Government of Sierra Leone

NATIONAL
NURSING AND MIDWIFERY
STRATEGIC PLAN
2019-2023

FOREWORD

The Ebola epidemic significantly set back the progress made by Sierra Leone since the end of the long civil war in 2002. The outbreak caused the loss of around 4000 lives, and disrupted the country's health system. Until the outbreak, Sierra Leone had been making numerous strides in multiple aspects of development. The country was cited as a success story for peace-building missions and establishing good governance and stable institutions.

However, in spite of the gains made by the Government in the health sector, child and maternal mortality still remain unacceptably high, at 156/1,000 and 1,165/100,000 live births respectively (DHS and Statistics Sierra Leone, 2013). These poor health indicators are due to limited quality of care and a range of implementation challenges including a critical shortage of health workers. The current data indicate only 185 doctors posted in the entire country (MoHS, 2012), and only 288 midwives with 48 per cent of them serving in Freetown (unpublished draft report "Sierra Leone Midwifery Mapping Report 'Where there is a Midwife in Sierra Leone'", 2017).

As parts of efforts to restore and establish a more resilient health care system in the country, it is prudent to strategically position some key health workforce and services provided to the public. Recognizing that nursing and midwifery services are the backbone of the health sector in Sierra Leone, this strategic plan should be developed with priority given to addressing the challenges of nursing and midwifery systems. The role of nurses and midwives in implementing health programmes and policies cannot be overemphasized which is why my department is committed to ensuring that all Sierra Leone citizens benefit from quality nursing and midwifery services.

Nursing and midwifery services have been integral to increasing access to health care during and after the Ebola outbreak in the country, post war. I am very optimistic that the workforce can achieve more if the Ministry of Health is able to continuously strengthen the structures and processes for the nursing and midwifery professions. In the last few years, the Ministry of Health and Sanitation has embarked on a number of initiatives to revise health policies and guidelines to improve health outcomes and also improve the confidence of citizens in the health system. Key policies developed include the Nursing and Midwifery Policy (2016), Human Resources for Health (HRH) Policy and Strategy (2017-2021), Reproductive Health Policy (2017) and the Basic Package of Essential Health Services (2015).

Global health systems are rapidly developing and evolving to address the trends in health care. The critical threat to health in most countries are increasingly non-communicable diseases such cardiovascular diseases, diabetes, cancer and other conditions associated with aging and today's poor lifestyles. In Sierra Leone, we are dealing with the threats from communicable diseases, with Ebola being a top priority. My Ministry is very much aware that nurses and midwives are pivotal to universal access to health care in Sierra Leone. Therefore we are committed to supporting the Nursing and Midwifery Directorate and Partners in setting up strong systems that would provide optimal preservice and the continued professional education of nurses and midwives at all levels of the health care systems.

My office, and I as Sector Minister, therefore fully supports the development of a comprehensive National Nursing and Midwifery Strategic Plan for the period 2019–2023. This document provides insights into the current situation of these professions, analyses its various facets and proffers strategies for improvements. I believe all who use this document in their field of work will find it a very useful asset.

The Ministry is grateful to all stakeholders who participated in the consultations and other processes throughout the development of this strategic plan, and most importantly to our development partners especially UNFPA, WHO, HRSA/ICAP, World Bank and CHAI for their technical assistance and financial support. I am also optimistic that more partners will come on board to support the implementation of the Strategic Plan throughout the five-year period.

Dr. Alpha Tejan Wurie
Minister for Health and Sanitation

REMARKS FROM THE CHIEF MEDICAL DIRECTOR –MoHS-Sierra Leone

The reputation of the Ministry of Health and Sanitation (MoHS) hinges on the quality of services our staff provide to the people who seek health care and information in Sierra Leone. The majority of health services are provided by our nurses and midwives, who are largely the first cadre of staff the population meet or consult when seeking care. The important role they play to maintain the health of the population calls for strategies to ensure we are able to continue to provide quality health care to the ever-growing population.

There is no doubt that there are challenging times ahead. The high burden of disease and general mortality, especially maternal and neonatal mortality not to mention the large contribution from the adolescent age-group, is a matter of grave concern that needs urgent attention.

We need to improve our services to the ever-increasing population, expand geographical access to reach the most marginalized and vulnerable populations, especially women, adolescent girls and children, and ensure they have equitable access to quality care. We also need to provide a continuum of care throughout the life cycle of our people. This is a priority with our commitment to meeting the targets set out to achieve the Sustainable Development Goals (SDGs), including the Universal Health Coverage (UHC) and other global commitments.

This strategy has come at the opportune time to assist the MoHS to meet these commitments. It will guide our production, fair distribution, expansion and monitoring of our nurses and midwives as part of the overall efforts of the Ministry to improve the human resource base (numbers and quality) for healthcare delivery. I therefore call on managers and directors to use this strategy to plan and contribute to achieving the goals and commitments of the MoHS at all levels.

I would like to thank our donors and partners particularly UNFPA for providing technical assistance and funds for subsequent development, finalisation and printing and to WHO for the initiation process. To CHAI we are grateful for providing costings to the strategic plan.

Dr. Amara Jambai
Acting Chief Medical Officer

REMARKS FROM THE CHIEF NURSING AND MIDWIFERY OFFICER

Since the end of the 11 years of civil conflict and the recent Ebola epidemic that further destroyed the weakened health system, the Ministry of Health and Sanitation and its Development partners have made several strides to strengthen the health system and address the severe shortage of health personnel. There is no doubt that the use of insufficiently skilled health workers over the past several decades has not improved the health of Sierra Leoneans. The Ministry of Health and Sanitation is committed to reversing this situation in the next few years with an adequate number of professionally qualified nurses and midwives providing comprehensive quality services, thus improving the health of women, men, children and families.

The National Nursing and Midwifery Strategic Plan 2019–2023 is the first comprehensive plan in the country aimed at addressing the challenges of the nursing and midwifery workforce. The plan presents strategies that are a major departure from depending on less skilled health workers in the health sector to using more professionally trained nurses and midwives. It has upheld the triad of Governance and Leadership, Education and Research, Association Strengthening and Partnerships. It places pivotal emphasis on the nursing and midwifery workforce, regulations and service delivery, with a focus on quality. It also upholds best practices in education, regulation and service delivery in the West Africa region and internationally. Most importantly, this strategic plan seeks to demonstrate the inbuilt benefits or synergy in linking the care given in health facilities to that given in the communities.

The National Nursing and Midwifery Strategic Plan 2019–2023 provides the strategic direction needed to develop the nursing and midwifery professions in Sierra Leone. It is imperative to regulate nursing and midwifery education and practice, and to enforce standards and institutionalize professionalism among nurses and midwives. The Sierra Leone Nursing and Midwifery Council will foster national standards of education and practice and enforce the delivery of comprehensive quality nursing and midwifery services in health facilities and in the community.

Additionally, this Strategic Plan reflects the commitment of the Ministry of Health and Sanitation and its Development Partners to educating, employing and motivating adequate numbers of competent professional nurses and midwives to provide quality, accessible services to the population, particularly women and children in rural and peri-urban areas. It is envisaged that the Ministry will create a conducive working environment in which nurses and midwives will feel safe and confident in their ability to provide the quality of care needed. I believe that with such unflinching support from the Government, Development Partners, nurses and midwives and other key stakeholders, this plan will become the cornerstone to significant improvement of the health status of Sierra Leoneans.

I am confident that with the implementation of this plan the significant contributions\ of nurses and midwives to national development will become more visible and widely appreciated. It is also my heartfelt desire that all nurses and midwives and other health staff in the directorates and departments of the Ministry of Health and Sanitation will rally forces together to uphold a strong collaboration with the Government and its Development Partners to strategically roll out the provisions of this plan.

I would like to reassure my colleague nurses and midwives that they have my personal commitment to directing and ensuring the full implementation of this Strategic Plan successfully in the next five years.

Mary Augusta Fullah
Acting Chief Nursing and Midwifery Officer

ACKNOWLEDGEMENT

The development of this first National Nursing and Midwifery Strategic Plan 2019-2023 has been made possible by the invaluable support and commitment of key persons who were dedicated to ensuring its successful completion.

Special appreciation goes to the Honourable Minister for Health and Sanitation for showing leadership and commitment towards the empowerment of the nursing and midwifery professions. Similarly, commendations go to the Chief Medical Officer of the Ministry for strongly supporting the programmes and initiatives of the Nursing and Midwifery Directorate.

To our Development Partners and sponsors, especially UNFPA, WHO, CHAI, World Bank and HRSA/ICAP, we are indeed appreciative of your technical and financial support.

We appreciate the work of the two consultants who worked at different times of the development phase of the Strategic Plan to its successful completion. Dr. Peggy Chibuye initiated the process of SWOT analysis and Dr. Jemima Dennis-Antwi built on the data generated, engaged with stakeholders to generate more information, structure and work in bringing the data and ideas together for the development and completion of this report.

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ABBREVIATIONS

BPEHS   Basic Package of Essential Health Services
CHAI   Clinton Health Access Initiative
CHC   Community Health Centre
CHO   Community Health Officer
CHP   Community Health Post
CHW   Community Health Worker
CNMO   Chief Nursing and Midwifery Officer
COMAHS   College of Medicine and Allied Health Sciences
DHMT   District Health Management Team
EVD   Ebola Virus Disease
HRH   Human Resources for Health
JICA   Japan International Cooperation Agency
MCH   Maternal and Child Health
MCHP   Maternal and Child Health Posts
MSF   Medicine San Frontier
MMR   Maternal Mortality Rate
MN   Midwifery and nursing or midwife or nurse
MoHS   Ministry of Health and Sanitation
M&E   Monitoring and Evaluation
MoU   Memorandum of Understanding
NM   Nursing and midwifery or nurse or midwife
PHC   Primary Health Care
RCH   Reproductive and Child Health
SECHNState   Enrolled Community Health Nurse
SDGs   Sustainable Development Goals
SLeSHI   Sierra Leone Social Health Insurance
SLNA   Sierra Leone Nurses Association
SLMA   Sierra Leone Midwives Association
SP   Strategic Plan
SRMNCAH   Sexual Reproductive Maternal Newborn Child and Adolescent Health
SWOT   Strengths Weaknesses Opportunities Threats
TEC   Tertiary Education Committee
TQM   Total Quality Management
UHC   Universal Health Coverage
WACN   West African College of Nursing
WHA   World Health Assembly

EXECUTIVE SUMMARY
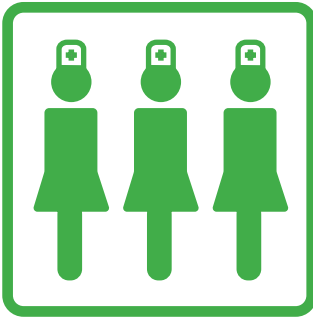
The contribution of the nursing and midwifery workforce to health outcomes globally and nationally cannot be overemphasized. Nurses and midwives together form the largest workforce and the first point of call for communities who need to access health care. Consequently, investment in strengthening the nursing and midwifery structures of a country is fundamental to developing a robust health care system.

