Health Centres, Sexual Health)
- Budgeting skills
- Negotiation skills

6. Mathematics: a refresher of weights/measures and conversions

7. Introduction to Health Terminology

8. Two subjects of Certificate Level 3 (which are credited to Nursing Diploma)

Certificate Level 3 subjects to be offered should include:

- Subject on occupational health & safety policies
- Subject on communicating appropriately with clients and colleagues

9. On-going monitoring and testing every 2 weeks

Appendix 8: Implementation Schedule

Appendix 9: Resources Schedule

Appendix 10: Cost Assumptions

Appendix 11: Cost Schedule

Appendix 12: Draft Risk Management Matrix

L = Likelihood (5= Almost certain, 4= Likely, 3= Possible, 2= Unlikely, 1= Rare)

C = Consequence (5= Severe, 4= Major, 3= Moderate, 2 = Minor, 1= Negligible)

R = Risk level (4= Extreme, 3= High, 2= Medium, 1= Low)

Risk	Risk Source	L	C	R	Risk Management Strategy	Responsibility	Timing
Risks to Output Delivery / Efficiency							
Compromised selection process	Selection not undertaken in timely manner	3	4	4	On-going monitoring to ensure selection process timing followed and early intervention if delays appear likely	Post / KSON	Sept – Dec annually
	Testing and training rooms not provided	3	5	4	Early identification and confirmation of testing and training rooms	Post / KSON / GoK	Annually in Oct
	Insufficient number of students applying.	1	3	2	Ensure radio announcements are timely, prescriptive, comprehensive, frequent and widely distributed.	GoK / MHMS / KSON	Annually in Sept
	High number of students failing to achieve 4.0 IELTS equivalent in the Kiribati Nursing Initiative Test	3	5	4	Successive failure to meet entry level requirements may require intervention by the Kiribati Department of Education to lift the performance of students in English AusAID may need to reconsider KANI feasibility.	GoK	On-going

Risk	Risk Source	L	C	R	Risk Management Strategy	Responsibility	Timing
Low number of students meeting requirements to commence study in Australia	High drop out rate in Academic Preparation Program due to socio-cultural reasons (e.g. family /personal crisis, lack of confidence/willingness to use English, poor study skills	3	4	3	Mentoring and counselling provided by I-Kiribati counsellors (e.g. Nurse Educators) and/or AAP instructor. Accept up to 35 students in APP in anticipation of dropout.	KSON/ Contractor	On-going throughout APP
	High number of students performing poorly in academic studies resulting in failure to satisfactorily complete the Academic Preparation Program	3	4	3	Frequent feedback provided via 2-weekly testing and regular assessment allowing for early intervention. Accept up to 35 students in APP in anticipation of dropout.	Contractor	On-going throughout APP
Low preparedness to succeed with tertiary study in Australia	Low levels of English, and limited mathematical, basic computer, cross-cultural and study skills.	3	4	3	Undertake at least 16 weeks of academic preparation to bring students to minimum of IELTS 5.5 (or equivalent) and provide mathematical, basic computer, cross-cultural and study skills to be able to succeed with tertiary study in Australia.	Contractor to design & implement the Academic Preparation Program	Feb – June annually
	Premature immersion in Australian tertiary setting.	2	3	2	AAP to be conducted in Kiribati by Australian instructor/s to expose students to Australian language and culture within a familiar environment.	Contractor to design & implement the Academic Preparation Program	Feb – June annually

Risk	Risk Source	L	C	R	Risk Management Strategy	Responsibility	Timing
High attrition rates and low academic achievement in Australia.	High dropout rates due to socio-cultural, economic and physical factors (e.g. homesickness, climate differences, cultural isolation, exposure to new health risks, food, financial budgeting, gender issues for male I-Kiribati students)	2	5	3	Tertiary institution student support / pastoral care Orientation program Participate in student association, sporting, cultural and religious activities	Tertiary institution Tertiary institution Student / tertiary institution	On-going July annually On-going
	High dropout rates due to academic reasons (e.g. English language skills, insufficient skills to appropriately use technology, high level of academic rigour and participation required).	3	5	4	In-Kiribati and in-Australia preparatory programs are designed to support students attain skills to succeed in an academically rigorous environment. Appropriate and regular academic monitoring to identify students in need of additional academic support.	Contractor / tertiary institution Tertiary institution	On-going On-going
	Ill-prepared culturally for the reality of nursing in Australia.	2	4	3	Health component of Academic Preparation Program that describes the nature of nursing in Australia. The Diploma of Nursing Preparation Program will also include detailed aspects of the role of the nurse in Australia.	Contractor / tertiary institution	On-going

Risk	Risk Source	L	C	R	Risk Management Strategy	Responsibility	Timing
	I-Kiribati students living together discourages the use of English and good study practices.	3	4	3	Homestay compulsory during the Diploma of Nursing Preparation Program, and encouraged thereafter. Student accommodation arrangements to be monitored	Tertiary Institution / student	July – Nov annually On-going
Skills and knowledge of nurse educators are not increased by attachment at tertiary institution	I-Kiribati nurse educators are ill-prepared for work and study attachment in Australia Role of I-Kiribati nurse educators are not clear, leading to difficulties meeting work and study expectations.	3	3	2	Nurse educators to participate in acculturation parts of Academic Preparation Program in Kiribati. Institution and KSON to document role of nurse educator and work/study expectations	Contractor / nurse educator Tertiary institution / KSON	Annually By mid 2007
Risks to Effective and Sustainable Aid Outcomes							
Compromised employability	Inadequate workplace skills demonstrated (e.g. time management, communication and team work)	3	4	3	Formal study and NDPP to focus on skills required to work effectively in nursing sector	Tertiary Institution / student	On-going
Low remittance	Lack of funds due to poor budgeting skills, financial obligations in Australia, unexpected expenses, minimal or no employment.	3	4	3	Students receive budgeting information and assistance during NDPP. Assistance with finding employment and visa arrangements also available.	Student / Tertiary Institution	On-going
Risks to Capability							

Risk	Risk Source	L	C	R	Risk Management Strategy	Responsibility	Timing
Standard and quality of nursing care in Kiribati is not strengthened by the return of Australian qualified nurses (or local nurses undertaking skills and knowledge enhancement)	Returning nurse unable to register as nurses with the Kiribati Nursing Council upon return.	3	4	3	Government of Kiribati and Kiribati Nursing Council to decide upon process/criteria of nurse registration for Australian trained nurses.	GoK/KNC	By end 2007
	Positions unavailable for returning nurses.	3	4	3	Early communication between the student, tertiary institution, AusAID and the GoK regarding the intended return of individual students.	Student / tertiary institution / AusAID / GoK	On-going from 2009
Standard and quality of nursing care in Kiribati is weakened by “brain drain”.	Depleted pool of those eligible for entry into KSON. Lowering standard of entry to meet GoK annual allocation for nursing student positions results in poorer quality nursing.	4	3	2	The Kiribati Nursing Initiative will only select students for study in Australia once national allocation has been filled.	Post / GoK	On-going

Appendix 13: Draft Monitoring and Evaluation Framework

The following table illustrates the linkages between initiative, component and output monitoring. It also shows how the data will be collected, who will collect it and the reporting frequency. The scoping missions for Components 2 and 3 will provide further information to complete this draft Monitoring and Evaluation Framework.

Code	Narrative Description	Verifiable Indicator	Method of data Collection	By Whom	Reporting Frequency
GOAL	Contribute to the Government of Kiribati's efforts to reduce youth unemployment through emigration of skilled people accessing the global nursing market	<p>Decrease in youth unemployment</p> <p>60% of I-Kiribati youth trained under KANI working internationally as nurses</p> <p>For those youth working internationally as nurses, 75% are remitting funds home</p> <p>Improved basic nursing education standards</p> <p>Improved nurse education practices</p>	<p>Selection statistics / GoK statistics</p> <p>Graduates registered as nurses in Australia or internationally</p> <p>Studies/research on remittances</p> <p><i>To be further defined</i></p>	<p>Post / GoK</p> <p>Tertiary Institution</p>	<p>Annually</p> <p>2012</p>
PURPOSE	<p>(I) Educate and skill I-Kiribati youth to gain Australian and international employment in the nursing sector.</p> <p>(ii) Upgrade nursing education in Kiribati to shorten the cost and period of time required to gain internationally accepted qualifications off-shore</p>	<p>80% of I-Kiribati youth successfully achieving an Australian nursing qualification under KANI registered with a governing nursing council in Australia or internationally</p> <p>New program developed with first 6-12 months of basic nurse education provided in Tarawa.</p> <p><i>To be fully defined following implementation of Outputs 2.1 and 3.2.</i></p>	Students inform institution of registration status	Tertiary Institution	Annually

Code	Narrative Description	Verifiable Indicator	Method of data Collection	By Whom	Reporting Frequency
Component 1 Objective	Scholarship program to obtain an Australian Nursing qualification up to a Bachelor of Nursing through an articulated TAFE/University pathway that provides qualifications at Certificate 3 and Diploma level exit points.	<ul style="list-style-type: none"> 80% of KANI students enrolled in Australian institution successfully complete an Australian nursing qualification (including Certificate Level 3, Diploma of Nursing and Bachelor of Nursing). 	<ul style="list-style-type: none"> Final academic results 	Tertiary Institution	Annually
Output 1.1: Student Selection	Candidates selected based on the agreed criteria.	<ul style="list-style-type: none"> Selection process and timing met Final list approved by GoA and GoK 	<ul style="list-style-type: none"> Application forms, KANI test and ranking 	AusAID Post	Annually in December
Output 1.2: Academic Preparation Program	A 16-20 week Academic Preparation Program (APP) for all selected students, delivered in Kiribati	<ul style="list-style-type: none"> 70% of APP enrolled students successfully complete the APP and obtain a minimum IELTS score of 5.5 	<ul style="list-style-type: none"> On-going monitoring as per APP course outline IELTS test Final Report, including student feedback 	APP Contractor	Mid-APP report annually in April Final report annually in July
Output 1.3: Nursing Diploma Preparation Program	A 16-20 week Nursing Diploma Preparation Program (NDPP) for all selected students, delivered in Australia	<ul style="list-style-type: none"> 80% of NDPP enrolled students successfully complete the NDPP and obtain a minimum IELTS score of 6. 	<ul style="list-style-type: none"> On-going monitoring as per NDPP course outline IELTS test Final Report, including student feedback 	Tertiary Institution	Annually in December

Code	Narrative Description	Verifiable Indicator	Method of data Collection	By Whom	Reporting Frequency
Output 1.4 Certificate Level 3 and Diploma of Nursing	Eligible students complete a certificate level 3 or nursing diploma course.	<ul style="list-style-type: none"> 80% of students enrolled in a Certificate Level 3 or Diploma of Nursing obtain the qualification (and obtain minimum IELTS score of 7) 	<ul style="list-style-type: none"> Final academic results 	Tertiary Institution	Annually
Output 1.5: Bachelor of Nursing	Eligible students complete the bachelor of nursing course.	<ul style="list-style-type: none"> 80% of students enrolled in Bachelor of Nursing obtain the qualification (and obtain minimum IELTS score of 7) 	<ul style="list-style-type: none"> Final academic results 	Tertiary Institution	Annually
Output 1.6: Student Management	Effective, timely and responsive management of KANI students	<ul style="list-style-type: none"> 70% students satisfied with services delivered by Tertiary Institution Initiative managed in accordance with Contract and Student Management Guidelines (SMGs) Proactive and responsible academic and welfare management of students Risk matrix and M&E framework updated Timely and accurate invoicing and reporting 	<ul style="list-style-type: none"> Student survey KANI reporting arrangements outlined in Contract and SMGs. 	Tertiary Institution	Each Semester Risk Matrix and M&E framework updated annually
Output 1.7: Nurse registration	Upon completion of the Certificate Level 3, Diploma of Nursing or the Bachelor of Nursing students register with the relevant state or territory governing nursing council in Australia or return to Kiribati to register as nurses.	<ul style="list-style-type: none"> 100% of graduating students register with a state or territory governing nursing council in Australia 100% of graduating students seeking employment receive and offer of employment Less than 30% graduating students return to Kiribati within in the first 2 years after graduation 	<ul style="list-style-type: none"> Tertiary Institution obtains registration notification from students 	Tertiary Institution	Annually

Code	Narrative Description	Verifiable Indicator	Method of data Collection	By Whom	Reporting Frequency
Component 2 Objective	Scholarship program to obtain Bachelor of Nursing/ Nurse Education at Australian standards for nurses trained and registered in Kiribati	<ul style="list-style-type: none"> <i>To be defined following completion of Output 2.1</i> 			
Output 2.1: Plan to provide access to scholarships for existing registered nurses developed and implemented by Year 3.	Government of Kiribati to identify strategies to ensure no negative impact on the Kiribati health Service if current nurses are considered for scholarships. This may include AusAID support to increase the number of students at the Kiribati School of Nursing.	<ul style="list-style-type: none"> Human resource planning exercise report Strategies to outline options for training existing nurses in Australia documented Strategies to be costed and include timing, management and coordination arrangements, risk management considerations (i.e. no negative impact on Kiribati health services) and monitoring and evaluation considerations 	<ul style="list-style-type: none"> Scoping Mission 	Contractor / AusAID	Third Quarter 2007
Output 2.2: Course Delivery and Scholarship Program for existing nurses	Identify and implement course delivery and scholarship program options for current nurses.	<ul style="list-style-type: none"> Documented course delivery strategy and recommended scholarship program options. <i>To be further defined following completion of tasks 2.2.1 and 2.2.2.</i> 			
Component 3 Objective	Kiribati's School of Nursing upgraded to provide a higher standard of nurse education and the time required for education off shore is reduced.	<ul style="list-style-type: none"> <i>To be defined following completion of Output 3.2</i> 			

Code	Narrative Description	Verifiable Indicator	Method of data Collection	By Whom	Reporting Frequency
Output 3.1: Education in Australia for KSON Nurse Educators completed	A nurse educator will accompany each cohort of students to Australia and be attached to the Tertiary Institution. The nurse educator will remain in Australia for up to one year and provide some mentoring and welfare support to students in addition to that expected of the Tertiary Institution. The nurse educator will also participate in a tailored nurse education program and/or assist with mapping the KSON curriculum against Australian nursing curriculum.	<ul style="list-style-type: none"> Completion report for each nurse educator which evaluates attachment and details successful completion of education program undertaken and mentoring activities undertaken. 	<ul style="list-style-type: none"> Completion report 	Tertiary Institution / Nurse Educator	Annually
Output 3.2: Scoping mission	Mission to design parameters for assistance under Component 3.	<ul style="list-style-type: none"> Design for Component 3 to be costed and include timing, management and coordination arrangements, risk management considerations and monitoring and evaluation considerations. 			

Appendix 14: Cost Benefit Analysis

Summary

The aims to provide nursing training in Australia for approximately 30 I-Kiribati who could in turn obtain employment in Australia as either an Enrolled Nurse or a registered Nurse. The scheme will provide migration opportunities which lead to increased employment, private incomes and potentially a stream of remittances. This note briefly considers the demographic implications of the Kiribati Nurse Initiative and presents an overview of the costs and benefits.

We have three main conclusions:

- A scheme which leads to 30 people migrating from Kiribati each year could significantly change the migration and potential employment outlook in Kiribati.
- If most students go onto full time employment, the benefits of the initiative exceed the costs for the both the Enrolled Nurse and Registered Nurse components of the initiative. The benefit-cost ratios are higher if students train to the Enrolled Nurse level.
- Dropping the Registered Nurse component of the scheme needs to be seriously considered. Taking into account impediments for individuals to move into the Bachelors program under their own funding or funding from another source, and whether or not offering the Bachelors program will impact greatly on the quality of applicants who choose to enter the scheme.

Demographic background

The population of Kiribati in 2004 was estimated to be 90,000 with an annualised rate of growth over the preceding 15 years of 2.2 percent. Fertility rates are high (above 4 percent), and even with an accelerated rate of decline are likely to remain above replacement rates by 2029.

Migration levels are low in Kiribati. The World Bank estimates that if the current migration rates continue, average annual migration will be -100 people for Kiribati, much lower than the levels for similarly sized countries such as Tonga (-1500) and the Federated States of Micronesia (-700).³⁴ The proposed nursing initiative which proposes to train between 25-30 nurses each year would increase annual migration by approximately 25 to 30 percent.

According to the 2000 census, formal sector employment in Kiribati was 9200 people, of which, government employment was 4340. The ADB estimates that of the 1700 (approaching 2000) school leavers each year there are approximately 450-500 jobs available in the formal sector. The proposed initiative is therefore equivalent to increasing available jobs by 6 percent.

³⁴ Both Tonga and FSM have greater access to foreign labour markets than Kiribati.

Key Assumptions

This cost-benefit analysis considers two training proposals, leading to qualifications as first an Enrolled Nurse and then Registered Nurse. In general, students could directly enter University to train as a Registered Nurse, however, the proposal assumes that I-Kiribati students first complete training up to the Enrolled Nurse level.

The training proposal has 3 distinct phases:

1. Student selection and academic training in Kiribati.
2. Enrolled Nurse training in Australia, of which there are two streams:
 - a. 6 month Certificate level 3 course (5 of the students)
 - b. 18 month Diploma of Nursing course (25 of the students)
3. Bachelor of Nursing course in Australia taking between 2 to 2.5 years.

The expectation of the nurse initiative is that trainee nurses will be employed full time in Australian as either Enrolled nurses or Registered Nurses. In our analysis we consider both of these options.

In addition, we need to consider the attrition rate of the program. In any study program, students will leave the course for various reasons. Additionally, undergoing training to the Registered Nurse level requires a 5 year training commitment in a foreign country. The costing provided by the design team assumed that all students completed training to the Enrolled Nurse level and only half moved on to complete the Bachelors degree. We therefore use this assumption in our analysis.

Following the course, we assume that 90 percent of the students will take up employment in Australia. Other rates are presented in Annex A.

Table 1 summarises the costs and benefits, for the typical student, of the proposed Kiribati Nurse Initiative. Details on the source for the costs and benefits are provided in Annex B. Each amount represents the undiscounted value of the cost of benefit in the year in which it would arise. Apart from the training costs and initial wage levels (which are specified by the NSW Health Department) we assume other values increase annually at a rate of 3 percent, and a discount rate of 8 percent.

Costs

The current proposal sees the Australian government providing support during the Training stages. This support includes the cost of: student selection, training, travel to Australia and a stipend.

Students also face an opportunity cost of undergoing the training and choosing to work in Australia. This opportunity cost consists of the net earnings (wages less living costs and taxes) they would have received had they remained in Kiribati. The wage rate used is the average across several mid to lower level wages of public servants in Kiribati. Given, the small size of the labour market in Kiribati, this may well overstate the true wage levels attainable. Living expenditures were derived from the 1996 Household Income and Expenditure Survey.

There is also an opportunity cost of the funding provided by the Australian government. However, as we are not explicitly considering different projects we present only information on the Kiribati Nursing Initiative.

Benefits

While studying in Australia, I-Kiribati students can be employed. Under current student visa rules, students are able to work up to 20 hours a week. They would also be able to work during student holidays. We consider two cases: the first where all students choose not to work part-time and the second where all students choose part-time employment. These two cases will provide a lower bound and upper bound respectively on the benefits which will accrue during while undergoing training. Australian Trainee Enrolled Nurses are employed full time and receive a salary while also undertaking coursework. In the analysis below, assume that trainees work part-time earning half the NSW Enrolled Nurse Trainee wage, while being taxed as a non-resident (29% of earnings).

The benefits of the scheme arise following training when the I-Kiribati students obtain employment as either an Enrolled Nurse level or as a Registered Nurse. Clearly, the longer the students remain employed in Australia the greater these benefits will be. We consider two cases: first an absence from Kiribati of 12 years, and then employment for 25 years leading to a total absence of 27 years.³⁵

Table 1: Costs and Benefits³⁶
(per student)

Costs	
Kiribati training & exams	8112
6 month course	6225
18 month course	12500
Bachelor Degree	17500
Stipend	20365
Airfare & Establishment allowance	6500
Kiribati wages	5162
Enrolled Nurse taxes	4960
Registered Nurse taxes	9173
Training taxes	4731
Benefits	
Kiribati living expenses	2273
Enrolled Nurse wages	39556
Registered Nurse wages	43883
Training Wages	15769
Kiribati taxes	1149

Cost-benefit analysis

In this analysis we consider Enrolled Nurse training and Registered Nurse training separately. As discussed above, a number of cases may arise, most will be presented in Annex A. Table 2

³⁵ The average length of absence in the Connell and Brown 1994 remittance survey in Samoa and Tonga was 11.5 years.

³⁶ Wage rates and taxes for employment are those for the first year.

presents summarises four cases. These cases assume that all students train to the Enrolled Nurse level, they are not employed while students, and that there is a 90 percent post-training employment rate. The four cases are:

1. Employment as an Enrolled Nurse and:
 - a. 12 years absence,
 - b. 27 years absence.
2. Half cohort become Registered Nurses and the other half remain Enrolled Nurses and:
 - a. 12 years absence,
 - b. 27 years absence.

Table 2: Ratio of Benefits to Costs

Enrolled Nurse		Registered Nurse	
12 years	27 years	12 years	27 Years
1.6	2.2	1.2	2.0

As Table 2 shows the benefits of the scheme are greater than the costs, and the more expensive Registered Nurse program has a lower benefit-cost ratio than training to the Enrolled Nurse level.

If students can migrate successfully to Australia with Enrolled Nurse qualifications then dropping the Registered Nurse component of the scheme needs to be seriously considered. Training to the Registered Nurse level increases each cohorts training by 2 to 2.5 years and almost doubles the costs of training. The current design estimates that half the students are not expected to take up the Registered Nurse component of the course. The benefits of the Registered Nurse scheme are lower than for the Enrolled Nurse scheme if students remain in Australia working for 12 years.³⁷ However, as the Nurse remains employed longer, the greater wages of the Registered Nurse lead to greater benefits than what would accrue to an Enrolled Nurse.

The cost considerations of removing the Registered Nurse component of the initiative need to be measured against other factors. These include the impediments for individuals to move into the Bachelors program under their own funding or funding from another source and whether or not offering the Bachelors program will impact on the quality of applicants who choose to enter the scheme.

Remittances

The proposed initiative is designed to increase the migration opportunities and remittances of I-Kiribati. As remittances are a transfer between individuals they are not presented in the Tables. Assuming remittances levels similar to that from the Brown and Connell 1994 survey (\$4000), the discounted value of remittances for a 12 year absence by Enrolled Nurses and Registered Nurses are approximately \$36,000 and \$27,000 per student. This is less than the discounted costs of the training period which are valued at \$73,000 for the 18 month diploma course and \$141,000 for the Registered Nurse degree.

³⁷ This does not take into account income differentials from the two qualifications should the student leave Australia.

Annex A: Ratio of cost to benefit for all cases considered.

Table A1: Employed during Training

	Enrolled Nurse (30 students)		Registered Nurse (15 students)		Registered Nurse (30 students)	
	12 years	25 years	12 years	25 Years	12 years	25 Years
100% employment	1.7	2.2	1.4	2.0	1.2	1.9
90% employment	1.6	2.2	1.3	2.0	1.1	1.9
70% employment	1.4	2.0	1.2	1.9	1.1	1.8

Table A2: Not Employed during Training

	Enrolled Nurse (30 students)		Registered Nurse (15 students)		Registered Nurse (30 students)	
	12 years	25 years	12 years	25 Years	12 years	25 Years
100% employment	1.6	2.2	1.3	2.0	1.0	1.9
90% employment	1.6	2.2	1.2	2.0	1.0	1.8
70% employment	1.4	2.0	1.1	1.8	0.9	1.7

Annex B: Data Sources

Course Costs

Kiribati Nurse Initiative Cost Schedule, supplied by design team

Stipend and other allowances

Kiribati Nurse Initiative Cost Schedule, supplied by design team

Kiribati Wages

2006 Establishment Register. Taken from average over all levels for the wages for Receptionist, Assistants etc.

Kiribati Cost of Living

1997 Household Income and Expenditure Survey: Expenditure by top 20% of Households.
ADB poverty line source: ADB, 2002, *Monetization in an Atoll Society: Managing Economic and Social Change in Kiribati*,

Australian Nurse Wages

Enrolled Nurse wage in NSW state hospitals 2006.

http://www.health.nsw.gov.au/policies/ib/2006/pdf/IB2006_019.pdf

Taxation

Non-resident tax for work undertaken as a student.

Resident tax at the 2006-07 tax rate + medicare levy.

Remittances

From Brown, R. P.C & J. Connell (2006) "Occupation-specific analysis of migration and remittance behaviour: Pacific Island nurses in Australia and New Zealand", *Asia Pacific Viewpoint*, Vol. 47, No. 1, pp. 135-150

A\$3196, based on their 1994 survey.

Demographic

World Bank (2006) *at Home and Away*, World Bank, Washington