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STRATEGIC DIRECTIONS
FOR
NURSING AND MIDWIFERY SERVICES
IN ZIMBABWE

2011 - 2015



**World Health
Organization**

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Table of Contents

Abbreviations	iii
CHAPTER 1	3
1.1 Intro duction and Background	3
1.2 Categories covered by the title of Nurse in Zimbabwe	4
1.3 The Processes in the Development of the Strategic Directions for Nurses and Midwives in Zimbabwe	5
CHAPTER 2	8
2.1 The Key Result Areas and the Objectives	8
2.2 Key Result Area 1: Contribution to Strengthening of Health Systems and Services:	9
2.3 Key Result Area: 2 Nursing and Midwifery Policy and Practice	11
2.4 Key Result Area: 3 Nursing and Midwifery education, training and career development	12
2.5 Key Result Area: 4 Nursing and Midwifery Workforce Management	14
2.6 Key Result Area 5: Partnership for Nursing and Midwifery Services	16
2.7 List of Participants and Facilitators.....	17
References:	17

Abbreviations

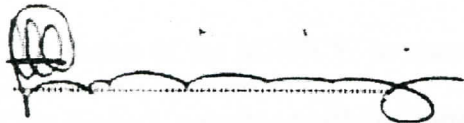
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
CHN	Community Health Nurse
DNO	District Nursing Officer
DNS	Director Nursing Services
DOTS	Direct Observed Treatment Short Course
ECSA	East, Central and Southern Africa
ECSACON	East, Central and Southern Africa College of Nursing
HIV	Human Immune-Deficiency Virus
HRH	Human Resources for Health
ICDHS	Inter-Census Demographic Health Survey
ICM	International Council of Midwives
ICN	International Council of Nurses
KRA	Key Result Area
LEB	Life Expectancy at Birth
MCH	Maternal Child Health
MDG's	Millennium Development Goals
MOH & CW	Ministry of Health and Child Welfare
NCZ	Nurses' Council of Zimbabwe
NHIS	National Health Information System
OVC's	Orphans and Vulnerable Children
PC	Primary Counselor
PCN	Primary Care Nurse
PHC	Primary Health Care
PMD	Provincial Medical Director
PNO	Principal Nursing Officer
PNO	Provincial Nursing Officer
SADC	Southern Africa Development Community
SDNM	Strategic Directions for Nursing and Midwifery
SIC	Sister in Charge
TB	Tuberculosis
TBA	Traditional Birth Attendant
UZ	University of Zimbabwe
VHW	Village Health Worker
W H O	World Health Organization
WHA	World Health Assembly
ZDHS	Zimbabwe Demographic Health Survey
ZINA	Zimbabwe Nurses' Association

Foreword

The purpose of the development of the Strategic Directions for Nursing and Midwifery Services (SDNM) 2011-2015 in Zimbabwe is to support efforts to scale up the capacity of the national health system in order to meet the national health targets and the Millennium Development Goals (MDG's). Through WHA Resolution 59.27, WHO urged member states to support and strengthen nursing and midwifery services based on the recognition that nurses and midwives have the capacity to improve access to health care and reduce the current high morbidity and mortality from preventable illnesses and diseases.

The SDNM 2011-2015 for Zimbabwe is based on the findings of the Situation Analysis of Nursing and Midwifery Services in Zimbabwe undertaken during the period September-November 2011. The strategy document has been developed through a collaborative process with nurses and midwives from all levels of the national health service delivery system including the private sector, regulatory bodies and the Zimbabwe Nurses' Association.

In developing the SDNM 2011-2015 for Zimbabwe, the 5 Key Result Areas (KRA's) proposed by the WHO Task force were adopted while the proposed objectives and activities are based on the emerging issues and recommendations from the comprehensive situation analysis undertaken. For each of the five KRA's, emerging issues have been identified, priority actions proposed and indicators of progress suggested. It is anticipated that the implementation of the proposed activities will enhance the work of nurses and midwives and enable them to contribute fully towards achieving the national objectives of the health services and meet the health needs of the population through providing competent quality nursing, midwifery and public health culturally sensitive care compatible with the stated philosophy of nursing and midwifery services.



Brigadier General (Dr) G. Gwinji
Secretary for Health and Child Welfare

Acknowledgements

The Ministry of Health and Child Welfare (MOHCW) through the office of the Nursing Directorate, Ms CMZ Chasokela, would like to express its appreciation to the health and non health professionals who participated in the various activities leading to the development of the comprehensive Situation Analysis of Nursing and Midwifery Services in Zimbabwe and the Strategic Direction for Nursing and Midwifery Services in Zimbabwe (SDNM) 2011-2015 documents. Appreciation is extended to the Secretary for Health and Child Welfare, Brigadier General (Dr) G. Gwinji for authorizing clearance to undertake the project, Directors of Medical Health Services, Chief Executive Officers, Nurses and Midwives of all grades representing all the provinces and representatives from the various departments and units in the public and private health sector including regulatory bodies who contributed inputs and/or information through reports, interviews or participation in one or the two workshops conducted as part of the development of these documents.

Appreciation is also extended to the World Health Organization (WHO) for funding all the activities of the project and for providing technical support from WHO country office in Harare - Dr Stanley M Midzi NPO~MPN and Dr Magda Awases HRH Focal point, WHO/IST/ESA. Appreciation is also extended to Dr Rose J. Ndlovu, the Project Consultant who undertook this assignment with great diligence. Last but not least appreciation is extended to Ms Elizabeth Chafanza, Secretary in the office of the DNS and Mrs Elizabeth Chingoriwo, Secretary in Dr SM Midzi's WHO office for their meticulous work in coordinating the preparations for the two workshops that were key to the progress and completion of this assignment.

CHAPTER 1

1.1 Introduction and Background

Zimbabwe is a land locked country situated in Southern Africa with an area of 390.759 km². The country is divided into 10 administrative provinces comprising of 60 districts. According to the Zimbabwe Demographic Health Survey (ZDHS) of 2010-2011, the national population is slightly over 12 million people of which approximately 52% are females and 48% are males. Forty three percent of the population are children under 15 years of age and the adult population over 65 years of age constitute only 5%.

The country carries a heavy disease burden from preventable diseases as indicated by the leading causes of mortality which include HIV and AIDS, Tuberculosis, Diarrhoea, Malaria, Malnutrition, and Pregnancy related illnesses. Infant mortality is 57 per 1000 live births, under five mortality is 84 per 1000 live births and life expectancy is 41 years for males and 46 years for females. Maternal mortality is at an unacceptable high figure of 920 per 100,000 deliveries. (ZDHS 2010-2011). The major causes of maternal mortality are HIV and AIDS, hemorrhage, hypertension, eclampsia, sepsis and obstructed labour and main causes of morbidity for children are nutritional deficiencies, acute respiratory infections, intestinal infections, malaria, and other viral diseases, TB, HIV and AIDS. (NHSZ, 2009-2013). The latest HIV estimates place prevalence for 15-49 year age group at 15%. (ZDHS 2010-2011).

Country Health System and Service Provision

The Ministry of Health and Child Welfare (MOHCW) is the overall responsible authority for the health of the nation. The public sector includes MOHCW which provides the bulk of the health services, Ministry of Local Government, Ministry of Defence, and Ministry of Home Affairs. The Private sector includes non-profit making faith based Mission hospitals, clinics and profit-making organizations such as private hospitals, maternity homes, clinics and doctors' surgeries.

The Vision of the MOHCW as stated in the National Health Strategy for Zimbabwe 2009-2013 document is to achieve:

“the highest possible level of health and quality of life for all its citizens, attained through the combined efforts of individuals, communities, organizations and the government which will allow them to participate fully in the socio-economic development of the country”.

The Key Result Areas (KRA) towards achieving the above vision are:

- Improving the health status of the population
- Improving the quality of care
- Strengthening health systems

The Mission of the MOHCW is, “to provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to the Zimbabweans while maximizing the use of available resources, in line with the Primary Health Care Approach.”

The public health delivery system consists of four levels of care and these are primary, secondary, tertiary and central national referral levels organized to function on the basis of increasing sophistication so that patients with more complex health problems are referred up to the next level of care.

In Zimbabwe, as in most of the countries in the East, Central and Southern Africa (ECSA) region, nurses and midwives constitute 70% to 75% of the national health human resources. They have frequently been referred to as the backbone of the national health services because they are located in all levels of the health service delivery system and frequently cover all the days and hours of the week, month and year. A well supported nursing and midwifery work force has therefore, great potential to make a positive and significant impact on the major health problems through extending universal coverage, providing people centered health care and enhancing the country's ability to achieve its health targets.

It is on the basis of these observations that, the World Health Organization (WHO) working in collaboration with nursing and midwifery organizations such as the International Council of Nurses (ICN), the International Council of Midwives (ICM) and the East, Central and Southern Africa College of Nursing (ECSACON), supported Resolution WHA 59.27 calling on member states to strengthen nurses and midwives at country level in order to maximize their contribution within the national health services and give full recognition to that contribution. In support of the Resolution, in 2007 WHO set up a Strategic Directions for Nursing and Midwifery (SDNM) task force composed of representatives of nursing and midwifery organizations referred to above, to produce guidelines that member states could use to develop their own country specific documents in order to implement Resolution WHA59.27. Following extensive consultations, the SDNM task force compiled a document to be used by countries as a guideline outlining a range of activities revolving around thirteen (13) objectives in 5 interrelated key result areas (KRA). The core vision statement that guided the SDNM task force in its deliberations is outlined as follows:

“ improved health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence based nursing and midwifery services”. (Strategic Directions 2011-2015, WHO 2010)

The Ministry of Health and Child Welfare through the office of the Nursing Directorate requested for technical assistance from WHO for developing a SDNM services document for Zimbabwe to enable the nurses and midwives to focus more specifically on their particular contributions within the national health services and to identify the areas in which their work needs to be strengthened.

Three of the eight Millennium Development Goals (MDG's) fall directly under the responsibility of the Ministry of Health and Child Welfare (MOHCW). MDG 4 calls for countries to reduce child mortality, MDG 5 calls for countries to reduce maternal mortality by two thirds, and MDG 6 calls for countries to combat HIV and AIDS, malaria and other diseases. For countries to achieve these MDG's, major inputs from the work of nurses and midwives are necessary. While the other five MDG's do not fall directly under the work of nurses and midwives, they have a role to play in contributing to the achievement of all the MDG's. In addition, almost two thirds of the 99 health care provision indicators outlined in the National Health Information Strategy (NHIS, 2009-2014) document to indicate progress towards achieving specific national health goals, are directly related to the work of nurses and midwives.

1.2 Categories covered by the title of Nurse in Zimbabwe

There are about 15,000 nurses and midwives of all grades employed in the public sector including Missions which are non-profit making health service organizations. Currently, all nurses working in Mission hospitals receive their salaries from the MOHCW. In November 2011, there were slightly over 30,000 nurses (all grades) on the register of the Nurses' Council of Zimbabwe. This figure included 24,400 Registered Nurses, 4,700 State Certified Nurses, 432 State Traumatology nurses and slightly over 4000 Primary care Nurses. A large number of Registered nurses and State Certified

Nurses have additional post basic qualifications in one or more specialty areas such as Midwifery and Community Nursing or Nursing Administration.

In Zimbabwe, nurse and nursing refers to all categories of nurses and midwives registered by the Nurses' Council of Zimbabwe. This includes Primary Care Nurses (PCN's), State Certified Nurses (SCN), State Certified Traumatology Nurses, Registered General Nurses (RGN's) who may also be holders of one or more of the several post basic diploma programmes such as Midwifery, Nursing Administration, Community Nursing, Ophthalmic Nursing and others. The title Nurse also includes holders of a generic B.Sc. Nursing degree or a post graduate degree such as Master of Science in Nursing (MSN) or Doctor of Philosophy (Ph. D).

It is for this reason that the managerial titles do not usually carry the midwifery component. The Director of Nursing Services (DNS), The Principal Nursing Officer (PNO), the Provincial and District Nursing Officers (DNO) and the Nurses' Council of Zimbabwe (NCZ) are all understood to include general nursing and midwifery services and education. Although in the past the country trained Maternity Assistants without general nursing background or qualification, currently in Zimbabwe all midwifery qualified persons are RGN's or State Certified Nurses. The post basic midwifery qualification is very important in the country and over 50% of all practicing nurses are also qualified as midwives. All posts for Community nurses, District and Provincial Nursing Officers have midwifery qualification as a mandatory requirement.

1.3 The Philosophy, Mission and Core Values of Nursing and Midwifery Services

The philosophy of Nursing and Midwifery services under the guidance of the Nursing Directorate is derived from the profession's belief in a holistic approach to comprehensive and competent quality nursing, midwifery and public health care. The belief is based on the mission statement of the Ministry of Health and Child Welfare (2009-2013). Nursing and Midwifery services are organized to support the Government credo that "access to health care is a human right and not a privilege".

Nursing and Midwifery services are guided by the belief that leadership is the key element towards achieving quality nursing, midwifery and public health care and developing nursing and midwifery managers who are accountable for the provision of quality nursing, midwifery and public health services.

The Nursing Directorate believes that:

- leadership has both facilitative and coordination role in organizing the nursing and midwifery workforce involved and committed to providing quality care.
- each nurse leader is a unique individual and an active participant in assessing, planning, implementing, monitoring, evaluating and recording health care strategies.
- professional development is the corner stone as well as a common denominator for the development of quality health services and therefore, recognizes the need for continuing education.
- fostering the individual nurse's own accountability, responsibility and abilities is of great importance
- openness to innovation and research promotes professional growth and development.

1.4 Mission Statement of Nursing and Midwifery Services

The Mission of Nursing and Midwifery services is to provide quality nursing and midwifery education and comprehensive services to rural, peri-urban and urban communities utilizing the Primary Health Care approach through :

- Provision of adequate numbers of nurses and midwives by regularly reviewing, analyzing and recommending ideal nursing and midwifery staffing patterns and requirements.
- Providing appropriate basic training for nurses at Diploma, certificate and degree levels.
- Guiding the development and monitoring of training targets and strategies.
- Ensuring adequate facilities and education opportunities for specialist nurses and midwives.
- Strengthening vital management and support systems in the practice, administration and education areas in line with national targets and the Millennium Development Goals (MDG's).
- Initiating and conducting research to address changing health needs of the country and to provide evidence based care.

1.5 Core Values of Nursing and Midwifery Services

The eight core values guiding the operations of nursing and midwifery services are consistent with the Ministry of Health and Child Welfare agenda which states that all people are entitled to affordable quality health care services. These are:

- Accountability
- Efficiency
- Objectivity
- Consistency
- Responsiveness
- Transparency
- Feasibility
- Scientific rigor in pursuit of excellence through the use of current and available evidence

1.6 The Processes in the Development of the Strategic Directions for Nurses and Midwives in Zimbabwe

Phase 1 Activities

The development of the SDNM in Zimbabwe was carried out in 2 Phases. Phase 1 commenced from the second week of September, 2011 and had two parts. The first part was conducting a comprehensive situation analysis of nursing and midwifery services in the country. The second part was a report back workshop to share the findings and receive inputs from the workshop participants. The situation analysis was undertaken to assess the current status of nursing and midwifery training, education and services in the country in relation to the nurses and midwives readiness to enhance the country's ability to achieve its goals as outlined in the national health strategy. The focus was on the national policies and the organizational structures through which health services are organized. The participation of nurses and midwives in policy development and their placement within the organizational structures, their numbers and distribution was assessed. Also included in the situation analysis was a review of populations served, the major health needs, types of services offered and the role of health services generally and nursing and midwifery services specifically. Staffing patterns mainly in the public sector health establishments, workload, conditions of the health facilities, and the infrastructure within which health care was being provided and the major

challenges that the nurses and midwives specifically as well as the health teams generally were facing were assessed.

Methods Used to conduct the Situation Analysis included a desk review of the relevant publications, periodic and annual reports and staff establishments records from the Head Office of the MOHCW. This was followed by visits to representative public and private sector health service facilities and interviews with nurses and midwives in managerial and staff positions and regulatory bodies. Schools of nursing for pre-service, post basic and university degree granting programs were visited and relevant information obtained from records and interviews.

A working document on the findings was compiled and a one day workshop attended by 10 Senior Nurse Managers and 10 Nurse Educators was conducted. The findings were presented, discussed and inputs from the workshop participants incorporated into the Situation Analysis document.

1.7Phase 2 Activities

Phase 2 also had two components which were the consolidation of the Situation Analysis including identification of emerging issues and recommendations and the development of the Strategic Directions for Nursing and Midwifery services for Zimbabwe draft document. Emerging issues and recommendations from the Situation analysis were used as priority areas in the development of the SDNM services. The two documents were presented to the second workshop attended by a larger group of 40 participants including senior nursing and midwifery managers, educators, representatives from the Health Service Board, regulatory bodies, the private sector, HRH department in the MOHCW, ZINA and UZ Nursing Science department. The documents were reviewed, discussed and suggestions to improve and strengthen both documents were made.

CHAPTER 2

2.1 The Key Result Areas and the Objectives

The purpose of the SDNM (2011-2015) is to support efforts to scale up the capacity of the national health systems in order to meet the national health targets and the Millennium Development Goals (MDG's). The (SDNM) for Zimbabwe (2011-2015) has been developed through a collaborative process with nurses and midwives from all levels of the national health services delivery system including the private sector, regulatory bodies and the Zimbabwe Nurses' Association. In developing the document, the 5 Key Result Areas (KRA) proposed by the WHO Task force were adopted while the objectives are based on the emerging issues and recommendations from the comprehensive situation analysis undertaken on Nursing and Midwifery services in Zimbabwe. The 5 KRA's and emerging issues are as follows:

KEY RESULT AREAS	EMERGING ISSUES AND RECOMMENDATIONS
KRA.1 Contribution to strengthening of health systems and services	<ul style="list-style-type: none"> i) Heavy disease burden of preventable and treatable diseases ii) Very high maternal mortality rate iii) Heavy workload and acute staff shortage <p>Dilapidated infrastructure, shortage of supplies and equipment</p>
KRA. 2. Nursing and Midwifery policy and practice	<ul style="list-style-type: none"> i) Quality of care issues ii) The need to strengthen nurses' and midwives' skills in policy development
KRA.3. Nursing and Midwifery education, training and career development	<ul style="list-style-type: none"> i) Relevance of the nursing and Midwifery curriculum to the needs of the people ii) Strengthening skills learning laboratories (Upgrading Demonstration rooms) in schools of nursing and midwifery and in the clinical areas iii) The need for a policy on in-service education iv) Matching nursing student intakes for various programmes with the service needs v) Specification of expected exit competencies from training programmes
KRA.4 Nursing and Midwifery workforce management	<ul style="list-style-type: none"> i) Recognition and rewarding of clinical excellence ii) Addressing shortage of midwifery qualified nurses and other nursing specialties and educators
KRA 5. Partnership for Nursing and Midwifery services	<ul style="list-style-type: none"> i) Strengthening correlation of theory with practice ii) Promotion of Nursing research iii) Establishing a forum for sharing best practices iv) Strengthening local regional and international partnerships

2.2 Key Result Area 1: Contribution to Strengthening of Health Systems and Services:

Nursing and Midwifery services led models form the basis of PHC reforms, especially in the area of universal coverage and leadership for health.

Objective 1.1 Contribution to people Centered care: To give nurses and midwives a greater role in ensuring that the design, delivery and performance of health systems tally with the needs of the people and the social determinants of health.

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
1.1 Identification of community Leaders and development of mechanisms for working with communities	1.1.1 Strategies developed to ensure that there are open communication channels between the community members and the health staff and community members feel free to express their concerns	1.1.1 Lists of Team leaders of various community groups available in the PNO's /DNO's Office and at the clinic.
	1.1.2 Information is available to community members of where and how to present complaints if they feel they were not treated with respect or that their needs for seeking health care were not met.	1.1.2 At least 95% of the clients report that they are satisfied with care received.
	1.1.3 Procedures for the coordination of the activities of the various community groups are documented -Information is compiled on how, where and when the relevant group can be contacted	1.1.3 Communities are represented in all relevant local health center/clinic committees.
1.2 Maintenance of infrastructure, appropriate equipment and adequate supplies	1.2.2 Senior nurses and midwives advocate for the maintenance of the infra- structure and availability of supplies, aware that poor infrastructure erodes the confidence of the public and chronic shortage of supplies leads to the health facility being passed.	1.2.2 Facility infrastructure is maintained, equipment is available, in good working order, supplies are available
1.3 Staffing pattern and skill mix that matches facility workload	1.1.3 Workload studies undertaken order to match staffing pattern and skill mix with service facility workload	1.1.3. Staffing pattern in all health facilities and units is based on workload formula.
1.4 Scaling up priority health interventions	1.1.4 Skills and competencies required to address the priority health problems identified.	1.1.4 Job descriptions are available and include the required competencies

<p>1.5 Development of special skills for nurses and midwives at all levels of the health delivery system in order to respond appropriately to the service needs of the community such as obstetric emergency and neonatal care</p>	<p>1.1.5 Training programme to acquire the necessary knowledge and skills to enable nurses and midwives meet the emerging obstetrical and neonatal needs</p> <p>1.1.6 A system of quality assurance developed to cover the four levels of the national health services delivery system.</p> <p>1.1.7 An orientation programme plan of activities developed with target dates</p>	<p>1.1.5 Records available showing numbers of nurses and midwives trained.</p> <p>1.1.6 A plan of implementation of quality Assurance activities is available</p> <p>1.1.7 An orientation programme for staff at all the levels of the health delivery system is available.</p>
<p>Objective 1.2: Leadership for Health: To empower nurses and midwives to provide leadership at every level of the health system</p>		
<p>STRATEGIC ISSUES/</p>	<p>ACTIVITIES</p>	<p>INDICATORS</p>
<p>1.1.4 Capacity building of nurses and midwives in leadership and management</p> <p>1.1.5 Improvements in the quality of care for the four levels of the health care delivery system</p>	<p>1.1.4 Build capacity for Senior Nurses and Midwives through a variety of strategies that include formal training programmes and mentorships to enable them compete for consideration for senior appointments such as CEO or Operations Manager or Board Member of Central or Provincial Hospitals.</p> <p>1.1.5 Quality of care indicators developed and used to assess the quality of care in the four levels of the health care delivery system.</p>	<p>1.1.4 Increasing numbers of senior nurses appointed to positions of CEO/Operations Director/ Board member of Provincial and Central Hospitals</p> <p>1.1.5 Lists of quality of care indicators for all levels of health care delivery system are available.</p>

2.3 Key Result Area 2: Nursing and Midwifery Policy and Practice

Nurses and Midwives play a proactive part in ensuring that the health policies, plans and decisions affecting their professions are country specific and in keeping with the principles of inclusive leadership, effective governance and regulated practice.

Objective 2: Nursing and Midwifery Policies: 2.1 To ensure that nursing and midwifery policies are an integral part of the overall health policy making

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
2.1 Policy development competencies of senior Nursing and Midwifery personnel are developed through a variety of strategies and approaches	2.1.1 Provide opportunities to develop skills in policy development through appropriate attachments, mentoring and formal training for practicing nurses and midwives and educators 2.1.2 Develop training modules for use in formal programmes and also for self directed learning	2.1 .1 Senior nursing and midwifery personnel develop policies that improve the services 2.1.2 Self directed modules are available and are used by increasing numbers of nurses and midwives.
2.2 Participation of Senior nurses and midwives in policy development, decisions, monitoring and evaluation.	2.2.1 Senior nursing and midwifery personnel develop policies that improve the services	2.2.1 Nurses in senior Management positions such as DNO's. P.NO's are developing policies at their station levels and the list of policies they developed is available
2.3 Nursing and Midwifery education and training programs and Policy Development	2.3.1 Strengthen Policy development, implementation and monitoring theory and practice in nursing and midwifery training programmes.	2.3.1 Policy Development –theory and practice is included the curriculum of the various nursing and midwifery programs
2.4 Promotion of Facility based research studies of different levels of complexity and progress	2.4.1 Several research studies in progress in the clinical areas under the team leadership of nursing and midwifery staff of various grades	2.4.1 Health facility has records of completed research studies and others in progress under the team leadership of nursing and midwifery staff of various grades.

2.4 Key Result Area 3: Nursing and Midwifery education, training and career development

Institutional capacity enhanced for the intake and production of suitably skilled practitioners to provide comprehensive people centered services

Nursing and Midwifery Workforce Supply 3.1: To ensure that pre-service and continuing education programs at every level of nursing and midwifery produce adequate supply of competent practitioners to meet the country's needs.

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
3.1.1 Relevance of nursing and midwifery Curriculum to the needs of the people	3.1.1. Strengthening the knowledge and skills of educators in curriculum development and programme evaluation	3.1.1. Curriculum review reports are available
3.1.2 Nursing and midwifery pre-service and post basic student intakes match service needs and balance between need and supply maintained.	3.1.2. Numbers of students in per-service and post basic nursing and midwifery and other nursing specialties match the service requirements	3.1.2. Nursing and midwifery staffing plan and projection of service requirements and students outputs is available
3.1.3 In-service policy development	3.1.3. Policy developed to ensure that in-service is systematic and accessible to every nurse and midwife on a regular basis	3.1.3. In-service attendance Register indicates all in-service activities

Teaching Resources

3.2 To ensure that nursing and midwifery education/training programs are equipped with adequate teaching resources.

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
3.2. IT availability in the schools of nursing and midwifery	3.2.1. Educators and students use IT for various activities to enhance their teaching and learning and literature searches for their research activities.	3.2.1. All Nursing and Midwifery Tutors/Educators have advanced IT skills
3.2. Adequately equipped Skills learning laboratories to promote self directed and self paced learning.	3.2.2. Skills learning laboratory adequately equipped and students are able to be self directed and self pace their learning.	3.2.2. Increased numbers of students using the skills learning laboratory.
3.2. Guidelines for recommended student –teacher ratios for various clinical settings e.g. paediatric units, maternity,	3.2.3. Student- teacher ratios for various clinical Settings specified and adhered to ensure that students are properly supervised and supported.	3.2.3. Guidelines of recommended student –teacher ratios for various clinical settings available.

Career Development

3.3 To develop nursing and midwifery expertise through post-basic education, mentoring and other career development activities

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
3.3. Specification of expected exit competencies for post basic courses.	3.3.1. Brochures describing course offerings include a list of expected exit competencies of all post basic courses.	3.3.1. Graduates from programmes demonstrate specified exit competencies.
3.3. Trends of career mobility of nurses and midwives	3.3.2. Progression steps indicating career path and criteria for promotion available for all nurses and midwives.	3.3.2. Policy on career advancement is available and accessible to nurses and midwives 3.3.2.1. Nurses and Midwives know the progression steps in their career path.
3.3. Innovative approaches to Continuing Education to promote access to educational opportunities	3.3.3.1 Tertiary programmes for nurses and midwives supported and strengthened and new ones added as necessary together with providing opportunities for nurses and midwives to advance their education	3.3.3.1 Progressively increasing numbers of nurses and midwives who enrol and complete post graduate studies each year.

2.5 Key Result Area 4: Nursing and Midwifery Workforce Management

Policy makers create an enabling environment for nursing and midwifery workforce to meet changing health needs.

Objective 4: Workforce Management 4.1: To ensure that national development plans include appropriate HRH strategies and promote equitable access to nursing and midwifery services

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
4.1 Determination of staffing requirements and skill mix for all levels of the national health delivery system.-as basis for HRH projections	4.1.1. Staffing requirements and skill mix specified for clinics/health centers, district, mission and provincial hospitals and preventive services and central referral hospitals .	4.1.1. Lists of staffing requirements and skill mix available for all levels of health care delivery system
4.1. Trends monitored on recruitment, distribution, deployment and retention of nurses and midwives.	4.1.2. Comprehensive data base on establishments, new appointments annual resignations and vacancy rates is compiled.	4.1.2. Comprehensive data base on establishments, new appointments annual resignations and vacancy rates is available
4.1. Nurses and midwives with relevant Experience and qualifications considered for multi- professional team leader posts within the national health services.	4.1.3. Numbers of nurses and midwives with relevant qualifications appointed to advertised posts to lead multi-professional teams annually.	4.1.3. Percentage increase in the numbers of nurses and midwives appointed to lead multi-professional teams
4.1. Determination of staffing norms and skill mix for health facilities within the four levels of the national health delivery system	4.1.4. Staffing pattern and skill mix at all Health facilities based on recommendations of workload studies.	4.1.4. Guidelines for staffing pattern and skill mix based of workload available for all health service facilities.

Performance Enhancement

4.2: To foster a positive work environment with supportive supervision for optimal nursing and midwifery workforce performance

STRATEGIC ISSUES/ EXPECTED RESULTS	ACTIVITIES	INDICATORS
4.2. Infra-structure strengthened, tools of the trade available, equipment and supplies provided creating a positive environment in which to offer nursing and midwifery services.	4.2.1. Regularly used equipment and supplies listed and its availability prioritized and equipment maintained in good working condition.	4.2.1.1 List of key equipment and supplies available. Key equipment in good working condition and commonly used supplies available.
4.2. Conditions of service gender sensitive and attention paid to health and safety of nursing and midwifery personnel.	<p>4.2.3. Conditions of service include maternity leave and time allowed for breast feeding.</p> <p>4.2.3. Protective clothing provided (gowns and gloves) to protect nurses and midwives, those they supervise and the patients from infections is available.</p> <p>4.2.3..Nurses and midwives rotation in highly infectious environments such as TB wards is limited to specified period.</p>	<p>4.2.3.1 Documents outlining conditions of service available for all nurses and midwives.</p> <p>4.2.3.2 Protective clothing (gowns and gloves) is regularly available.</p> <p>4.2.3.3. Guidelines for rotation of nurses and midwives in highly infectious environments such as TB wards is limited to specified period.</p>
4.2.4	<p>4.2.4.2 Client care education sessions are conducted for all staff members.</p> <p>4.2.4.3 Strategies to improve communication between health staff and patients and their families is available.</p>	<p>4.2.4.1 A list of quality of care indicators is Available.</p> <p>4.2.4.3 Patients and community representatives express satisfaction with care provided at the health services.</p>
4.2.5 Recognition and rewards for excellence to enhance staff motivation	4.2.5.1 Long service awards are established to recognize dedication and service.	4.2.5.1 Long serving members with good service records receive recognition and awards.

2.6 Key Result Area 5: Partnership for Nursing and Midwifery Services

Objective 5 : Active, systematic collaboration is encouraged among nursing and midwifery organizations and with community based organizations, health professional groups and governments.

STRATEGIC ISSUES/	ACTIVITIES	INDICATORS
<p>Stewardship and governance</p> <p>5.1 Mechanisms established to enable nurses and midwives to acquire and continually upgrade policy making skills and partner government departments and NGO in multi-sectoral efforts to integrate health into policy making relevant to health and safety of individuals, families and communities</p> <p>5.2 Opportunities for local information sharing including Best Practices for nurses and midwives</p> <p>5.3 Regional and international partner Collaborations.</p>	<p>5.1.1.Strengthening partnerships among the Nursing Directorate, Nurses' Council of Zimbabwe, ZINA and Nursing Departments in universities.</p> <p>5.1.2 Identification of relevant training and attachment programmes and activities to strengthen the policy development skills of nurses and midwives.</p> <p>5.3.1 Develop an annual plan of scheduled Periodic local information exchange meetings</p> <p>5.3.1 Opportunities created to increase the numbers of nurses and midwives attending in Regional and international information sharing meetings</p>	<p>5.1.1.1.Documents of Joint plans or the development of nursing and midwifery available for submission to MOHCW and Partners.</p> <p>5.1.2.1 Numbers of senior nurses and midwives who have participated in policy development programmes/courses.</p> <p>5.2.2.2 Time table for implementation of program of compiling data base developed.</p> <p>5.3.1.1 A programme of planned local information exchange meetings.</p> <p>5.3.1.1. Increase in numbers of nurses and midwives attending information sharing meetings.</p>

2.7: References

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24. Ndlovu R, et al. Challenges of Nursing in Southern Africa-The Situation of Nurses in Zimbabwe. Policy Dialogue Review May2001 Vol.1 No.1

12.5 Institutions Visited

Ministry of Health and Child Welfare

1. Bindura Provincial Hospital
2. Bonda Mission Hospital
3. Chitungwiza Central Hospital
4. Mashonaland East Provincial Medical Director's Offices
5. Matebeleland South Provincial Medical Director's Offices
6. Matebeleland North Provincial Medical Director's Offices
7. Parirenyatwa Central Hospital
8. ZACH Offices - Harare

12.6 Private and Local Authorities

9. Avenues Clinic, Harare
10. Beatrice Infectious Disease Hospital – Harare
11. Bulawayo City Health Services, Bulawayo
12. Chitungwiza Local Authorities Health Department, Chitungwiza
13. Department of Nursing Science, College of Health Sciences, UZ
14. Nurses' Council of Zimbabwe, Harare
15. Health Professions Authority Offices – Harare
16. Harare City Health Services, Rowan Martin, Harare
17. St Annes Hospital, Harare
18. West End Clinic – Harare
19. Parkview Clinic-Harare
20. Queen of Peace Maternity Clinic, Hatfield, Harare

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19. Parkview Clinic-Harare
20. Queen of Peace Maternity Clinic, Hatfield, Harare

12.7 Hospital Reports Reviewed

1. Bonda Mission Hospital – Manicaland Province
2. Chidamoyo Christian Hospital - Mash West
3. Fr. O'Hea Memorial Hospital - Mash. West
4. Mathibi Mission Hospital - Masvingo
5. Mutero Mission Hospital-Gutu-Masvingo
6. Sanyathi Baptist Mission Hospital - Mash West Province
7. Nyadiri Mission Hospital - Mash East Province
8. St Paul's Mission, Musami - Mash East Province
9. St Albert's Mission Hospital - Mash Central Province

12.8 Institutions contacted by Electronic Communication

1. Africa University, (A Private United Methodist Related Institution) Mutare
2. Bindura State University, Bindura
3. Chinhoyi University of Technology, Chinhoyi
4. Zimbabwe Open University, Harare

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