

NURSING & MIDWIFERY SERVICES

Scaling-up the capacity of Nursing & Midwifery Services to contribute to the Millennium Development Goals

The 2008–2009 Global Programme
of Work (GPW)

Summary of implementation
March 2010



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1. Introduction

Nurses and midwives can be catalysts of health interventions as they are central to any health system including primary health care (PHC). Many of the millennium development goals (MDGs) targets are already in jeopardy while the inequalities in health status and access to health services persists worldwide. The 2001 World Health Assembly (WHA) Resolution 54:12 on strengthening nursing and midwifery was key to the development of the *Strategic Directions for Nursing and Midwifery Services 2002–2008*. The *Strategic Directions for Strengthening Nursing and Midwifery Services* was a response to the crisis and challenges in health care towards the achievement of global, regional and national health goals. In 2008, work on updating the *Strategic Directions for Strengthening Nursing and Midwifery services 2002–2008* was initiated. In order to maintain continuity of activities based on a well defined plan, the Global Programme of Work (GPW) which sets out a comprehensive agenda for action on strengthening nursing and midwifery capacity to contribute to the achievement of MDGs has been developed. The GPW on scaling up capacity of nursing and midwifery is built on the WHO resolutions, the Islamabad and Kampala declarations, the 2006 *World Health Report*, the WHO programme of work, the HRH work plan and the agenda for Global Action. It is meant to be a bridge between the *Strategic Directions for Strengthening Nursing and Midwifery Services 2002–2008* and the updated version *Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015*.

1.1 Overall GPW objective

The overall objective of the GPW is to strengthen and facilitate mechanisms for scaling up nursing and midwifery to contribute to the achievement of the MDGs.

1.2 The specific objectives

The objectives of the GPW were to:

1. gain political commitment to the implementation of the GPW;
2. improve quality and increased access to PHC services at country level;
3. develop global policies, norms, standards developed for strengthening nursing and midwifery;
4. provide solutions identified based on evidence-based policies and practices;
5. establish consensus among partners through relevant mechanisms to support nursing and midwifery; and
6. provide targeted technical support to WHO regions and Member States based on the needs and priorities of the population.

1.3 Action areas for 2008–2009

Education and training: address issues and solutions relating to the shortage of nurse educators, quality of education and training introduction of global standards and upgrading of infrastructure and increase of resources

Health service provision: emphasis was on active engagement of nurses in policy decision-making and the implementation of PHC, encompassing research for effective PHC practice

Workplace environment: development and implementation of a regional nursing and midwifery policy framework based on WHA resolutions, Islamabad Declaration and ILO Convention 149, and recommendation 157 to ensure healthy workplaces.

Capacity building in leadership (talent management): focused on strategies on skills development, career structures, continuing education and equipping nurses leaders with essential competencies for effective management and leadership roles.

Partnerships: promoted twining, networking bilateral and global collaboration will be created and nurtured.

1.4 How the programme was implemented

This work was carried out in a flexible, dynamic collaborative way to enhance human resources for health development recognizing the diverse country situations and priorities. The GWP supported/supports the PHC renewal, sought to enhance the commitment to health, and called for active engagement of other sectors as participants, partners and other professionals to ensure quality and safe in nursing and midwifery. The implementation of this GPW was built on these achievements and actively involved Member States, WHO headquarters and regional offices, the Global Advisory Group for Nursing and Midwifery Development (GAGNM), international agencies, professional associations, Global Network of WHOCCs, stakeholders and local nongovernmental organizations (NGOs).

Based on this agenda, countries from six WHO regions have been selected to participate in the implementation of the programme. In each of these countries, a focal point has been identified. This meeting brings together these focal points including those from interested countries who have the capacity to implement the programme.

1.5 Countries of implementation

Countries selected for the implementation of the GPW were Bhutan, China, Nicaragua, Serbia, Somalia and Zambia. Six countries participated in the implementation: Bhutan, China, Nicaragua, Serbia, Somalia and Zambia. They were selected based on these criteria – a country with a:

- critical shortage of nursing and midwifery workforce,
- plan for human resources for health that impacts on other countries in the region, a project plan that is measureable and achievable within the time specified.

Although this project was coordinated from WHO headquarters, there was a concerted collaborative effort among all six regions, especially on the site monitoring and follow-up.

1.6 Summary of implementation steps

Below are a series of steps that were utilized in the implementation of the GPW.

Step 1: Selection of participating countries

Regional Advisers for Nursing and Midwifery (RNAs) identified countries for implementation in their region based on agreed upon criteria. They also selected focal persons in countries of implementation and identified the core element(s) for scaling up capacity of nursing and midwifery based on country needs and context.

Step 2: Meeting of country focal persons

WHO headquarters convened a meeting for the focal persons in Geneva for a briefing and discussion on the implementation of activities in their respective countries.

Step 3: Funding of activities in selected countries

WHO headquarters identified funding and channelled and provided seed funds to each of the selected countries.

Step 4: Implementation

Activities related to the core elements of the GPW were implemented in six selected countries.

Step 5: Review of progress

Project review was done every six months which allowed taking stock of the implementation milestones. Various means were utilized including telephone conference calls, e-mails and face-to-face discussions, whenever possible, with regional advisers for nursing and midwifery. Evaluation of project after one year of implementation.

1.7 Implementation of the GPW

In March 2009, WHO organized a meeting of the GPW focal points with the aim of introducing the GPW on scaling up nursing and midwifery capacity to contribute to the MDGs with the following specific objectives:

- familiarize the focal points with the GPW and related tools;
- share country experiences;

- finalize country specific action plans;
- reach consensus on operational, and modalities including monitoring and evaluation.

By the end of the meeting a clear understanding on of the GPW, its strategic approaches and implementation was reached and final action plans including time frames and follow-up mechanisms finalized. A list of indicators is attached, which was an example that focal points could use in monitoring and evaluating their work (list of indicators annexed to this report). Each of these countries undertook projects that were relevant to their country contexts. This information sheet summarizes achievements based on the reports submitted to WHO headquarters.

2. Country specific projects and activities

2.1 Bhutan

2.1.1 Background

In Bhutan, PHC is the backbone of the health care system, which comprises 29 hospitals, 176 basic health units and 485 outreach clinics. The country's priorities are to achieve the MDGs and improve the quality and accessibility of health service provision, including promotive, preventive, curative and rehabilitative services.

The focus of the activities in Bhutan was the development of a Bachelor of Science (BSc) in Nursing and Midwifery and Post Bachelor of Science Degree in Nursing Curriculum. Nurses and midwives in Bhutan represent 60% of health professionals and play a pivotal role in providing health care services at various levels. The orientation of the programme therefore responds to country priorities to:

- provide high quality nursing and midwifery care;
- reduce mortality and morbidity;
- maintain an adequate and competent nursing staff;
- engage in teamwork with other health care providers to achieve the MDGs related to health;
- produce an adequate number of BSc graduates in nursing with appropriate skills;
- strengthen the capacity of university faculty members.

2.1.2 Overall objective

The overall objective was to develop a BSc in Nursing and Midwifery as well as build capacity of community health workers at basic health unit facilities.

2.1.3 Achievements

Several achievements were realized. They included:

1. needs assessments for training and training package content and available resources were identified;
2. development of a training package;
3. training of seven participants and three core trainers in Thailand;
4. two training workshops conducted in two regions; and
5. a draft BSc curriculum, including teaching modules

Although some planned activities were not carried out as scheduled, training materials were very useful and are being used effectively. The e-Granary provided by WHO is a good source of information. About 524 health workers will need to be trained, which poses a financial challenge. Furthermore, a BSc curriculum is yet to be approved for implementation in 2011.

2.1.4 Key partners in the implementation of the GPW

There were a broad range of partners in the implementation of the GPW activities at various levels. They included; but not exhaustive; the Ministry of Health (MOH), community based health workers, the WHO Regional Adviser for Nursing and Midwifery, consultants and faculty members.

2.1.4 Contribution to health system and PHC

PHC is the backbone of the health care system in Bhutan. This was the focus of the GPW activities.

2.2 China

2.2.1 Background

China comprises 1.3 billion people (1 330 044 605 in mid-2008), which is 22% of the world population. The needs for health care are increasing in urban and rural areas and the disease patterns continue to change. Chronic diseases have become the major problem. Most people do not seek health care due mainly to the cost of treatment resulting from increasing cost of health care insurance. The overall goal of the health care system in China is to develop a system that will provide safe, effective, accessible and affordable health care to the public. China's health leaders have recognized the gaps between populations and groups in greatest need and the corresponding inequitable distribution of health workers – with the largest numbers located in areas of least health needs.

Also recognized are the need for more support to interaction with communities, capacity building in MCH and chronic disease risk reduction and care, as well as models of seamless provision of care.

One of the exemplary national health actions has been the implementation of national health reform in mainland China. In this reform scheme, four aspects are stressed:

1. Medical insurance reform for urban employees and residents, as well as a new rural cooperative medical scheme, and an urban–rural medical assistance system.
2. An essential medicine list and systems development.
3. PHC health care facilities strengthening.

4. Harmonization of basic public health service programmes as well as public hospital reforms. In particular, the implementation of public health programmes and grass-roots health institutional strengthening echo the international and regional calls for health system and PHC reforms in health service delivery, leadership, universal coverage and public policy in an effort to move towards people centred, continuous and comprehensive care focused on health needs.

Actualization of China's national health reforms scheme requires the application of PHC guiding principles, within the optimal fields for governmental interventions, including community health service centres (CHSCs) and county hospitals or health centres. In 2009 the Government initiated the strengthening of grass-roots health facilities, i.e. county hospitals, township hospitals and village clinics. In particular, according to the national health reform scheme, foci include: key public health programmes; individual health records; immunizations; health education, and particular health service packages to vulnerable groups (i.e. pregnant women, disabled persons, older adults, and children under age three). The indicated service packages are related to noncommunicable diseases, their prevention and management, including hypertension, diabetes, and mental illness as well as communicable diseases.

There is a recognized urgent need to strengthen community health care providers', especially nurses' capacities, to deliver PHC, peoplecentred services. Otherwise the reform programmes noted will not be successfully implemented as planned within the national health reform scheme.

Priority issues for nursing and midwifery are to:

- improve the quality of nursing care so as to provide safe patient care;
- set up practice standards;
- encourage nurses to work outside of the hospital, for example in communities and rehabilitation centres; and
- increase the number of nurses, and enhance and maintain their competence.

The emphasis of the GPW in China was on the development of integrated community health nursing services. This project aims to enhance the contribution of nurses to health outcomes through capacity building and health delivery improvements applying the principles of PHC, in community health service centres in mainland China. It is anticipated that community nurses' roles and responsibilities will be delineated in the context of the national health reforms. Appropriate training packages are to be developed, implemented and evaluated, according to expected contributions to the achievement of national goals in relation to health. Pilot sites included:

- Yuetan CHSC, Xicheng District, Beijing
- Beishi CHS Centre, Heping District, Shenyang
- Changqingchaoming CHS Centre, Xiacheng District, Hangzhou
- Qinghe CHS station, Tianqiao District, Jinan

- Erqiaojie CHS Centre, Hanyang District, Wuhan
- Hualinjie CHS Centre, Liwan District, Guangzhou
- Yulin CHS Centre, Wuhou District, Chengdu
- Dongguannanjie CHS Centre, Beilin District, Xian

2.2.2 Overall objective

The overall objective is to provide integrated community health nursing services in an accessible, cost-effective and quality manner.

2.2.3 Achievements

1. A consultation of 30 participants, including partner stakeholders, was convened to address strengthening community health nursing services. During this event, an action plan and proposal were developed.
2. Assessments in eight sites on community health nurses (CHN) functions have been conducted and training packages for teachers developed.

2.2.4 Partners

Global Advisory Group on Nursing and Midwifery Development (GAGNM), universities in China and Hong Kong China) MOH (departments of Administration and Community Health Services).

2.2.5 Contribution to health system and PHC

China has recognized the importance of PHC and its contribution to health system strengthening. There is no doubt that training of community health workers supported by quality training would ultimately contribute to the strengthening of health care systems.

2.3 Nicaragua

2.3.1 Background

Nicaragua's 120 339 km² houses 5 142 098 people, and consists of two autonomous regions and 152 municipalities. Nicaragua as many other developing countries faces a shortage of human resources for health. With regard to nursing and midwifery the priorities are to:

- build the essential qualities of nursing and midwifery leaders and develop new talent;
- increase the capacity of nurses;

- develop PHC strategies and integrate the technical instruments of the family and community health model; and
- establish a positive work atmosphere that inspires better performance among the nursing staff.

Through the GPW the emphasis was on strengthening nursing and midwifery contributions to the MDGs.

2.3.2 Overall objective

The overall objectives of the GPW were to deliver services, focused on the development of competencies in PHC and the management of essential public health functions. In addition to develop leadership for primary care, aimed at increasing the capacity of leadership, the development of new talent and gender empowerment and create safe and quality work environments for nursing personnel.

2.3.3 Achievements

Demonstrable achievements include:

1. competences for nurses in family and community health nursing defined;
2. nursing care in pregnancy, delivery and postpartum including care of the newborn elaborated;
3. new guidelines on management in support of quality services applied in 17 Silris of the country;
4. document on systemization of nursing in PHC;
5. demonstrative area of work in PHC outlined;
6. three modules on leadership and management of PHC services.

2.3.4 Partners

Among the partners in this project were JICA, Nurses Association, United Nations Children's Fund (UNICEF), International Council for Nurses, MOH.

2.3.5 Contribution to health system and PHC

The orientation of the GPW targeted health care workers and nursing leaders. Empowered nursing leaders can have positive impact on policy development, implementation and in supporting the health workforce.

2.4 Serbia

2.4.1 Background

The estimated population of Republic of Serbia in 2008 was over 7.35 to 3.57 million males and over 3.77 females. The main causes of death in the country are almost the same as elsewhere in Europe. In 2007, chronic noncommunicable diseases accounted for 85% of all causes of death in Serbia, as well as in countries of the European Region. In 2007, diseases of the heart and blood vessels, and malignant tumours accounted for over three quarters of all causes of death in Serbia. Live births per 1000 deaths, decreased from 75.0 in 2004 to 67.3 in 2008. Additional country information may be found at <http://www.batut.org.rs/uploads/pub2008.pdf>

There are several challenges facing nursing and midwifery workforce and practice. For example, norms and standards for nursing are neither implemented nor checked and validated in practice, nursing as a profession is not regulated, nursing services are not documented or evaluated and the competences and scope of work for nurses with secondary or higher education are not clearly defined or distinguished.

In Serbia the thrust of the efforts through the GPW were directed at nursing and midwifery education, change and requirements for future health care.

2.4.2 Overall objective

The overall objective was to prepare and implement a revised model of nurse and midwife education that complies with the European Union's standards, meets the health care needs of the Republic of Serbia, and utilizes available and attainable resources.

2.4.3 Achievements

1. national strategic plan for human resources;
2. the EU standards for nurse, midwife education integration including adaptation of global standards for basic nursing and midwives education;
3. role of Chief Nursing and Midwifery Officer for Serbia defined; and
4. policy established in support of the ILO Convention 149.

2.4.3 Partners

Regional and local partners supported the implementation of the GPW in Serbia. They included the WHO Regional Office for Europe, WHO country office, the Nursing Chamber, MOH, Ministry of Education, universities, colleges, high school as well as health service providers at primary, secondary and tertiary health care institutions.

2.3.5 Contribution to health system and PHC

It is important in educational programmes to emphasize health promotion, disease prevention and team work. Community nurses have an important role in PHC. Working with vulnerable population groups in their environment contributes to improving the health of these groups. Revision of curricula to ensure that nurses who do have the necessary competence is a prerequisite for quality health care. Revision of curricula should ensure that nurses have the necessary competence is a prediction for quality health care.

Continuous education is recognized as an important part of maintaining the quality of personnel in the health care system. The Chamber for Nurses and Medical Technicians and Health Council were accredited programmes of continuing education for license. A well trained and competent nursing and midwifery workforce is likely to contribute to quality health services consequently strengthening the health care delivery system.

2.5 Somalia

2.5.1 Background

After 20 years of conflict, the health care system struggles to provide services to a limited number of Somalis. A situation that is worsened by inadequate resources and capacity, insecurity, lack of motivation and vision, uncertainty about the future political and administrative settings, and financial and operational fragmentation. As a result of the collapsed public health system a variety of relief and vertical programmes are operating under NGOs and United Nations agencies. In addition, hundreds of private practitioners are operating in clinics, hospitals, pharmacies and shops in a totally deregulated system, and in a policy and strategic vacuum. Noting that human resources for health are critical to the population health outcomes, Somalia's context to nursing and midwifery is to improve the quality and effectiveness of health in the country. The priority is to produce well trained nurses and midwives and there are now seven health science institutes throughout the county where five out of the seven are using the WHO nursing curriculum.

The GPW focused on the enhancement of the health science institutes which are experiencing a critical shortage of nursing teachers, resources, facilities and equipment; have no national standards for curriculum development; and lack a faculty, teaching and learning materials, reference materials and continuing education programmes for practicing nurses. The GPW was implemented by the MOH in the three zones of Somalia.

2.5.2 Overall objective

The main objective of the GPW is to build the capacity of the health science institutes.

2.5.3 Achievements

1. A national standard unified curriculum finalized 500 copies printed and distributed and 50 tutors were trained on the curriculum.
2. Seven nursing skill labs established and 14 tutors trained on the use of the practical curriculum.
3. Four training of trainers workshops conducted for nursing tutors from all schools.
4. Establishment of three education programmes in Somalia.

2.5.4 Partners

The main partners in this project were the WHO, UNICEF UNFPA, Institutes of Health and the MOH.

2.5.5 Contribution to health system and PHC

This project was timely and contributed to health system strengthening, through a quality education of nursing and midwifery faculty and nurses for the provision of basic quality health services. The usage of e-Granary (a reference tool) and the Red Box (a box containing WHO reference materials) is improving access to publications and reference materials throughout Somalia. Future plans are to continue enhancing nursing and midwifery contributions to PHC and health system strengthening. Establishment of lab skills, capacity building of nursing and midwifery tutors and postgraduate students will continue but is dependent on availability of financial support.

2.6 Zambia

2.6.1 Background

Zambia is operating at half its capacity due to the human resources for health crisis. However, Zambia has made progress in the health sector, despite the challenges the country is facing in meeting health related MDGs. Nurses and midwives form close to 75% of the skilled health workforce. In an effort to achieve the health related MDGs the country is under significant pressure to reduce the disease burden and improve the health status of its citizens. The nursing and midwifery priorities in Zambia are the following:

- provision of quality nursing and midwifery services to individuals families and communities;
- development of a nursing strategic plan to direct nursing and midwifery activities;
- scaling up of the production of nurses and midwives;
- promotion of the highest levels of professionalism among nurses and midwives; and
- monitoring and evaluation of nursing and midwifery activities.

One of the ways to address issues affecting nursing and midwifery was to develop a nursing and midwifery strategic plan. The nursing and midwifery strategic plan is an attempt to reduce the disease burden and accelerate the attainment of the MDGs and other national health priorities, which is in line with the Fifth National Development Plan (FNDP 2006–2010) National Health Strategic Plan (NHSP 2006–2010) and Human Resources Strategic Plan (HRSP 2006–2010). The focus of the GPW was the development of a national nursing and midwifery strategic plan.

2.6.2 Overall objective

The overall objective is to develop a nursing and midwifery strategic plan to contribute to the achievement of the MDGs 2009–2013.

2.6.3 Achievements

1. The National Nursing Strategic Plan was developed through participatory process with relevant stakeholders. The first draft was sent to all stakeholders for their input. Comments from stakeholders were incorporated into the document after which it was presented to MOH management for their comments. The plan comprises:
 - health planning and management;
 - education and training for nursing and midwifery workforce;
 - evidence based nursing and midwifery services;
 - leadership skills development;
 - governance and stewardship (regulation standards and advocacy);
 - building and strengthening partnerships;
 - resource mobilization;
 - monitoring and evaluation.
2. Involvement of stakeholders in the development of the strategic plan made it possible to finalize and commence implementation of the National Strategic Plan.
3. Government support and commitment on the implementation of the plan.

2.6.4 Partners

WHO, the General Nursing Council of Zambia (GNC), Zambia Union of Nurses Organization (ZUNO), National Institute of Public Administration (NIPA) United Nations Population Fund (UNFPA), Health Services and Systems Program (HSSP), Johns Hopkins Program for Education on Gynecology and Obstetrics (Jhpiego), University Teaching Hospital and Schools (UTH) and Kitwe Schools of Nursing and Midwifery, Kasama Provincial Health Office and Chainama Hills College Hospital of Health Sciences (CHCH).

2.6.5 Contribution to health system and PHC

The national plan aims at strengthening the nursing and midwifery workforce to deliver quality services to clients. Enhanced leadership capacity in managing nursing and midwifery activities, improved knowledge and skills in planning and advocating for the resources, orientation of new graduates to community health in order to address PHC are the core of this strategic plan. The development and implementation is a collaborative effort with stakeholders thereby enabling the implementation of activities possible and avoiding fragmentation which can weaken the health system. In addition, collaboration reduces conflict of interest, prevents duplication of work. It also promotes ownership an important ingredient for sustainability of health actions.

3. Conclusion

At this stage of project development the GPW has made great achievements. The scope and orientation of work was based on the unique contexts of the implementing countries. These activities appear to have provided an impetus to nursing and midwifery. This is only the beginning. WHO will continue to provide the needed technical support.

4. The checklist of key indicators for the GPW

The checklist of key indicators as measures of success by end of 2009 was developed as a sample for countries participating in the GPW. This table is presented on the next page. The table highlights indicators of current successes at the one year point of implementation.

Table 1: The Checklist of key indicators from the GPW

Core element description	Possible indicators	Achieved
<p>National strategic plan: establishment of a common framework for strengthening nursing and midwifery in the country. The plan should be comprehensive and where possible accompanied by implementation guidelines</p>	1. Published national strategic plan on strengthening nursing and midwifery	✓
	2. Guidelines on the implementation of the national strategic plan	✓
	3. Implementation plan including monitoring tool.	
	4. Total number of activities implemented	
<p>Education and training: addresses issues and solutions relating to the shortage of nurse educators, quality of education and training introduction of global standards and upgrading of infrastructure and increase of resources</p>	1. Number of programmes to increase numbers of educators and nurses and midwives	✓
	2. PHC curriculum targeting preservice education and inservice training on renewed PHC	✓
	3. Integration or adaptation of global standards for basic nursing and midwifery education of registered nurses and midwives	✓
	4. A network established for knowledge exchange	
<p>Health service provision: takes into account the importance of the active engagement of nurses in policy decision-making and the implementation of PHC. It will also highlight the necessity for nurses and midwives to carry out research and collate experiences that will provide an evidence for effective PHC practice</p>	1. Number of nurse/midwifery leaders in PHC training activities	✓
	2. Number of health centres adopting the PHC approach to service delivery	✓
	3. At least one operational research conducted by nurses on increasing access and health service coverage	
	4. At least one model of interprofessional education and practice	
<p>Workplace environment: includes the development and implementation of a regional nursing and midwifery policy framework based on the Islamabad Declaration and ILO Convention 149, and recommendation 157 to ensure healthy workplaces and organizational structures that would strengthen the performance and promote retention of nurses and midwives, maximize the health and wellbeing of nurses and midwives, thus improving workforce productivity and access to quality health care</p>	1. Policy established in support of the ILO Convention 149	✓
	2. Number and type of activities related to ILO Convention 149	
	3. Percentage of nurses and midwives and other workforce vaccinated against hepatitis B	✓
	4. Number of health facilities certified with positive workplace environments	
	5. Percentage of nurse/midwifery managers trained on health and safety in the workplace	
	6. Number of training on workplace violence.	
<p>Talent management/capacity building for leadership: developing mechanisms and implementation of strategies on career structures, continuing education and recognition of skills, equipping nurses leaders with essential competencies for effective management and leadership roles</p>	1. Availability of programmes initiated for leadership/management capacity building	✓
	2. Percentage of nurse/midwifery leaders participating in capacity building leadership	✓
	3. Number of leaders participating in PHC capacity building training	✓
	4. Management performance assessments	
<p>Partnerships: through this core element, partnerships are seen as key ingredient to effective mobilization of sufficient resources and delivery of interventions on scaling up capacity of nursing and midwifery contributions to PHC. Twinning, networking bilateral and global collaboration will be created and nurtured</p>	1. A list of local, national and international partners engaged in activities related to nursing and midwifery	✓
	2. Local network supporting nursing and midwifery	✓
	3. A catalogues of joint planning activities in collaboration with partners (interprofessional activities, nurses associations, civil society – NGOs)	



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Annex:

Country implementation
summary tables

1. Bhutan summary table

Focus: Development of Bachelor of Science in Nursing and Midwifery and Post Basic Bachelor of Science Degree in Nursing Curriculum

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. To identify training needs of CBHWS	<p>Focused group discussion in three districts</p> <p>Developed tools for need assessment</p> <p>Collected data</p> <p>Analysed data</p>	Identified the needs and put it in the training package	MOH, community based health workers, districts and rural health centres	Training needs identified
2. Develop training package for CBHWS	<p>Relevant stakeholders, subject experts met to develop training package</p> <p>Reviewed guidelines</p> <p>Revised and finalized the training package</p>	Training package developed	MOH, community based health workers, districts and rural health centres, regional adviser for nursing	Training package based on PHC developed
3. Finalization of Training package	Met with core working group to revise final package	Training package developed	MOH, health centres and relevant stakeholders	Training package developed
4. Conduct training of trainers for CBHWS	<p>Identified seven participants and three core trainers for training in Thailand</p> <p>Training of trainers workshop</p>	Trained three core trainers and seven CBHWS	MOH, community based health workers, districts and rural health centres	Trained three core trainers and seven CBHWS
5. Conduct national training to CBHWS	Organized training in two regions			21 CBHWS trained
6. To facilitate the participation of stakeholders	<p>Formation of a core working group</p> <p>Obtained agreement on roles and responsibilities</p> <p>Organized regular meetings</p>		RIHS, MOH, BHMC, RUB	Stakeholders participated actively in the process
7. To assess the need and resource available	Conducted nursing and midwifery needs assessment and faculty assessments	Needs identified Available resource identified	MOH, Staff at facilities, Community, RIHS, JDWNRH	Needs of NM are identified Available resource identified

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
8. To draft BSc curriculum for nursing and midwifery	Met with health centres on finalization of all modules Workshop conducted on new curriculum in both classroom and clinical settings	Teaching modules finalized Workshop conducted	RIHS	Lesson plans developed Staff development plans developed

Comments

Some of the activities were not performed as scheduled. The training materials were very useful and we have made good use of them. The e-Granary could not be used. There are about 524 health workers to be trained in future but we lack financial support. The BSc curriculum has to be approved by RUB, the BSc in Nursing and Midwifery will be started in 2011.

2. China summary table

Project title: Development of Integrated Community Health Services, China

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. Assess and build consensus for community health nursing in China achieved with full Ministerial support	Community health nursing (CHN) surveys distributed (convenience sampling), data compiled analysed Meeting of potential sites, partner institutions, WHO, MOH departments (Medical Administration and Community, MCH departments) implemented	CHN survey data compiled; analysis, together with meeting focus group discussions clarified priority interventions, as components of China's national health reforms Proposal, budget drafted for full review by Ministry of Health, stakeholders subsequent to discussions, consensus Steering, expert and working groups established	MOH, China; Hospital Executive Authority, Hong Kong, China; selected university schools of nursing, China; selected WHO nursing/midwifery CCs (Hong Kong polytechnic; Yonsei University, University of Philippines); WHO	Number of nurse/midwifery leaders in PHC training activities Number of health centres adopting the PHC approach to service delivery At least one operational research conducted by nurses on increasing access and health service coverage
2. Community health nurses training and practice bases will be established in eight selected pilot sites (including at least two remote/vulnerable/poor areas), aimed at future development as model centres, demonstrating the best practice of community health service delivery, management and continuous quality improvement	Potential pilot sites identified by Government, stakeholders, including WHO Final pilot site selected by MOH, in collaboration with the China Community Health Association and Provincial, local leaders	Established group of eight project pilot sites under the leadership of the China Community Health Association Preliminary site assessments implemented	MOH, China Community Health Association, WHO, provincial, local health centre authorities, partner academic institutions	A list of local, national and international partners engaged in activities related to nursing and midwifery Local network supporting nursing and midwifery
3. A research framework developed to guide programme planning, implementation and evaluation	Site survey assessment tool developed, fully reviewed by stakeholders Site survey assessment tool piloted in at least two sites	Completed operational research assessment tool for pre and post-intervention data developed and tested	China Community Health Association, MOH, steering, expert group members, including WHO	At least one operational research conducted by nurses on increasing access and health service coverage number of leaders participating in PHC capacity building training: 30+

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
4. Progress report submitted by steering committee and expert panel based on pilot site, committee and expert inputs and data analyses	Preliminary site assessments implemented; expert and steering group meeting implemented; survey tool and proposed training interventions proposed, reviewed	Multilevel, multisite, multiprovincial PHC CHN project initiated which crosses at least two major divisions of the MOH	China Community Health Association, MOH, steering, expert group members, including WHO; pilot site leaders; partner academic institutions	Number of leaders participating in PHC capacity building training (over 30) local, provincial, national network supporting nursing/midwifery development

Comments

A place at the centre in which participants can live, eat and work together can be very productive as well as relaxing for all. Early involvement of NGO partners is beneficial. It was also clear from the project that interdisciplinary presence and collaboration was key to success. Involving higher level officials as well as operational level representatives; relevant ministerial divisions rather than only one was important. Several challenges were noted such as working across multiple levels, divisions, provinces.

3. Nicaragua summary table

Focus: Development of competencies in PHC and the management, development of new talent and gender empowerment and creation of safe and quality work environments

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. Strengthening nursing, leadership management and supervision to support the workforce for nursing and midwifery development and reorienting competencies of readers and the development of new talents in PHC	Training nurses from the first level of care in PHC	Defined the competencies for the nurses in family and community nursing	SILAIS PRONICAS JICA	Number of municipalities of the Silas implementing PHC strategies under the framework of MOSAFC
	Development of orientation protocols	Developed orientation protocols and lines of work New protocols developed to support the quality service delivery. They were applied in 17 Silais of the country Developed a project for immunization of health workers	PRONICAS HCI	PHC activities implemented
	Sensitization and dissemination of nursing in PHC (research)	Developed a document on sensitization of nursing	JICA OPS/OMS Asociación Nacional de Enfermería	Developed the area of work on nursing and PHC
	Development of skills for application in maternal and child health strategies under PHC	Developed demonstration areas of work in PHC nursing	JICA Asociación Nacional de Enfermería	Number of nurses trained on norms and standards for MCH
	Strengthening of family health to achieve the MDGs (family health consultancy)			
	Training of nursing leadership and management for PHC			Number of networks formed and functioning at local level
	Development and training on networks in nursing	Developed three modules		
	Initiated and promoted "mentors" in developing leadership in nursing			

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
2. Strengthening leadership, management and supervision of the nursing workforce for its development and orientating competencies for leaders and develop new talent		32 nurses at various levels of care oriented and trained in leadership in nursing for better decision-making	CIES Asociación Nacional de Enfermería JICA Cooperación Japonesa	Number of nurses training
3. Promote positive work environments who promote good nursing practice based on quality and safety	<p>Training provided on conditions of service and issues of HIV/AIDS</p> <p>Monitored the utilization of protective measures in nursing</p> <p>Conducted an analysis of nursing labour conditions and made improvements at the local level</p> <p>Developed tools on occupational safety for PHC services</p>	<p>Developed protocol for nursing care positive practice environments</p> <p>Developed a network for positive work environments</p> <p>Training of nurses on use of the guidelines</p>	UNICEF	

Comments

The nursing personnel is aware of PHC, implementation of the model of family and community health has began. Through the project, priority activities for nurses were defined, including initiation of activities for nurses. In addition, a culture of quality care has been developed. It was also possible to identify social actors in the community who are able to conduct community diagnosis, project collaborators and development of networks in nursing. Sensitization of the nursing workforce on stigma of patients living with HIV/AIDS was also carried out.

4. Serbia summary table

Focus: Challenges in nursing – nurse and midwife education in Serbia, direction for change and requirements for future health care

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. Aligning Serbian nursing and midwifery education standards with EU, WHO global and EURO standards	<p>Strategic dialogue on HR in health system of the Republic of Serbia April 2009, Belgrade</p> <p>Aligning Serbian nursing and midwifery education, with EU directives, high nursing education is a Bachelor Education in Serbia from 2007 but not aligning with 2005/36/EC</p> <p>Accreditation and organizing of continuing education for nursing and midwifery post graduate</p>	<p>Active participation in making a National strategic plan of HR</p> <p>The EU standards for nurse, midwife education</p> <p>Professional development of nursing and midwifery</p>	<p>MOH</p> <p>WHO Regional Office for Europe, WHO country office in Serbia, Nursing Chamber, MOE</p> <p>Universities, colleges and high schools</p> <p>Health service provided at primary, secondary and tertiary health care institutions</p>	<p>National Strategic Plan HR</p> <p>Integration or adaptation of global standards for basic nursing and midwives education</p> <p>better health outcomes</p>
2. To have a national database on nursing and midwifery statistics	<p>The Chamber for establishing a register registered nurses and midwives</p> <p>Procurement of appropriate computer software for the registration of nurses and midwives</p>	<p>National database on nursing and midwifery statistics</p> <p>Promote and improve evidence-based practice among Serbia's healthcare providers to ensure improvement in practice and patient care outcomes</p>	<p>MOH, WHO Regional Office for Europe, WHO country office in Serbia, Nursing Chamber</p>	<p>Integration or adaptation of global standards for basic nursing and midwifery education of registered nurses and midwives</p>
3. To govern and steward the health system and services	<p>Established National Experts Commission for Health Care, May 2009</p>	<p>Role of Chief Nursing and Midwifery Officer for Serbia</p>	<p>MOH, WHO Regional Office for Europe, WHO country office in Serbia</p>	<p>Nurse or midwife in permanent post on governance and stewardship in MOH</p>
4. Improve workplace environment	<p>ILO Convention 149</p>	<p>Policy established in support of the ILO Convention 149</p>	<p>MOH, WHO Regional Office for Europe, WHO country office in Serbia, Ministry of Labour and Social Party</p>	<p>Policy established in support of the ILO Convention 149</p>

Comments

Two of the key challenges to developing HR plans are understanding the use of health care in future years and making realistic predictions about future utilization and requirements. Providing and maintaining an adequate welltrained workforce that will be able to respond to the needs for health care. It is necessary to align the curriculum of all bachelor schools in Serbia and establish MBA, PhD nurse, midwife education higher education an interim solution to raise the educational standard. It is also important that provision of post basic education facilitates the professional development of nurses/midwives and the standard of nursing care. Evidence based practice should essentially underpin nurse, midwife education and nursing and midwifery practice (WHO, 2009). This can only happen when evidence based practice is seriously promoted and professional development is facilitated. The person appointed to this position will not only be key in policy-making and agenda setting but will be a figurehead for the nursing profession in Serbia encouraging the recognition of the essential status of the profession and supporting the changes that are required.

5. Somalia summary table

Focus: Build the capacity of the Health Science Institutes

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. Establish standard curriculum for all the schools	Drafted and finalized a national standard curriculum	A unified curriculum was developed for all the schools	WHO, UNICEF	500 copies printed and distributed
2. To train nursing teachers	Drafted and finalized a national standard curriculum	Training of trainers for the implementation of the unified curriculum was conducted	WHO, UNICEF	50 tutors trained on the curriculum Checking the use of the curriculum
3. Establish nursing skill labs	Established nursing lab skills	Not achieved due to financial constraints	WHO, UNICEF	
4. Establish continuing education programmes for practicing nurses	Conducted meeting with all partners to establish a common framework of supporting the nursing and midwifery programme	Training of trainers for nurse tutors and established continuing education programmes	WHO, UNICEF	

Comments

In-security is a major challenge throughout Somalia and it is always impossible to implement activities as planned e.g. inviting tutors of all the schools to a training activity is almost impossible unless you divide and do several trainings and that will affect the planned budget. The usage of e-Granary is improving even though the installation was difficult at the onset. The usage of the Red Box is very good, considering the lack of publications and reference materials throughout Somalia, the availability of more Red Box books and e-Granary will be very helpful. As part of the future plans, it is very essential the establishment of lab skills which was not possible at this time due to the lack of enough financial support. More training will be conducted to enhance the knowledge of the tutors. Postgraduate studies will also be needed for the students and tutors as well. As midwifery programmes started in the clinical site no equipment is available, therefore equipping the practical sites will help in achieving the national competency standards by the midwives.

6. Zambia summary table

Focus: Development of a National Strategic Plan for Nursing and Midwifery

Specific objectives	List of activities undertaken	Achievements	Partner involvement	Indicators/expected outcomes
1. To develop strategic plan	Developed the NNMSP to provide direction in education, practice and leadership Meetings and workshops held with stakeholders to develop and finalize the National Nursing and Midwifery Strategic Plan Stakeholder Strategic plan meetings Dissemination	Involvement of stakeholders in the development of the strategic plan made it possible to finalize and commence implementation of the National strategic plan Teamwork and involvement of key players	WHO, UNFPA, ZUNO, GNC, MOH; HSSP, training institutions, private sector	National Strategic Plan
2. To implement plan	Regional roll out Monitoring and evaluation Progress report Reviewed nursing midwifery and theatre curricula Orientation of provincial nursing officers to the monitoring and evaluation tools for the nursing strategic	Implementation plan developed Plan for evaluation available	Provinces implementing plan Regional, provincial, managers	Revised monitoring and evaluation tools Two priority activities being implemented in the regions with ongoing monitoring and evaluation

Strengths:

The Strategic Plan for Nursing and midwifery is built on the following strengths: Nursing Unit in the MOH headquarters with the following positions (Deputy Director Nursing, Chief Nursing Officer – Management, Chief Nursing Officer – Training), availability of a higher level nursing education programme within the country offering Masters, BSc, Diploma and Certificate courses in nursing and midwifery and Nurses and Midwives Act No. 31 of 1997, existence of the General Nursing Council as the professional regulatory body, availability of nurses and midwives with higher professional qualifications (example BSc, MSc and PhD in nursing), existence of nurses organization which takes care of professional and labour issues, direct funding to nursing and midwifery training institutions, affiliation to regional and international professional bodies such as ECASCON and ICN and donor confidence in supporting the nursing and midwifery activities.

Weaknesses:

In spite of the identified strengths there are several weaknesses as well. These include, inadequate strategies to strengthen nursing and midwifery services, limited support from stakeholders to strengthen nursing and midwifery services, nonexistence of nursing directorate to represent nurses and midwives at policy-making level, insufficient implementation of policies relevant to the delivery of nursing and midwifery services, inadequate information system for generating nursing and midwifery data and MOH budgetary allocation for nursing and midwifery services, unclear reporting structure for nursing and midwifery services – district, hospital, provincial to MOH vice versa, inadequate coordination between nursing service and education services, lack of research in nursing and midwifery practice due to limited resources and skills, non-dissemination of job descriptions to nurses and midwives, inadequate dissemination of rights for patients to nurses and midwives, resources for strengthening and implementation of regulatory systems, retention strategies for nurses and midwives and logistics to undertake monitoring and evaluation of nursing and midwifery activities and lack of entry salary scale for a BSc graduate.

Comments:

Resources for implementation of the project were not enough, however, collaboration with the stakeholders made it possible. The e-Granary was not implemented in health training institutions as it required resources to have computers in place.