



Islamic Republic of Afghanistan

Ministry of Public Health

National Policy and Strategy for Nursing and Midwifery Services

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LIST OF ACRONYMS AND ABBREVIATION

AMA	Afghan Midwives Association
AMNC	Afghan Midwives and Nurses Council
ANA	Afghan Nurses Association
ANMs	Auxiliary Nurse Midwives
APHI	Afghanistan Public Health Institute
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Centre
CME	Community Midwifery Education
CHNE	Community Health Nursing Education
DH	District Hospital
EPHS	Essential Package of Health Services
GDCM	General Directorate of Curative Medicine
GIHS	Ghazanfar Institute of Health Sciences
HMIS	Health Management Information System
HRD	Human Resource Directorate
ICM	International Confederation of Midwives
ICN	International Council of Nurses
IHSs	Institute of Health Sciences
MOST	Management and Organizational Sustainability Tool
IMEI	Intermediate Medical Education Institutes
MDGs	Millennium Development Goals
MoPH	Ministry of Public Health
MoLSAMD	Ministry of labor and Social Affairs, Martyr and Disability
MSH	Management Sciences for Health

RM	Registered Midwife
RN	Registered Nurse
SEARO	South-East Asia Region
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TOWS	Threats, Opportunities, Weaknesses, and Strengths
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Fund for Population
USAID	United States Agency for International Development
WHO	World Health Organization

DRAFT

EXECUTIVE SUMMARY:

The nurses and midwives are considered to be the frontline workers not only in Afghanistan but globally. Nurses and Midwives all around the world are contributing equally to the quality of health care services at primary health care, secondary and tertiary health care level. It has been proved that nursing and midwifery services are cost effective, affordable, accessible and sustainable.

Afghanistan with approximately 28million population has 60277¹ nurses and midwives; this includes 305 Assistant Doctor/Feldsher as well.

Decades of war and internal conflicts has badly damaged the health care system in Afghanistan. Interestingly, Afghanistan in comparison to other neighboring countries ahead in nursing; however, years of disputes had a worse impact and at the moment country is going through severe shortage of female nurses and midwives.

The services of nurses and midwives were never adequately recognized and streamlined by the authorities in Afghanistan. Consequently, the nursing and midwifery professions have been facing enormous challenges in the country. For instance, there is inadequate political support, inappropriate social recognition; the policy environment is not conducive for nursing and midwifery services, inadequate opportunities for higher education and non existence of regulatory body in the country. This document gives further details on these issues and challenges. After the transition, Ministry of Public Health had made lot of efforts to stream line the educational system for nurses and midwives. However, much more remain to be done at services site where nurses and midwives are facing difficulties in performing their duties. The leaderships of MoPH realize the importance of both cadres of nurses and midwives. Indeed, improvements of nursing and midwifery services are amongst the top priorities of the MoPH. The first ever nursing and midwifery services policy document in the history of MoPH was developed with the following aims:

1. Create a positive environment for Nursing and Midwifery Policy and Practice
2. Promote education, training and career development for nurses and midwives.
3. Contribute to the strengthening of health systems and services
4. Monitor the development of nursing and midwifery professions and ensure their quality
5. Streamline Nursing and Midwifery Workforce Management
6. Develop Partnerships for Nursing and Midwifery Services

The National level policy for Nursing and Midwifery Services 2011 – 2015 has been developed through a highly participative approach and process. A workshop was conducted for the consensus building and policy prioritization where most of the key stakeholder participated including midwives, nurses, and public and private sector representatives. In addition, to build the ownership and scrutinize the proposed policy, a core committee was formed by Deputy Minister, Her Excellency

Dr. Nadera Hayat and was chaired by Dr. Ahmed Shah Shokohmand. During the policy development process, the Committee consulted various important documents including National Health Policy, Constitution of Afghanistan, Labor Law, Civil Employee Law, World Health Organization Nursing and Midwifery Strategic Guidelines and the relevant documents of International Nursing Council and International Confederation of Midwives.

The National Nursing and Midwifery Services Policy 2011 – 2015 puts forth the:

1. Background and the challenges which nurses and midwives are facing;
1. Mission, Vision and values/principles of the Nursing and Midwifery Services;
2. National Policy goal, objectives; and
3. Focus on two main components, that is
 1. Health Service Implementation
 2. Institutional Development

1. BACKGROUND

Decades of war and misrule has badly damaged the health care system of Afghanistan, in terms of infrastructure, human resource and material resource². After the transition period many improvements have been made but there is still a long way to go. Afghanistan is currently undergoing major reforms for improving health care services. With the support from international donor communities, Ministry of Public Health (MoPH) has invested considerable amount of resources in reconstructing the war torn health care system and infrastructure. The basic infrastructure for delivery of health care is now in place in most parts of the country; however, to run these structures, well qualified human resources, particularly female health care staff is still lacking. World Health Organization (WHO) estimates that the utilization of health services has risen up to 80%³ in the country. Moreover the percentage of at least one female doctor, nurse or midwife has increased: at the BHC (35.6%– 66.0%), CHC (42.8% – 90.2%) and DH levels (41.2% - 100%), but further increase is needed⁴.

Nevertheless, if we critically look at the health indicators, we will find that in comparison to other developing countries these are still towards the lower end; for example, maternal mortality ration is highest^{5,6} (1600/100,000 live births) in the world. Infant mortality rate is 111/1000⁷ live births and under five mortality is 161/1000⁸ live births. According to the same source, Afghanistan's under five mortality stands highest in the world. There are several factors which contribute to the low health and social indices. Contributing factors are very much interrelated and inter dependent, which makes them very complicated; for instance, few of the leading factors are poverty, illiteracy, political uncertainties, insecurities, appalling infrastructure, lack of and inadequately trained qualified human resource, lower numbers of female health workers and difficult geographical terrain. As a result, Afghanistan is ranked 159th among the world's 165 countries for its human development index (HDI - 0.349)⁹. This index has been put together from a range of health, education and economic indicators.

Nursing and Midwifery profession in Afghanistan has a very glorious past; it has been said that it started from the royal family itself. The profession was started way back in 1911, when King Amanullah sent twelve Afghan females abroad to be trained as nurse-midwives. In 1940 the first nursing and midwifery school was inaugurated in the country. Before December 1977 invasion of Afghanistan by Soviet Union, educational program for Auxiliary Nurse Midwives (ANMs), nurses and nurse-midwives were established¹⁰. In 1978 a Post Basic School of Nursing was opened in Kabul as the 'first teacher training institute' for the preparation of nursing teachers in the country¹¹. However, political unrest made it impossible to continue the day to day operations of nursing schools. Sadly, by 1981 after the graduation of the first and only nurse educators prepared at Post Basic School of Nursing, all existing schools were closed. Since then, the Soviet education systems were initiated throughout the country and the responsibility for basic nursing and midwifery education was transferred to the Intermediate Medical Education Institutes (IMEIs). The main purpose of IMEIs was to prepare midlevel public health personnel for the rural health clinics. The Soviet system was in place till the Talibans seized the control in 1996. Taliban prepared new curriculum and schools were continued, however, women were barred from attending these schools so, only male nurses were graduated. The total health workforce in the country is estimated at 27,340 health personnel and around 10,500 of whom are working with contracted NGOs. The total number of staff

working at MoPH is estimated at 16,840. This includes 3,704 physicians, 3,311 nurses and midwives, 3,217 allied health personnel, 1,836 administrative staff, and 4,762 support staff. Females constitute 21% of the workforce¹⁶.

There are no agreed international standards for staff levels; the mix and skills of professionals varies between developed and developing countries. Recent WHO standards are: 175 births per year per midwife, one nurse for 6000 population, and one obstetric physician for 1000-1500 pregnancies. A common hospital bed ratio is 4-6 beds per physician and 2-3 beds per nurse. Currently, there is a severe shortage of female health care providers in the country. According to Human Resource Directorate, the country has 3670 Nurse and 2331 Midwives for the population of 28million¹² which makes the standards ratios extremely disproportionate. WHO estimates nursing and midwifery personnel ratio as 5.0/10,000¹³ population; whereas according to other data it is only one nurse/midwife for 1000¹⁴ people. This is very alarming. On one hand, work has to be done for increasing the numbers of nurses and midwives and on the other hand, we have to work on the quality and retention of existing nurses and midwives.

Categories of nurse and midwife: MoPH has approved categories of health workers in Afghanistan based on their qualifications. Nursing and midwifery are very well known professions in the country; however, most of the time they are perceived as 'one' profession; which is not the correct understanding. Nursing and midwifery are two distinct professions and they have their own separate identity because their roles and responsibilities. Below there is a brief description of nurse and midwives and their current status in Afghanistan. Existing categories are mentioned in Annex B and C.

Nurses: The nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country. Basic nursing education is a formally recognized program of study providing a broad and sound foundation in the behavioral, life, and nursing sciences for the general practice of nursing, for a leadership role and for post-basic education for specialty or advanced nursing practice.

Midwife: A midwife is a person who, having been regularly admitted to a midwifery educational program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care, and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health, and childcare.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units. (ICM Council, Brisbane 2005)

Forecast of the required future size of nurses and midwives by HRD¹⁵:

Category	Current empty positions* (M/F)	Expected retirements in next 5 years (MoPH only)	Current October 2009	Advised for 1389	Target 1389	Target 1390	Target 1391	Target 1392
General Nurses	22 # PHO EPHS 48 BPHS?	41 MoPH	3361 Registered nurses, 462 assistant nurses	3965 male, 2440 female,	4202	4310	4500	4700
Anesthetic Nurses		10	196	400	230	283	343	410
Community health nurses (including role of sanitarian)	-	-	-	-	-	-	360	360
Total Nurses			4016	6806	4432	4583	5203	5470
Midwives	7# PHO 7 EPHS BPHS ?	14 MoPH	1669 (Reg midwife); 302 Community midwife; 152 Assist. (Total 2123)	3022	2600	3000	3200	3500

* This is not all vacancies – empty positions excluding those in which someone is acting. # Kandahar, Hilmand, Farah, Lorgar, Zabul, Paktya, Paktika, Badakhshan.

Note: This forecasting has been done on facility level and not at the population level.

2. CONSTRAINTS TO THE QUALITY NURSING AND MIDWIFERY SERVICES IN AFGHANISTAN:

Following are some of the factors which contribute towards low quality nursing and midwifery care in the country.

1. **Poor work environment, inadequate staffing and excessive work load in the health facilities:** There is no concept of working in shifts in hospitals so nurses and midwives are working 12 to 48 hours. These very long hours results in fatigue, lack of concentration, apathy and lack of interest. There are more chances of errors especially medical errors with the health care providers who are working constantly without any break¹⁶. Most of the time medical errors happen because of sleep deprivation, unsafe staffing, lack of knowledge, fatigue and inexperience etc¹⁷. There is substantial evidence that inadequate staffing levels are directly correlated with the patients' safety. For instance, with inadequate staffing there is increase in events such as bedsores, medication errors, patients falls, nosocomial infections, prolonged hospitalizations and increased hospital stays¹⁸. Consequently, poor quality care is responsible for avoidable mortality for example; in Italy which is a developed country, more than 30% of patients' deaths occur because of unsafe staffing¹⁹. The staffing formulae used in Afghanistan are based on types of facility, not on the size of population, which has been difficult to estimate due to the lack of recent Census and poor population projections. The formulae therefore cannot be linked with population ratios.
2. **No regulatory systems are in place to protect public's health:** Since the inception of the nursing and midwifery profession there has not been any regulatory body in the country. Thus, it is entirely a new concept in Afghanistan and because of non-existence of regulatory body, practices are not standardized, there is no concept of licensing and relicensing, a midwife or a nurse will remain legalized to practice throughout their life even if they are not practicing for years. There is no legitimate forum for nurses and midwives to streamline the practice and education site issues, and to provide career paths and professional advancement opportunities for nurses and midwives.
3. **Low motivation as a result of low salaries and lack of reward and recognition:** In general, nurses and midwives motivation level is very low because they there is no system in place to provide reward and recognitions to their services; moreover, there is no system in place for performance related incentives and career advancement.
4. **Limited authority of Nursing/Midwifery Directors/heads:** Hospital Nursing/Midwifery directors or management teams have little authority over staff, especially regarding staff discipline, promotions and nominations for in-service trainings. Therefore, most of the times they are dependent on the higher management of the hospitals and cannot bring changes/innovations according to the standards of nursing and midwifery care.

5. **Low management capacity of nursing and midwifery leaders:** The overall capacity of nursing and midwifery leadership is very low which is why it becomes difficult for them to manage effectively.
6. **Inadequate nursing and midwifery management information systems:** The information management system provides little support to the nursing and midwifery leaders; for instance the data we get from HRD is not sufficient to make evidence base decision and the existing HMIS and M&E data provide very little or no support for the improvement of nursing and midwifery service indicators.
7. **Inadequate opportunities for on the job training and mentoring:** The access to continuing education and professional development is critical and a fundamental worker's right. Continuing education should be available to all nursing personnel, using suitable means to reach those who are working in remote and isolated areas. The nursing and midwifery leads and staff rarely receive any supportive supervision from their provincial and national counterparts²⁰.
8. **Inadequate occupational health and safety:** It has been proved that there is direct relationship of safe work environment with the safe care²¹. However, for nurses and midwives the work environment is not very conducive, for example they are over worked; there is no shift system, no safe staffing, no any pre-employment vacation program, shortage of protective barriers and above all no mechanism is in place for incidents reporting at work, such as needle stick injury. A study conducted in the women's Hospital Kabul showed that there were eighty-two personnel reported history of needle stick injury which includes 91%doctors, 72%of nurse/midwives and 67% housekeeping staff²². According to the same source there was 23% sero-prevalance rate of Hepatitis B in this population; however, the mode of transmission was uncertain. Apart from this, there were other physical and psychological symptoms like headache 43%, back pain 49%, cough 43%, anxious 72%, worrying about family 72%, feeling hopeless 19% and worrying about safety was 35%. At the moment, there is no occupational safety and health (OHS) policy in place. Therefore, to receive care from healthy health care providers, we need to have the occupational health policy and safety in place.
9. **Barriers to practice scope of work:** Despite of having approved and endorsed job description, nurses and midwives face barriers to work according to their scope of work. Mostly, midwives are restricted even to practice their core competencies. According to the program evaluation survey²³, almost all midwives practicing in health facilities with doctors expressed frustration at the restrictions placed upon their scope of work. Moreover, in areas where there is no other health professional than a midwife, the midwife feels very helpless and restricted because of her inability to prescribe even the essential medicine used during partum, intrapartum and post partum care.
10. **No career advancement path:** Within the health systems nurses and midwives do not have clearly described career ladder. Therefore, there is

much dissatisfaction amongst them because they hardly get any chance to grow or get promotions. This dissatisfaction is resulting in high turnover and brain drain.

11. **Civil employee status for below 10grade community midwives:** It is very sad to know that midwives who are being trained based on the critical need of the country are not being considered as 'civil employee' because of their lower level of education. According to one of the midwife because she could not graduated from twelfth grade, therefore working as non-civil servant; her salary was lower than other civil servants. Many of her classmates do not work and she was regretting to joined community midwifery program.²⁴
12. **Inadequate opportunities for professional development:** A bitter fact and source of great dissatisfaction amongst nurses (diploma) and midwives is that there is no opportunity for them to pursue higher education in nursing and midwifery. This together with lure of higher salaries is causing a huge brain. Moreover, this prevents the development of future leaders, managers and teachers for nursing and midwifery profession.
13. **Gender inequities:** Gender equality and women's empowerment are important determinants of women's reproductive health and overall health. Higher levels of women's autonomy, education, wages, and labor market participation are associated with improved health outcomes. In Afghanistan, midwives and nurses are still struggling against these inequalities; therefore, more gender sensitive approaches have to be taken.
14. **Lack of adequate resources:** There are lack of equipment and supplies in health facilities and even at the central level. In hospital, nurses and midwives have shortage of infection prevention materials and personal protective gears. Moreover, Nursing and Midwifery Department which is responsible for the maintenance of quality nursing and midwifery care also lacks the necessary resources for imparting quality training.
15. **Inadequate of collaboration and coordination within and outside MoPH:** The nursing and midwifery department of MoPH is not a very recognized department. Nurses and Midwives are not being involved sufficiently in the decision making and policy level process. There is poor coordination of this department with other departments of MoPH.

3. RATIONALE FOR POLICY DEVELOPMENT:

The Ministry of Public Health is committed to provide equitable and quality health services to the people of Afghanistan²⁵ In order to provide quality care, nurses and midwives are considered to be the 'backbone' of the health care system. Ironically, effectiveness of nursing and midwifery services is being compromised by many factors in Afghanistan. By looking into the importance of nursing and midwifery services, a department was established in 2005 with the name of 'Nursing and Midwifery Department' which works under the leadership General Directorate of Curative Medicine. The department was mainly formed to strengthen the nursing and midwifery services in the country; however, since its inception, it has never been in the priority list of donors and international organizations, thus never provided adequate support.

Need: There was a dire need for the policy and strategy document for nursing and midwifery services in the country. This was felt mutually by the MoPH leadership and nurses and midwives. Certainly, nursing and midwives are there to help alleviate suffering of clients/patients and to promote the health of individuals, families and communities. If nurses and midwives are not being provided with healthy and appropriate work environment then it would have worse impact on the safety of the client/patients.

Achievement of Millennium Development Goals (MDGS) objectives: It is almost impossible to achieve MDGs and objectives without active involvement of nurses and midwives. For example without the uplift-ment of midwives it would be only a dream to achieve MDG 4, 5 and 6; same goes with nurses as they can provide holistic care to patients; such as for communicable diseases, non communicable diseases, mental health and disabilities.

The overwhelming challenges: A clear policy must address means to overcome the key challenges started earlier like poor work environment, lack in professional development and career path, non existence of regulatory body in the country.

4. POLICY NURSING AND MIDWIFERY SERVICES:

4.1 Vision Statement for Nursing and Midwifery Service: Nursing and midwifery services become an effective and sustainable part of the health care system through uplifting the image of the profession and providing holistic quality care to meet customer's needs and satisfaction.

4.2 Mission Statement for Nursing and midwifery Services: The mission of nursing and midwifery is to provide quality health care services to the rural and urban population of Afghanistan in an equitable, accessible, affordable and sustainable manner.

4.3 Value and principle statements: The Nursing and Midwifery Department commits to comply with the core values of MoPH²⁶(Please refer to annex A) with some additional core values for nursing midwifery profession:

- 1. Creativity/innovation:** We recognize that improvement of ourselves, our work processes and our methods is essential to our success. We must be creative. We must challenge our own thinking and we must seek to learn from our mistakes
 - 2. Diversity:** Respect for people and their intrinsic worth is the cornerstone of our relationships with one another, our customers, and our suppliers. We appreciate the diversity of the human family and recognize our differences as sources of collective strength and wisdom.
 - 3. Integrity:** How we do our work and how we relate to each other are of paramount importance. Our conduct must conform to the highest, uncompromising standards of trustworthiness and character. We will never knowingly make decisions that harm people or that are not in the best interest of the people of Afghanistan.
- 1. Professionalism:** Professionalism is an essential trait both in business and society. It is that quality which drives a person's appearance, personal and professional interactions, and gives others a first impression. It is the conduct, or qualities that characterize or mark a profession or professional person.
 - 2. Continuing education or continuing professional development (CPD):** We encourage and support whole range of learning activities, from the time of initial qualification until the retirement for professional development, undertaken by the individual for professional development to improve the health of the people.

4.4 Scope of the policy and strategy document:

This policy implies to the all working nurses, midwives and auxiliary nurses/midwives working in public and private sector in Afghanistan.

4.5 The goal of the policy: The policy is to ensure provision of quality nursing and midwifery services/care to the people of Afghanistan, e.g. protection of the public from unsafe practice, which will in turn contribute towards enhancement of their health status.

4.6 The policy objectives:

In order to achieve the main goal during 2011 to 2015, the Nursing and Midwifery policy will be enable to:

1. Foster an environment that empowers nurses and midwives to make decisions and be directly involved in policy-making and decision making processes at all levels.
2. Mobilize policy makers and partners to support changes designed to improve nursing and midwifery services in the country.
3. Ensure quality of nursing and midwifery care by strengthening and institutionalizing services at central, provincial and district level.
4. Develop linkages and close collaboration with various national and international key stakeholders.

4.7 Policy components:

Basically, the main components of the policy document were developed based on the National Health Policy 2005²⁷ – 2009. However, the seventh draft of the Health and Nutrition Policy for 2010 – 2010 has also been considered.

In order to achieve national health policy's goal and objectives, the policy document has been divided in two main categories as follow:

1. .1 Implementation of Health Services
 1. Institutional Development

4.7.1 COMPONENT ONE: IMPLEMENTATION OF HEALTH SERVICE:

Sub-themes:

1. Scope of Nursing and Midwifery Practice
2. Safe Staffing and Work Hours
3. Occupational Health and Safety
4. Nursing and Midwifery Documentation
5. Dress Code/Uniform Policy
6. Equity and Diversity

Policy Title: Scope of Nursing and Midwifery Practice:

Purpose:

The main purpose of this policy is to recognize the WHO, ICM and ICN's essential competencies, global regulatory standards and scope of work for nurses and midwives.

Policy statement¹:

Ministry of Public Health is committed to assist in the removal of barriers that have prevented the full extent of practice for nurses and midwives, within legislative and regulatory boundaries. Employers will recognize the essential competencies related to the profession and scope of nursing and midwifery practice.

4.7.1.2 Policy Title: Safe staffing

Purpose: To ensure safe and quality nursing and midwifery services at all levels of health care.

Policy Statement²:

Ministry of Public Health is committed to ensure safe staffing at all levels of health care facilities. The safety of clients must never be compromised by substituting unqualified workers when the competencies of a registered nurse (RN) or registered midwife (RM) are required. Further, MoPH will ensure decision-making is based on having the appropriate number of positions and the competencies required to ensure safe, competent and ethical patient/client centered care, ensuing safety for staff from occupation hazards.

¹ **Legal References:** Regulations of Diagnostic and Curative Directorate

² **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: *The constitution of the Islamic Republic of Afghanistan*: Chapter two – Article 48 and *Labor Law*: The health and occupational safety conditions – chapter article no. 107 – 119. *Civil Employee law*: chapter four Article 19

4.7.1.3 Policy Title: Occupational health and Safety:

Purpose of the Policy:

To prevent health hazards and to promote occupational health safety for the staff nurses and midwives.

Policy Statement³:

The Ministry of Public Health recognizes the benefits of good health and will make certain to promote and maintain the highest degree of physical, mental and social well being of nurses and midwives. Therefore, MoPH is committed to ensure safe and healthy working environment for all nurses and midwives.

4.7.1.4 Policy Title: Working Hours:

Purpose:

To decrease staff fatigue in order to provide safe patient/client centered care.

Policy Statement⁴:

Ministry of Public Health is committed to reduce work fatigue and improve quality of care through significant changes in working hour rules and regulations in the light of labor and civil employee laws of Afghanistan.

4.7.1.5 Policy Title: Quality Nursing and Midwifery Documentation

Purpose:

The purpose of this policy is to ensure that patient's health status, recovery and patient care activities performed in patient care areas are recorded through appropriate documentation of in the medical record following the nursing and midwifery process.

Policy Statement

Ministry of Public Health is committed to ensure that nursing care of client/patient is recorded by the person providing care. This person should be identified in the record with initials, last name, credentials, and identification number. All responsible members who participate in the documentation of patient care are accountable for the accuracy, legibility, timelines, and completeness of that documentation.

³ **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: *Labor Law*: The health and occupational safety conditions – chapter 10 article no. 107 – 119. *The constitution of the Islamic Republic of Afghanistan*: chapter two - Article 48 and 51 and *Civil Employee law*: chapter four Article 19.

⁴ **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: *The constitution of the Islamic Republic of Afghanistan*: Chapter two - Article 48. *Labor Law*: Working hours Chapter three, article 30-38 and *Civil Employee law*: Chapter Article 21

4.7.1.6 Policy Title: Dress Code/Uniform Policy

Purpose:

The Nursing and Midwifery Services image is reflected by the appearance of a neat, clean and tidy, easily recognizable professional staff member, through a dignified attire.

Policy Statement:

Ministry of Public Health is committed to ensure that nurses and midwives are to be well presented and well groomed at all times as they represent the profession of nursing and midwifery in the area of health service and are seen as role models. Nurses and midwives must abide with the approved medical personal's uniform policy of MoPH.

4.7.1.7 Policy Title: Equity and Diversity:

Purpose of the policy:

Ensure provision of services with equity to the people of Afghanistan. Respect the cultural diversity, pluralism and provide culturally sensitive care without compromising competence.

Policy Statement⁵:

Ministry of Public Health must comply with the zero tolerance policy on the issue of inequity and diversity. It will ensure that all nurse/midwives and their clients/patients shall be treated with impartiality, with respect, regardless of age, gender, marital status, disability, membership or other wise of any associations, race, religion, sect, social status, , ethnicity, social and employment status and diseases status.

⁵ **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: The constitution of the Islamic Republic of Afghanistan:

Chapter two - Article 22 and 23 and Labor Law: Chapter 01 and article 09 and Civil Employee law: Chapter four Article 17

4.7.2 COMPONENT TWO: INSTITUTIONAL DEVELOPMENT:

Sub-themes:

1. Human Resource and Management
2. Public and private health sector – law and regulation
3. Monitoring and Evaluation
4. Career path for Nurses and Midwives
5. Professional Development of Nurses and Midwives
6. Continuous Capacity Building
7. Collaboration and Coordination
8. Evidenced Based Care
9. Nursing and Midwifery Positions

4.7.2.1 Policy Title: Human Resource Management:

Purpose: Deployment and retaining of nursing and midwifery workforce capable of consistently meeting the established standards of care and expectations of the people.

Policy Statement:

Ministry of Public Health is committed in addressing the issue of production, deployment and retaining appropriately trained nursing and midwifery workforce possessing variety of skills needed to deliver affordable and equitable packages of health services as the basis for health care.

4.7.2.2 Policy Title: Public Health and Private sector Law and Regulation

Purpose:

The main purposes of a regulatory system are to protect the public from unsafe practices, and ensure quality of health care services. Regulation also fosters the development of the profession, and gives an identity (including protection of title) and status for the professional practitioners. The regulatory mechanisms also aim to support nurses and midwives to work within their full scope of practice and define this scope of practice.

Policy Statement⁶:

Ministry of Public Health is committed to establish an autonomous regulatory body i.e. Afghan Midwives and Nurses Council (AMNC) in the country in order to ensure safe and competent nurses and midwives that provide high standards of nursing and midwifery care to the public.

4.7.2.3 Policy Title: Monitoring and Evaluation

Purpose:

The monitoring and evaluation process will help the nursing and midwifery department to assess its strengths and gaps and it will enable the nursing and midwifery leaders to make evidence based decisions for the improvement of the profession.

Policy Statement:

The Ministry of Public Health is committed to promote evidence-based, bottom-up and participatory strategic planning and implementation of health care at all levels of the health care system. Therefore, Nursing and Midwifery Department shall develop a mechanism for regular monitoring and evaluation. This will enable the department to measure the ongoing progress and shortfalls. The department shall go through an external program evaluation at least once in a year. However, regular internal evaluations will also be planned.

4.7.2.4 Policy Title: Career Path for Nurses and Midwives

Purpose:

Career paths are a way to increase productivity and staff versatility; improve morale, clinical quality, and staff satisfaction; reduce turn over; promote professional growth and job enrichment; improve client/patient care, motivation of staff.

Policy Statement:

Ministry of Public Health is committed to develop a mechanism to promote the profession of nursing and midwife by instituting a career path plan for them.

⁶ **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: *The constitution of the Islamic Republic of Afghanistan*: Chapter two – 53

4.7.2.5 Policy Title: Professional Development of Nurses and Midwives

Purpose:

With availability of higher education opportunities nurses and midwives can excel in their career and profession.

Policy Statement:

Ministry of Public Health is committed to explore avenues for the provision of higher education opportunities for nurses and midwives and in close collaboration with Ministry of Higher Education, institute higher education opportunities for nurses and midwives.

4.7.2.6 Policy Title: Continues Capacity Building of Nurses and Midwives

Purpose:

Build the capacity of nurses and midwives by providing continues in-service trainings to further increase the knowledge and skills and to provide enhanced quality care to reduce morbidity and mortality.

Policy Statement⁷:

Ministry of Public Health is committed to continuous capacity building of nurses and midwives to provide high quality nursing and midwifery services to the clients/patients.

MoPH shall develop a mechanism with bottom – up to approach for on the job training, coaching, supervision and mentoring. The department shall ensure that employers shall establish guidelines to assess competency of nurses and midwives. They should also provide opportunities for novice nurses and midwives to gain new competencies through staff development and/or education.

4.7.2.7 Policy Title: Collaboration and Coordination:

Purpose:

In order to provide holistic care Nursing and Midwifery services will have close coordination and collaboration with national and international stakeholders.

Policy Statement

Ministry of Public Health must ensure that Nursing and Midwifery Department, in collaboration with the public and private sectors and professional associations is committed to promote evidence based practices and holistic services at all levels of public and private health care system. The department must work in collaboration with other directorates and departments of MoPH and also with other national and international partners/supporters.

⁷ **Legal Reference:** This policy and its associated guidance notes will make to discharge its duties in relation to the following statutory requirements: *The constitution of the Islamic Republic of Afghanistan*: Chapter two - Article 47 and *Labor Law*: Chapter 06 – Article 76 – 86 and *Civil Employee law*: Chapter four Article 17

4.7.2.8 Policy Title: Evidenced Based Practices

Purpose:

To apply evidenced based knowledge and information generated through scientific research

Policy Statement:

Ministry of Public Health is committed to build the capacity of nurses and midwifery leaders, mid level management staff and teachers to conduct evidenced based research and utilize new knowledge in their respective fields.

4.7.2.9 Nursing and Midwifery Positions:

Purpose:

Make conscious effort to fill in all nursing and midwifery leadership positions with appropriately qualified registered nurses and registered midwives only.

Policy Statement:

Ministry of Public Health must ensure that nursing and midwifery positions shall only be filled with appropriately trained registered nurses and registered midwives only.

1. Maternal and child Health:

Purpose: To reduce maternal and new born mortality and morbidity in Afghanistan.

Policy Statement:

The Ministry of Public Health is committed to ensure that development partners deliver the different components of sexual and reproductive health as an integrated package. In maternal health, the Ministry of Public Health is committed to increasing the access adolescent, women of child bearing age, and mothers to sexual and reproductive health services of good quality. This includes the following: antenatal care, intrapartum care, routine and emergency obstetric care and post partum care, counseling and modern family planning services, through midwives working with community and other health workers.

4.7.2.11 Nursing and Midwifery Pre-service Education

Purpose: A better educated nursing and midwifery workforce, which has equity in terms of opportunities, will lead to higher standards of patient care and improved health outcomes

Policy Statement: Ministry of public Health will ensure that nursing and midwifery pre-service education is recognized both within the profession and with key external stakeholders as central to improving the quality of patient care and the health of the public. The policy statement covers four areas, pre-registration nursing education, continuing professional development (CPD) and lifelong learning, professional regulation and higher education workforce issues.

Policy Review:

This policy will be reviewed after 5 years and if required earlier than 5 year.

*Nurses and Midwives are the frontline
workforce of MoPH*

**FIVE YEAR STRATEGY- A
ROAD MAP TO ACHIEVE
QUALITY NURSING AND
MIDWIFERY SERVICES**

10. Introduction:

Nurses and midwives are to be considered as frontline workers and backbone of any health care system. However, in many countries developed, developing or in transition are facing problems with the effective utilization of nursing and midwifery services. In developing countries, weak nursing and midwifery services, coupled with the global shortage, place their health system in a very vulnerable situation. Every health care system is dependent on the competencies and capabilities of multi level health care professionals, visionary policy makers, leaders and others.

It has been proved that nursing and midwifery services are an integral part of health care system – if a country has competent doctors but not competent nurses and midwives then this would be failure of the system as doctor's 'cure' will be in vain without 'quality of care' which can only be provided by nurses and midwives. Therefore, competent and compassionate nursing and midwifery care can only complement and support the 'vision of healthy Afghanistan'. This document present the strategic frame work for the national nursing and midwifery services in Afghanistan for the period 2011 – 2015. It seeks to provide MoPH, its implementers and stake holders at all levels with a flexible framework which can contribute to the provision of quality nursing and midwifery services in the country.

The strategic framework 2011 – 2015 draws on several key documents like HNNS, Afghanistan National Solidarity (ANDS), Afghanistan Impact, MoPH Strategic Framework 2011 – 2015 and Global directions for the nursing and midwifery services. This strategic document is covering following mentioned overarching five year strategic directions of recently developed strategic Plan of MoPH:

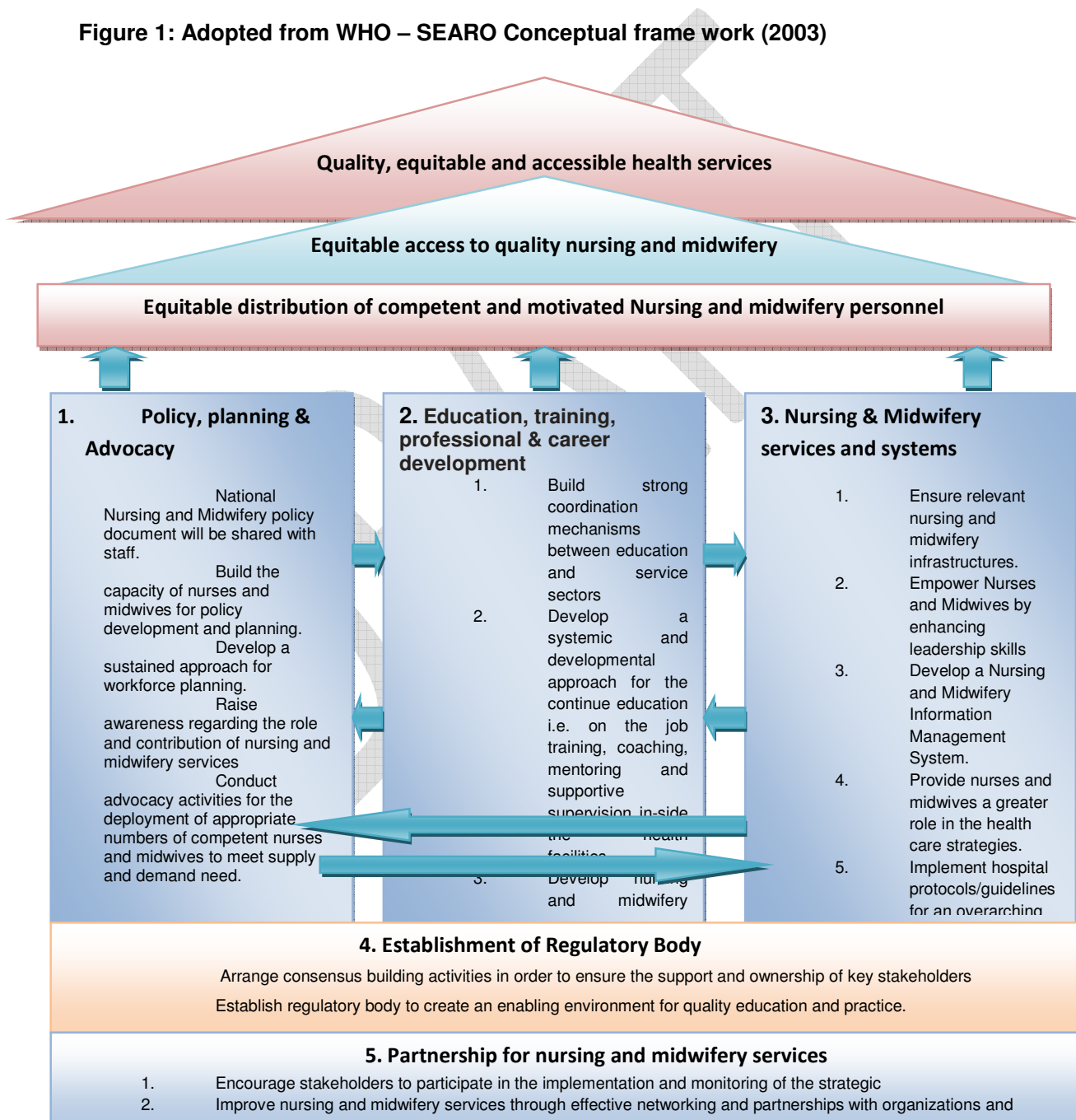
1. Improve the nutritional status of the Afghan population
2. Strengthen human resource management and development
3. Increase equitable access to quality health services
4. Strengthen the stewardship role of MoPH and governance in the health sector
5. Improve health financing
6. Enhance evidence-based decision making by establishing a culture that uses data for improvement
7. Support regulation and standardization of the private sector to provide quality health services
8. Support health promotion and community empowerment
9. Advocate for and promote healthy environments

Based on the strategic components, strategic objectives and interventions are laid down; however, the strategic plan for nursing and midwifery services is fully align with the country needs and priorities. Nonetheless, it would complement the MoPH's vision health for all.

6. Conceptual Framework for the quality nursing and midwifery services:

Afghanistan's health system is still in its evolutionary stages; particularly for nursing and midwifery services. More attention has been paid on the pre-services part but the approaches for the practice sites were fragmental and most of the time donor driven. This is first time MoPH is taking a comprehensive approach on the system strengthening for the provision of quality nursing and midwifery services. To avail this opportunity nurses and midwives would like to go for an integrated approach where all the essentials of components of effective nursing and midwifery services can taken be in to account. After an in-depth analysis various models of care, this conceptual models found to be most contextualized and it has drawn on the basis of identified strategic directions in the working groups:

Figure 1: Adopted from WHO – SEARO Conceptual frame work (2003)



6.1 Strategic Component 1: Policy, Planning and Advocacy:

Nurses and midwives leaders shall actively participate in the policy and planning of MoPH. The rationale behind this statement has three folds:

Firstly, in order to influence the decisions of policy makers, nurses and midwives shall play a proactive part because the decision of policy makers eventually affects the integrity of the profession and care. It is claimed that nurses and midwives are frontline workers as most of the time they are in close contact with clients/patients by virtue of this, they have a better understanding of the ground level situation. Therefore, through the involvement of nurses and midwives, a country can develop policy and plan which can be contextualized and can fulfill the felt needs of the population.

Secondly, nurses and midwives also get affected by the policy and planning of the state; for instance, occupational health policies, health work force planning, working hours etc can really have an adverse effect on nurses and midwives especially if they were being planned without involving them.

Thirdly, involvement of nurses and midwives will help to accelerate the health plans of the country because nurses and midwives will perform their tasks with full ownership and clear understanding as they were part of the process.

It is a common fact that nurses and midwives want to be involved in the policy and planning processes of MoPH because they truly understand its importance not only for their clients/patients but also for themselves. Thus, MoPH should foster an environment that enables all health workers, including nurses and midwives, to make decisions and be directly involved in policy-making at all levels; thus, support more efficient health outcomes. Therefore, this strategic component will highlight some of the interventions that the national authorities and the nursing and midwifery leadership can implement to strengthen policy development, program planning and advocacy. The strategic component focuses on the following:

Strategic Objective (SO) I.

Develop procedures for National Nursing and Midwifery overarching policy statements and will be shared with the staff working at all levels of health care.

Interventions:

1. Develop procedures for each national policy statement.
2. Develop policy and procedure handbook and distribute to all health facilities
3. Conduct trainings and workshops to familiarize nursing staff with policy and procedures.

Strategic Objective (SO) II: Build the capacity of nurses and midwives for policy development and planning.

Interventions:

1. Nurses and midwives associations in collaboration with other stakeholders to facilitate leadership development programs that would empower nurse and midwifery leaders to provide sound direction to the delivery of nursing and midwifery services at all levels of health care delivery system.

2. Nursing and Midwifery Department in collaboration with other stakeholders to advocate for the sanctioned positions for nurse and midwife officers at provincial levels in order to monitor nursing and midwifery services.
3. Strengthen the coordination and collaboration between MoPH and professional association for development and empowerment of nurses and midwives.

Strategic Objective (SO) IV: Develop a sustained approach to ensure the right number of nurses and midwives, with the right skills and competencies, working in the right place.

Interventions:

1. Conduct workforce planning for nursing and midwifery services.
2. Nurse and Midwifery leaders in collaboration with other multidisciplinary groups to agree on an appropriate and practical methodology for workforce planning to ensure appropriate skill mix.
3. Nurse and Midwife leaders and other key stakeholders to use the findings of investment analysis and workforce planning:
 1. To make recommendations to the government on key issues threatening the sustainable, effective nursing and midwifery workforce; and
 2. As input to renewal and enhancement national strategic plan for nursing and midwifery development;
 3. As the basis for determining required funding and budget strategies.

Strategic Objective (SO) VI: Develop mechanisms to work with communities, politicians, and policy-makers to raise awareness regarding the role and contribution of nursing and midwifery services as core resources for achieving health targets.

Interventions:

1. Nurse and midwife leaders including professional associations to identify key stakeholders in the broader community to discuss health and consumer issue.
2. Nurse and midwife leaders through professional associations to build strategic groupings/ coalitions (possibly for each strategic component) with nongovernmental and civil service organizations.
3. Nurse and midwife leaders and other key stakeholders jointly develop mechanisms for the advocacy of profession for example advocacy campaign by media, celebration of international nurses and midwives days, workshops and seminars.
4. Nurse and midwife leaders will develop mechanisms to recognize the nurses and midwives.

Strategic Objective (SO) VII: Conduct advocacy activities for the deployment of and retention of appropriate numbers of competent nurses and midwives to meet supply and demand need.

Interventions:

1. Nurse and midwife leaders in collaboration with GDHR, associations and other stakeholders to review national workforce health plan to determine the nursing and midwifery workforce requirements (quantities and qualities) in line with service needs.
2. Develop Strategies to ensure the enrolment of sufficient numbers of suitably qualified candidates into nursing and midwifery programs.
3. Nurse and midwife leaders in collaboration with GDHR and other key stakeholders to develop deployment guidelines for nursing and midwifery services.
4. Advocacy for the close collaboration and coordination between MoPH and Ministry of Higher Education (MoHE) for the effective utilization of concur system for rational recruitment i.e. according to the needs of the country.

6.2 Strategic Component 2: Education, Training and Career Development:

In order to provide safe and quality health care, health systems need well qualified and skilled health care professionals. Therefore, nurses and midwives shall be trained according to the needs and health priorities of the country and their practices must be continuously evaluated and updated. For this there shall be strong coordination between pre-service and practice site. However, in reality there a huge gap and this lack of coordination creates gap between what nurse/midwifery educators teach and what is required for effective health services and quality nursing and midwifery care. Moreover, there is no standardized mechanism in place for the on the job training, coaching and mentoring. Besides this, there are very rare chances available for higher education; as a result there is brain drain in the country because nurses and midwives do not see any career advancement opportunities. Therefore, most of them prefer to choose another career/profession where they can grow more professionally and personally.

The aim of this strategic direction is to propose actions that will guide policy makers, supporter and nurse and midwifery leaders in the education and service sector and professional associations to strengthen the core skills of nursing and midwifery providers in order to meet changing population and practices needs. Moreover, it proposes interventions that nurse and midwife leaders can utilize to advocate for better and strong midwifery education and continues education system that are responsive to population health needs. The strategic component focuses on the following:

Strategic Objective (SO) I: Build strong coordination mechanisms between nursing and midwifery education and service/practice sector to ensure relevant education for service needs are met.

Interventions:

1. Nurse and Midwife leaders to conduct joint (educators, clinician, regulatory body and associations) review and updates of nursing and midwifery curricula in order to incorporate new and emerging issues and evidence on practice and education.
2. Nurse and midwife leaders through regulatory bodies maintain professional competencies of nursing and midwifery educators through establishment of mechanisms for faculty professional practice in service setting.

Strategic Objective (SO) II: Develop nursing and midwifery expertise through establishment of higher education opportunities.

Interventions

1. Develop proposal and feasibility plan for bridging program for higher education.
2. Advocacy for higher education at MoPH, MOHE and parliament in order to develop consensus to start higher programs for nurses and midwives.
3. Develop faculty development plan.
4. Consultative meetings to develop sub committees that will work on curriculum, policies, standards and learning resource packages according to the context
5. Develop linkages with international universities with similar program
6. Develop a mechanism to determine program requirements (student selection, faculty development, teaching materials, infrastructure and funding)

Strategic Objective (SO) III: Develop a systemic and developmental approach for the continue education i.e. on the job training, coaching, mentoring and supportive supervision in-side the health facilities.

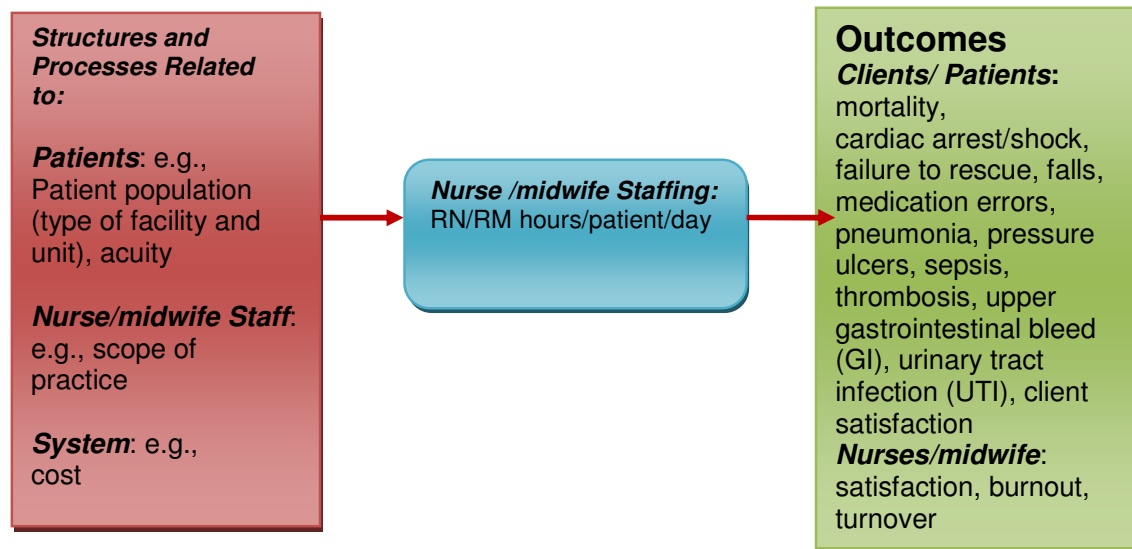
Interventions:

1. Conduct Training Need Assessments of nurses and midwives at central and provincial levels.
2. Develop a plan for staff development and provide an opportunity to nurses and midwives to develop their effective leadership and management competency, through continues education at all levels.
3. Pilot a Nursing and Midwifery in- Services Education Department in the identified prioritized district, provincial and tertiary care hospitals of Afghanistan.
4. Establish the system of in-house quality assurance audits in all health facilities

6.3 Strategic Component 3: Strengthening of Nursing and Midwifery systems and services:

The main aim of this strategic component is to strengthen the systems and services of nursing and midwifery as they are considered to be an integral part of the health care system. There is need to identify and adapt innovative management approaches to improve the quality of nursing services so, it can bridge the gap between health system and needs of the individual, families and communities. This strategic component seeks to underscore the importance of developing guidelines on effective deployment and utilization of nursing and midwifery services in order to improve priority health issues of the country, ways to include appropriate skill mix and competencies, ensuring relevant nursing and midwifery structures and improving good working conditions that will motivate the nurses and midwives. Indeed, the positive work environment play a pivotal role in the provision of quality nursing and midwifery care; for instance safe staffing is directly linked with the quality care - for diagrammatic explanation, please see figure 3. Therefore, this strategic component proposed possible interventions on how these issues can be collectively and effectively addressed. The proposed actions are as follow:

Figure 3: Effect of nurse staffing on patient safety, as measured by three types of outcomes: patients, staff, and system



Strategic Objective (SO) I: Ensure relevant nursing and midwifery infrastructure/physical resources are available in the health facilities.

Interventions:

1. Nurse and midwife leaders and other key stakeholders to request an audit of current infrastructure/physical resources and the required infrastructure/physical resources for nursing and midwifery workforce to work efficiently.
2. Analyze information for evidence base and budget implication.
3. Nurse and midwife leaders in collaboration with other key multidisciplinary groups to develop a national policy position on:
4. Types of infrastructure/physical resources agreed upon;
5. Budget requirements,
6. Number of years over which to implement, and an annual budget systems for nursing and midwifery requests for infrastructure/physical resources upgrading and maintenance.

Strategic Objective (SO) II: Empower Nurse and Midwife leaders by enhancing their leadership and management skills at all levels of health care system.

Interventions:

1. Provide leadership training by short term or long term in country or outside the country with objective based exposure visits.
2. Provide initial technical support by external experts to implement and provide mentorship
3. Expand opportunities for training at executive and top levels to senior nurses and midwives.
4. Develop effective leadership at the central and at each health facility.
5. Mentor senior and potential nurse/midwife leaders (the next generation) by multidisciplinary colleagues.
6. Nurse and midwife leaders will acquire knowledge and skill in financial management which they can use to plan and advocate for budget allocation for nursing and midwifery services e.g. by understanding of budgeting processes, financial system, and financial reports.

Strategic Objective (SO) III: In Collaboration with, GDHR, HMIS and Monitoring and Evaluation Department Develop a Nursing and Midwifery Information Management System (NMIMS) for the Nursing and Midwifery Services.

Interventions:

1. Develop a Nursing and Midwifery Service indicators.
2. Strengthen the coordination mechanism for effective feedback and data utilization.
3. Train nursing & midwifery department staff about the unitization of information management.
4. Develop linkages with pre service education institutions to identify number of students and graduates.

Strategic Objective (SO) II. Implement hospital protocols/guidelines for an overarching nursing and midwifery policy statements.

Interventions:

1. The steering committee at central level would develop a sub-committee for the development of policy protocols/guidelines.
2. Identify technical and financial supporters.
3. Develop protocols/guide lines for implementation.

Strategic Objective (SO) IV: 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.

Interventions:

1. Identify innovative approaches, adapted and disseminated to bridge gap between the health system and the needs of the community so that people have the care they require throughout the life course.
2. Develop strategies to encourage individuals, families and communities to play a more proactive part in assessing health-care needs and the effectiveness of service provision.
3. Establish Midwifery led maternity care centre (MLMCC) in the sub-urban areas of Afghanistan.

Strategic Objective (SO) V: Build up the evidence base care nursing and midwifery practice through research in close collaboration with the Afghanistan Public Health Institute (APHI).

Interventions:

1. Developed mechanisms to build, implement, update and promote the evidence base for nursing and midwifery practice.
2. Generate case studies and disseminated of research-based changes in nursing and midwifery practice.
3. Enhance research capacity of nurses and midwives to improve health services and outcomes.

Strategic Objective (SO) VI: Foster a positive work environment for optimal nursing and midwifery workforce performance.

Interventions:

1. Conduct a national study to determine what nurses/midwives see as job satisfiers and dissatisfiers.
2. Develop innovative strategies for equitable, gender-sensitive working conditions with appropriate levels of compensation, social protection and health and safety.
3. Introduce recognition and rewards for clinical excellence to promote the sharing of expertise and people-centred care.
4. Develop programs and activities to raise awareness of workers' rights and other labor issues, and to foster social dialogue between workers, employers and governments.
5. Develop monitoring tools to measure health and safety risks of the nursing and midwifery workforce.

6.4 Strategic Component 4: Establishment of a Regulatory Body i.e. Afghanistan Midwives and Nurses Council (AMNC):

A regulatory body will underpin all components of conceptual framework because regulatory body is required to assure quality of nursing and midwifery education and practices. There shall be robust mechanism in place to protect public health and establishment of council in Afghanistan will perform the required task, which has been ignored since the inception of nursing and midwifery programs in the country. Certainly, establishment of council would empower nurses and midwives and empowered nurses and midwives would be able to bring spark in the lives of others – for diagrammatic explanations please refer to figure 4. This strategic direction aims to introduce the several steps of council establishment and would specifically focus on:

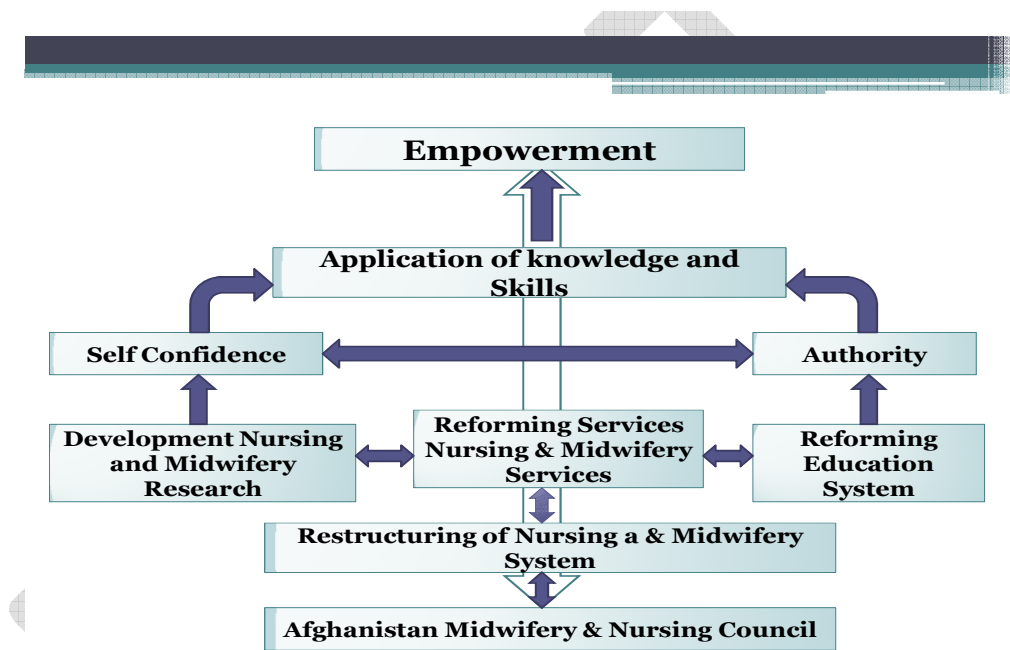


Figure 4: The model for empowerment of nursing and midwifery – adopted from Hajbaghery & Salsali, 2005

Strategic Objective (SO) I: Arrange consensus building activities in order to ensure the support and ownership of key stakeholders for the establishment of AMNC.

Interventions:

1. Conduct stakeholder mapping activity.
2. Plan and conduct advocacy and consensus building activities.

Strategic Objective (SO) II: Establish regulatory body to create an enabling environment for quality education and practice.

Interventions:

1. Nurse and midwife leaders to develop Act and professional regulatory framework.
2. Nurse and midwife leaders through Afghan Midwives Association (AMA) and Afghan Nurses Association (ANA) inform and educate the public about newly formed regulations and their focus on protection of the public health.
3. Nurse and midwife leaders to determine and implement sustainable funding mechanism to support the newly established regulatory body.

Strategic Objective (SO) III: Develop linkages and partnership with key stakeholders in order to establish and sustain regulatory body.

Interventions:

1. Create opportunities for information and experience sharing on regulation with other countries.
2. Nurse and midwife leaders to develop positive working relationships and networks with members of parliaments and other key stakeholders, and educate or sensitize them on nursing and midwifery issues.
3. Nursing and midwife leaders to generate public support through working closely with the mass media on regulatory issues that affect nurse and midwifery education, practice and public health.

Strategic Objective IV: Strengthen the pre-service nursing and midwifery educational systems.

1. Revision and standardization of nursing and midwifery curriculum meeting changing health needs and service requirements according to the country context.
2. Revision and standardization of nursing and midwifery academic policies.
3. Revision and standardization of nursing and midwifery educational standards
4. Coordination and greater collaboration between education and services for relevance and quality of clinical teaching .
5. Continue and strengthen accreditation of nursing and midwifery education programs to ensure the quality of nursing and midwifery education at a national level including private and public sector educational institutions

6. Networking among education institutes and professional associations and nursing and midwifery directorates for professional development/ higher education
7. Build capacity of nursing and midwifery faculty members to meet the standard of education or teaching
8. Advocacy for changing entry criteria for nursing midwifery students
9. Advocacy for deployment of nurses and midwives according to country population need and coordinate with HRD for proper health workforce planning based on population needs
10. Regulate and enhance the quality of nursing and midwifery education and services
11. Established system for licensing and re-licensing of nursing and midwifery personnel to ensure competency in their respective fields

6.5 Strategic Competent 5: Partnership for nursing and midwifery services:

Nursing and midwifery services cannot be performed in isolation because nursing and midwifery services contribute towards strengthening the overall health care system of the country. In order to achieve overall goals and objectives of the health plan, nurses and midwives need to work in close collaboration and need to develop more linkages, coordination and partnership with key stakeholders. Indeed, partnership will help nurses and midwives to generate more resources for the implementation of the strategic plan and will reduce the gap between key stakeholders and nurses and midwives. The aim of this strategic component is to underscore the processes to develop the possible partnership with the key stakeholders. The strategic component focuses on following:

Strategic Objective (SO) I: Ensure stakeholders, to participate in the implementation and monitoring of the strategic plan with a view to the strengthening of nursing and midwifery services through resource mobilization, awareness-raising and advocacy on priority issues.

Interventions:

1. Develop an annual plan for the execution of the strategic plan.
2. Identify key performance indicators and establish performance monitoring plans for each strategic direction and for each intervention in the plan.
3. Appoint a multidisciplinary national steering committee to oversee and monitor the implementation of the strategic plan at national level and report progress on each performance measures on regular basis.

Strategic Objective (SO) III: Improve nursing and midwifery services through effective networking and partnerships with organizations and communities of practice, making use of new technologies and other mechanisms.

Interventions:

1. Develop networks and organizations and/or strengthen to foster close working relations between governments, professional associations, and educational institutions for the ongoing development of nursing and midwifery services, as well as for the design and implementation of health programs capable of meeting new and future challenges.
2. Partnership shall contribute to the stewardship function of Nursing and Midwifery Department of MoPH.
3. Identify potential technical and financial supports to implement nursing and midwifery strategic plan.
4. Provide a platform for the potential supporters to work in close coordination in order to avoid duplication of services/activities.

7. INSTITUTIONAL APPROACH:

7.1 Institutional Framework: The effectiveness and sustainability of the strategic plan is very much dependent on the institutionalization of the proposed strategies. This is first time ever MoPH is taking a comprehensive approach for the quality of nursing and midwifery care; therefore, nursing and midwifery department would like to take a very cautious approach and would prefer to implement some of the major strategies gradually and with the evidences. Figure 5 is the diagrammatic explanation of institutional approach, which would be first piloted initially in the two provinces of Afghanistan. The two proposed provinces would be Badakhshan and Kabul. The details of the proposed model would be as follow:

7.2 District and Community Levels: At the moment there is no link between central level nursing and midwifery department with district level or community level. Therefore, this linkage has to build so nurses and midwives shall not feel left alone. According to proposed strategy there shall be a 'Nursing and Midwifery In-service Education Department' at district hospital level; this department can be utilized as in-service training centre for the nurses and midwives working within the district hospital and for staff working in remaining BPHS facilities (please refer to Annex B for detailed functions). Moreover, these training centres can be utilized for the client/patient educations services as well. In-service education departments at district level would be operationalized according to the needs of client and patients. Indeed, in-service education would be based on the needs of the client/patient needs.

7.3 Provincial Level: Similarly, as like district level, there is no coordination between central level nursing and midwifery department with provincial level. There are no means to know the status of nursing and midwifery care at province level. Therefore, in order to strengthen the coordination, four activities are being proposed:

1. Presence of a nurse and midwifery provincial officer at provincial level.
2. Establish and operationalize Nursing and Midwifery In-service Education Department at each province
3. Establishment of provincial resource centre – by professional associations
4. Establish and operationalize provincial steering committee with the involvement of key players. For detail terms of reference (TOR) please refer to Annex C

7.4 National Level: National level activities are very vital because the commitment has to trickle down from central level. If the provincial and district level team would feel lack of commitment and enthusiasm from central level then their level of interest would also decreases. Therefore, a national multidisciplinary steering committee has been proposed which will foresee all the national level activities and would have strong liaison with the provincial steering committee. For details please refer to annex D. Moreover, the prime responsibility will remain with the Nursing and Midwifery Department for the implementation and monitoring of the national policy and strategy. For detailed functions please refer to annex A.

8. INVOLVEMENT OF OTHERS:

8.1 Partnerships within the MoPH: Under the leadership of General Directorate of Curative Medicine (GDCM), Nursing and Midwifery Department will take a stewardship role for the provision of quality nursing and midwifery care to the people of Afghanistan. Indeed, it will take a lead role in the development of setting policy and strategies, developing protocols, monitoring the actions of implementing partners and coordinating with other stakeholders. Nursing and Midwifery Department's primary task is to ensure quality of nursing and nursing services by ensuring the positive work environment for nurses and midwives. However, in order to achieve its goal and objectives, the department is has to build effective and efficient coordination with the other directorates and departments of MoPH. For details please refer to figure 7.

8.2 Other Ministries: Beside MoPH, the department has to collaborate and coordinate with the other ministries which include:

1. Ministry of Women's Affairs (MNH, FP, STIs, Gender, etc.)
2. Ministry of Education (accelerated educational programs, IEC/BCC in schools)
3. Ministry of Higher Education (undergrad/graduate programs)
4. Ministry of Communication and Information Technology (IEC/BCC)
5. Ministry of Justice establishment of the council (approval of the Acts and Regulations)

8.3 Other Partners: Correspondingly, the effectiveness the implementation would be illusive without the support and partnership with other supporter like:

8.3.1 International and Bilateral Agencies: For the effective and efficient implementation of this strategic plan Nursing and Midwifery Department has to build strong partnership with UN agencies such as the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO). Nonetheless, close collaboration is also needed with bilateral aid agencies, such as the United States Agency for International Development (USAID), European Union and others technical supporters such as Aga Khan Development Network .

8.3.2 Nongovernmental organizations (NGOs): The implementation of the strategy would be highly depended on the active participation of the non-governmental organization; however, the support shall lead to the stewardship role of the MoPH.

8.3.3 Associations of Health Professionals: Professional associations like Afghan Midwives Association and Afghan Nurses associations would play an important in the implementation of this proposed strategy. As they have participated in development of the strategy so do will support its implementation and in several interventions they would be playing key roles.

8.3.4 Private Sector: The nursing and midwifery policy and strategy implies to all the nurses and midwives of Afghanistan; therefore, private sector has to be in line with the proposed policy and strategy because private sector is growing continuously. People are extensively utilizing the services of private hospitals; thus, in order to

ensure quality nursing and midwifery care, department has to closely collaborate with private sector so standards of quality of care can be maintained.

9. MECHANISMS OF COORDINATION:

9.1 Steering committees: In order to keep a track of the implementation of the strategies there would be two main steering committees one at provincial level and the other one would be at national level. However, there would be two – three sub technical committees according to the prioritized activities; in order to foresee monitor the progress of various key activities and sub committees will provide their monthly reports to the national steering committees. Furthermore, subcommittees will ensure their linkages with the provincial steering committee in order to keep a track on the progress of implementation at provincial level. Beside this, there will be strong coordination between provincial steering committee and provincial public health committee (PHCC).

9.2 Intersectoral/Sectoral Liaison: The effective implementation of the strategy cannot happen in isolation because nursing and midwifery services are very much dependent on so many external factors. Therefore, all efforts shall be taken to ensure strong partnership and liaison with all the other sectors. Keeping in view of this important fact partnership is one of the integral components of the national nursing and midwifery strategy.

10. MECHANISM OF IMPLEMENTATION:

10.1 Action Plans: The national policy and strategy will be utilized as roadmap to achieve the national target which is to provide quality nursing and midwifery services to the people of Afghanistan. After the approval of the proposed strategy, detailed approach will be taken to identify the priority strategic objectives for the year 2011 and 2012. Based on the identified strategic priorities and interventions, a comprehensive annual action plan will be developed, which will indicate actions at national and provincial level needs to taken.

In order to implement the pilot projects at the identified provinces, in consultation with GDCM, a comprehensive approach will be taken according to the set standard procedures of the MoPH.

10.2 Advocacy and Support: Nurses and Midwives truly believe in the power of the strong advocacy because it has a great significance not only on their professional status but on the outcome of the care. Therefore, various activities are listed in the strategy document just for the advocacy and nurses and midwives would be utilizing various and arranging various activities for the advocacy of the effective implementation of this strategy and annual prioritized strategies.

10.3 Information Dissemination: To disseminate the information, various initiatives would be taken at various levels for example initiation of in-service education service which would then be taking care of community and staff needs. Secondly,

establishment of provincial resource centres would help nurses and midwives to develop IEC materials for the communities. Thirdly, strong linkages will be built within and outside MoPH to implement behavioural Change Communication (BCC) strategies.

10.4 Building Capacity: In order to implement this strategy, the capacity of nurses and midwives has to build at all levels like district, provincial and central. In the strategic document it has been clearly mentioned how to build their capacity. However, the capacity of Nursing and Midwifery Department needs lots of attention because this department has to lead to implement strategy and if they would not have the capacity then it can lead to the failure as well. There shall be strong leader (director) in the department who can envision the needs of nurses and midwives and needs of the population.

10.5 Resources required: While developing the action plan the necessary resources would be identified; however, main required resources would be:

1. Technical support to build the capacity of department's staff.
2. Financial support to develop human resources, infrastructure, equipment, supplies, transport and support to achieve the Strategy's interventions.

10.6 Human Resources and Development: Nursing and Midwifery department believes that "investing in human resource is one of the soundest investments" therefore, we have taken a bottom up approach for continuous education of nurses and midwives. They have been proposed to get benefited by on the job training, coaching and mentoring. Moreover, strategies have been proposed for the exposure visits for the midwife and nurse instructors, training of midwifery leaders etc. The idea for having provincial and national level resource has been generated so nurses and midwives can get evidence based information. Nursing and midwifery department is looking forward to initiate career advancement opportunities for nurses and midwives so they work at better positions and contribute to their profession from different angles.

11. MONITORING AND EVALUATION:

11.1 Policy: The Ministry of Public Health is committed to promote evidence-based, bottom-up and participatory strategic planning and implementation of health care at all levels of the health care system. Therefore, Nursing and Midwifery Department shall develop a mechanism for regular monitoring and evaluation. This will enable the department to measure the ongoing progress and shortfalls. The department shall go through a joint external program evaluation. However, regular internal evaluations will also be planned.

11.2 Internal MoPH Processes: In order to ensure that data will be utilized for better planning and evidenced based decision making, the department will collaborate closely with HMIS and M&E department. The specific mechanisms for data collection, use and documentation will be detailed in the implementation plan.

11.3 Monitoring Indicators: Monitoring indicators will be specified on the annual action plan.

- 1. Overall Strategy Review Mechanism and Timing:** The information generated by the department will be used to assess progress on a regular basis in the implementation of the nursing and midwifery services strategy and make necessary adjustments to its implementation. A national-level review workshop will be conducted at which the progress will be analyzed and based on the progress new annual plan will be developed.

12. CONTACT DETAILS

The head of Nursing and Midwifery Department is primarily responsible for the implementation of this strategy.

Figure 5: Institutional Frame Work

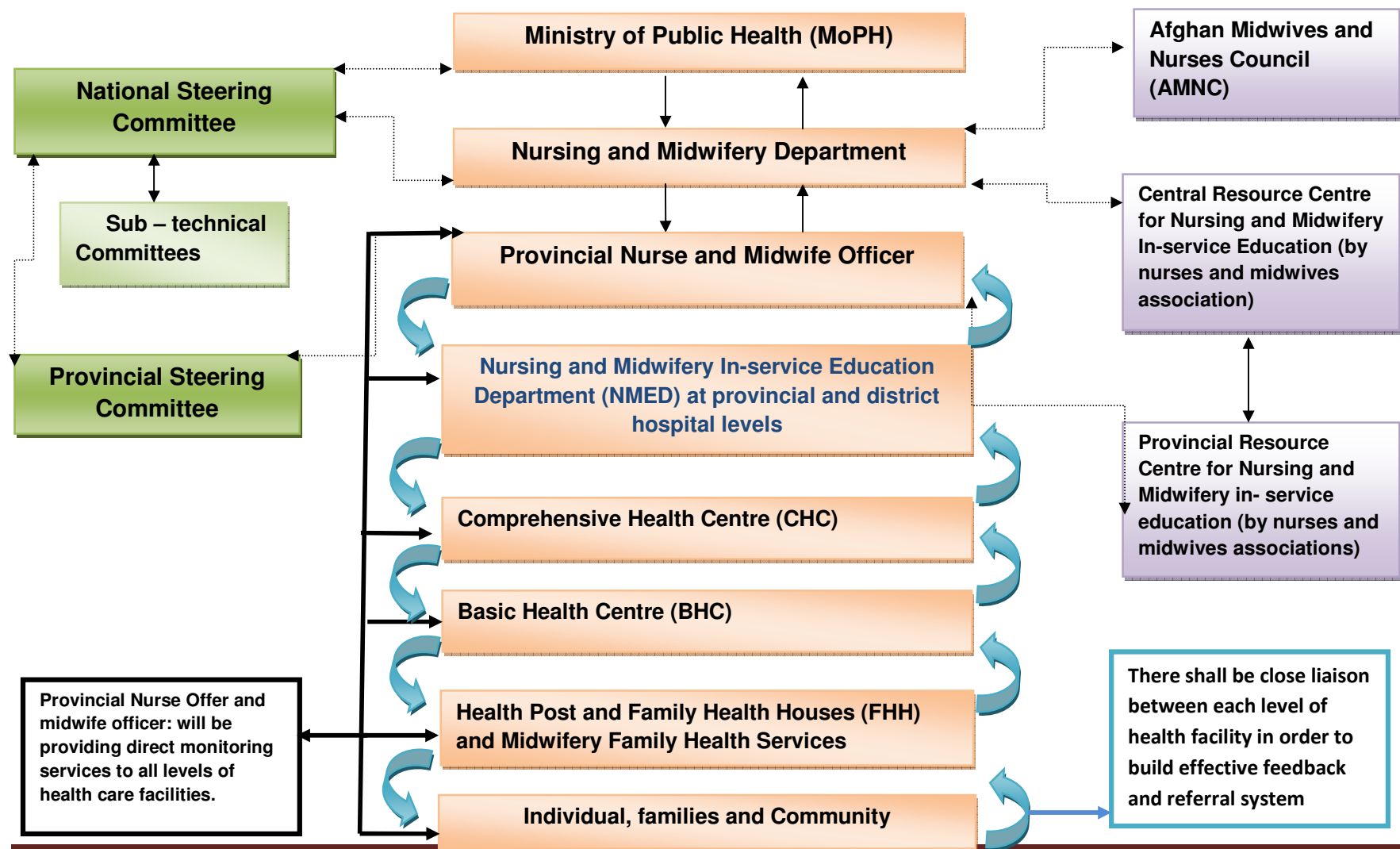
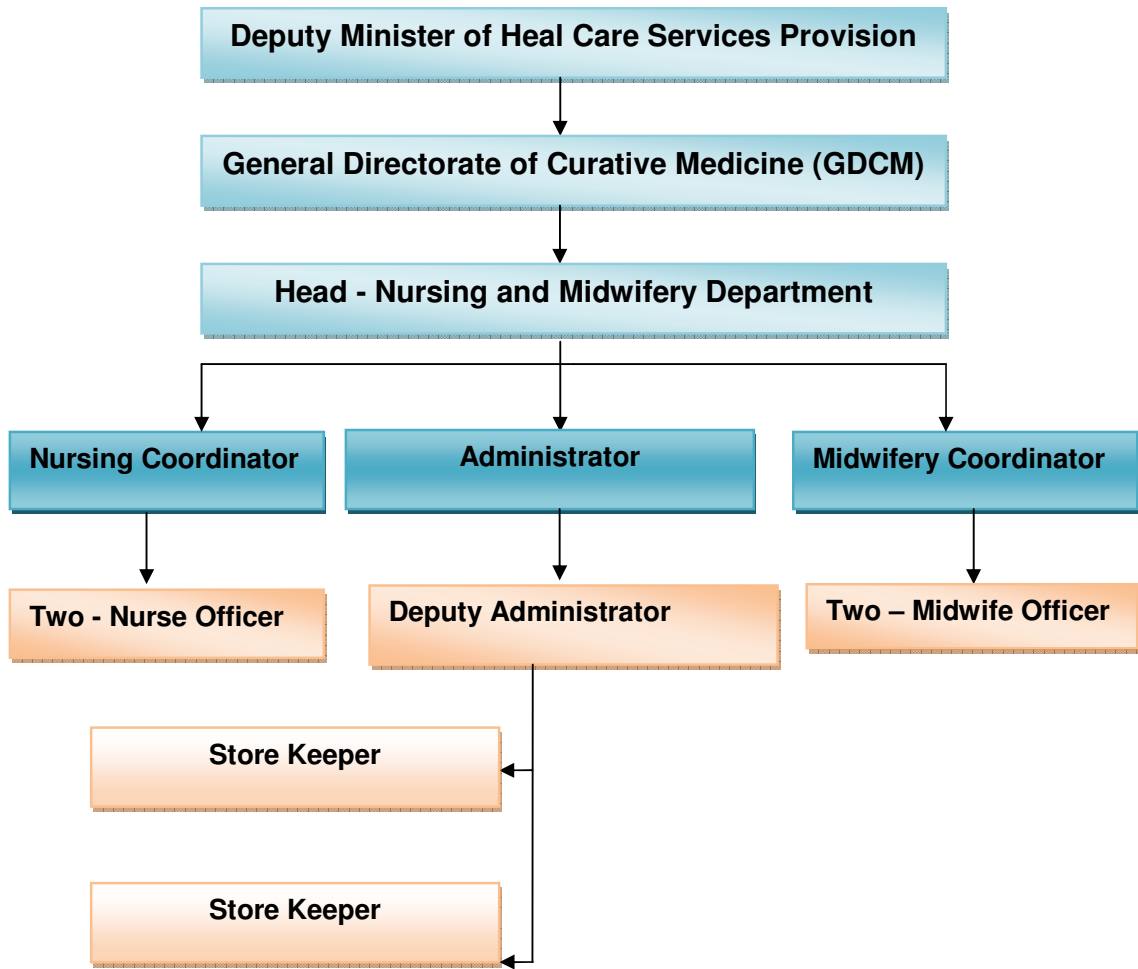


Figure 6: EXISTING NURSING AND MIDWIFERY DEPARTMENT ORGANIZATIONAL CHART



ANNEX A: CORE FUNCTIONS OF THE DEPARTMENT

The department is mandated to provide overarching strategic professional leadership and technical policy inputs to the MoPH.

1. Develop national policy, strategies and protocols to strengthening nursing & midwifery stewardship and practice in Afghanistan including public and private sectors.
2. Ensures the effective regulation, monitoring and ongoing development of Nursing and Midwifery personnel within the context of the total health system. The functions of department are in line with the Ministry of Public Health's health policy and strategic plan.
3. Monitors the performance and practice of nursing and midwifery in accordance with the National Standards for Nursing & Midwifery Practice, Competencies, International Council of Nurses (ICN), and International Confederation of Midwives (ICM).
4. Provide professional and/or technical advice on and for Nursing & Midwifery Services to the MoPH and private health sector.
5. Ensure effective implementation of policy and strategic plan for 2011 – 2015 of Nursing and Midwifery Department.
6. Assures continuing quality nursing and midwifery practice.
 1. Practice audits, client satisfaction survey, maternal death audits (in collaboration with concerned directorate)
 2. Maintaining International & Regional Nursing & Midwifery alliances & commitment through.
 1. International Council of Nurses
 2. International Confederation of Midwives
 3. WHO Global Advisory Group for Nursing and Midwifery
 3. Facilitate sponsorship process for short term trainings abroad, international conferences, under graduate and post graduate nursing & midwifery candidates.
 4. Develop linkages with the key stakeholders (within and outside MoPH) for quality nursing and midwifery services.
 5. Work in close liaison and coordination with the professional associations.

6. Each year, upon identification of the training needs, the Director, Nursing and Midwifery Department and Nursing directors determine whether these needs will be met by training programs such as:
 1. In-house (within hospital)
 2. Outside the hospital
 3. Overseas (International)

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Annex B: Functions of Nursing and Midwifery in-Service Education Service

Purpose:

The Nursing and Midwifery in- service Educational Services (NMES) is responsible for all orientation, in-house training and in-service education programs.

Scope:

All in-service training programs and activities for nursing and midwifery staff.

Responsibilities:

1. Staff development

Our mission and vision, to provide high quality patient care will only be achieved with professional leadership and a practice model aimed at promoting wellness, behavior and a general improvement in the health through the capacity building of staff.

2. Training

Patient care, patient education, nursing and midwifery management and administration, specialty skills training and educator preparation are areas which receive focus and ongoing attention

The Management of Nursing and midwifery in-service education and the clinical nurse and midwife instructor (CNI) on patient care units are responsible for identifying and meeting employee training needs required for the effective implementation of Quality Management system.

3. Empowerment and enabling environment

Create a motivating environment through empowerment of nurses and midwives by providing them access to continuous education.

4. Orientation

Provide orientation of new nursing and midwifery appointees with the systems, standards and protocols of the hospitals.

5. Establishment of Quality Assurance Audits (QAA) Committees:

To plan and conduct internal quality audits in order to verify whether Quality System and QAA is responsible for planning and scheduling the internal audits. Each main activity comprising the quality system is audited on need basis but at least once every six months

Annex C: Terms and Reference for National Steering Committee for Nursing and Midwifery Services

1. Purpose:

The National Steering Committee shall be responsible for the overall implementation of the national policy and strategic plan for nursing and midwifery services.

2. Scope of Work:

1. Monitor the implementation of the national policy and strategy for nursing and midwifery services.
2. Facilitate the effective and efficient implementation of the annual targets and prevent duplications of services.
3. Facilitate in building close coordination and linkages with various key stakeholders.
4. Establish sub technical committees as and when required to full fill certain technical tasks.
5. Oversee the progress at central and provincial levels.
6. Provide guidance and directions to the implementing partners and MoPH.
7. Perform a role of advocacy body for the assurance of quality nursing and midwifery services.
8. Provide regular status report (q 6 months), inclusive of review of indicators submitted to the deputy minister for health care provision.

9. Composition:

1. Representation from the Health Care Provision's Deputy Minister's Office
2. Representation from the GDCM office
3. Director of Nursing and Midwifery Department
4. Representatives from the implementing partners (partners of Nursing and midwifery department)
5. Representative form General Directorate of Human Resource Department
6. Representative from General Directorate of Reproductive Health
7. President of AMA
8. President of ANA
9. Representation from Provincial Steering Committee
10. Representation from Private Sector
11. Representations from other associations like obgyn society (AFSOG), Public health, doctor's association.

12. **Reporting:** The National Steering Committee will report their progress to the Deputy Minister for Health Care Provision.
13. **Chairperson:** with the consensus of members, a chair will be appointed
14. **Meetings:** Committee members will decide the frequency of their meetings; however, ideally in the initial phase they should meet on monthly basis.

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Annex D: Provincial Steering Committee for Nursing and Midwifery Services

1. Purpose:

To foster the implementation of the strategic plan at provincial level and oversee the nursing and midwifery services activities at provincial level.

2. Scope of Work:

1. Ensure the effective Implementation of policies/procedures/guidelines pertaining to the nursing and midwifery services.
2. Develop linkages with key stakeholders at provincial level in order to implement strategy.
3. Provide support to provincial nurse and midwife officer in the executions of her/his roles and responsibilities.
4. Based on the grass root experience provide feedback and recommendations to the national steering committee.
5. Facilitate the establishment and operationalization of provincial resource centre.
6. Facilitate in the establishment and operationalization of Nursing and Midwifery in-Service Education Department in the district and provincial hospitals.
7. Build close coordination with Provincial Public Health Coordination Committee.
8. Build close liaison between pre-service education and in-service education.
9. Explore opportunities to support the institutional model i.e. networking of BPHS and EPHS health facilities in order to promote referral and develop feedback mechanism.
10. Monitor the key activities of nursing and midwifery services.

11. Deliverables:

1. Implementation, with ongoing refinements of the interventions that can be consistently implemented at a local level
2. Establishment of Nursing and Midwifery In-service Education Department in the district and provincial hospitals.
3. In collaboration with AMA development of provincial resource centre for midwives.
4. In collaboration with ANA development of provincial resource centre for nurses
5. Regular status report (q 6 months), inclusive of review of indicators submitted to the national steering committee.

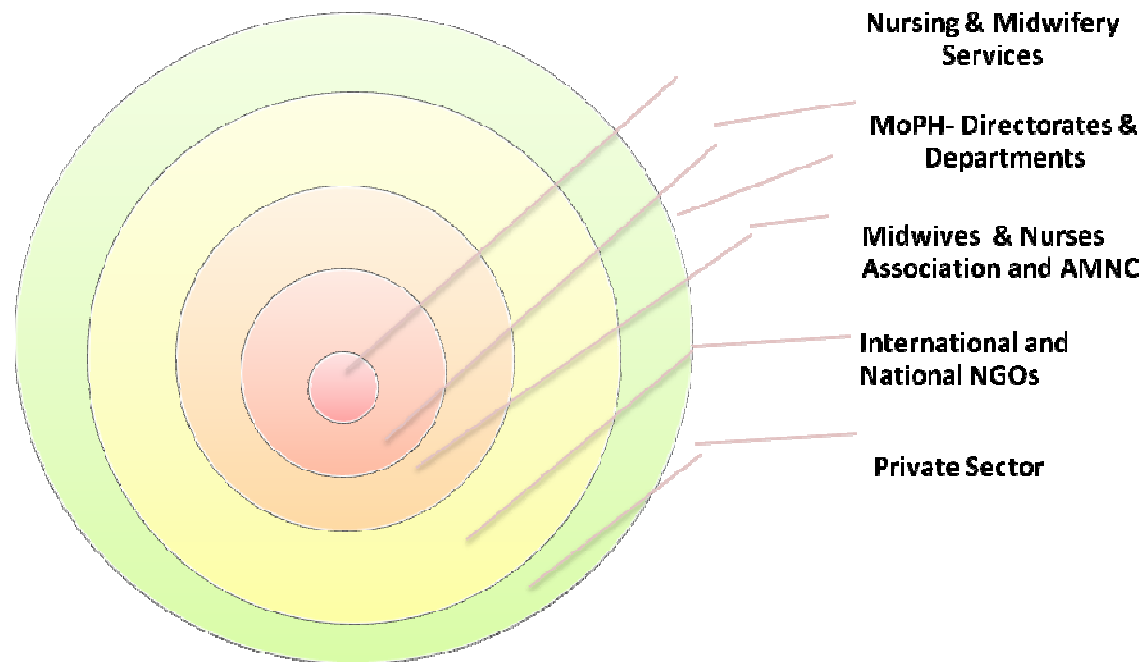
6. Composition:

1. Provincial Health Director
 2. Provincial Midwife Officer
 3. Provincial Nurse Officer
 4. Provincial Representative of AMA
 5. Provincial Representative of ANA
 6. Provincial Hospital Directors
 7. District hospital Head
 8. Nurse and midwife in-service instructors (provincial and district)
 9. Head/member of Provincial Women Affairs
 10. Head/member of provincial council
 11. Representative of BPHS implementer agency
 12. CME/CHNE school coordinator
 13. Reproductive Health Officer
 14. District Health Officer
 15. Provincial Nursing Director
 16. Members of Health Shuras
 17. Representatives from education site i.e. CME, CHNE or IHS.
 18. Key individuals/organizations for inclusion on an as needed
19. **Reporting:** The Provincial Steering Committee will report their progress to the National Steering Committee.
20. **Chairperson:** with the consensus of members, a chair will be appointed
21. **Meetings:** Committee members will decide the frequency of their meetings; however, ideally in the initial phase they should meet on monthly basis.

Annex E: Proposed Responsibilities of Provincial Nurse and Midwife Officer

1. At provincial level the representative would do a baseline assessment for the professional development needs and then develop comprehensive plan for action.
2. Provide data/ information for the management information system at provincial level.
3. Coordinate the in-service education at provincial level with the provincial resource centre.
4. Conduct joint monitoring visits and develop action plan.
5. Plan provincial central training programs.
6. Liaison with N&M education department of hospitals
7. Collaborate with associations for trainings.
8. Represent Nurses & Midwives in the various provincial level meetings
9. Ensure the registration of Nurses & Midwives with council
10. Coordinate provincial steering committee meetings.

Figure 7: Nursing and Midwifery Service– Partnership Model



ANNEX A: CORE VALUES AND PRINCIPLES OF MoPH

Values are the standards or principles that guide an organization and describe what it stands for. They assist in setting priorities, planning interventions and evaluating processes and outcomes. The core values of the Ministry of Public Health are:

11. **Right to Health** – We consider health as a right of each individual and are committed to creating conditions that support health and wellbeing without discrimination of any kind.
12. **Partnership and Collaboration** – We believe in the meaningful engagement of a wide range of stakeholders both within the health sector and with other sectors and recognize that taking action on health issues often requires working effectively across sectors in addition to the health sector. We see our role as facilitators of multilevel, interdisciplinary and intersectoral cooperation and collaboration.
13. **Community Participation and Involvement** – We believe that community involvement is important to better understand the health needs of communities, to develop appropriate health programs and services, and to take effective action on issues that affect health and well being.
14. **Evidence-based decision-making** – We believe that when developing our public health programs and policies it is important to use the best available evidence.
15. **Results-oriented culture** – We value the performance of our employees and identify, promote and support positive results in the workplace, as well as in our work with clients and communities. We believe in promoting an environment that clearly identifies expectations and performance indicators and monitors and evaluates these over time in the spirit of continuous quality improvement.
16. **Quality** – We believe that quality in health programs and services means responding to client needs and developing and providing health programs and services that are appropriate, affordable, available and timely, safe and consistent, effective and efficient and continuously improving.
17. **Transparency** - We believe in providing access to information about our budgets and make information freely available about how we make decisions. For certain processes we identify and follow specific published criteria (e.g. when selecting contractors through an RFP process)
18. **Sustainability** – We believe in creating and supporting a health system that can, in time, be supported by Afghanistan, both technically and financially.
19. **Dignity and Respect** – We value everyone’s worth and believe in treating everyone with dignity and respect regardless of gender, age, race, religion, ethnicity and socioeconomic and political status.

20. **Equity** – We believe in fairness and giving all Afghans the opportunity to develop and maintain their health through just and fair access to resources for health.

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ANNEX B: CATEGORIES OF NURES

Registered Nurse:

#1A: A qualified trained nurse who has graduated from an educational institution, Private or National, using the approved national nursing curriculum endorsed by the Ministry of Public Health and Ministry of Higher education is safe, competent and authorized to work as a nurse in Afghanistan.

#1B: A fully trained nurse who has graduated from outside the country but has gone through the nursing licensure exam/MoHE/MoPH processes is safe, competent and authorized to work as a nurse in Afghanistan.

Nurse- Midwife: “A nurse-midwife is a person who is legally licensed and/or registered to practice the full scope of nursing and midwifery in her country. The midwifery qualification may have been acquired prior to or after the nursing qualification or as the result of a combined nursing/midwifery education” (ICN 2007).

Community Health Nurse: A qualified trained nurse who has graduated from an educational institution, Private or National, using the approved national nursing curriculum endorsed by the Ministry of Public Health (January, 2010) is safe, competent and authorized to work as a community health nurse in Afghanistan.

Nurse Anesthetist: A person who, after completing the basic education of a nurse, is further trained for two additional years from the recognized educational institute is safe, competent and authorized to work as a nurse anesthetist in Afghanistan.

Assistant Nurse: A person who has been trained for short period of time from private institutes or by NGOs within country/or has certificate from outside the country but has passed Afghan national testing and certification nursing exam is authorized to work as a assistant nurse in Afghanistan.

ANNEX C: CATEGORIES OF MIDWIVES

Hospital Midwife: a fully trained midwife who graduates from one of the campuses of the Institute of Health Sciences and is deployed to hospitals (central, provincial and district) or comprehensive health centers.

Community Midwife: a fully trained midwife who graduates from one of the recognized community midwife education programs in Afghanistan and is deployed to basic or comprehensive health centers³. She is facility-based with outreach to the community.

Assistant Midwife: A person who has been trained for 6months or less period of time from private institutes or by NGOs within country/or has certificate from outside the country but has passed Afghan national testing and certification nursing exam and is authorized to work as assistant midwife in Afghanistan.

ANNEX D: GLOSSARY

Safe staffing: Safe staffing means that an appropriate number of staff, with a suitable mix of skill levels, is available at all times to ensure that patient care needs are met and that hazard free working conditions are maintained.

Bridging Programme: A program of study designed to provide individuals with skills and knowledge required for entry into an occupation, or a Higher level educational institution. It supplements learning outside of a jurisdiction, or at another institution and may include workplace training, occupation specific skills and language training.

Competence: The effective application of a combination of knowledge, skill and judgment demonstrated by an individual in daily practice or job performance.

Continuing Education: Continuing education refers to the whole range of learning experiences, from the time of initial qualification until retirement, designed to enrich the nurse's contributions to quality health care and her/his pursuit of professional career goals.

Professional Development: The establishment of higher levels of competence in the range of knowledge, skills and abilities needed to perform duties or support interventions, be they in clinical practice, management, education, research, regulation or policymaking.

Regulatory Body
A formal organization designated by a statute or an authorized governmental agency to implement the regulatory forms and processes whereby order, consistency and control are brought to the profession and its practice.

Scope of Practice
The range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in, and is authorized to perform. It defines the accountability and limits of practice.

Career Ladder: Programs that include upward mobility for staff through empowerment such as a career ladder has shown positive results in retention and a decrease in turnover.

Occupational Health: Occupational health and safety is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. The goal of all occupational health and safety programs is to foster a safe work environment.

Diversity: is the acceptance and appreciation of difference in culture, thought and experience, and the integration of them into everything we do.

Clinical Documentation- Information documented by all caregivers regarding the management and care of the patient.

Assistant Doctor/Feldsher: Is the name of a health care professional who provides various medical services in Russia and other countries of the former Soviet Union, mainly in rural areas. Training programs for feldshers can be up to four years of postsecondary education, including in medical diagnosis and prescribing. They carry out clinical responsibilities that may be considered mid-way between physicians and nurses. They do not have the full professional qualifications as physicians.

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SWOT ANALYSIS

STRENGTH	WEAKNESS	OPPORTUNITY	THREAT
Availability of NM department within MoPH	Long Work hours and high work load	Commitment of MoPH,	Lack of public awareness regarding NM services
Availability of associations	Low capacity of NM department for monitoring, in service trainings	Donors commitment	Public perception towards NM profession
Formulation of policies, strategies.	Lack of resources in NM dept	Community commitment	Funding constraint
Experienced Nursing and Midwifery	Lack of nursing and midwifery system	Existence of nursing faculty in MoHE	No professional commitment due to recruitment based on conquer examination
Nursing and midwifery education(hospital and community)	Inadequate capacity of nursing and midwifery leaders and managers.	Availability of scholarships	Political and security instability
Availability of accreditation system	Inadequate health workforce plan and management	Workshops, trainings	Brain drain of competent staff by attraction from private sector or other countries.
Training schools with standard curriculum.	Low salaries and benefits	Laws and regulation	
Commitment for saving live	Low social status and image of nursing profession	Support of INGO and associations for higher education degrees	
Dedication of NM for reduction of Mortality and Morbidity.	Low capacity of personal in profession	Availability of improving associations	
Availability of KMU	Lack of policy strategy and strategic plan		
	Staff dissatisfaction and motivation		

	Barriers to practice scope of work		
	Inadequate of capacity building and continues education opportunities		
	Inadequate opportunities like career ladder and professional development		
	Lack of clinical and care standards, care plans and pathways.		

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ANNEX: TOWS ANALYSIS – Interplay of SWOT

SO	WO	ST	WT
Commitment of MoPH i-e Nursing and Midwifery Department . To build on this system	Not allow to practice approved SOW 2. Commitment of MoPH by endorsement of policy 3. Review of Job Description and adaptation to current situation	Lack of public awareness regarding nursing and midwifery services and perception of low social image 1. Marketing the services 2. Mobilize community through associations, MoPH departments such as IEC, RH and MoHE 3. AMNEAD	
Associations 4. Functionalize Nursing Association 5. Maintenance of Midwifery Association	Lack of Resources in the Department . Resource Mobilization . Donor Support . Build the leadership capacity . Commitment of MoPH . Linkages with the international community . Clear sustainability plan	Funding constraints 1. Associations 2. Department 3. Coordination among stake holders 4. Sustainability Plan	
Policy and Strategy 1. Can be supported by conducive environment for implementation	Non conducive work environment . Implementation of SOW . Safe staffing . Formation of disciplinary committees in the hospitals . Implementation of policy document and Laws and Constitution of Afghanistan . Establishment of AMNC	Concur Examination system 1. AMNEAB	
BSc,N, AMNEAB and	Leadership		

<p>Associations 2. Establishment Midwifery and Nursing Council</p>	<p>3. Capacity Building of leaders</p>		
<p>Competency based education System in Place 4. Continues Capacity Building i-e in-service trainings 5. Policy for in-service training 6. Career Pathways</p>	<p>Professional Development including higher education and career ladder 1. MoPH commitment 2. Donor support 3. MoHE commitment 4. Availability of scholarships</p>		
<p>Saving Lives Continues Capacity Building i-e in-service training Higher Education Commitment Scholarship availability</p>	<p>Resource Management including Human, Material and Financial Commitment of MoPH Population based health workforce plan and standard nurse/midwife patient ration</p>		

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