The National Nursing and Midwifery Strategic Plan 2019–2023 has been developed through a systematic approach to determining the strengths and challenges of the nursing and midwifery systems in Sierra Leone. The strategy aims to assess the context-specific needs in nursing and midwifery within the wider remit of the relevant policies of the Ministry of Health and Sanitation (MoHS), and to translate these into strategies for the improved provision of services.

The size of the competent health workforce including nurses and midwives, required to provide universal health coverage for the basic package of care is inadequate in Sierra Leone. For instance, fewer than 500 midwives are presently practising when approximately 3,000 midwives are needed to meet the needs of the population. The situation is complicated by uneven distribution, with over 40 per cent of midwives practicing in the Western Urban District of the country serving less than 15 per cent of the population, in the nation's capital, Freetown.

Global organizations such as the WHO have passed many resolutions recognizing the key role of nurses and midwives in health care. The UNFPA has developed the Global Midwifery Strategy (2018-2030) based on the successes of the Investing in Midwives Programme. Target 3 C of the UN Sustainable Development Goals, centred on strengthening the health workforce, is of great relevance as well. Within Sierra Leone, the MoHS has introduced various initiatives such as the Free Health Care Initiative and performance-based financing to improve health services, but the progress made was set back by the Ebola outbreak in 2014.

HEALTH WORKFORCE

3,000 midwives are needed to meet the needs of the population

Structure of the Strategic Plan

In order to develop a context-specific plan, this National Nursing and Midwifery Strategic Plan has been set out in four main chapters. The first chapter describes the background of the health sector in Sierra Leone, and the national and global context, and discusses the policies and guidelines that have been developed to inform actions.

The second chapter focuses on the nursing and midwifery systems in Sierra Leone with a focus on the structure, strengths, weaknesses, opportunities and threats to professional improvements, as well as the cross-cutting factors that currently affect the practice of nursing and midwifery. The SDGs and the concept of universal health coverage are also discussed. The third and fourth chapters go into the details of the Strategic Plan, outlining its vision, goals and conceptual framework, and the strategic directions and actions to improve nursing and midwifery systems towards achieving universal health coverage, along with costing.

Method of development

The development of the Strategic Plan (SP) occurred at three stages of engagement. The first and second were consultative, involving stakeholder interactions to identity strength, weaknesses, opportunity and threats to prioritize six strategic directions out 11 aspects of nursing and midwifery development and practice. The third level of engagement was based on a one week study tour of 11 members of Sierra Leone's NM (nursing and midwifery or nurse or midwife) leadership to Ghana, to learn about best practices in nursing and midwifery health systems there that could strengthen systems in Sierra Leone.

2019-2023
Strategic Plan

Midwives and nurses reaping (securing) health improvements for UHC/SDGs

VISION STATEMENT

A healthy population with universal access to health care through the contribution of quality, sustainable, equitable and safe professional midwifery and nursing services by a functional and dynamic midwifery and nursing workforce by 2023.

MISSION

To contribute to the attainment of the UHC/SDG targets for health improvements in Sierra Leone through competent midwifery and nursing services within an enabling environment

GOAL

To strengthen the health care delivery systems through key components of the midwifery and nursing services for improved sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) and the quality of life of the general population of Sierra Leone for the attainment of UHC/SDGs.

PRINCIPLES AND CORE VALUES

This is based on the provisions of the Nursing and Midwifery Policy (2017) with additions. The principles and core values are represented by the acronym REEAP-IT, that stands for Relevance; Ethical considerations (professionalism, respect for human rights and universality); Evidence-based approach; Accountability and ownership; Partnership; Innovation for midwife-led and nurse-focused care (total patient care/family-centred); Technologically oriented care that is participatory, non-discriminatory, inclusive and person-centred.

TARGET POPULATION

- Primary: women, newborns, adolescents and general population (patients/clients)
- Secondary: nurses and midwives
- Tertiary: MoHS/ Government of Sierra Leone, Development Partners

Strategic directions and outcomes

Six major directions with their commensurate outcomes and outputs were derived for the Strategic Plan.

1 EDUCATION AND RESEARCH

The expected outcome is that midwives and nurses are competently educated and continually updated on knowledge and skills through globally standardized educational systems and supported by ongoing evidenced-based research on respectful care. There are six outputs towards this goal.

2 MIDWIFERY AND NURSING WORKFORCE

The expected outcome is strong midwifery and nursing workforce that is equitably recruited, deployed and promoted to offer improved, quality services, and supported by an enabling environment. There are six outputs towards this goal.

3 REGULATIONS AND SERVICE DELIVERY

The expected outcome is standardized regulatory and service delivery systems built on globally accepted legislation and best practices for the protection of the population. There are seven outputs towards this goal.

4 STRENGTHENING ASSOCIATIONS

The expected outcome is strong, independent associations of nurses and midwives positioned to advocate for the professions and its membership in order to improve service delivery, and professional presence for respectful user-friendly services. There are five outputs towards this goal.

5 LEADERSHIP AND GOVERNANCE

The expected outcome is midwives and nurses recognized and supported for self-governance and strong leadership representation at all levels of the health care system. There are three outputs for this goal.

6 PARTNERSHIPS

The expected outcome is mutually rewarding public-private partnerships for the promotion of nurses and midwives for improved public health. This goal has three outputs.

Implementation framework

The framework describes mechanisms to be put in place to ensure that expected outcomes could be achieved within the time-frame of the plans. It calls for concerted efforts of all the Directorates of the Ministry of Health and Sanitation in collaboration with their Development Partners. The MoHS takes ownership of driving this change, while the coordination of the implementation process will be through the Office of the CNMO.

Another framework used in the implementation process is Total Quality Management (TQM). TQM seeks to hold all stakeholders involved in nursing and midwifery accountable for the overall quality of services and access to health care. This is critical for improved MN care and services.

A major role of the MoHS is setting up an Oversight Committee by its Department of Policy, Planning, Information, Monitoring and Evaluation (PPIME) Office in consultation with the CNMO, to agree on a set of performance indicators and to integrate M&E into the execution of plans.

The committee would ensure:

- A link to the national HMIS/HRIS in operation;
- Listing of process and impact indicators;
- Offsetting up baselines for the targeted (specific) indicators;
- Stakeholder consensus-building and buy-in for the implementation process; and a one-day workshop with MoHS and partners to discuss thematic areas of interest in the SP for partner collaboration with the NM Directorate;
- Regular monitoring;
- Mid-term evaluation;
- End point evaluation;
- Re-planning of SP annually based on outcomes of previous year
- Evidence generation/research/case studies.

Development Partners are positioned to define investments and technical support based on Government-approved programmes, MoUs and annual work plans.

Costing implications

The overall SP has been costed to guide the implementation process and to create access to funding through engagement with Development Partners and MoHS priorities.

1.INTRODUCTION

1.1 Background

A strong health care system balances clinical, prevention and intervention strategies, provides health education for its citizens and maintains an active health care workforce capable of providing competent services for quality health. It provides sufficient resources and enabling environments for optimal health and protects the public from incurring catastrophic or impoverishing expenditures on health. The contribution of the nursing and midwifery workforce to health outcomes globally and nationally cannot be overstated as, together, they form the largest workforce and the first point of call for communities who need to access health care. Consequently, investing in strengthening the nursing and midwifery structure of a country is a must for a robust health care system.

Sierra Leone has one of the highest maternal mortality ratios (MMR) in the world. Poor access to maternal services and the low rate of skilled birth attendance make Sierra Leone one of the most unsafe places for women to deliver. One of the key strategies for averting maternal mortality is ensuring that quality skilled birth attendance is available, accessible and used throughout the country.

A country of over 7 million people, Sierra Leone has struggled to rebuild its health care infrastructure since the end of the civil war in 2002 and the complications aggravated by the outbreak of Ebola in 2014 that killed almost 4,000 people. The overall health infrastructure is inadequate to serve the population's health needs, and the limited facilities that do exist are often understaffed and lacking proper equipment and supplies,[1,2]

The number of competent health workers, including nurses and midwives, required to provide universal health coverage for basic care is far too low to meet the demand in Sierra Leone. The nurses and midwives have a far too heavy workload and burn out. For instance, currently, there are fewer than 500 practising midwives when the country requires approximately 3,000 midwives to meet the maternal and newborn health needs of the population (Midwifery Mapping Report, 2017). This is further complicated by uneven distribution, with over 40 per cent in the Western Urban District of the country, serving less than 15 per cent of the population, in the nation's capital, Freetown. This is in the face of the

heavy disease burden confronting the nation. Staff shortages range from 40 to 100 per cent of the total critical staff required in many parts if the country. Understaffing is aggravated by rapid population growth and an increased disease burden from communicable and non-communicable diseases (NCDs).

As a result of the inequitable distribution of the inadequate number of nurses and midwives, there are several health facilities that are manned by an auxiliary cadre of nursing staff called Maternal and Child Health (MCH) Assistants/Aides to provide nursing and midwifery services at the community level. Unfortunately, observations have shown that without supervision they cannot provide the standard of care that women should receive (National Health Sector Strategic Plan, 2010–2015). This precarious situation is exacerbated by inadequate equipment, logistics and supplies needed to provide quality care.

The National Nursing and Midwifery Strategic Plan 2019–2023 has been developed, taking cognizance of these gaps. It uses a more systematic approach to determine the strengths and challenges of the nursing and midwifery systems and inform a strategic reorganization of the system. The strategy aims to assess the context-specific needs in nursing and midwifery within the wider remit of the relevant policies of the MoHS, and to translate these into service provision strategies.

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1. Amnesty International, https://www.amnesty.org/en/documents/pol10/002/2009/en/ accessed 1/9/18

2. UNICEF, https://www.unicef.org/publications/index_82455.html. UNICEF Annual Report, 2014.

> *There are fewer than 500 practising midwives when the country requires approximately 3,000 midwives to meet the maternal and newborn health needs of the population*
>
> (Midwifery Mapping Report, 2017)

1.2 Global and country context

1.2.1 Global context

The World Health Organization (WHO) recognizes nursing and midwifery as key cornerstones of a health system, in the many resolutions that its Member States have passed over the years. The resolutions focus on highlighting the need for WHO and its Member States to take strategic actions to strengthen national nursing and midwifery systems to deliver on their local and international mandates. These resolutions include WHA 42.27, 45.5, 47.9, 48.8, 49.1, 54.12 and WHA 59.27.[3]

Furthermore, WHO has developed a strategy document, 'Global strategic directions for strengthening nursing and midwifery (2016–2020).[4] Its foundations were laid in 2016 when the WHO Global Human Resources for Health (HRH) Guidelines were published as part of the Workforce 2030 agenda to assist countries map out effective strategies for addressing the inherent health workforce challenges . Global strategic directions for nursing and midwifery provide a framework for countries to strengthening nursing and midwifery services to achieve UHC and the SDGs.

The WHO and other agencies recognize that nurses and midwives play pivotal roles in health service delivery and are continually engaged in health care research, promotion, prevention, treatment and rehabilitation, for families and communities. The WHO notes that often nurses and midwives perform the courageous role of being frontline providers of health, especially in remote areas where illnesses such as malaria, HIV/AIDS, TB, together with emerging epidemics such as Ebola and Zika, and maternal and child health and mental health complications, take their toll on human health. These situations are further complicated by the increasing incidence of non-communicable conditions such as hypertension, diabetes and cancer, which test the capabilities of the health workforce.[5]

3. WHO resolutions, http://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery accessed 20.8.18

4. WHO, 'Global strategic directions for strengthening nursing and midwifery (2016–2020)'.

5. 'WHO Nursing and Midwifery Progress Report', 2008-2012; 'Ghana Nursing and Midwifery Strategic Plan', 2018.

The UNFPA developed a Global Midwifery Strategy (2018–2030) based on the successes of the Investing in Midwives Programme with the purpose of improving reproductive, maternal, new born, child and adolescent health (RMNCAH) with the midwife as the centre of the Health SDG.

The strategy seeks a global impact by ensuring that all women will have access to quality midwifery services and care. Its strategic actions include midwifery education, regulations, workforce associations, creating enabling environments and the global recognition of midwifery. It is expected that these actions will contribute to the overall vision of providing quality maternal and newborn care to save lives and strengthen the ability of women to take care of themselves and their families.

Another global strategy relevant to strengthening nursing and midwifery in Sierra Leone is the ICM Global Strategy 2017–2020. It lays out three major strategic principles -- quality, equity and dignity – that ultimately ensure that every childbearing woman has access to a midwife's care for herself and her newborn.

Other initiatives and organizations that are relevant to Sierra Leone's Strategic Plan (SP) are:

- Sustainable Development Goals (SDGs) with 13 targets of which nine are health targets;

- International Council of Nurses and its journal International Nursing Review;[6]

- Global Health Security Agenda, an implementation vehicle to assist countries in achieving capacities agreed to in the International Health Regulations (2005);[7]

- ECOWAS Heads of States Ouagadougou Declaration(2009);[8]

- International Health Regulations (2005) published by the WHO.[9]

The UN Sustainable Development Goals (SDGs) describe 9 substantive health targets and four additional targets.[10] An important SDG 3 target which focuses on health workforce development and strengthening is Target 3.c: "*Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States*." This target gives impetus to the strengthening of the NM workforce in Sierra Leone.

In a quest to strengthen nursing and midwifery systems in Africa, the WHO Africa Regional Office also produced the Regional Professional Regulatory Framework for Nursing and Midwifery. It seeks to create a common approach to regulation, educational preparation and practice. It gives future direction for nursing and midwifery development in the Africa Region. This is of relevance to the Sierra Leone NM strategic planning process.

1.2.2 Country context

The civil war that ended in 2002 weakened Sierra Leone's health system. In the years that followed, the MoHS developed a decentralized health system structure that delegated power and responsibilities to local councils. District Health Management Teams (DHMTs), which were developed prior to this time period and formed in each of the country's 14 districts, provided support for the country's 19 local councils and 149 chiefdoms.

In 2010, in a major effort to further strengthen the health system, the MoHS introduced a Free Health Care Initiative along with a Basic Package of Essential Health Services (BPEHS) for pregnant and lactating women and children under age 5 in order to improve the poor maternal and child health indices. Free malaria testing and treatment was also provided a year later. The introduction of the Free Health Care Initiative substantially increased demand for health services, resulting in improved rates of maternal and child health indices.[11] Unfortunately, drug stock-outs and service gaps later strained public trust in the system.

6. https://www.icn.ch/nursing-policy/international-nursing-review.

7. http://www.who.int/influenza_vaccines_plan/objectives/SLPIVPP_Session3_Kerr.pdf.

8. https://www.afro.who.int/publications/ouagadougou-declaration-primary-health-care-and-health-systems-africa.

9. http://www.who.int/ihr/publications/9789241580496/en/.

10. http://theelders.org/article/faqs-uhc-and-sustainable-development-goals.

11. DHS 2013.

GLOBAL IMPACT:

Ensuring that women will have access to quality midwifery services and care

In 2011, performance-based financing (PBF) was introduced to encourage health care providers to increase the quality of services.[12] Unfortunately, in 2012 and in 2014, this seeming progress was challenged by cholera and Ebola Virus Disease (EVD) outbreaks with significant negative consequences, not only in the health sector but in other sectors as well. The country was not prepared for the EVD outbreak which spread rapidly across all 14 districts. Epidemiological reports showed that the incidence rates remained unprecedented outpacing morbidity and mortality figures of neighbouring Guinea and Liberia. Post-Ebola programming has been aimed at strengthening the health care system, bolstering infection prevention procedures, and enhancing supply chain accountability. These interventions have huge implications for nursing and midwifery workforce development and services.

Furthermore, policies and guidelines have been developed or revised over the years to influence actions. These include: the Health Policy 2002, revised in 2009; the Reproductive Maternal Newborn Child Health Policy and Strategy of 2017; the Local and Council Act 2004; the National Health Strategic Plan 2010 to 2025; the Post-Ebola Health Sector Recovery Plan 2015–2020; the Health Sector Strategic Plan 2015–2020 and the HRH policy.[13]

Inherent within these various strategic provisions is the expectation that the contribution of nursing and midwifery to the attainment of the national health goals and SDG 3 by 2030 are clearly outlined and followed. Unfortunately, this is not so, even though the role of nurses and midwives in addressing the health needs of Sierra Leoneans cannot be overemphasized.

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12. Sierra Leone Ministry of Health, 2013;Bertone et al.,(2016). https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1546-8 Accessed 20/8/18

13. Sierra Leone MoHS Human Resources for Health (2017- 2021)

1.3 Health indices and strategic priorities

1.3.1 Health indices

In 2010, the MMR for Sierra Leone was 857 per 100,000 live births. This was an improvement when compared with 1032.7/100,000 live births in 2008 and 1044.2/100,000 live births in 1990. The under-five mortality rate per 1,000 births was 198 and the neonatal mortality as a percentage of under-five mortality was 25. According to the 2013 Demographic Health Survey (DHS), the MMR had further declined to an estimated 1,165 per 100,000 live births though the overall under- five mortality rates were estimated at 156 per 1,000 live births. However, at a celebration of the International Day of the Midwife, on 5 May 2018 with the theme, 'Midwives leading the way with quality care' discussions revealed that the country continued to have the highest MMR in the world, with 1,360 maternal deaths per 100,000 live births, with 1 in every 17 women bearing the risk of dying during labour.

It is reported that approximately 70 percent of those deaths could be averted if the country's health workforce status (availability, distribution and competency) was strengthened.[14]

1.3.2 Strategic priorities

Sierra Leone MoHS has developed its new five-year strategy for HRH (2017-2021) which aims to improve the quality of health services. The strategy includes the following elements:

Steps to improve training and management of health workers at all levels

Strategies to improve rural retention rates

Absorption of more workers into the payroll

Planning and financing efforts to support implementation

As this strategy has a bearing on the National Nursing and Midwifery Strategic Plan 2019–2023, a case needs to be made for the HRH to have a focus on nursing and midwifery.

1.4 Structure of the Strategic Plan

The National Nursing and Midwifery Strategic Plan has been laid out in four main chapters. The first chapter describes the background and context of the health sector in Sierra Leone, placed in a global context, and discusses the policies and guidelines that have been developed to inform actions.

The second chapter focuses on the nursing and midwifery system in Sierra Leone – its structure, strengths, weaknesses, opportunities and threats related to professional improvement, as well as reflections on the cross-cutting factors that affect the current situation of nursing and midwifery. The SDGs and the concept of UHC are also discussed. The third and fourth chapters describe the new SP for 2019–2023, outlining the vision, goals, conceptual framework and strategic directions and actions for systems improvement in nursing and midwifery as pivotal contributions to the achievement of UHC in Sierra Leone for all-round quality improvement.

14. See https://www.afro.who.int/sites/default/files/2017-06/mdsrreport.pdf.

Maternal mortality ratio

1,360 maternal deaths per 100,000 live births

1 in **17** bear a lifetime risk of dying during pregnancy or childbirth

2. THE NURSING AND MIDWIFERY SYSTEM IN SIERRA LEONE

This chapter outlines the current status of nursing and midwifery in the country and the factors that influence or challenge its functioning in order to understand the current needs and implications for strategic planning.

2.1 Features of the nursing and midwifery system

This section presents specific aspects of the nursing and midwifery system to provide an understanding of the issues that the five-year SP needs to integrate into its strategic actions.

2.1.1 Leadership and governance

Leadership and good managerial skills are vital to improving nursing and midwifery systems in the health sector. Within the MoHS, the Directorate of Nursing and Midwifery has been established with the goal of ensuring a disciplined, functional, accountable, dynamic and competent midwifery and nursing workforce that is capable of delivering safe, patient-centred, non-discriminatory, evidence-based quality care in a holistic and professional manner to the people of Sierra Leone. The Directorate uses a comprehensive organogram outlining the chain of command and functions of each office that provides proper direction and opportunity for unity of command and a spirit of cooperation among the core leadership.

The Directorate is continually developing policies and processes for systems strengthening in NM. A recent one is the 2017 Nursing and Midwifery Policy and Scheme of Service.

2.1.2 Pre-service education and continuous professional development

Currently, the education of nurses and midwives and assistant nursing personnel in the country is as follows:

The MoHS is committed to achieving the WHO minimum standards for staffing. Over the past few years and with support from partners the Directorate has been able to establish a Midwifery School in Makeni (set up in 2010) that has produced over 250 midwives who used to be enrolled community midwives.

Nursing: Three levels of education

- BSc in Nursing: 4 years after 13 years of general schooling
- Diploma in Nursing (RN): 3 years after 13 years of general schooling
- Certificate in Enrolled Community Health Nursing (SECHN): 2.5 years after 13 years of general schooling
- Auxiliary (Maternal and Child Health Assistant): 2 years after 13 years of general schooling

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Midwifery: Two levels of education

- Certificate in Midwifery (SCM): 18 months after completion of a Registered Nurse (RN) programme (professional) and two years' work experience
- Certificate in Midwifery (SCM): 24 months after completion of State Enrolled Community Health Nurses (SECHNs) with 3 to 5 years working experience

There have been discussions and plans to abolish the SECHN in the near future and introduce a direct entry programme in midwifery at the level of a technician qualification. This idea has however generated several schools of thought on why a technician programme should be considered when Sierra Leone could implement higher level education to introduce opportunities for career advancement. Another cause for concern reported has been the fact that to date there have been no programmes that allow Sierra Leoneans direct entry into midwifery programmes after general schooling. Given the acute shortage of midwives and nurses and the best practices on direct entry programmes that exist in the sub-region, it is prudent to factor this into future decisions.

Specialized programmes exist in anesthesia, ophthalmology and mental health, though donor driven and intermittent. This has curtailed the high need for training abroad in these fields, saving costs. A Nursing Educator Programme has also been developed and has so far produced a dozen nurse/midwife educators. The two-year programme is held at the Faculty of Nursing in the College of Medicine and Allied Health Sciences (COMAHS). The programmes in the specialized fields, however, do not run regularly and hence do not produce a steady supply of trained professionals. Of particular worry is the lack of a paediatric nursing programme. Before these cadres can be recognized as specialists, they have to go through a specialist fellowship programme which is currently non-existent in Sierra Leone.

2.1.3 Regulation

The purpose of regulation during nurse and midwife training and professional practice is to protect the public from any malpractice that could occur. The quality of nursing and midwifery care and services will certainly be compromised without a proper system of regulation. The Nurses and Midwives Board is in the process of submitting its revised Act (2018) to the MoHS for further submission to Parliament to be upgraded from a Board to a functioning council with the full authority to regulate NM. Currently, the Board is still using its old Act of 1956 until it is repealed. It is imperative that the revised Act is passed into law by Parliament to legitimize the proposition of the 2019-2023 SP, and to enhance the functionality and independence of the Board, by transforming it into a Council. The West Africa sub-region can use and learn from the best practices of regulatory councils.

2.1.4 Organization of services and package of care

The Sierra Leone health care system is based on the primary health care (PHC) concept. The public health delivery system comprises three levels:

1. peripheral health units (community health centres, community health posts, and maternal and child health posts) for first line primary health care;
2. district hospitals for secondary care; and
3. regional/national hospitals for tertiary care.

As of July 2015, there were a total of 1,280 functional health facilities across the country: 24 government hospitals, 45 private clinics and 27 private hospitals, 233 Community Health Centres (CHC), 319 Community Health Posts (CHP) and 632 Maternal and Child Health Posts (MCHP).[15] The community health programme is implemented by up to 13,000 Community Health Workers (CHWs) who provide preventive, promotive and treatment services as per the community health policy.

There are also two specialized hospitals, Sierra Leone Psychiatric and Lakka Infectious Hospital, and three tertiary hospitals based in the Western Area. All these levels provide packages of health services defined by categories of service providers, based on the organization of BPEHS.

2.1.5 Nursing and midwifery workforce

Sierra Leone is facing a crippling shortage of professional nurses and midwives. There is a high proportion of lower-skilled nurses – SECHNs – and Maternal and Child Health Assistants (MCH Assistants), who are trained to provide basic safe motherhood and under-five services at the community level but a low proportion of higher-skilled midwives and nurses.[16] There is only one midwife per 1,000 live births and the lifetime risk of death for pregnant women is reportedly 1 in 21. One of the key interventions to avert maternal mortality is ensuring quality nursing and midwifery services are available, accessible and utilized throughout the country. According to the recent Midwifery Mapping Report of 2017, Sierra Leone requires approximately 3,000 midwives to meet the maternal and newborn health needs of the population. The current data on numbers from the payroll include 2,447 SECHNs, 1,729 MCH Assistants, 830 nursing assistants, 349 higher cadre nurses with specialized knowledge and about 272 midwives.[17]

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15. The Basic Package of Essential Health Services, 2015
16. HRH draft Strategic Plan 2016-2020
17. HRH draft Strategic Plan 2016-2020

The situation is further complicated by the inequitable distribution of midwives, with over 40 per cent physically present in the Western Urban District of the country serving less than 15 per cent of the population in the nation's capital, Freetown.

Sierra Leone also has another higher-skilled clinical cadre called Community Health Officers (CHOs), who are the equivalent to Physician Assistants in other countries. The overall ratio of health workers to the population is low, with physicians, nursing and midwifery personnel who can manage complicated pregnancies and deliveries at a ratio of 0.2/10,000 for physicians and 1.7/10,000 for nurses/midwives. These indices and situations are indicative of the need for urgent policy action.

Currently, the health workforce has seen a 20 per cent growth across the last five years in Sierra Leone. This number needs to progressively increase, with a strong focus on nursing and midwifery.

Recruitment and deployment systems at national and district levels are weak and need to be strengthened, improved and harmonized to ensure an equitable distribution of the nursing and midwifery workforce around the country.

2.1.6 Nursing and midwifery research

Research in nursing and midwifery cannot be overemphasized in the era of technology and evidence-based nursing and midwifery care. It is key to informing policy and practice in any setting and essential in the field of nursing and midwifery to test, apply, solve and enhance the provision of care. Currently, the environment for research is non-existent. There are no incentives for nurses and midwives to conduct nationally and internationally competitive research.

2.1.7 Partnerships

Collective action and building of synergies are key to the success and implementation of the NM systems in any country. Collaboration and coordination mechanisms between the Nursing and Midwifery Directorate and other stakeholders need to be further improved to ensure maximum output, enhance programmatic efficiency, avoid duplication of efforts and ensure the overall buy-in of partners into the SP. The current partnership between the MoHS and UNFPA, WHO and CHAI has been very encouraging.

2.2 Factors influencing nursing and midwifery: A SWOT analysis

This section describes the strengths, weaknesses, opportunities and threats (SWOT) that affect the programmatic actions of the Nursing and Midwifery Directorate of the MoHS and impact the improvement of health services provided to the population. As part of the Strategic Planning Process, there were two major steps in the generation of data for the SWOT analysis. The first was a review and compilation of the areas of nursing and midwifery education and training, service delivery, management, regulations, strategic information management, governance and leadership.

The second step was the discussion and reorganization of the information gathered into 11 areas of nursing and midwifery development and practice. These are:

- Education and continuous professional education;
- Regulation and accreditation;
- Organization of services (describes how the service network should be organized to deliver midwife-led or nurse-initiated care which guarantees availability, accessibility, acceptability and high quality);
- Practice;
- Package of care (BPE at the community, district, regional and teaching hospital levels (describes the minimum amount of care required to provide the maximum health benefits to women and newborns; related to essential interventions required at every level and stage of care);
- Nursing/ midwifery workforce;
- Strengthening of professional associations;
- Policies and advocacy;
- Research;
- Leadership and governance;
- Partnerships.

Tables M1 (for midwifery) and N11 (for nursing) give insights into the current state of the midwifery and nursing system in Sierra Leone.

SWOT for midwifery

Table M1: Education and continuous professional development

Strengths	Weaknesses	Opportunities	Threats
• Available curricula for all programmes (SECHN; SRN; Midwifery; MCH Aid) • Revised midwifery curriculum; developed (NM and NMT); • Student clinical placement policy and preceptorship manual developed • Skills labs upgraded • Good standard of NM education • Existence Standard of accreditation and tools for NM programmes • Increased production of midwives • Three SCM training institutions • Government subventions and partners funding for some midwifery schools. • Midwife tutors scheme of service available	• Weak accreditation of schools by TEC • Weak regulatory structures of schools and teachers • Inadequate supportive supervision and mentoring •Education and examination not competency-based or standardized • No direct entry programmes for midwifery at diploma and undergraduate levels • No collaboration amongst the 3 schools. • Low staff salary • Non-conducive working environment • Lack of clinical instructors or teachers to visit the clinical teaching sites • No capacity-building programmes for tutors • Excess number of SECHNs • Mismatch between student population on placement and health facility services. • Staff attrition • Limited learning space and available resources e.g., equipped skills lab; library, ICT & computer lab; office furniture; teaching learning and aids • Limited number of midwife tutors • Inadequate funding to schools • No abridged programmes in nursing e.g., SECHN to SRN; SRN to BSc • No under-graduate or post-graduate programme in midwifery; no post-graduate or PhD programme in nursing • No harmonized SCM programme • Assessment methodology does not match level of training • Limited research • Absence of standard of practice • Absence of scope of practice; • Curriculum is not competency based • Lack of coordination between MoHS and MEST • Uncoordinated in-service training. • Curriculum does not reflect clinical practice	• Partners' goodwill • Political will • Available scheme of service for career advancement • Improved partnership in NM • Introduction of under-graduate and post graduate programmes • ICT revolution • South-South knowledge and skills transfer	• Political interference • Weak educational foundation especially in science subjects • Poor social perception of nursing and midwifery • Malpractices around assignation of WASSE results to right student • Donor-driven funding and Influence • Urbanization leading to large class sizes • International competition

SWOT for midwifery

Table M2: Regulation and accreditation

Strengths	Weaknesses	Opportunities	Threats
Regulation and accreditation Existence of: • A regulatory Board • Existence of accreditation tool • Nominal role for all nurses and midwives • Revised old regulatory Act and process of passing bill in parliament is on course • Nurses and midwives are providing leadership in regulation • Payment of fees from licensing from professional • Collaboration with professional associations • Collaboration with other regulatory authorities both national and international • Core competencies of professionals • Global Standards of nursing and midwifery education • Existence of code of ethics	• Weak regulatory structure without sufficient independence from MoHS • Obsolete Act • Limited staff • License not tied to CPD • Limited funding for the Board • Absence of a SP • Limited office space • Unqualified tutors • Refusal of NM to renew license upon expiration • Inadequate capacity to regulate private and public nursing and midwifery colleges and universities • Poor clinical sites for skills training • Public confused about who a nurse or midwife is • Absence of scope of practice • Weak auditing of pre-registration education programmes • Absence of standards for licensing and renewal • Absence of quality processes for assessing equivalence of applicants from other countries for entry into the register • Weak mechanism for range of registration and/or licensure • Register of professionals is not made public (e.g., in a gazette) • No established criteria, pathways and processes leading to registration/licensure for professionals from other countries who do not meet registration requirements • Information is available on professional regulation but only paper records (not digital) • No structured CPD for competence improvement • No mechanism for returning to practice for professionals who have been out of practice for a defined period	• Partners' goodwill • Political will • South-South Knowledge transfer(i.e., Kenya and Ghana study tour) • Available scheme of service for career progression • Separation of license from registration • Ongoing process for Amendment of Act • Instituting CPD as a pre-requisite for renewal of license and professional identification number (PIN) • Partners' goodwill • Top management support • Development of maiden SP • Collaboration with National Accreditation Board • Development of national policy on accreditation of clinical sites and training institutions • Involvement of private institutions in decision making process • ICM code of ethics	• Public interference in accreditation of schools and in-take of students • Establishment of mushroom schools • Compromised quality of education and training • Poor quality of service and patient safety issues • Non-cooperation and compliance from private schools in the recruitment of unlicensed nurses • Citizens' dissatisfaction with services • Disconnect between private and public interests • Dissatisfied nurse and midwife educators with conditions of service • Dissatisfied nurse and midwives practitioners

SWOT for midwifery

Table M3: Organization of services

Strengths	Weaknesses	Opportunities	Threats
• Existence of a directorate to provide leadership and coordination for delivery of nursing and midwifery services • Available CHPs, MCHPs	• Marginalization of nursing and midwifery services • Limited and inappropriate establishment for nurses and midwives • Challenging working environments • Lack of nursing and midwifery policy • Rotation of midwives into other areas of health care • Critical shortage of nurses and midwives • Inadequate capacity to regulate private and public nursing and midwifery colleges and universities • Poor nursing & midwifery services at all levels of care • Inadequate nursing and midwifery legal framework • Inadequate leadership and management/supervisory skills at all levels • Inadequate equipment and supplies • Inadequate infrastructure to support delivery of nursing and midwifery care • Negative attitude of nurses and midwives • Inadequate funding for midwifery services • Unmotivated staff • No dedicated funding for nursing and midwifery • Poor image of nursing and midwifery across the country	• Partners' goodwill • Space to enhance the scheme of service for career advancement • Inclusion of key issues in the new SP • Advocacy for allocation of funds in MoHS budget for supervision, M&E • Stakeholder Engagement with MoHS management and Development Partners for support • Existence of Restoration Strategy of Post-Ebola outbreak • Partners' goodwill • Free health care policy • Partners like UNFPA, UNICEF, ICAP, WHO supporting training	• Political interference • Weak educational foundation especially in science subjects • Low staff salary • Unconducive working environment • Negative public perception of nursing and midwifery • Mismatch between student population on placement and health facility services. • Donor-driven funding and Influence • Public perception of nursing and midwifery services • Donor-driven funding and Influence • Urbanization causing large class sizes • Staff attrition

Table M4: Package of care

Strengths	Weaknesses	Opportunities	Threats
• Policy on BPEHS • Social Health Insurance available	• Package is not driven by community • Midwives not present at Peripheral Health Unit level (mainly in hospitals and CHCs) • Poor implementation of social insurance • Poor quality of care and patient safety issues • Health care system not resilient	• Sierra Leone joined the quality of care network, which has a strong 'experience of care' component • World Bank support for Hub and Spoke model • Institutionalization of Quality Assurance health care structures nationwide • Health Insurance policy • Opportunity to sustain post-Ebola gains • Use of ICT to manage health insurance claims	• Funding sources • Citizens' dissatisfaction with quality of services • Medico-legal issues • Re-emergence of outbreaks of Ebola

SWOT for midwifery

Table M5: Practice

Strengths	Weaknesses	Opportunities	Threats
• Regular competency building through CPE (e.g., BEmONC trainings) • Standards of care guidelines available	• No system to hold midwives accountable for malpractice • Low medico-legal education • Poor staff attitude • Inadequate linkage between education and practice • Task shifting not adequately developed • Poor adherence to protocols	• Nursing and Midwifery Board to re-strategize for effective implementation of mandate • Intensification of medico-legal education among practitioners • Establishment of Quality Assurance and improvement structures • Introduction of coaching and mentorship schemes • Development of task-shifting policy	• Lawsuits • Poor public image of midwifery • Public dissatisfaction • Poor maternal and child health outcomes • Infectious Disease outbreaks

Table M6: Midwifery workforce

Strengths	Weaknesses	Opportunities	Threats
• Midwife leaders in key positions • Availability of code of practice • Availability of scheme of service • Availability of working tools (protocols)	• Critical shortage of nurses and midwives in the country • Uneven distribution of midwives • Lack of professional accountability and 'pride' • Poor attitude of nurses and midwives • No dedicated funding for nursing and midwifery • Poor image of nursing and midwifery across the country • Poor salaries and conditions of service • Poor working environment and conditions • Occupational hazards • Lack of insurance for high risk • High attrition rate • Poor motivation of staff	• MoHS and partners' support and goodwill • Leadership and governance • Reforms at all levels • Advocacy for better conditions by associations • Application of labour laws and holding employers accountable • Introduction of incentives to attract midwives to work in deprived areas	• Low staff morale and commitment • Weak enabling environment

SWOT for midwifery

Table M7: Professional association

Strengths	Weaknesses	Opportunities	Threats
• An established association • Availability of a constitution for members • Representation on the NM Board	• Low number of paid members, and inactive membership • Weak resource mobilization capacity • Weak administrative capacity (financial, membership, etc.) • No office space • Outdated constitutions • No paid staff, all volunteers • No district representation • Poor membership drive, registration and member participation • Lack of interest among midwives interest in being members	• CNMO has called on all midwives to become members of the association, so as to benefit from MoHS organized trainings • Twinning with Ghana Registered Midwives Association, with support of Royal Dutch Midwives Association • WACN conference to take place in Sierra Leone in 2019 • Link with regional, international bodies • Link with CSOs • Link with other health professional bodies/ organizations • Link with nursing schools and hospitals • Opportunity to join the global efforts on midwives' role in reproductive health • Rebranding of the profession	• Rivalry with nurses' association • Unstable cohesion in association could break • Low bargaining power • Low political influence for policy formulation • Career development might be slow

Table M8: Policies and advocacy

Strengths	Weaknesses	Opportunities	Threats
• Reproductive health policy developed • Application of BEmONC • Development of SP ongoing • MoHS leadership commitment	• Low skills and capacity for advocacy and influencing policy • Inadequate resource allocation • Absence of guidelines for advocacy and influencing policy • Low interest in policy and advocacy	• South-South cooperation (study tours) • Technical assistance from Development Partners for capacity-building in advocacy and influencing policy • Refresher courses for nursing and midwifery leaders • Exposure to International conferences • Identify champions for advocacy and influencing policy	• Low Global presence • Low interest from Development Partners • Low funding opportunities

Table M9: Information management and research

Strengths	Weaknesses	Opportunities	Threats
• Availability of various tools with strategic information (job descriptions) • Service delivery points (health facilities) generating strategic information • Well-structured directorate in the ministry	• Weak information management and research capacity in midwifery education, service and regulations • Inadequate RMNCAH data generated • Inaccurate morbidity and mortality rate data	• Research partners present in-country • Govt. and stakeholders (WHO,UNICEF,UNFPA,JICA, LSTM) interested in developing effective information management system e.g., IRIS (Integrated Resource Information System)	• Data credibility will be compromised • Loss of confidence among International bodies • Wrong decision-making

Table M9: Information management and research

Strengths	Weaknesses	Opportunities	Threats
• Integrated reporting system • Nursing and midwifery institutions available as a source of information on nurses and midwives • Regulatory body for nurses and midwives available as a source of information on nurses and midwives • Availability of trained and skilled staff • Availability of reporting tools and communication tools, e.g., CUG • Availability of a well-structured directorate in the ministry • Integrated reporting system – DHIS2 • Availability of staff to collect strategic information	• Weak internal and external programme evaluation • Weak nursing and midwifery research work • Inadequate data analysis and interpretation • Poor documentation and reporting • Poor data quality: incomplete data and late reporting • Inadequate capacity to apply the midwifery process • Ineffective communication and feedback to the next level. • Inadequate database for nurses and midwives • Poor documentation and reporting. data quality-incomplete data & late reporting • Poor documentation in health facilities. • Lack of use of midwifery process in the management of clients • Ineffective communication and feedback to the next level. • Inadequate tools for supportive supervision, mentoring and coaching, • Inadequate enforcement of codes of ethics for midwives for effective ethical decision making • Lack of operational research in health facilities	• Support by NGOs, international NGOs and Partners for the development of measuring tools for application by nurses and midwives • Local & international training (In-service training in data management, CPD, post-basic training) • Exchange visits • M&E training by AMREF (An NGO). Govt. and stakeholders (WHO,UNICEF,UNFPA, JICA, LSTM.,) interested in strengthening information management system • Availability of nursing and midwifery websites with strategic information • Availability of service delivery points (health facilities) generating strategic information • Availability of various data collection tools with strategic information	• Poor planning and budgeting • Donor support may be reduced • Poor accountability

Table M10: Leadership and governance

Strengths	Weaknesses	Opportunities	Threats
• Department of Nursing and Midwifery well established and stable (no personnel changes after elections) • Organogram of Directorate of Nursing and Midwifery exists • Committed management	• Not enough collaboration with other departments and programmes that affect nursing and midwifery • Inadequate nursing and midwifery legal framework • Inadequate leadership and management/supervisory skills at all levels	• Partners willing to support strengthening of the NM • Promulgation of New Nurses and Midwives Act • Membership in International Associations • Exchange programmes	• Partners want to see results; if not they move on • Cohesion among the Midwives could be broken • Poor performance indicators • Weak M&E system • Lack of discipline

SWOT for midwifery

Table M11: Partnerships

Strengths	Weaknesses	Opportunities	Threats
• Good relationship between MoHS' department of NM and partners • Variety of partners supporting midwifery e.g., WHO and UNFPA • High commitment of NM leadership	• Poor alignment of donors' agenda with government priorities • Weak coordination of partner's activities at all levels including community (community structure, local NGOs, local authorities and organizations) • Lack of framework to engage potential partners • Low empowerment of nursing and midwifery leadership to engage with partners	• Willingness of partners to enhance coordination. • Funding from donors • Domestic resource mobilization	• Programmatic inefficiencies • Duplication of efforts • Partners who could not be trusted • Partner support not based on institutional needs • Very high administrative cost of some partners

SWOT for nursing

Table N1: Education and continuous professional development

Strengths	Weaknesses	Opportunities	Threats
• Post-basic nursing programmes • Undergraduate nursing programme -- BSc in nursing • Student clinical placement policy; preceptorship manual; standards of nursing education; standards of accreditation and tools for nursing programmes • 5 SRN training institutions • Government subventions and partners' funding for some nursing schools • Availability of nurse tutors • Nurse tutors in the service scheme Willingness and interest among nurses in higher education • Competence-based education	• No national standard for nursing curriculum • No Board-certified examinations for post-basic nursing education (mental health, ophthalmic, nurse education, anaesthesiology). • Only one (COMAHS) SRN institution is fully supported • Lack of learning platforms for nurse and midwife tutors • Low writing and publication skills • Inadequate nurse tutors, many without higher qualifications • Nurse education curriculum does not meet current tutors' needs • Lack of clinical instruction • Inadequate supportive supervision and mentoring • Inadequate capacity-building programmes for tutors • Limited number of nurse tutors • Absence of specialized training for nurses e.g., critical care nursing, accident and emergency, etc. • Over production of non-professional nurses (SECHNs)	• Partners' goodwill • Political will • Funded exchange visits • Available scheme of service for career paths • Improved partnership in nursing education • Availability of global standards • High number of qualified secondary students with Arts qualifications • Tutors willing to work and learn	• Experienced nurses retiring or leaving clinical settings • Brain drain • Poorly trained nurses • Low level of international competetiveness • Poor social perception of nursing as pro-female (gender and often belittled) • Manipulation of WASSCE Exam and Results • Donor-driven funding and influence • Urbanization leading to large class sizes • Public and political interference in nursing education • The establishment of mushroom schools

SWOT for nursing

Table N1: Education and continuous professional development

Strengths	Weaknesses	Opportunities	Threats
	• Obsolete legal instruments		
	• Lack of qualified instructors and clinical instructors		
	• Inadequate capacity-building programmes for tutors		
	• Limited physical learning space		
	• Inadequate resources e.g., equipped skills lab; library, ICT & computer lab; office furniture; teaching learning & aids; and if present, sometimes not accessible or supported		
	• Inadequate funding for schools		
	• No abridged programmes in nursing e.g., SECHN to SRN; SRN to BSc		
	• No post-graduate or doctoral programme in nursing		
	• Assessment methodology does not match level of training		
	• Absence of standard of practice		
	• Absence of scope of practice		
	• Lack of coordination between MoHS and MEST		
	• Affiliating schools of nursing with universities has created limited oversight by the MoHS		
	• Uncoordinated in-service training		
	• Very little academic research		
	• No CPD structure		
	• No clear synergy and pathway for career development		
	• No clear career ladder (promotion/progression)		
	• Lack of collaboration between training institutions		
	• Inadequate inclusiveness of public-private/Faith based organisations partnership		
	• Lack of a preceptorship structure		
	• Lack of standardized assessment tool to align with level of training		

SWOT for nursing

Table N2: Regulation and accreditation

Strengths	Weaknesses	Opportunities	Threats
• Established Nurses and Midwifery Board with an act to guide implementation of its activities • Internally generated financial resources to carry out most of Board's activities • M&E framework and accreditation tool available • Coordinated efforts from sister organizations e.g., WACN, SLNA, SLMDC • Control over all accredited nursing and midwifery schools • Existence of an examination committee	• Limited staff • Lack of criteria for board member • No term limits for board members • Limited office space • No organogram for the board • No standard documents to guide the implementation of activities of the board • Weak sensitization on nursing education and practice by the board • Delayed responses by nursing and midwifery institutions to Board requests • No training opportunities for board members • No monitoring and supervision of nursing and midwifery training by the board • No practical board examination • No assessment for internationally trained nurses • No collaboration between the board and Human Resource Management Office and Health Service Commission for assessment • Inadequate capacity to regulate private and public nursing colleges and universities	• Support and collaborative work relationship with partners like WACN, WHO, SLNA, SLMDC, UNFPA • Involvement of the board in international conferences and workshop • Registrar and the CNMO (Chairman of the Board) are council members in WACN	• Limited capacity of the board to effectively regulate nursing education and practice • Political interference in the accreditation of schools and intake of students • Inadequate Government funding for Nurses and Midwifery Board / council • Limited ability to internally generate funds to support systems • Non-cooperation with some of the private institutions in the recruitment of unlicensed nurses

Table N3: Organization of services

Strengths	Weaknesses	Opportunities	Threats
• Availability of Primary Health Care services • Availability of Secondary Health Care services • Availability of Tertiary Health Care Services • Availability of Basic Package of Essential Health Services • Availability of Revised Scheme of Service • Availability of job descriptions for certain cadres • Introduction of IPAS	• Primary Health Care services offered also at tertiary levels • Humanitarian services for outbreaks and emergencies not included • No remote allowances for hard-to-reach communities • Inadequate logistics and medical supplies at all levels of delivery • No clear job description • No clear distinction between primary and secondary care descriptions for certain cadres • Inadequate staffing at all levels • Organizational structures not clear	• Availability of primary health care hand book • Political will • Presence of health related NGOs., private organizations and FBOs • Donor support for post-Ebola restoration • Modernization of nursing care using ICT	• Public dissatisfaction with services and interference from political heads • Low government funding • Lack of discipline in the workforce

SWOT for nursing

Table N4: Package of care

Strengths	Weaknesses	Opportunities	Threats
• Established emergency ambulance services • Directorate providing oversight for emergency services • Directorate of health security and emergencies • Availability of relief services e.g., Red cross, CRS, Handicap International • Presence of CBO in communities • Cost effectiveness of package of care	• Inadequate resources for sustainability • Infrastructural constraint (buildings and ICT)	• Political will • Publicity of package of care	• Inadequate working documents • Inexperienced staff

Table N5: Practice

Strengths	Weaknesses	Opportunities	Threats
• Existence of a directorate to provide leadership for delivery of nursing and midwifery services • Availability of National Instrument e.g., nurses and midwifery policy, BPEHS • Availability of training institutions • Nurses and Midwives Board	• Simulation exercises in the form of demonstration and re-demonstration by teacher and students is lacking • Compromised quality of education and training • Limited and unsuitable establishment for nurses • Adverse working environment • Lack of nursing policy • Lack of CPD framework • Uncoordinated in-service training • Critical shortage of nurses in the country • Inadequate capacity to regulate private and public nursing colleges and universities • Poor nursing services at all levels of care • Inadequate legal framework • Inadequate leadership and management/supervisory skills at all levels • Inadequate equipment and supplies • Inadequate infrastructure to support delivery of nursing care • Poor attitude of nurses • No dedicated funding for nursing	• Existence of a directorate to provide leadership for delivery of nursing and midwifery services • Availability of National Instrument e.g., nurses and midwifery policy, BPEHS • Availability of training institutions • Nurses and Midwives Board • Human Resource Management Policy • Availability of trained service provider • Good leadership e.g., Expansion of the Directorate of Nursing • Donor support • Good nursing and midwifery managers in all hospitals and districts • Established IPC programme • On-the-job training manual	• Compromised quality of education and training • Marginalization of nursing as a career, by the public • Adverse Political working environment • Public dissatisfaction • Weak managerial • Insubordination of junior staff • Compromised quality of service • Inadequate leadership and management/ supervisory skills at all levels • Lack of psychosocial support for care providers

SWOT for nursing

Table N5: Practice

Strengths	Weaknesses	Opportunities	Threats
	• Poor public image of nursing across the country • Poor salaries and conditions of service • Weak managerial knowledge and leadership skills • Poor documentation and data management • Lack of appraisals for staff • Lack of health workers' safety and welfare policy • Low standard of nursing education • Poor enabling environment • Unclear career pathway • Weak referral system for client/patient • Lateness and absenteeism of matron, ward in charges and nurses • Insubordination of junior staff • Compromised quality of service • Inadequate leadership and management/supervisory skills at all levels • Lack of psychosocial support for care providers		

Table N6: Nursing workforce

Strengths	Weaknesses	Opportunities	Threats
• Training college for professional nurses (SRNs, B.S.C,) • Training available for nurse tutors • Skills labs upgraded • Availability of code of practice • Career partway developed • A reversed scheme of service • Existence of IPC programme in the country	• Negative attitude of some nurses to their own profession • No dedicated funding for nursing • Poor image of nursing across the country • Poor salaries and conditions of service • High risk of occupational health hazards • Nonexistence of specialized training for nurses e.g., oncology • Nurse tutors not well-trained in areas like IT and research • Code of Ethics not well popularized • Fragmentation of interventions • Too many cadres of care givers • No scope of practice	• Political will • South-South cooperation • Global Advocacy for Nursing Now Campaign • Collaboration with WACN for training of specialized nurses • Donor partners interested in post-Ebola restoration	• Brain drain to other countries • Public dissatisfaction

SWOT for nursing

Table N7: Strengthening associations

Strengths	Weaknesses	Opportunities	Threats
• Established bodies (SLNA,, SLANA) • Regular AGMs • Availability of legal documents (constitution) • Availability of office space • Representation at NM Board and other functions • Availability of district structure • Annual activity plans	• Outdated constitutions • No paid staff, all volunteers • Poor membership drive, registration and member participation • Poor relationship with policy makers • Lack of SP • Poor communication with members (e.g., distribution of activity plan) • Low advocacy initiative and ability to influence policy • Weak public relations	• Link with regional and international bodies • Link with CSO • Link with other health professional bodies/ organizations • Link with the nursing schools and hospitals • South-South cooperation	• Lack of funds • Lack of independence from Government • Lack of motivation to become a member

Table N8: Policies and advocacy

Strengths	Weaknesses	Opportunities	Threats
• Availability of nursing policy and other policy documents • Integrated supportive supervision • The presence of associations • Organizational structure available	• Policies not popularized • Lack of adequate resources for implementation • Ineffective supportive supervision • Limited organizational support • Weak linkages between policies • Inadequate publicity • Poor organization at grassroots level • Lack of costed operational documents	• Political will • Rebranding of association • Development of SPs for policies	• Untimely donor intervention • Quality care could be compromised • Poor health outcomes • Donor fatigue

Table N9: Information management and research

Strengths	Weaknesses	Opportunities	Threats
• Availability of a well-structured directorate in the ministry. • Integrated reporting system – DHIS2 • Availability of nursing &midwifery Institutions to provide information on nurses and midwives • Availability of regulatory body for Nurses and Midwives to provide information on nurses and midwives	• Poor documentation and reporting: poor data quality (inaccurate, incomplete & late reporting of data • Lack of use of nursing process by nurses in the management of clients • Inadequate database (Health Information Management System) • Ineffective communication and feedback to the next level.	• Government and stakeholders (WHO,UNICEF,UNFPA,JICA, LSTM) interested in supporting the development of information management system • Support by NGOs, international NGOs and Partners for the development of measuring tools for nurses and midwives • Opportunities for local & international training (In-service training in data management, CPD, post-basic training)	• Inadequate resources for monitoring and supervision • Staff attrition (deaths, turnover, non-replacement) • Poor coordination leading to data not harmonized among partners in health and Government institution at different level • Unreliable data management system

SWOT for nursing

Table N9: Information management and research

Strengths	Weaknesses	Opportunities	Threats
• Availability of trained and skilled staff	• Inadequate tools for supportive supervision, mentoring and coaching • Inadequate enforcement of codes of ethics for nurses and midwives for effective ethical decision making • Lack of operational research in health facilities • Inadequate database for nurses and midwives • Inadequate communication on strategic information (policies, scheme of service, code of ethics) • Inadequate knowledge on data management • Inadequate skills on information technology for nurses (computer illiteracy) • Lack of nursing informaticians • Ineffective M&E system • Limited qualified staff for data management	• Availability of nursing and midwifery websites with strategic information • Availability of service delivery points (health facilities) generating strategic information • Availability of various data collection tools with strategic information • E-learning, availability and use of E-Health tool)	• Inadequate resources for monitoring and supervision • Staff attrition (deaths, turnover, non-replacement) • Poor coordination leading to data not harmonized among partners in health and Government institution at different level • Unreliable data management system

Table N10: Leadership and governance

Strengths	Weaknesses	Opportunities	Threats
• The presence of administrative structures: Directorate of Nursing Services. • Qualified leaders • Various study tours to Malawi and Kenya to learn best practices • Presence of nursing associations (SLNA, WACN)	• Weak regulatory body leading to poor implementation of policies • Lack of leadership training for nurses • Limited nurse leaders • Poor supervision • Poor M&E framework	• Political will • Presence of NGOs supporting the leadership • Training programmes	• Public interference in the profession • Demotivation of nurses due to limited conditions of service • Breakdown of law and ethics in the profession

Table N11: Partnerships

Strengths	Weaknesses	Opportunities	Threats
• Partners interested in nursing and midwifery activities • Presence of health consortium • Healthy partnership between the Directorate of Nursing and UNFPA	• Poor alignment of donors' agenda with Government priorities • Weak coordination among partners • Limited support for nursing and midwifery activities	• Willingness of partners to enhance coordination • Attendance to international programmes (ICN) • Collaboration with research institutions	• 'Rogue partners': partners that cannot be trusted as genuine • Unplanned exit of partners and challenges with sustainability of efforts • Uncoordinated remuneration of skilled personnel (different salaries but equal qualifications)

2.3 Cross-cutting factors affecting nursing and midwifery

A SP is critical to the optimal performance of nursing and midwifery services in a world of changing global policies and evolving local contexts defined by political will and changing socio-economic trends. These are discussed below:

2.3.1 Gender issues in nursing and midwifery

Gender issues are commonly linked to poverty and social injustices against women and men and it often associated with low quality of life. When countries are able to reduce gender inequality, it is a step towards furthering human rights. It is also a pre-requisite for sustainable development. In nursing and midwifery, the issue of gender affects the professional and social lives of nurses and midwives in the sense that, although the profession is predominantly female, the patriarchal nature of the health system sidelines their role in policy decision-making and negotiations. Moreover, their social role as caretakers affects their availability to fully and continually participate in higher level discussions and decision-making and to aspire to political positions. The low enrolment of males in the professions can be studied and addressed through policy making. It is critical that the SP considers an opportunity for mainstreaming gender in the professional development of nurses and midwives.

2.3.2 Evidence-based care and innovation

Evidence-based nursing (EBN) or evidence-based practice is a form of nursing that draws on evidence-based medicine. It applies the best available evidence from the science in order to make clinical decisions. EBN seeks to provide effective health care through a combination of individual expertise, patient values and expectations with the patient's clinical condition, the clinical setting and circumstances, patient's preferences and actions and the best research evidence. In Sierra Leone, the extent of application of research findings to care in nursing and midwifery is limited. Most research is conducted for academic purposes and does not translate into EBN. There is therefore a need to incorporate EBN into clinical practice and regulations.

2.3.3 Application of technology to nursing and midwifery

Computer technology, the development of applications for information, education and communication together with the increasing access to mobile phones, especially smart phones, have created easy access for medical professionals to current information. New health care applications have been developed world wide to respond to current health needs of clients. Adequate technology exists to improve nursing and midwifery care but lack investment by governments in Africa.

For enhanced and specialist NM care governments need to consider investing in modern medical technology for nursing and midwifery care, such as patient monitors, neonatal resuscitation units, digital BP apparatus, infra-red thermometers and nursing information and data collection software. These are critical to protecting lives and enable the nursing and midwifery system to improve the quality of health care. The 2019-2023 SP therefore needs to include these measures.

2.3.4 Mental health

The mental health of health professionals, patients and clients is an important and integral aspect of population health. Unfortunately, mental health service delivery remains a challenge in Sierra Leone. Critical gaps in staffing mean thousands are unable to access the services they need. In a population of 7 million people, Sierra Leone has two psychiatrists, two clinical psychologists, and 19 mental health nurses. Just four nurses are specialized in child and adolescent mental health.

Currently, the WHO, in collaboration with other partners, is providing technical support to strengthen mental health services within the MoHS to improve the quality of care for people in need. Specifically, support is being provided for the review of the 1902 'Lunacy Act', the review of the Mental Health Policy and Strategic Plan, training of health care workers in Psychological First Aid, training of 120 CHOs in the WHO Mental Health Gaps Action Programme as well as the rolling out of Community Healing Dialogues. These interventions are very crucial for consideration in the SP and so efforts ought to be made to ensure a cadre of mental health nurses are adequately trained and engaged within the time-frame.

2.4 SDGs and universal health coverage

As the largest group of providers of health services globally, nurses and midwives are central to realizing the goals of UHC. As Sierra Leone continues to recover from post-Ebola health system priorities, there is a renewed call for long-term, sustainable and equitable progress towards achieving UHC. Major progress has been made in health information systems strengthening. According to the Joint External Evaluation, Sierra Leone now has a robust revitalized integrated disease surveillance and response system with countrywide coverage.

The vision of the new National Health Sector Strategic Plan (NHSSP II 2017–2021) is a well-functioning national health system that delivers efficient and high-quality health care that is accessible, affordable and equitable for all. In March 2017, the Government announced a mandatory and universal Sierra Leone Social Health Insurance (SLeSHI) scheme, to be funded by payroll deductions from sector employees, ear-marked taxes and a health budget allocation. The next steps for establishing the scheme include the passing of the SLeSHI Act in 2017 and the continued sensitization of key stakeholders nationwide.

There is a UHC partnership that initially supported integrating Ebola recovery plans into the national health policy framework, as the country developed the BPEHS 2015-2020 and a Health Sector Recovery Plan 2015-2020. Now, the partnership has shifted its support towards the development, implementation and monitoring of the NHSSP II 2017–2021 as well as the establishment of SLeSHI. A well-thought out nursing and midwifery SP for inclusion is vital for UHC in the country.

A nation's health care system should leave no one behind. The nursing and midwifery professions have a role to play in ensuring accessible, affordable and quality health care for all citizens and residents in the country. A sufficient supply of safe and effective essential medicines is also critical to achieving UHC in the country. The health care financing strategy plays a vital role here and ought to be seriously evaluated in the SP. The cost implications are discussed in chapter 4 of this report.
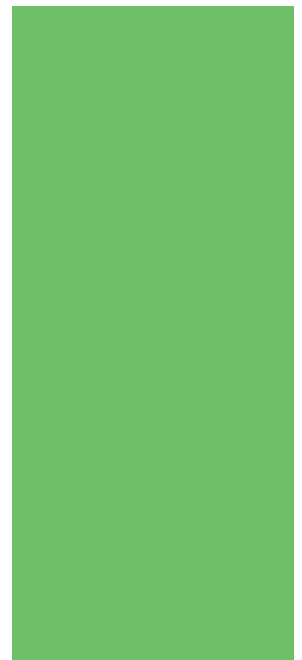
3.DEVELOPMENT PROCESS, FRAMEWORK AND STRATEGIC DIRECTIONS

This chapter describes the processes, structures, framework and the strategic directions for strengthening nursing and midwifery in Sierra Leone over the next five years. They are informed by the literature, SWOT and the cross-cutting factors previously discussed as well as global best practices.

3.1 The development process

The development of the SPs occurred in three stages. The first was led by a consultant from WHO Sierra Leone who employed a mixed method of presentations, group assignments and plenary discussions during a four-day Strategic Plan Development Meeting held from 10 to 13 April 2017 in Freetown to generate draft SWOT tables and log frames to inform the development process. This initial activity generated information in the areas of nursing and midwifery education and training, service delivery, management, regulation, strategic information management, governance and leadership.

A second stage of engagement was a three-day workshop from 19 to 21 June 2018 in Lumley-Freetown that was facilitated by a UNFPA consultant tasked to complete the SPs. The workshop was held with key stakeholders in nursing and midwifery, Development Partners, programme directors of the MoHS and women advocates. Prior to the workshop, the input of the following key leaders in the health and development sector was sought: Minister of Health, Director-General of the MoHS, Programme Director of Reproductive Health, CNMO and the Country Director of UNFPA.

In the workshop, a mix of programmatic and stakeholder presentations were made on day one to discuss ongoing activities and existing policies for nursing and midwifery. The remaining days were spent in group activities related to (a) the review and reorganization of SWOT, (b) the finalization of SWOT through a compilation of outputs, (c) the prioritization of thematic areas and (d) the development of the SPs using a framework proposed by the consultant.

The prioritization process led to the choice of the following six strategic directions:

> 1. Education and research
> 2. Health workforce
> 3. Strengthening associations
> 4. Regulations and service delivery
> 5. Leadership and governance
> 6. Partnerships

The six strategic directions informed the development of SPs for nursing and midwifery for 2019–2023, which were further validated in a three-day meeting held from 29 July to 1 August 2018 at the premises of UNFPA. The third and final stage of engagement was a one-week study tour to Ghana by 11 members of the Sierra Leone-NM leadership to learn about best practices in Ghana's nursing and midwifery health systems that could promote and accelerate the strengthening of systems in Sierra Leone. All observations from these three phases have been integrated into this SP document.

3.2 Vision, mission, objectives, principles and values

The vision, mission, objectives and principles of the nursing and midwifery system SP over the next five years are directed by the overarching mission of the MoHS of Sierra Leone, specific provisions of the Directorate of Nursing and Midwifery SWOT analysis and the global literature.

The vision of the MoHS-SL Directorate of Nursing and Midwifery is as follows: *"A functional and dynamic nursing and midwifery workforce capable of delivering quality, safe, evidence-based and comprehensive nursing and midwifery services to all the people of Sierra Leone."* The MoHS mission statement is *"to contribute effectively to the health goals of the Ministry of Health and Sanitation and the nation as a whole,"* and is led by the following guiding principles: ownership and accountability, ethical considerations, relevance, partnerships and evidence-based approach.

2019-2023
Strategic Plan

> ## *Midwives and nurses reaping (securing) health improvements for UHC/SDGs*

VISION STATEMENT

A healthy population with universal access to health care through the contribution of quality, sustainable, equitable and safe professional midwifery and nursing services by a functional and dynamic midwifery and nursing workforce by 2023.

MISSION

To contribute to the attainment of the UHC/SDG targets for health improvements in Sierra Leone through competent midwifery and nursing services within an enabling environment

GOAL

To strengthen the health care delivery systems through key components of the midwifery and nursing services for improved sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) and the quality of life of the general population of Sierra Leone for the attainment of UHC/SDGs.

PRINCIPLES AND CORE VALUES

This draws on the provisions of the Nursing and Midwifery Policy (2017) with additions. The principles and core values are represented by the acronym **REEAP-IT** and include:
- **R**elevance
- **E**thical considerations (professionalism, Respect for Human rights and universality)
- **E**vidence-based approach
- **A**ccountability and ownership
- **P**artnerships
- **I**nnovation for midwife-led and nurse-focused (total patient care/family centred) care
- **T**echnologically oriented

TARGET POPULATION

- Primary: women, newborns, adolescents and general population (patients/clients)
- Secondary: nurses and midwives
- Tertiary: MoHS/ Government of Sierra Leone, Development Partners

3.3 Strategic directions and outcomes

Six major directions were derived from the stakeholder interactions and include:

1 EDUCATION AND RESEARCH

Expected outcome: Midwives and nurses including the faculty are competently educated and continually updated on knowledge and skills through globally standardized educational systems and supported by ongoing evidenced-based research for respectful care and can progress in their career

2 MIDWIFERY AND NURSING WORKFORCE

Expected outcome: Strong midwifery and nursing workforces equitably recruited, deployed and promoted to offer quality improved services and supported by an enabling environment

3 REGULATIONS AND SERVICE DELIVERY (INCL. PACKAGE OF CARE)

Expected outcome: Standardized regulatory and service delivery systems built on globally accepted legislation and best practices for the protection of the populace

4 STRENGTHENING PROFESSIONAL ASSOCIATIONS

Expected outcome: Vibrant independent associations of nurses and midwives positioned to advocate for the professions and its membership in order to improve service delivery and professional presence for respectful user-friendly services

5 LEADERSHIP AND GOVERNANCE

Expected outcome: Midwives and nurses recognized and supported for self-governance and strong leadership representation at all levels of the health care system

6 PARTNERSHIPS

Expected outcome: Mutually rewarding public-private partnerships for the promotion of nurses and midwives for improved public health

3.4 Conceptual framework for 2019–2023 SP

A review of the local and global literature was conducted to determine relevant evidence that could be applied to the development process. Some of the critical literature included health policies of the Sierra Leone Health Sector and other grey literature, Health SDGs, WHO Global NM Strategic Plan 2016–2020, WHA resolutions and the UNFPA Global Midwifery Strategy 2017–2030.

The global frameworks informed the generation of the **11 thematic areas** which were applied in the SWOT analysis and the decision-making process for the selection of the strategic directions.

QMNCH and midwifery 2030

This was applied to recommend strategies for improving maternal, newborn, child and adolescent health and the application of Family Centred Care to ensure respectful care

ERAA

A tool to strengthen education, regulations, advocacy and associations developed by International Confederation of Midwives (ICM) was applied to the group work to assess the status of these critical aspects of the profession, in order to inform prioritization and augment existing information. Issues around stoppage of technician midwifery education and the need for specialist professional education have arisen for consideration among many.

Midwifery Services Framework (MSF):

This comprises components of the package of care, organization of services and workforce strengthening, creating of enabling environments coupled with monitoring, adaptation and adoption.

Global Human Resources for Health Policy:

The WHO Global Strategy on Human Resources for Health: Workforce 2030 seeks to ensure universal availability, accessibility, acceptability, coverage and quality of the health workforce (AAAQ). This framework was applied as part of content development to recommend strategies for N/M workforce improvement in combination with ICM-MSF.

WHO Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020.

The overarching principles of ethical action, relevance, ownership, partnership and quality were considered in the selection of principles and values and the conceptual framework of the SP.

Development of contents and validation of SP and implementation plan were guided through engagements with stakeholders and a validation meeting held from 31 July to1 August 2018.

The coordinated approach to strengthening the midwifery and nursing systems through the strategic directions and outcomes are presented as the key to achievement and strengthened by the core set of principles and values with the acronym **REEAP-IT** : Relevance (**R**), Ethical considerations (**E**), Evidenced based (**E**), Accountability (**A**), Partnerships (**P**), Innovation (**I**),Technology (**T**).

Fig. 1: Conceptual framework of the NNMSP-Sierra Leone for 2019-2023

4. STRATEGIC PLANS AND IMPLEMENTATION FRAMEWORK

This chapter outlines details of key interventions, outputs and indicators that will govern the implementation of actions for achieving the strategic goals described in Chapter 3 and based on the strategic directions, the literature review and the provisions of the National Nursing and Midwifery Policy 2017 and other sector policies.

4.1 Strategic outcomes, key interventions, timelines and indicators

The information generated in the SWOT Analysis in chapter 2 and levels of prioritization led to six main strategic directions, presented below.

4.1.1 Education and research

Expected outcome: Midwives and nurses are competently educated and their knowledge and skills continually updated through globally standardized educational systems, supported by ongoing evidence-based research for respectful care and professional progress.

Output 1: All nursing and midwifery training institutions re-accredited by the TEC, and affiliated with universities

Strategic interventions

- Engage with TEC for re-accreditation of institutions and programmes (2019)
- Engage with university to set up affiliations
- Develop accreditation plans, implement and hold periodic reviews (link to Midwifery Education Accreditation Programmes, MEAP) by 2019
- Hold public private partnerships for adequate funding and effective implementation (2019–2023)

Indicators

- Number of training institutions accredited (accreditation certificate)
- Number of training institutions affiliated to universities (MOU/reports)
- Reports on MEAP (reports)
- Number of training institutions funded (reports)

Output 2: Strengthened capacity of faculty
Strategic interventions

- Build capacity of faculty
  - Establish professional education programme within university for higher faculty qualification and recognition (2019-2022)
  - Introduce bridging programmes (2020)
  - Move to competency-based approaches for the teaching of ethics, professionalism and respectful care
  - Set up of scholarships for faculty development (2019-2021)
- Review policy and standardize National Preceptorship System to build clinical competency of students (2019-2020)
- Recruit clinical instructors for schools and identify skilled nurses and midwives and build their preceptorship skills for clinical instruction (2019-2021)
- Establish mentorship for faculty and senior nurses and midwives (2019-2021)
- Build and nurture North South cooperation (2019-2023)
- Build and nurture South-South cooperation (2019-2023)
- Conduct study tours for best practices (2019-2020)
- Establish continual professional education system for faculty and practitioners (e.g., CBE, ethical-legal issues and professionalism, clinical teaching (2019-2022)
- Dually place faculty in both academic and clinical facilities to maintain continuing competency (2019-2023)
- Engage in public-private partnerships (2019-2023)
- Organize educational conferences and seminars to promote emerging evidence in MN care
- Improve the quality of the teaching and learning environment, including through the following measures:
  (a) Fully functional skills labs
  (b) Sufficient number of qualified clinical teachers and preceptors
  (c) Access to sufficient facility placements for student practicums
  (d) Development of preceptorship manuals and other student assessment evaluation tools
  (e) Research to improve midwifery education, practice and care

Indicators

- Proportion of midwifery faculty with a higher degree from basic (certificates)
- Number of professional education programmes established (programme documents/curricula, graduating nurses and midwives)
- Number of bridging programmes established and running for nurses and midwives (reports, curricula, graduating nurses and midwives)
- Number of faculty on scholarship (list of beneficiaries, reports)
- Preceptorship policy revised and standardized; number of preceptors trained (track sheets, preceptors in clinical areas, certificates)
- Number of faculty mentored (reports, track sheets, certificates)
- Number of North-South and South-South cooperation established (reports)
- Number of study tours conducted (reports)
- Number of CPD programmes established/ running (programme documents, training materials, reports)
- Number of faculty with dual placement in academic and clinical facilities (reports/ inventory)
- Number of skills labs fully functional with improved quality teaching and learning environment,
- Sufficient number of qualified clinical teachers and preceptors available in schools
- Number of placement sites accredited for student practicums
- Number of preceptorship manuals and other student assessment and evaluation tools developed
- