

MINISTRY OF HEALTH AND CHILD WELFARE

# Organization and Functions

WORKING FOR EQUITY AND QUALITY



**MINISTRY OF HEALTH AND CHILD WELFARE**

---

**ORGANISATION  
AND FUNCTIONS**

---

**'WORKING FOR EQUITY AND QUALITY'**

## *background*

The Ministry of Health and Child Welfare has undergone an extensive reorganisation as a direct result of the recommendations of the Review Commission on Health adopted by the government in 1999.

The restructuring process has been the work of both the Ministry of Health and Child Welfare and the Public Service Commission (PSC). The final structure was presented to the President of Zimbabwe by the PSC and approved for implementation in July 2000.

The main purpose of this document is to orient staff within the ministry, the Public Service Commission, other ministries, clients, development partners and civil society on the broad organisational orientation of the ministry and the functions of the various divisions and departments.

It must however be noted that this formulation is a dynamic process that will continually evolve to suit the changing operational environment. In this context an attempt has been made to eliminate the 'unhealthy' situation of perpetuating specialist and professional empires.

## *national vision for health*

The Government of Zimbabwe desires to have the highest level of health and quality of life for all its citizens, attained through the combined efforts of individuals, communities, organisations and the government, which allow them to participate fully in the socio-economic development of the country.

The vision will be attained through guaranteeing every Zimbabwean access to comprehensive and effective health services.

## *mission statement*

To promote good health and quality of life for all Zimbabweans by ensuring equal access to quality health care.

## *abbreviations*

AIDS	Acquired Immune Deficiency Syndrome
D/D	Deputy Director
DHE	District Health Executive
DHT	District Health Team
DMO	District Medical Officer
DOTS	Directly Observed Therapy Short Course
EDLIZ	Essential Drugs List of Zimbabwe
EPI	Expanded Program of Immunisation
ESAP	Economic Structural Adjustment Program
GIS	Geographical Information System
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness
IT	Information Technology
MCAZ	Medicines Control Authority of Zimbabwe
MOHCW	Ministry of Health and Child Welfare
MTCT	Mother to Child Transmission
NAC	National Aids Council
NGO	Non-Governmental Organisation
NHS	National Health Strategy
NPA	National Program of Action
RDC	Rural District Council
PHC	Primary Health Care
PMD	Provincial Medical Director
RHC	Rural Health Center
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
WHO	World Health Organisation
ZACH	Zimbabwe Association of Church Related Hospitals
ZINATHA	Zimbabwe National Traditional Healers Association
ZNFPC	Zimbabwe Family Planning Council of Zimbabwe

---

## FUNCTIONS OF THE MINISTER OF HEALTH AND CHILD WELFARE

---

The Ministry of Health and Child Welfare operates within the functions mandated to the office of the Minister of Health and Child Welfare [Restricted: *Hand-Book on the Functions of the Minister of Health And Child Welfare, March 1993*] as well as the provisions of the Public Health Act (Chapter 15:09).

### **Service Functions:**

- ❖ Preventive Services
- ❖ Curative Services
- ❖ Health and Management Information Systems
- ❖ Laboratory services
- ❖ *Supply of Safe Blood*

Training Functions

Provision of National Family Planning Services

Regulatory Functions

Obligations to International Health

---

## NATIONAL HEALTH POLICY FRAMEWORK

---

The health policy of the government of Zimbabwe, **Planning for Equity In Health**, was based on the economic policy framework of the early 1980s, **Growth with Equity**. Primary Health Care (PHC), which calls for a conscious acceptance by the community of the responsibility for their own health and aims to address broad issues of distributive justice, was chosen as the appropriate strategy to deliver health services in Zimbabwe. In this context the government participates in the provision of a comprehensive package of promotive, preventive, curative and rehabilitation services.

The Ministry of Health and Child Welfare (MOHCW) has since the early 1990s embarked on a health reform program in a global context of Civil Service Reform and Economic Structural Adjustment Program (EsAP).

The MOHCW completed its National Health Strategy (NHS) covering the period 1997-2007, *WORKING FOR QUALITY AND EQUITY IN HEALTH*. The strategy identifies seven priority areas to be addressed during the plan period of the NHS through successive *THREE YEAR ROLLING* plans.

The content, context and pace of the ministry's health reform agenda has been significantly influenced by the Report and Recommendations of the Presidential Review Commission on Health which was adopted by government in 1999.

---

## HEALTH CARE PROVIDERS IN ZIMBABWE

---

### **The Public Sector**

The Ministry of Health and Child Welfare and Local Authorities are the major providers of health services in Zimbabwe. Other providers in this category of providers include, the Defence Forces, the Prison Services, the Police, the Ministry of Education and the Ministry of the Public Service, Labour and Social Welfare which provides Occupational Health Services.

The category of *local authorities* includes Rural District Councils (RDCs) and Urban local Authorities.

**The Private Medical Sector** includes, the **Private for Profit Medical Sector** (Private Industrial Clinics, Private Hospitals, Maternity Homes and General Practitioners), Traditional Health Practitioners and Complementary Health Practitioners.

The **Not for Profit Private Sector** providers include Medical Missions and other Non-Governmental Organisations. The Medical Missions receive a grant from the MOHCW to cover the full costs of approved staff, capital projects and drug and other supplies. The Zimbabwe Association of Church Related Hospitals, ZACH, represents this group of Hospitals.

The code of professional practice for all health practitioners in Zimbabwe is regulated by the Health Professions Act Chapter 27:19 (2000). The Traditional Practitioners' Act (1981) established the Zimbabwe National Traditional Healer's Association, ZINATHA which also provides a framework for practice and regulation of its members.

The Medical Services Act provides for the establishment and the operation of both public and private hospitals and Medical Aid Societies. The Act also provides for the establishment of Hospital Management Boards at Central and Provincial Hospitals. Minimum standards of practice for both hospitals and medical aid societies are also provided for in the act.

---

## STRUCTURE AND FUNCTIONS OF THE MINISTRY

---

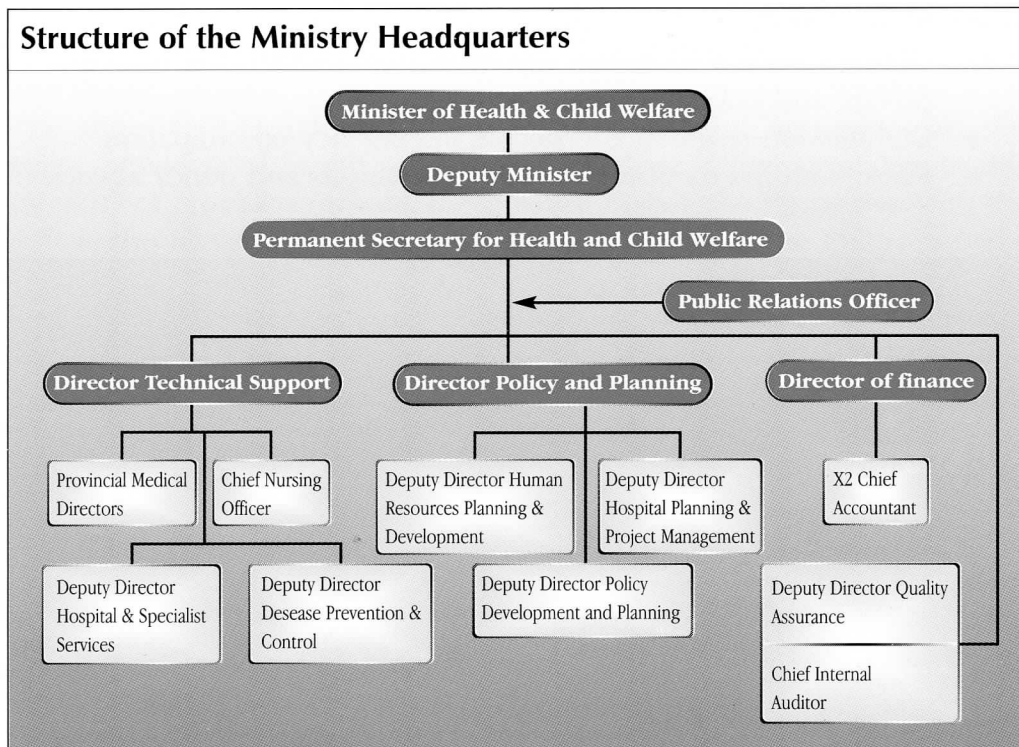
### **Ministry of Health Headquarters**

Functions of the Ministry Headquarters:

- ❖ Co-ordinate the development of health policy, setting of national standards and guidelines.
- ❖ Monitor disease trends, quality of care and health status.
- ❖ Consolidate budget estimates, mobilise resources and allocate them, institute expenditure controls and budget analysis.







### Departments Directly under the office of the Secretary for Health:

#### Quality Assurance

Headed by a Deputy Director responsible for Quality Assurance. The department is responsible for:

- ❖ Establishing a quality assurance program within the MOHCW
- ❖ Co-ordinating the development of minimum standards of performance for the sector
- ❖ Developing external criteria for quality 'benchmarks'
- ❖ Working with professional regulatory bodies to ensure that self-regulation keeps pace with public expectations
- ❖ Developing a framework and strategies for monitoring the quality of services and performance of the health system

#### Internal Audit

Headed by the Chief Internal Auditor who is responsible for ensuring accountability, probity and transparency in the management of public funds voted by Parliament to the Ministry by testing the robustness of and compliance with laid down procedures.

The quality of output of internal audit work is expected to be sufficient enough for external audit to rely on. Its coverage is expected to be sufficient enough to address all material internal control systems.

### **Public Relations Officer**

Headed by the Public Relations Officer who is responsible for:

- ❖ Development and implementation of the ministry's Public Relations strategy
- ❖ Liaising with and building bridges between the Ministry and its clients, patients, the general public and the media
- ❖ Coordinating the development of and cascading the patients Charter and the complaints procedures
- ❖ Responsible for the production of the ministry's quarterly magazine

---

### **DIVISIONS WITHIN THE MINISTRY**

---

#### **Technical Support Division**

The Director: Technical Support, heads the division and is responsible for the technical and professional business of the ministry. The responsibilities of the DIVISION include the coordination of primary health care services and ensuring the effective and efficient function of the referral system.

Responsibilities of the DIVISION:

- ❖ To ensure that appropriate health policies and a just regulatory environment is in place
- ❖ To ensure that appropriate technical support is readily available to program managers and to the health care delivery system
- ❖ To ensure the provision of a comprehensive package of quality health services within defined national health priorities
- ❖ To coordinate program and service planning and their implementation within the context of the NHS and the three year rolling plans
- ❖ Ensuring the development and application of a comprehensive monitoring and evaluation strategy

#### **Departments under the DIVISION**

##### **Disease Prevention and Control**

Headed by a Deputy Director for Disease Prevention and Control. The department co-ordinates the prevention and control of epidemics, HIV/AIDS/TB/STI programme, communicable and non-communicable diseases, the development of a policy framework for the implementation of reproductive, maternal and child health programs, primary health care activities, environmental health, disease surveillance and health information systems.

*The department co-ordinates following Units:*

*Epidemiology and Disease Control* which is headed by a co-ordinator responsible for:

*Epidemic Preparedness and Response*

- ◆ Ensures the coordinated development of an early warning system and response to the threat of epidemic disease
- ◆ Coordinates and ensures timely response to malaria, cholera prevention and control activities, including other diseases with an epidemic potential (anthrax, Rabies and Plague etc.)
- ◆ Coordinate the provision of (additional) logistics for the operations of epidemic disease control activities
- ◆ Liaise with the Civil Protection unit

*Occupational Health and Rehabilitation*

- ◆ Co-ordination of the development and implementation of community and institutional based patient/occupational rehabilitation programs
- ◆ Surveillance of occupational health events
- ◆ Coordinating health programs targeted at the disabled

*Non-Communicable Disease Control*

- ◆ Ensuring the development of a co-ordinated prevention of blindness program
- ◆ Co-ordinating the implementation of Cancer Control activities, including surveillance through a regularly updated Cancer Registry
- ◆ Ensuring that the Injury prevention and control programs are in place
- ◆ Co-ordinating the prevention and control of other chronic non-communicable conditions as may be prioritised from time to time e.g. Diabetes Mellitus, Cardiovascular diseases.

*Nutrition Intervention*

- ◆ Co-ordinating the development of micronutrient prevention and control programs, [Iron Deficiency, Iodine Deficiency and Vitamin A Deficiency]
- ◆ Monitoring compliance with infant feeding policies.
- ◆ Co-ordinating growth monitoring and other nutrition surveillance activities
- ◆ Collaborating with the Food and Nutrition Policy Unit
- ◆ Conducting regular monitoring and evaluation surveys

*HIV/AIDS/STI/TB Unit*

Headed by a co-ordinator responsible for coordinating programs related to the prevention and control of HIV/AIDS/STD and TB in line with the National Policy on HIV/AIDS and other policies. Provides the necessary

technical guidance and support for a national response to the HIV/AIDS epidemic by other sectors. The following programs fall under this unit:

*Voluntary Counselling and Testing Services*

- ◆ Co-ordinate the development and implementation of Voluntary Counselling Testing Program activities
- ◆ Co-ordination of efforts to minimise the psychological consequences of HIV/AIDS
- ◆ Co-ordinate training in counselling skills

*Condom Promotion.*

- ◆ Ensure the quantification, procurement and distribution of both the male and female condoms in the private and public sectors
- ◆ Ensure that all condoms available in the country have undergone rigorous quality assurance
- ◆ Ensure appropriate condom promotion strategies are developed with involvement of all stakeholders
- ◆ Monitor the availability and utilisation of condoms

*Sexually Transmitted Infections/HIV/AIDS Prevention and Control*

- ◆ Co-ordination of the development of STI prevention and control strategies
- ◆ Co-ordination of the development and implementation of training programs for STI prevention and control, [the Syndromic Approach]
- ◆ Ensuring the availability of accessible diagnostic, treatment modalities and management protocols for HIV/AIDS and STDs
- ◆ Ensure the development of appropriate laboratory infrastructure to monitor the administration of Antiretroviral Therapy

*National Tuberculosis Control Program.*

- ◆ Co-ordination of national TB prevention and control efforts
- ◆ Co-ordination of the development and implementation of TB policies, training programs and treatment protocols
- ◆ Overseeing the development and implementation of the DOTS strategy
- ◆ Monitoring patient response to treatment and their appropriate follow-up
- ◆ Ensuring the procurement and distribution of adequate quantities of TB drugs, monitoring their efficacy and availability
- ◆ Ensuring the development of local capacity to monitor Multi-Drug Resistant (MDR) Tuberculosis

*Mother to Child HIV Transmission (MTCT)*

- ◆ Co-ordinating the development, implementation and evaluation of the prevention of MTCT project

- ◆ Developing appropriate policies from the evidence obtained
- ◆ Relating the implementation of the prevention of MTCT to infant and breast-feeding practices and policies currently in place

#### Reproductive Health Unit

Headed by a program co-ordinator who is responsible for Reproductive Health, Safe Motherhood Initiatives and Adolescent Health programs.

The program area is responsible for:

- ◆ Co-ordinating the development and implementation of Reproductive Health programs
- ◆ Coordinating technical program support and the development of appropriate policies, training programs in Reproductive, Adolescent and Maternal Health
- ◆ Monitoring and evaluation of reproductive and maternal health indicators
- ◆ Commissioning appropriate research in this area
- ◆ Co-ordinating gender focussed initiatives within the health sector

The unit has the following program areas:

#### *Reproductive Health and Safe Motherhood*

- ◆ Ensuring the development of safe motherhood programs that reduce maternal and perinatal morbidity and mortality
- ◆ Co-ordinating the development of policies and training programs on maternal health
- ◆ Monitoring maternal morbidity and mortality trends

#### *Adolescent Health.*

- ◆ Co-ordinating the development of adolescent health policies and programs in collaboration with the ZNFPC, NGOs and the youth
- ◆ Collaborating with various sectors to develop programs for the youth in and out of school

#### Child Welfare Co-ordination Unit

Headed by a co-ordinator who is responsible for child welfare programs within the Ministry of Health and Child Welfare. The unit also provides secretariat services to the intersectoral National Program of Action (NPA) on Children and monitors progress towards the set goals. Programs in place include:

#### *Expanded Program on Immunisation (EPI).*

Headed by the EPI Program Officer who is responsible for co-ordinating the development of immunisation policies and programs. The unit is responsible for:

- ◆ Co-ordinating the development of EPI policies
- ◆ Exploring effective and efficient strategies for EPI program implementation in line with current best practices

- ◆ Ensuring the availability of an adequate quantity of vaccines at all levels of the health delivery system
- ◆ Ensuring an efficient cold chain system that is properly maintained and monitored
- ◆ Monitoring and evaluation of the EPI program

*National Programme of Action for Children (NPA)*

Headed by a co-ordinator who provides secretariat services to the inter-sectoral program. The program is responsible for:

- ◆ Co-ordinating the implementation of the National Program of Action for children through the involvement of all relevant stakeholders
- ◆ Co-ordinating the development of multisectoral strategies for advocacy and dissemination of the state of the children in Zimbabwe
- ◆ Co-ordinating the development of appropriate indicators for monitoring and evaluating the National Program of Action
- ◆ Produce regular State Parties Reports on the Convention of the Rights of the Child

*Integrated Management of Childhood Illnesses (IMCI)*

The IMCI Officer is responsible for:

- ◆ Co-ordinating the development of IMCI policies and programs
- ◆ Organising the development and implementation of training programs on the Integrated Management of Childhood Illnesses
- ◆ Coordinating the Monitoring and evaluation of the IMCI program

*Environmental Health Unit*

Headed by the Environmental Health Co-ordinator.

The program area is responsible for:

- ◆ Coordinating the development and implementation of policies, programs, norms and standards for environmental health
- ◆ Co-ordination of the activities of the Port Health Authority
- ◆ Ensuring the proper function of an environmental health inspectorate program and adherence to the provisions of the Public Health Act
- ◆ In liaison with other program managers to implement disease surveillance, patient follow-up and investigation of epidemics
- ◆ Ensuring appropriate monitoring of adherence to environmental health by laws
- ◆ Providing guidance to training programs in environmental health

*Primary Health Co-ordination Unit*

Headed by a primary health co-ordinator:

The unit is responsible for the co-ordination of PHC activities through facilitating community participation and involvement in the provision of health services. The following are the responsibilities of the unit:

- ◆ Ensuring the development of policies and practices that broaden the social base of health

- ◆ Facilitating the development of community based disease prevention and control activities
- ◆ Co-ordinating, together with NGOs, the development of strategies and programs for social mobilisation, community participation and involvement in health
- ◆ Co-ordinating the development and implementation of the Village Health Worker training and program activities

The following are the program areas within the unit:

*Community Based Health Interventions*

Headed by an officer responsible for co-ordinating the development of policies, strategies and programs for communities to take responsibility for their own health.

- ◆ Co-ordinating the development and implementation of home based care initiatives, for HIV/Aids and other chronic conditions
- ◆ Coordinating the Village Health Worker, Farm Health Worker and Traditional Midwives upgrading program
- ◆ Monitor and evaluate the above initiatives in conjunction with other stakeholders

*Community Participation and Involvement*

Headed by an officer responsible for the development of initiatives to secure meaningful community participation in health matters at all levels of health delivery system.

The following are the areas of responsibility:

- ◆ In conjunction with community action groups and NGOs, to initiate special programs that increase community involvement in health
- ◆ Maintaining contact with community based organisations dealing with health and other social issues
- ◆ Coordinating the development of community structures and local processes that enhance the participation of communities in the planning and decision making process at the RHC level
- ◆ Identify and mobilise resources for such programs

*Health Promotion Unit*

Headed by the Chief Health Promotion officer who is responsible for:

- ◆ Co-ordinating the implementation processes for the Health Education policies and Strategy
- ◆ Co-ordinating multisectoral health promotion and information activities
- ◆ Promoting change in health related behaviour through the mass media
- ◆ Co-ordinating national commemorative events on the health calendar
- ◆ Providing health education input into health programs

#### Surveillance and Health Information Unit

The Surveillance and Health Information Co-ordinator is responsible for:

##### *Disease Surveillance*

- ◆ Development and maintenance of an efficient rapid disease surveillance and notification system
- ◆ Co-ordinating integrated HIV/AIDS Surveillance, EPI Surveillance, TB Surveillance and other Disease Surveillance systems

##### *Health Information System*

- ◆ Developing and maintaining an efficient and timely routine health information system
- ◆ Monitoring disease trends and ensuring timely production of the Benchmark Report
- ◆ Coordinating the timely production of district, provincial and national health profiles
- ◆ Liaising with the Central Statistics Office in monitoring disease trends and the conduct of regular health surveys

##### *Information Technology (IT) Unit*

- ◆ Responsible for software development and its application within the ministry of health. (Geographical Information Systems, Telemedicine, Internet development)
- ◆ Hardware development and maintenance
- ◆ Liaising with the Surveyor General's Office in the development and generation of GIS

#### The Provincial Medical Directors [PMD]

This office is a functional extension of the national level. The Provincial Medical Director's office is responsible for co-ordinating the delivery of health services at the regional level and provides technical supervision and support to the district health teams. The Provincial Hospital provides the first level of specialist referral support to the District level.

The PMD is the accounting officer at this level.

The office of the PMD is responsible for:

- ◆ Technical and logistic support to the District health teams
- ◆ Ensuring the development of regional plans and adherence to the planning cycle and national guidelines
- ◆ Monitoring the performance of the health delivery system and programs
- ◆ Facilitating the development of budget estimates, equitable resource allocation, expenditure controls and revenue collection
- ◆ Monitoring the distribution and availability of pharmaceuticals, health manpower and other resources



### District Health System

The District Medical Officer is in charge of the District Health Team (DHT) and the District Health Executive (DHE) which direct the operations of the health delivery system at this level. The district hospital provides referral medical support to the Rural Health Centre (RHC) and Clinics.

This level is responsible for:

- ◆ Co-ordinating and supervision of local health activities for both the private, public sectors and NGOs
- ◆ Promoting and facilitating community participation in local health services planning, implementation and monitoring
- ◆ Preparation of annual health plans, development management and control of local budgets
- ◆ Collection, consolidation, analysis and local use of health information
- ◆ Human resources management and development
- ◆ Coordinating the training, supervision of community health workers
- ◆ Promoting national essential health research

### *THE MINIMUM DISTRICT HEALTH PACKAGE*

#### *Preventive Services:*

- ◆ Immunisation of children and mothers
- ◆ Monitoring and surveillance of locally endemic diseases and conditions
- ◆ Disease prevention and control, epidemic preparedness and response
- ◆ Health promotion and community mobilisation
- ◆ Environmental health services
- ◆ Community based and other Rehabilitation services
- ◆ Nutrition, micronutrient Surveillance and growth monitoring

#### *Curative Services:*

- ◆ Examination, Diagnosis, treatment, referral and rehabilitation of patients with major and minor illnesses
- ◆ Minor and major surgery at the district level
- ◆ Maternity services
- ◆ Rehabilitation of patients

#### *Administration and Support Services:*

- ◆ Supervision and support to health staff on professional and other matters
- ◆ Data collection, compilation, analysis and use at local level
- ◆ Planning, monitoring and evaluation of programs
- ◆ Compilation of financial estimates, financial management, budgeting and revenue collection
- ◆ Staff development and training
- ◆ Provision of logistics for program implementation

### The Primary Health Level

This level provides the first point of contact between the community, village health Workers and the formal delivery system. The level comprises of a network of Clinics and Rural Health Centres which provide comprehensive, promotive, preventive, curative and rehabilitative services.

### Primary Health Care Package

#### *Promotive Services:*

- ◆ Information, Education and Communication on locally endemic conditions and diseases
- ◆ Environmental health services

#### *Preventive Services:*

- ◆ Immunisation at the RHC and outreach services into the community
- ◆ Well-Baby clinics and antenatal care
- ◆ Family planning assessment, advice and provision of contraceptives
- ◆ Community based rehabilitation services
- ◆ Growth monitoring and nutrition surveillance at the RHC and within the community
- ◆ Disease control activities, water and sanitation
- ◆ Coordinating home-based care for chronically ill patients
- ◆ Inspection of premises

#### *Curative Services:*

- ◆ Treatment of minor ailments on an outpatient basis
- ◆ Management of childhood illnesses, IMCI
- ◆ Dispensing of drugs for chronically ill patients, follow-up of TB, Mental health patients etc
- ◆ Normal deliveries and post-natal care
- ◆ Referral of patients with complicated illnesses to the district hospital

#### *Support Services:*

- ◆ Training and Supervision of village health workers and providing them with appropriate kits
- ◆ Training of community health workers
- ◆ Supervision of feeding points
- ◆ Data collection, analysis and use

### Hospital and specialist Services

Headed by a Deputy Director who is responsible for the co-ordination of hospital services, mental health programs and essential drugs supplies.

#### *Organisation of Hospital services*

Hospital services are organised to function on the basis of increasing levels of sophistication. Patients with more complex health problems are expected to be referred up the referral chain.

The point of entry for uncomplicated cases is the RHC and the clinic at the Primary level of the system. Clinics are staffed by two nurses.

The District Hospital provides referral and supervisory support to the network of clinics and RHCs. 13 of the 57 Mission hospitals are designated district institutions. Patients have their first contact with a medical doctor at this level within the health delivery system.

The provincial and general hospital levels provide referral support to the district hospitals. There is a limited number of clinical specialists at the provincial and general hospitals.

There are 5 Central Hospitals all located in the two major urban areas. These are teaching hospitals affiliated to the Medical Schools. These hospitals provide, together with private for profit hospitals, the most sophisticated type of services within the country.

The following units fall directly under the department:

*Clinical Services*

- ◆ Co-ordinating the policy framework for the effective function of central and provincial hospitals
- ◆ Ensuring that central and provincial hospitals operate efficiently and within government and ministry policies that safeguard equity in access to health care and facilitate the proper function of the referral system
- ◆ Ensuring that the hospitals develop efficient administrative, management systems and procedures in line with those required by government. [Promotion of Business planning, production of annual Reports of activities, Performance Management]

*Essential Drug Supplies*

- ◆ Ensuring that essential drugs are available at all levels of the health delivery system at all times
- ◆ Monitor the implementation of the National Drug Policy
- ◆ Institute a drugs surveillance system in conjunction with the health information system
- ◆ Coordinating the regular update of the EDLIZ
- ◆ Liaising with the national drug supply company and the MCAZ to ensure an effective drug quality assurance program

*Mental Health Services*

- ◆ Co-ordinating the development and implementation of comprehensive and integrated mental health strategies and programs
- ◆ Co-ordinating the implementation of and adherence to the provisions of the Mental Health Act

The Chief Nursing Officer

The Chief Nursing Officer is responsible for:

- ◆ Co-ordinating the development of a national strategy for nursing, midwifery and community nursing
- ◆ Ensuring the development of nursing ethics and general nursing standards
- ◆ Organising the review and monitoring of nursing standards to ensure an efficient and effective nursing service
- ◆ Co-ordinate the development of and adherence to the codes of professional nursing conduct, scope of professional practice for nursing and midwifery

### **Policy and Planning Division**

Headed by the Director of Policy and Planning. The DIVISION is responsible for the co-ordination of general policy development and review, human resources planning and development, coordinating the Public Sector Investment Program and general administrative functions of the ministry.

The DIVISION consists of three departments:

- ◆ Hospital Planning and Projects Management
- ◆ Human Resources Planning and Development
- ◆ Policy Development and Planning

Hospital Planning and Projects Management

Headed by the Deputy Director who is responsible for:

- ◆ Co-ordinating the development, implementation and monitoring of the ministry's Public Sector Investment Program (PSIP)
- ◆ Overseeing the process of design and appraisal of the ministry's physical infrastructure
- ◆ Custodian of departmental assets, coordinating the assessment of such requirements, their acquisition, management and disposal
- ◆ Ensuring the availability of functional hospital medical equipment through implementing a preventive maintenance program and inventory management
- ◆ Developing and overseeing the ministry's program for the rehabilitation and maintenance of infrastructure
- ◆ Co-ordinating the logistics and general administration of transport, its procurement, maintenance and management

*Hospital Equipment and Maintenance [Technology Assessment]*

Headed by the Hospital Equipment Engineer who is responsible for:

- ◆ Ensuring the maintenance of an up to date national medical equipment inventory at all health institutions
- ◆ Developing budget estimates and policies regarding medical equipment procurement, maintenance and management
- ◆ Undertaking technology assessment for the sector
- ◆ Development of maintenance and repair contracts and the supervision of contractual work

- ◆ Co-ordinating the development of national projects on medical equipment

#### *Hospital Planning*

Headed by a Hospital Planning Co-ordinator [Engineer] who is responsible for:

- ◆ Setting and monitoring standards for the design of the ministry's physical infrastructure
- ◆ Co-ordinating the production of the ministry's capital development plans
- ◆ Coordinating the development and appraisal of the health sector's PSIP
- ◆ Ensuring that the construction of all physical facilities is appropriately monitored, supervised and commissioned
- ◆ Development of the ministry's program for the rehabilitation and maintenance of infrastructure

#### *Logistics and Administration*

Headed by a co-ordinator who is responsible for:

- ◆ Co-ordinating the procurement processes within the ministry and ensuring these are in line with provisions of the National Tender Board
- ◆ Assessing the departmental asset requirements, their acquisition, management, inventory control and disposal
- ◆ Co-ordinating the provision of secretarial services to special committees, processing of Medical Boards, duty free certificates, the exportation and importation of human remains across the borders, the management of gifts and donations to the ministry
- ◆ Co-ordinating the acquisition and management of the ministry's vehicle fleet

#### *Policy Development and Planning*

Headed by the Deputy Director who is in charge of the following units:

*Strategy and Policy Development*

*Planning and Donor Co-ordination*

*Subcontracting and Commercialisation*

*Legislation*

The department is responsible for:

- ◆ The co-ordination of the Ministry's Reform agenda, planning, implementation, monitoring and evaluation of health reforms
- ◆ Co-ordination of policy development and analysis
- ◆ Co-ordinating the implementation of the ministry's subcontracting and commercialisation process, development and monitoring of such contracts

- ◆ Overseeing the ministry's agenda and responsibilities with regards legal, Parliamentary and legislative matters
- ◆ Co-ordination of donor activities

#### **Human Resources Planning and Development**

Headed by a Deputy Director and consists of the following units:

*Human resources, policy and planning*

*Personnel Management*

*Training and Development*

The department is responsible for:

- ◆ Coordinating the development and implementation of the human resources policies and strategy
- ◆ Ensuring that the overall manpower requirements for the health sector are appropriately assessed and planned for
- ◆ Co-ordination of the training functions of the ministry with respect to basic, post basic and in-service training
- ◆ Co-ordinating the development of an efficient and effective personnel information system
- ◆ Co-ordination of the fellowship and other programs for staff development
- ◆ Monitoring staff development procedures in the form of Suitability Boards, staff appraisals and disciplinary processes

#### **Finance Division**

Headed by the Director of Finance who has the following responsibilities:

- ◆ To co-ordinate the compilation of the budget estimates of the ministry, including donor funds
- ◆ Development and maintenance of financial accounting and control systems
- ◆ To facilitate the rational and equitable allocation of the budget to the operational levels
- ◆ To monitor and ensure the efficient management of funds voted to the ministry by Parliament, including donor funds
- ◆ To monitor the collection and expenditure of revenue within the sector including ensuring a regular and appropriate review of fees and charges

*To ensure timely and regular submission of financial returns and*

The following are the units within the department:

*The Exchequer account*

*Suspense account*

*Main appropriation/Donor Account*

*Missions, Councils and Sundry accounts*

### **Specialised Units**

Government Analyst Laboratory

Headed by the Chief Government Analyst who is in charge of the laboratory and responsible for:

- ◆ Providing scientific and technical information generated from chemical and/or microbiological analysis of samples
- ◆ Ensuring that foods comply with the Food and Food Standards Act as part of Food Safety and Quality Control
- ◆ Ensuring that drinking water is suitable for human consumption, domestic use and is free from pollution
- ◆ Analysis of post-mortem specimens for toxic substances for police investigations of deaths suspected to have been caused by poisoning and other unnatural causes
- ◆ Analysis of air samples for pollution and industrial products and compliance with the Air Pollution Control Act and the Hazardous Substances and Articles Control Act
- ◆ Examination of mutilated currency for valuation, and customs and excise samples for tariff classification

The Government analyst laboratory has the following main departments:

*Food Control and Water Quality*

*Toxicology (clinical and industrial)*

*Air pollution control*

*Hazardous Substances and Articles Control*

Blair Research Institute [Laboratory]

Headed by the Chief Government Research Officer who is responsible for:

- ◆ Co-ordinating the implementation of Essential National Research with special emphasis on transmission dynamics, control and prevention of vector borne and other diseases
- ◆ Development of health technologies devoted to the improvement of water supplies and sanitation in rural and peri-urban areas
- ◆ Collaboration with other institutions in the area of health research
- ◆ Co-ordinating capacity building in the conduct of health systems and other research within the ministry
- ◆ Liaising with the Zimbabwe National Traditional Healer's Association in conducting clinical trials and other research
- ◆ Providing secretarial services to the Medical Research Council of Zimbabwe

### Laboratory Services

Currently undergoing review and restructuring.

- ◆ Central Hospitals : proposal to outsource clinical diagnostic laboratory services  
Chief Medical Laboratory Scientist to oversee  
Chief Government Pathologist responsible for clinical, morbid and forensic pathology services
- ◆ National Reference Laboratory Services; to consist of the National Microbiology Reference Laboratory (Harare) and the National Tuberculosis Reference Laboratory (Bulawayo) to be coordinated through the Disease prevention and Control Unit of the Ministry of Health and Child Welfare
- ◆ Laboratory Services at the Provincial and District levels to support both clinical and diagnostic services

### Oral Health Services

Headed by the Chief Government Dental Officer who directs oral health services and programs. The department is responsible for:

- ◆ Co-ordinating the provision of clinical, school and community oral health services
- ◆ Development of appropriate standards, policies and strategies for the provision of oral health services
- ◆ Monitoring the performance of the program area

---

### ACTS ADMINISTERED BY THE MINISTRY OF HEALTH AND CHILD WELFARE

---

- 1 Anatomical Donations and Post Mortem Examinations Act, 1976 (Chapter 15:01).
- 2 Atmospheric Pollution Prevention Act (Chapter 20:03).
- 3 Dangerous Drugs Control Act (Chapter 15:02).
- 4 Medicines and Allied Substances Control Act (Chapter 15:03).
- 5 Food and Food Standards Act (Chapter 15:04).
- 6 Hazardous Substances and Articles Act (Chapter 15:05).
- 7 Mental Health Act, 1976 (Chapter 15:06).
- 8 The Public Health Act (Chapter 15:09).
- 9 Parirenyatwa Hospitals Act (Chapter 15:07).
- 10 Termination of Pregnancy Act, 1977 (Chapter 15:10).
- 11 Traditional Medical Practitioners' Act, 1981 (Chapter 15:14)
- 12 Zimbabwe National Family Planning Council Act, 1985 (Chapter 15:11).
- 13 Health Professions Act. Chapter 27:19 of 2000.
- 14 Concealment of Births Act (Chapter 57).
- 15 The Government Medical Stores (GMS) Commercialisation Act (2000).
- 16 The Medical Services Act. (1999).
- 17 National AIDS Council of Zimbabwe Act. (Chapter 15:14) of 1999.



---

**TRAINING FUNCTIONS OF THE MINISTRY OF HEALTH AND CHILD WELFARE**

---

The ministry is responsible for the following training programs:

- 1 State Registered General Nurse.
- 2 Pharmacy Technician.
- 3 Dental Technician.
- 4 Dental Therapist.
- 5 Environmental Health Technician.
- 6 Institutional Domestic Supervisor.
- 7 Rehabilitation Technician.
- 8 Post Basic Nurse Training.
- 9 X-Ray Operators.
- 10 The ministry also offers facilities for internship/attachment for various professionals.

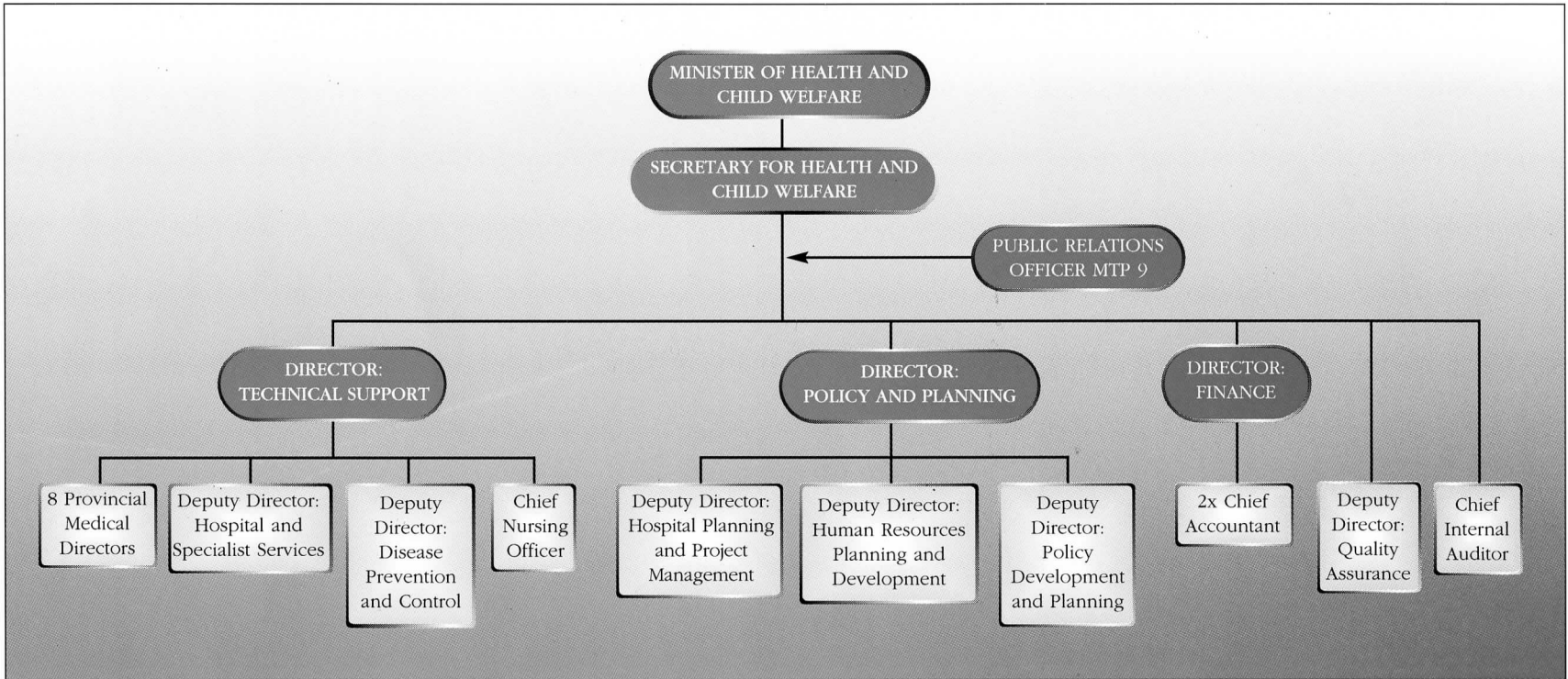
---

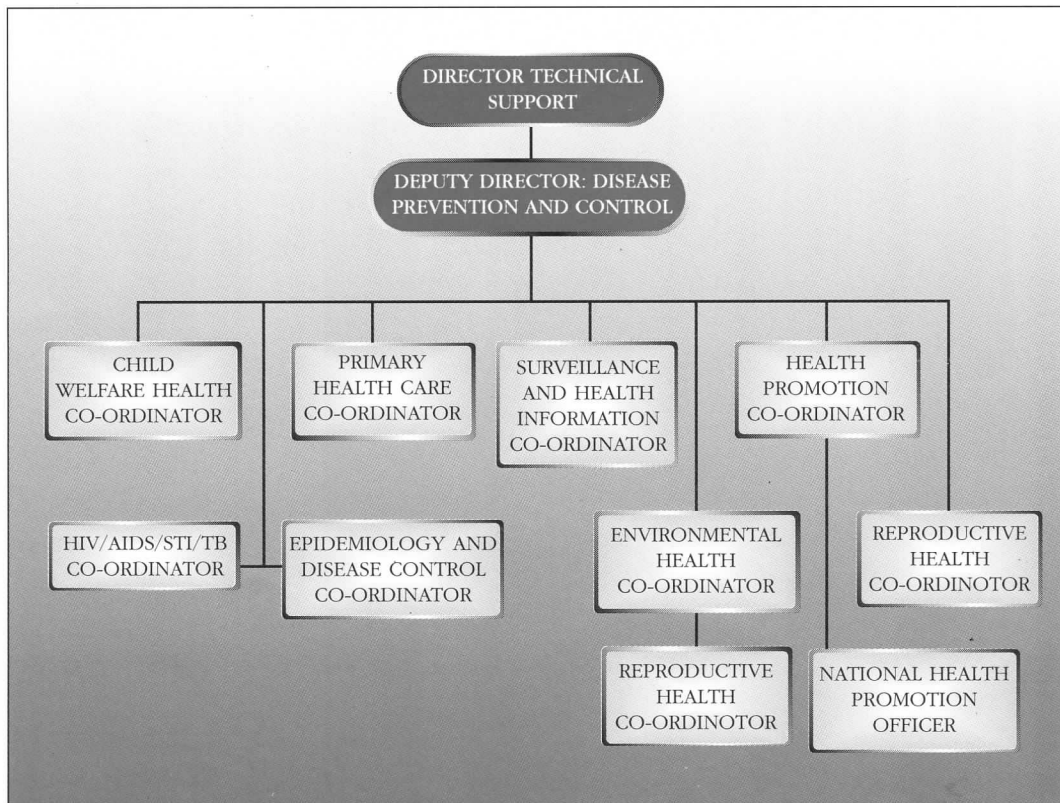
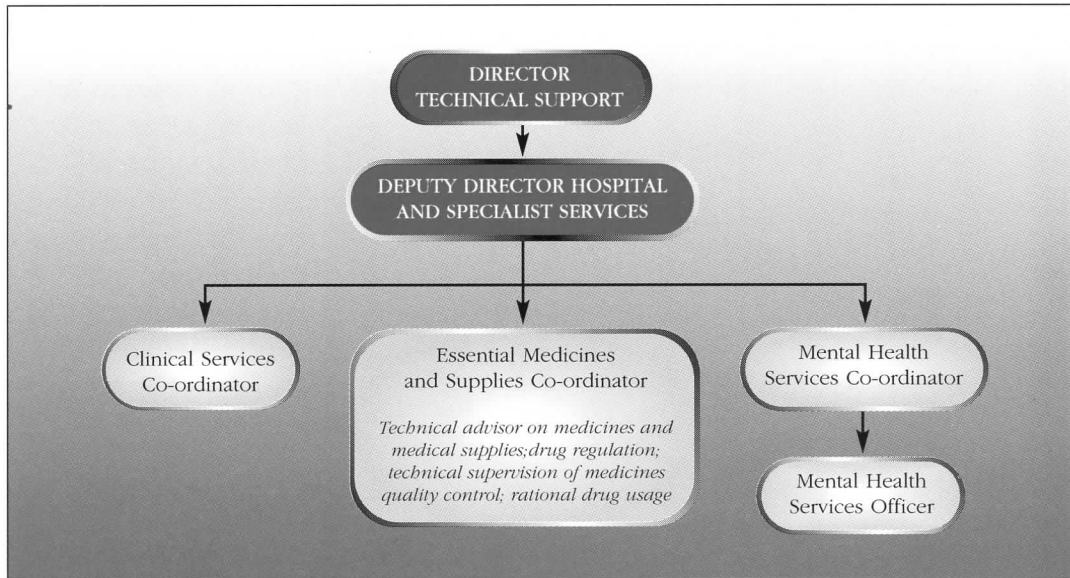
**COLLABORATION WITH INTERNATIONAL ORGANISATIONS**

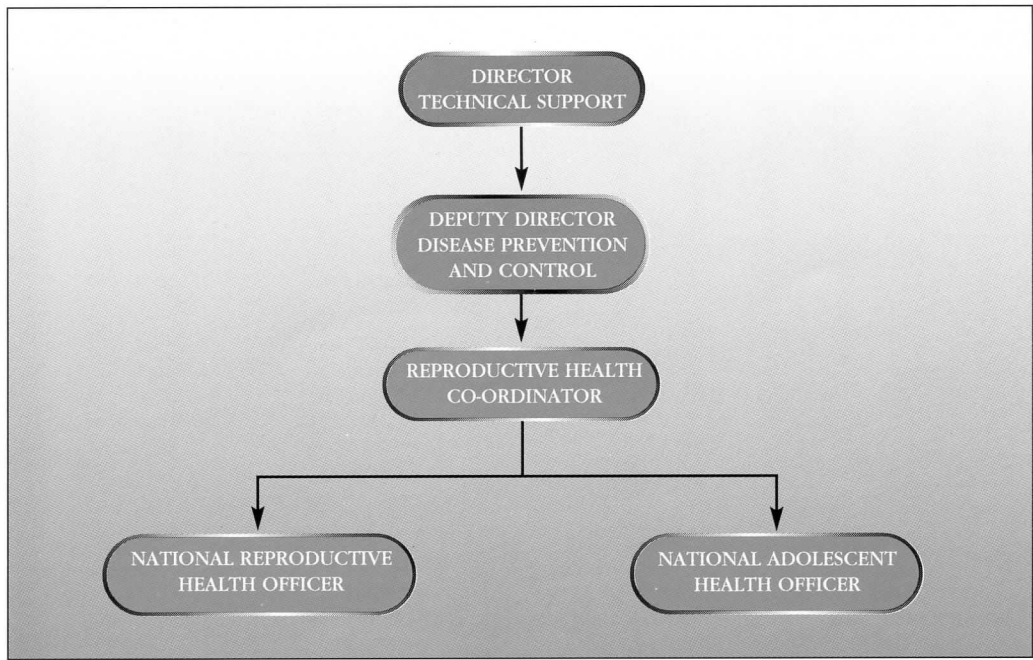
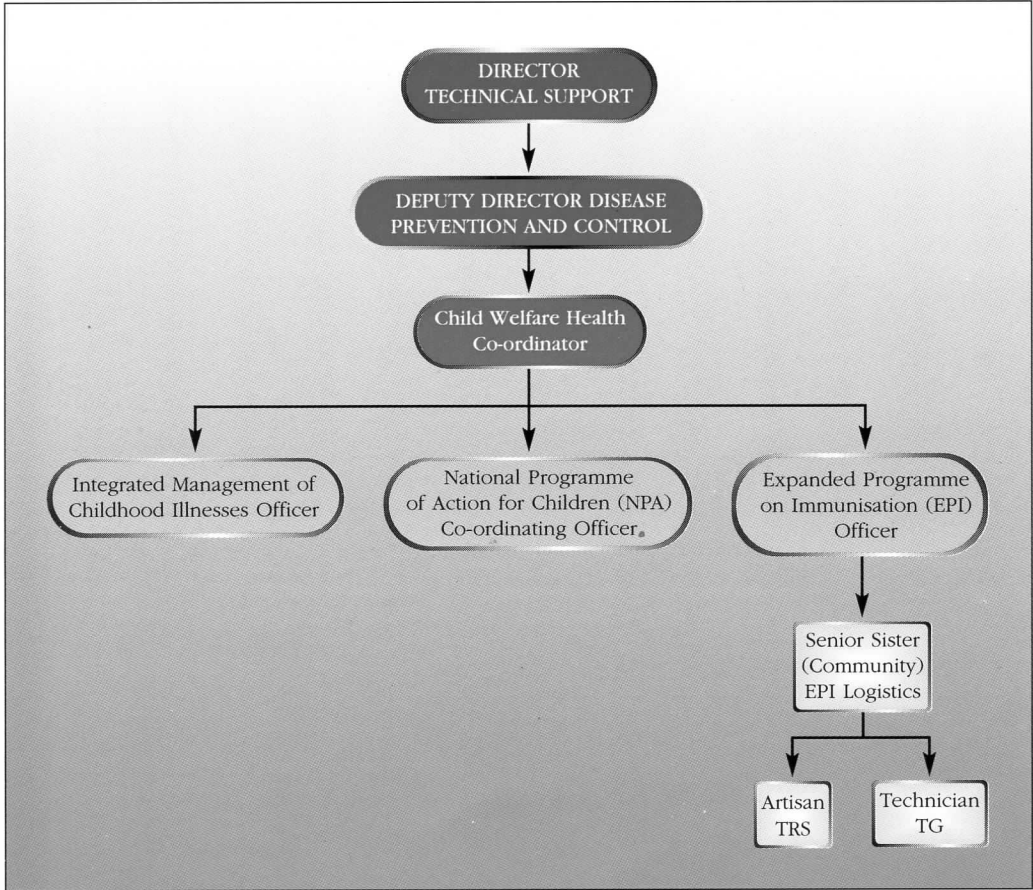
---

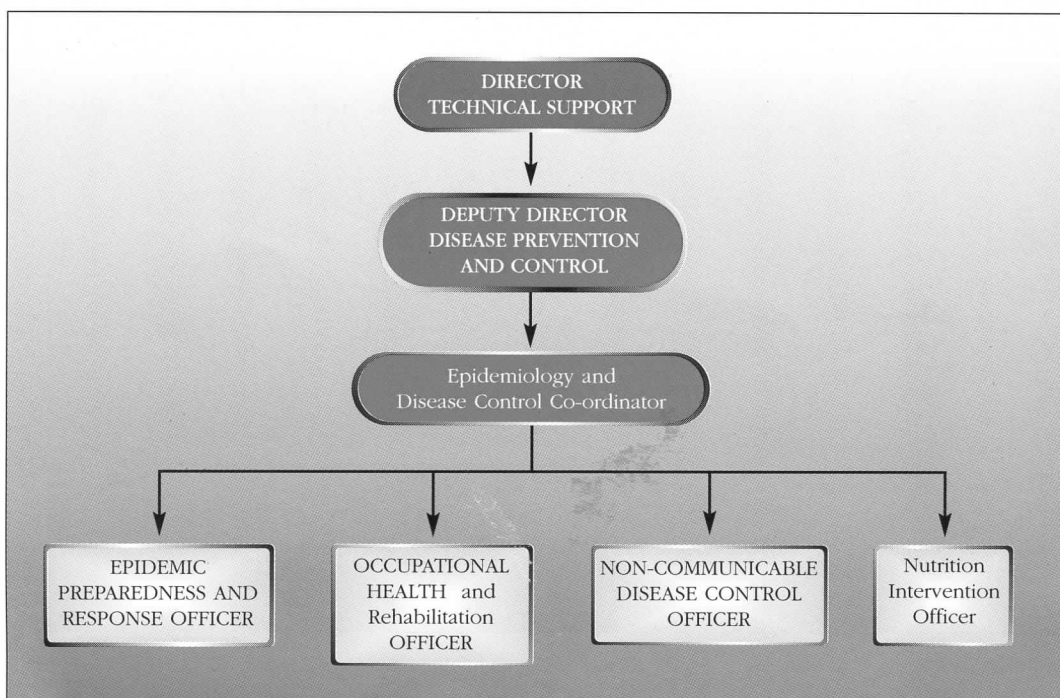
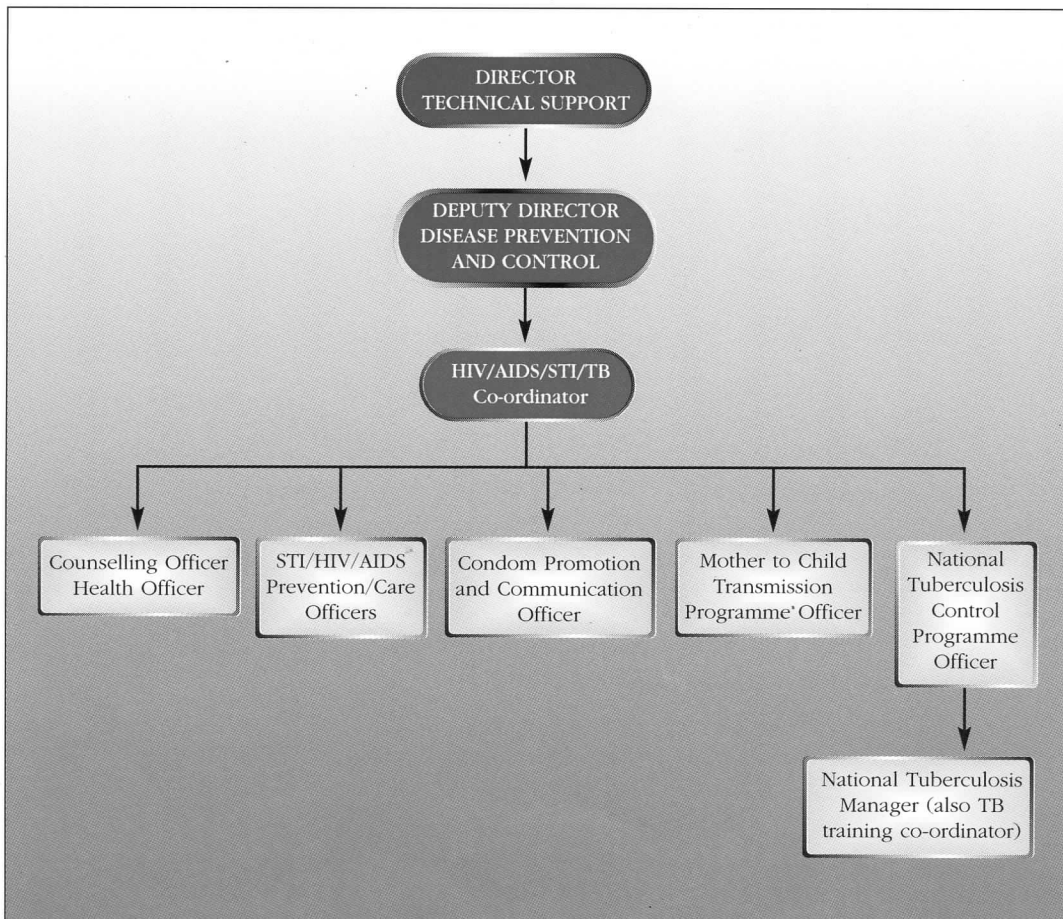
The ministry collaborates formally with the following international organisations on matters concerning health:

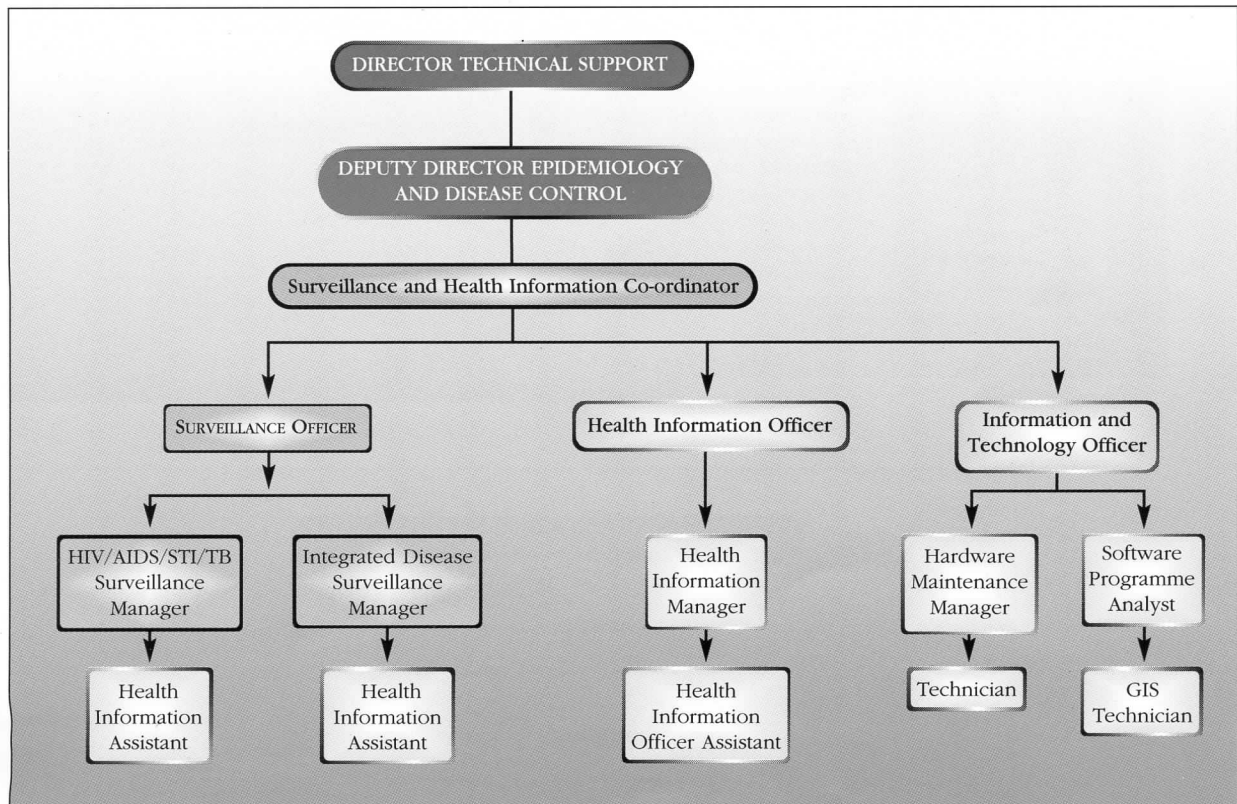
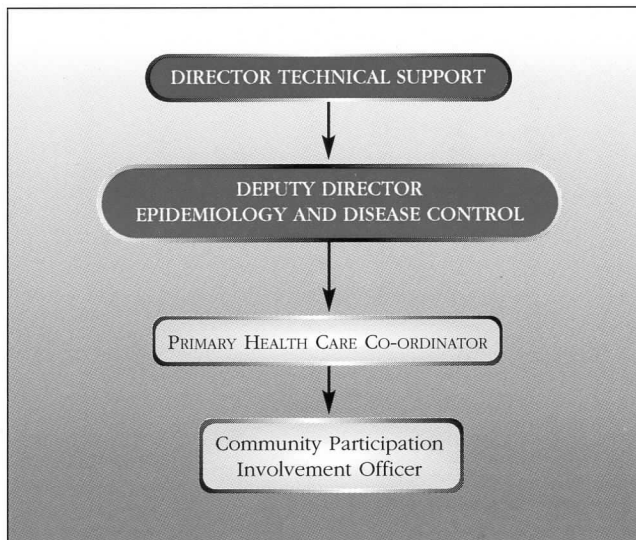
- ◆ World Health Organisation (WHO)
- ◆ Commonwealth Regional Health Secretariat
- ◆ Partners In Population and Development (South-South Co-operation)
- ◆ SADC Health co-ordination Unit

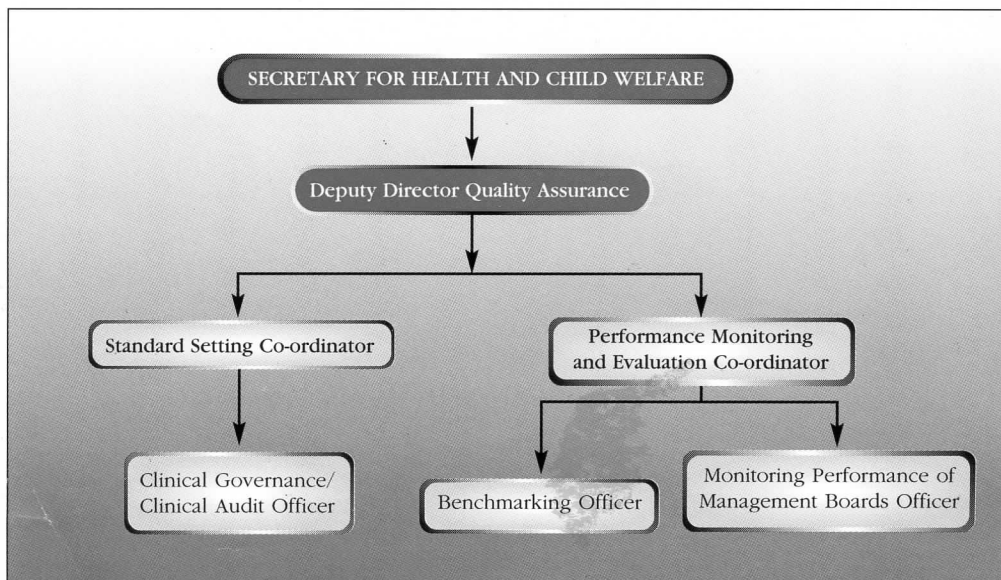
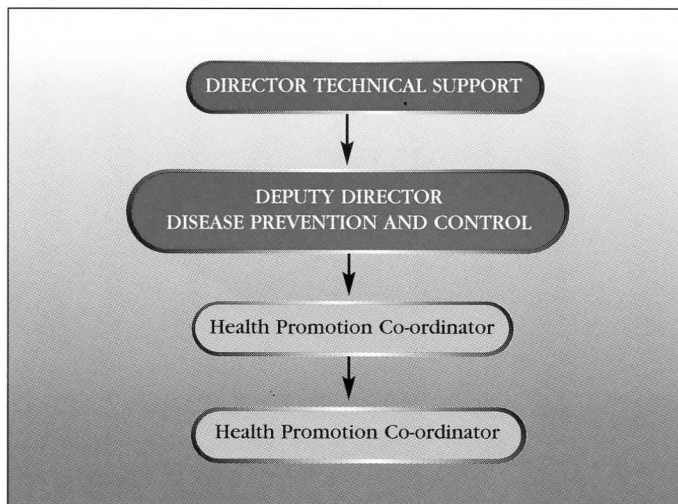
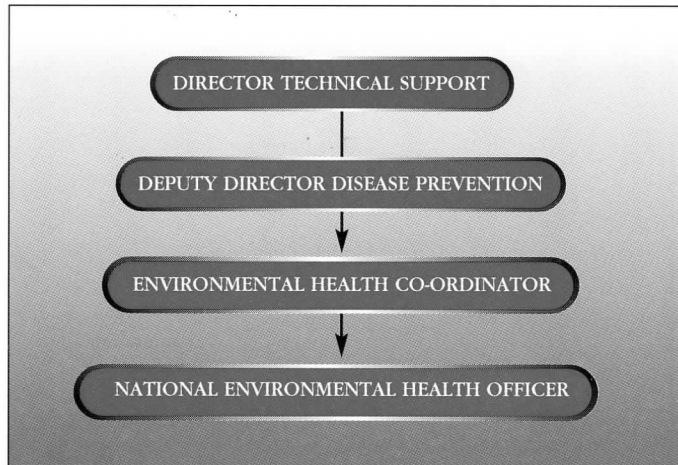


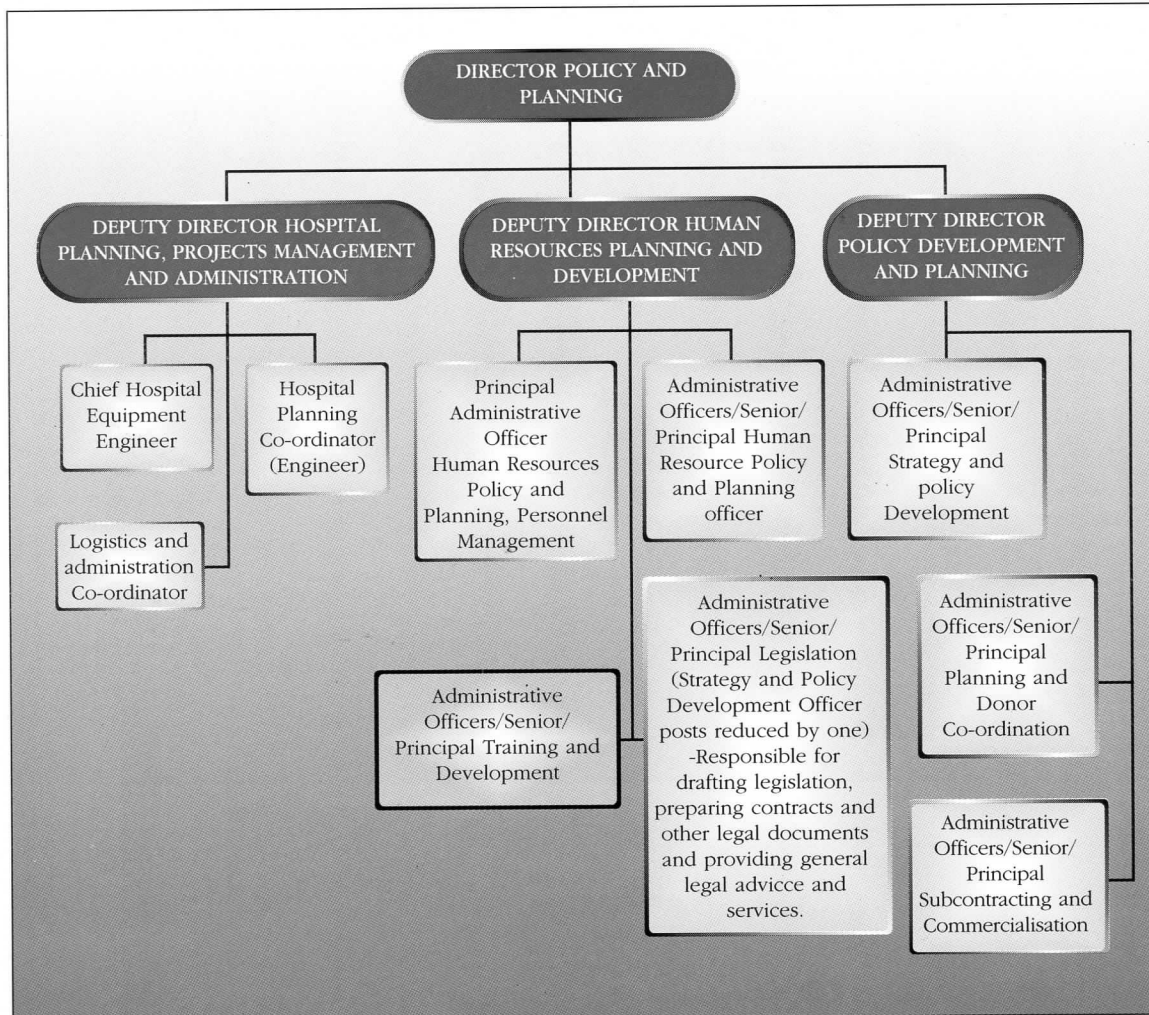




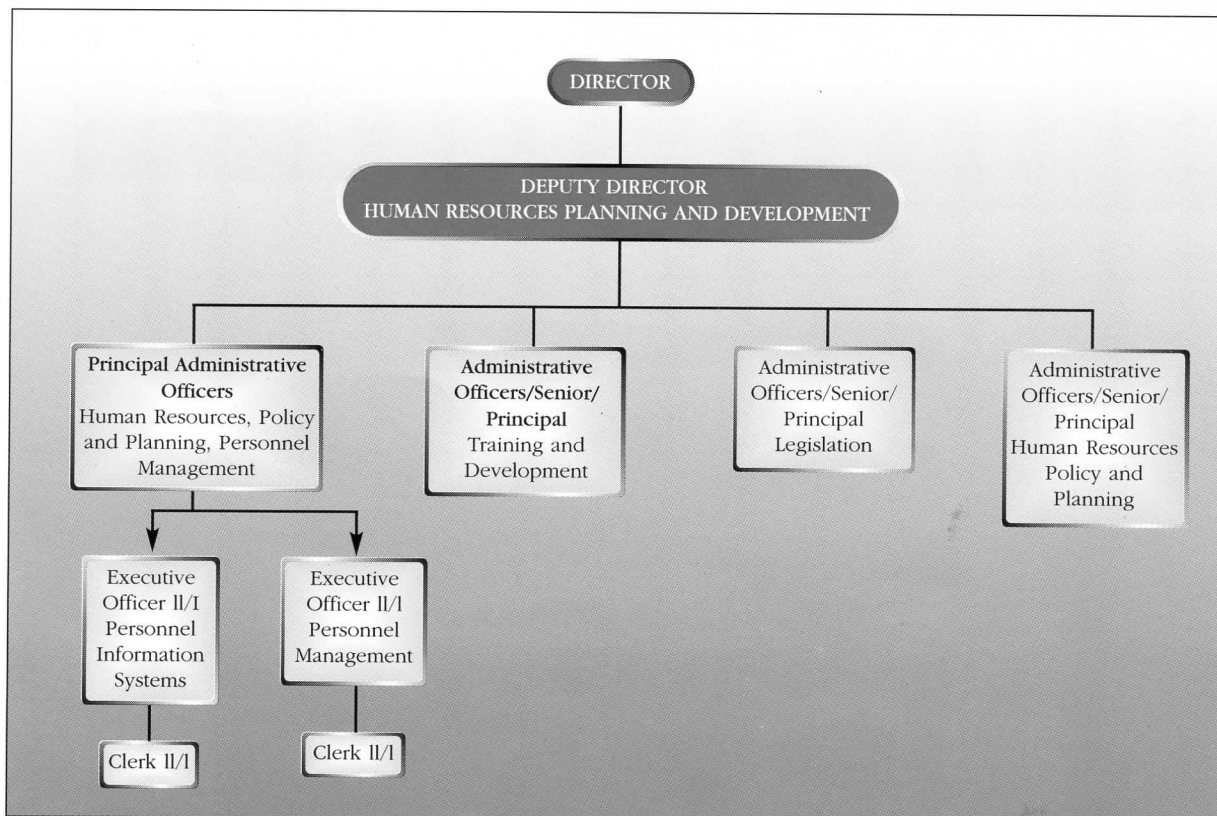
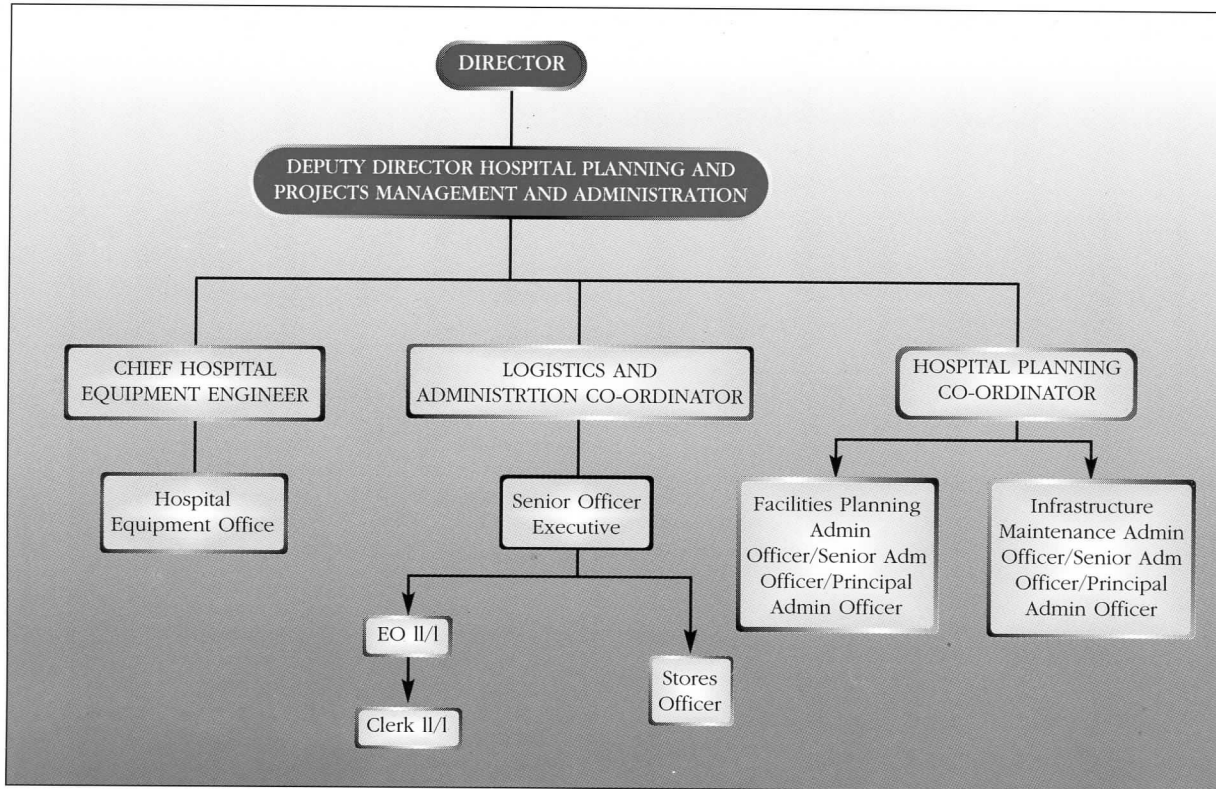


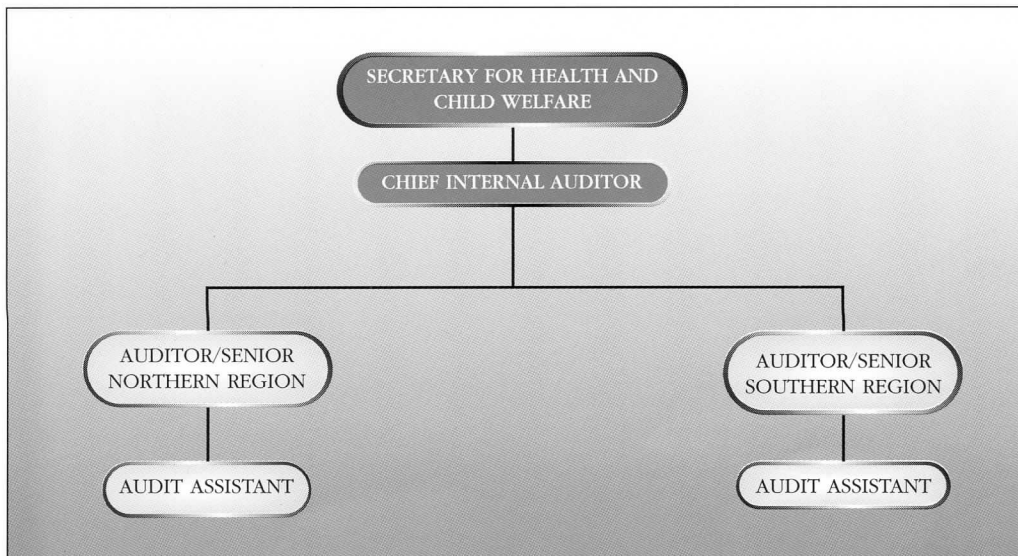
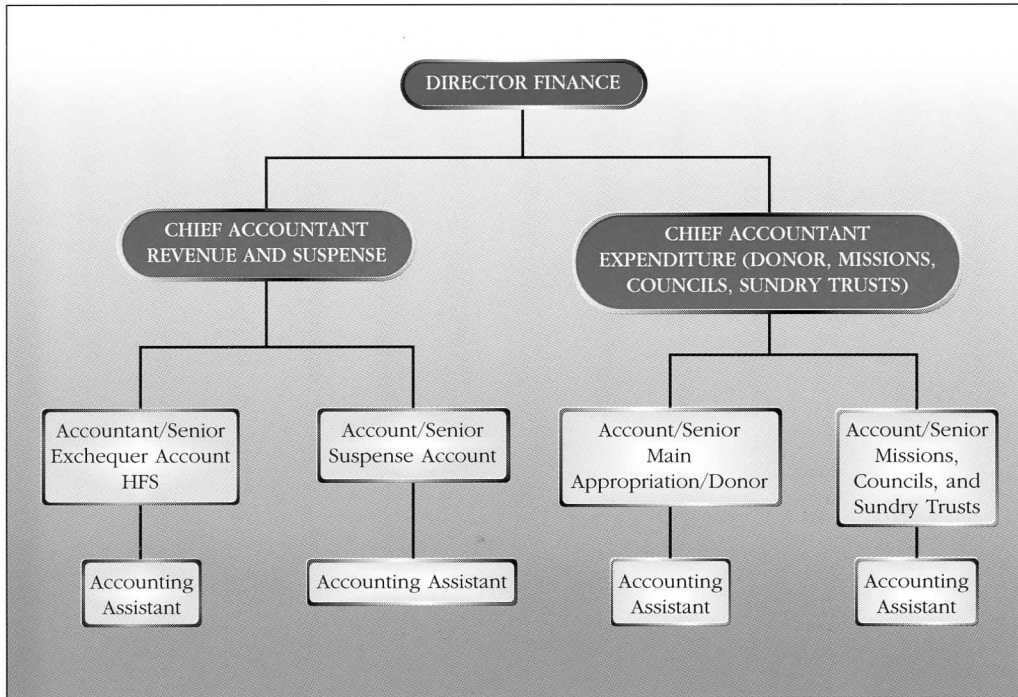




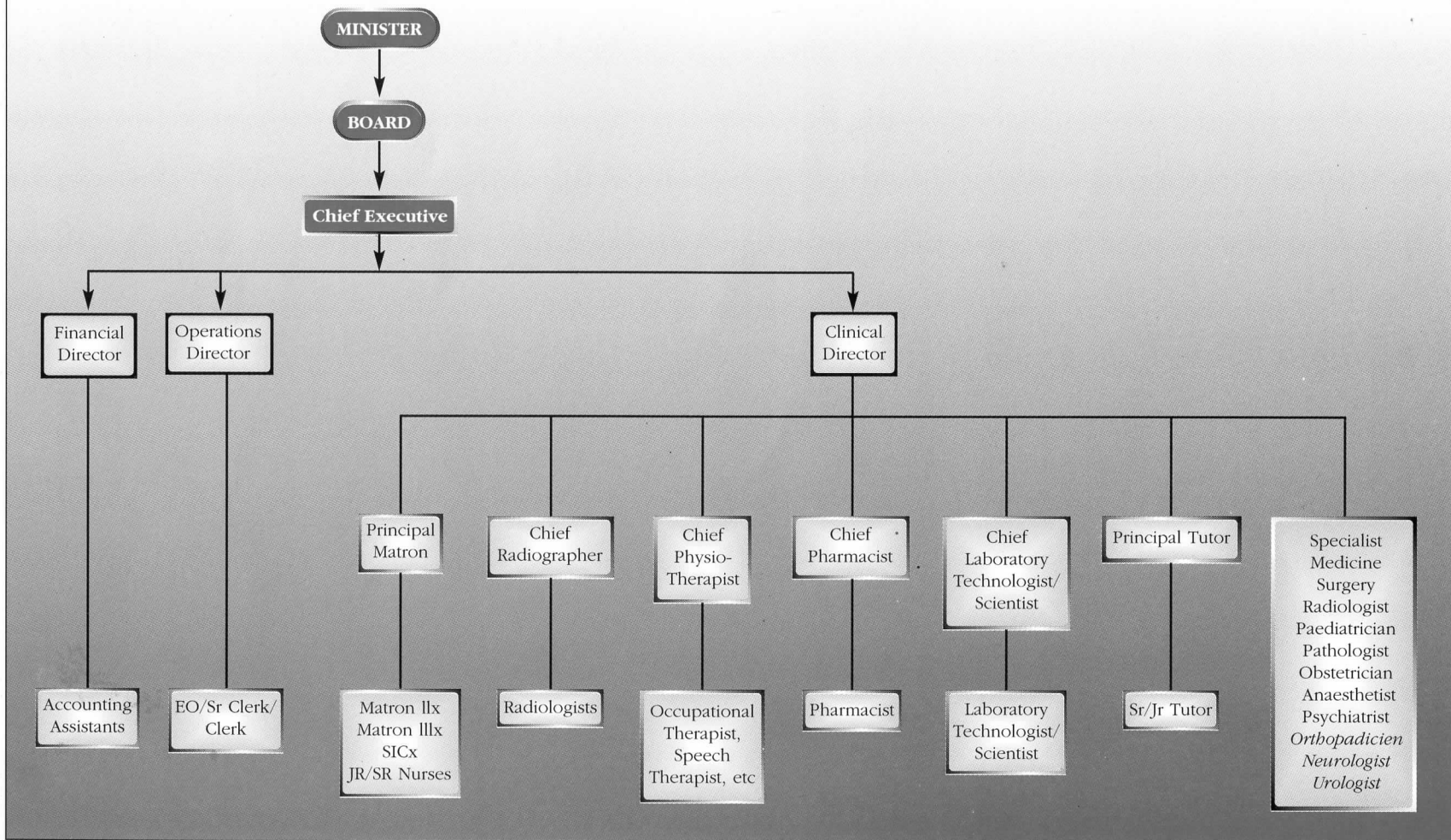




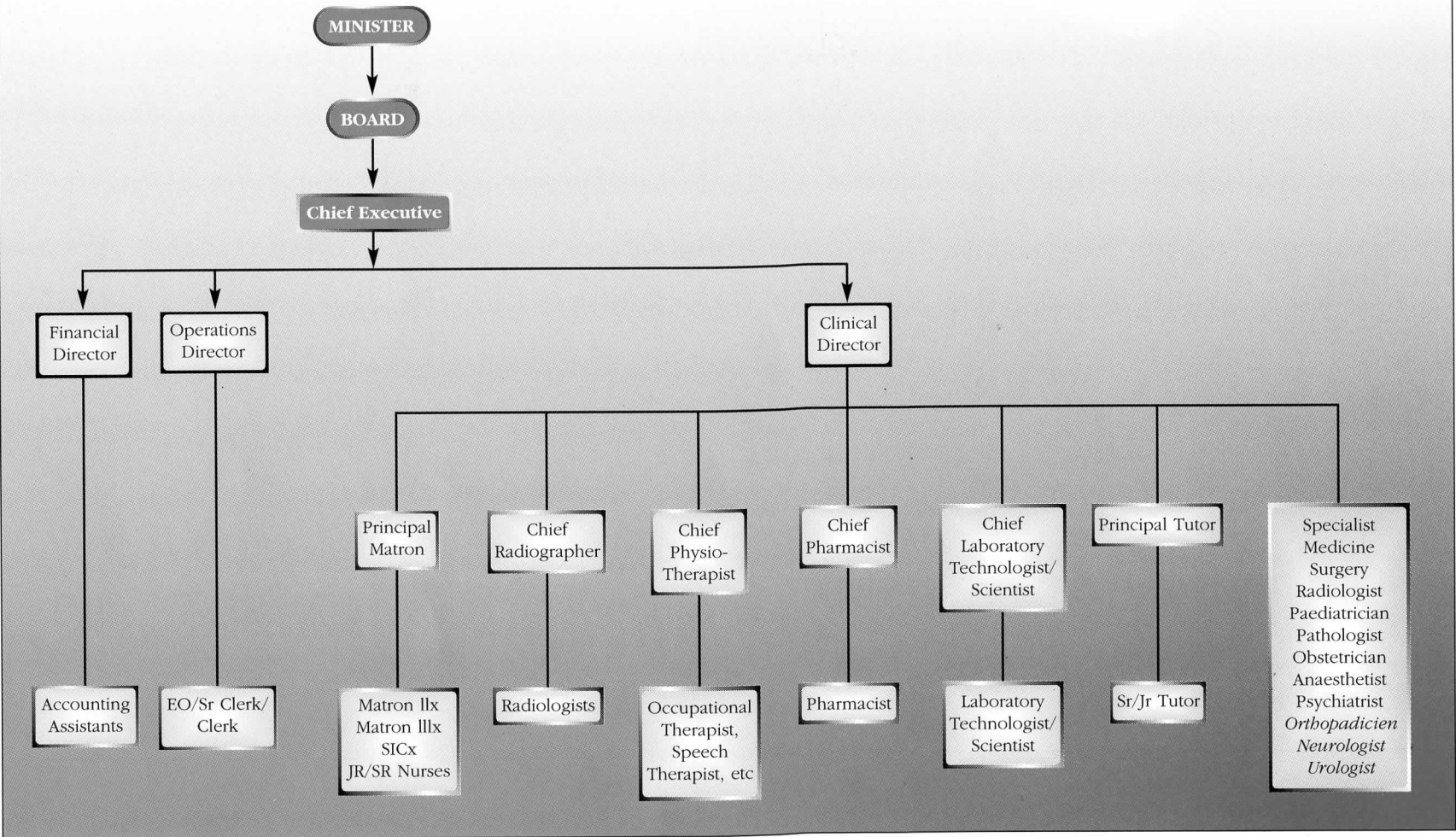


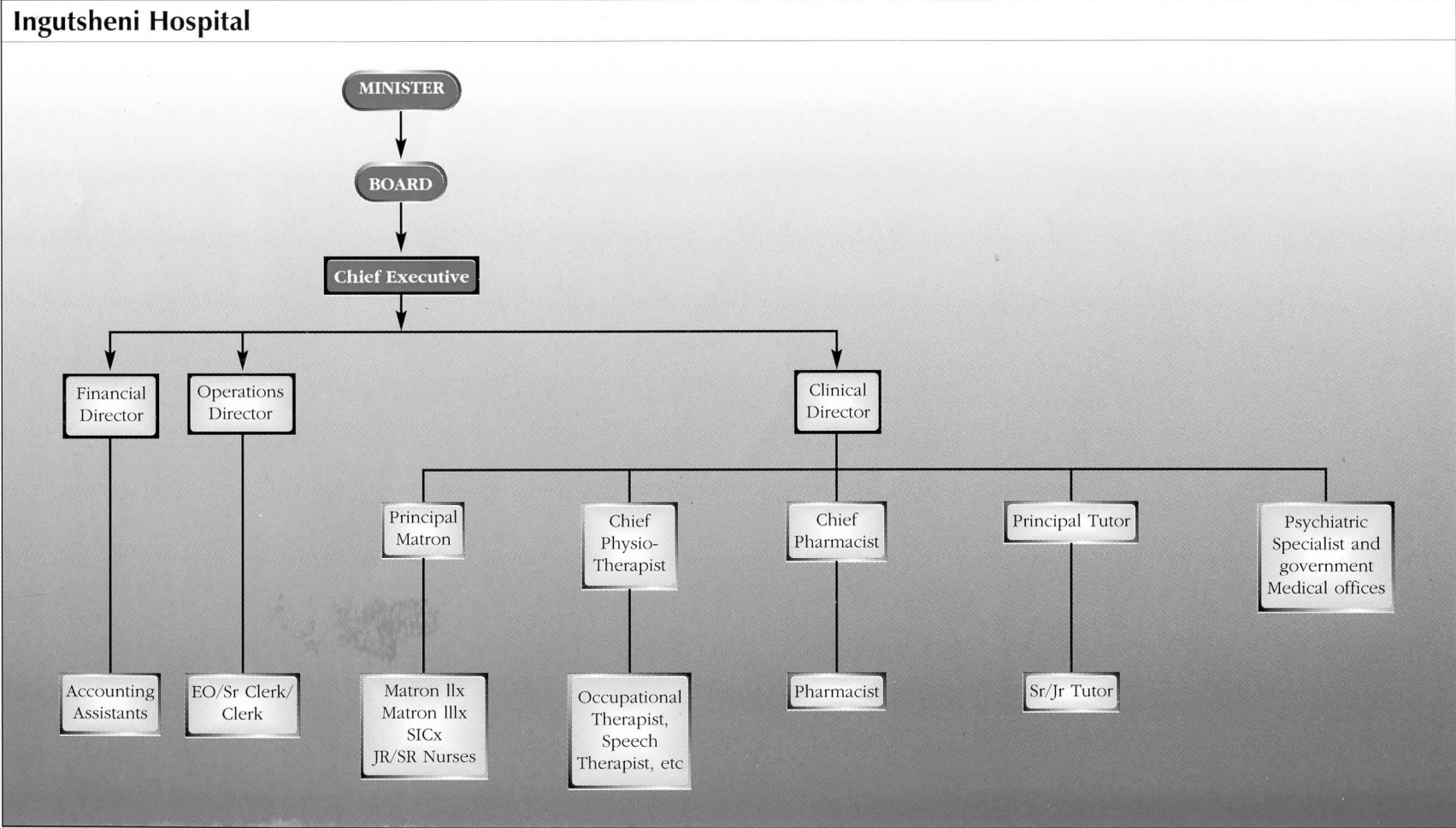


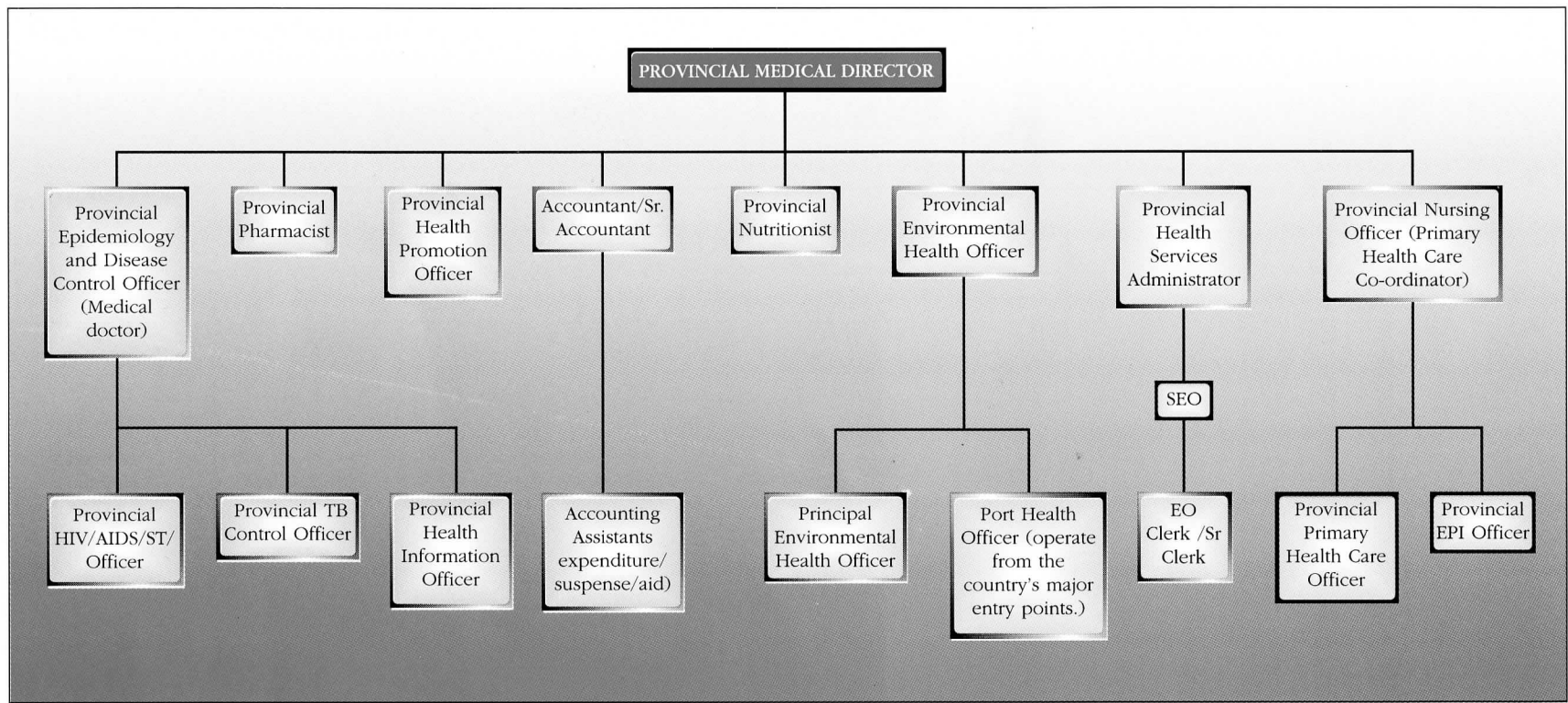
### Parirenyatwa Hospitals



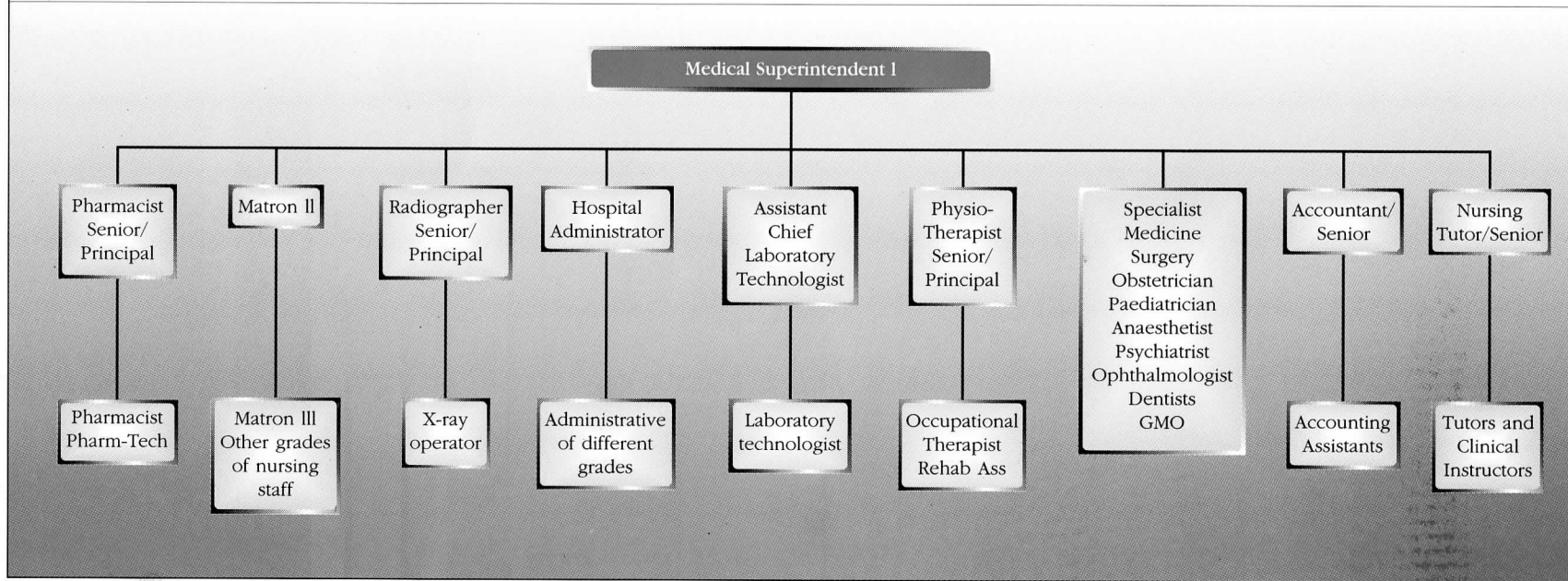
# UBH, Harare, Mpilo Hospitals



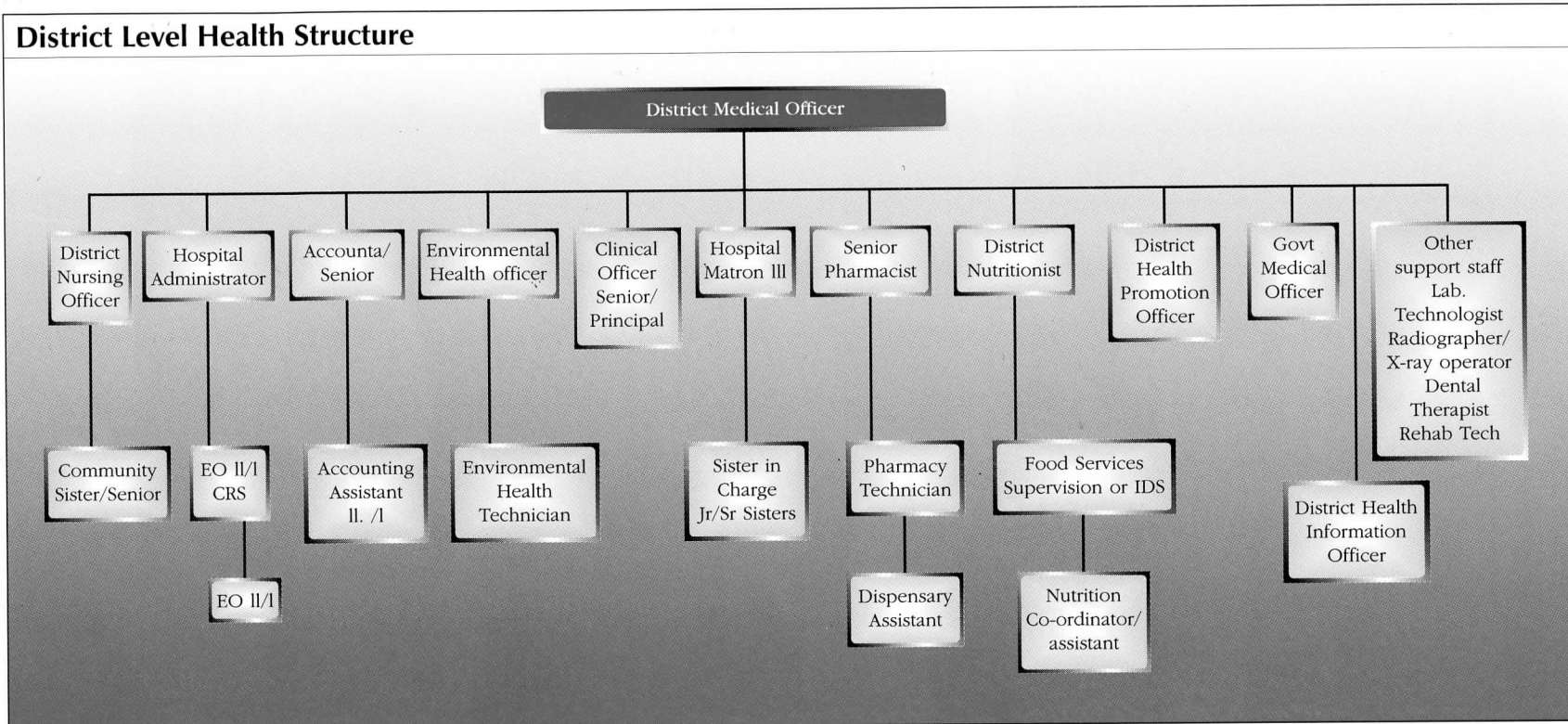




### Provincial Hospital structure including Chitungwiza Hospital

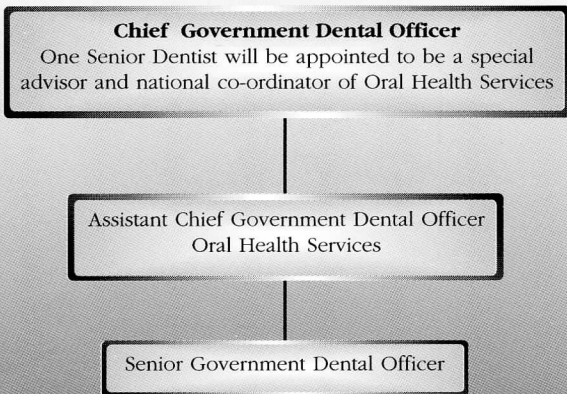


## District Level Health Structure





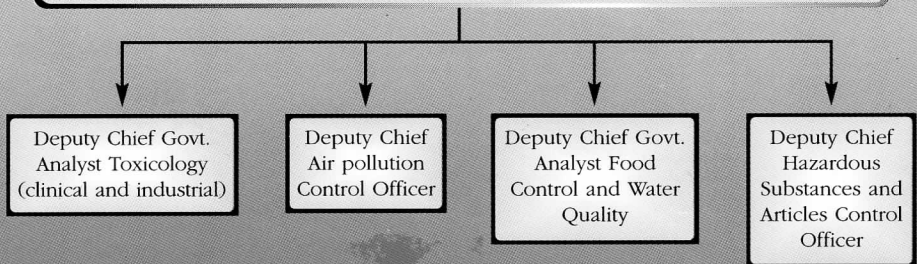
## Oral Health Services



*Oral Health Services will be one of the departments in a Central Hospital and one senior dentist will be a special adviser and national co-ordinator for oral health services*

## Chief Government Analyst

- Administration of food and Food Standards Act and regulations through food quality monitoring programme.
- Routine analysis of water samples to determine suitability domestic use and for the control of water pollution.
- Routine analysis of air pollution control samples for regulatory monitoring of the quality of air.
- Analysis of industrial products for compliance with the Hazardous Substances and Articles Act and Regulations including radiation protection.
- Assistance to the Department of Customs and Exercise in the Tariff classification of some items.
- Analysis of clinical specimens for drugs, alcohol, trace metals and other chemicals poisons.
- Analysis of post-mortem and related samples as a service to ZRP to aid in the investigations of sudden death cases.
- Providing technical advisory services on various issues related to the above functions.



## Blair Research Institute

Chief Blair Research Officer  
(Chief Government Research Officer)

Deputy Chief Blair Research Officer  
(Deputy Chief Government Research Officer)

Chief Medical Research Officer

## Laboratory Services

1. Establish National Reference Laboratories
2. Outsource laboratory services at Central Hospitals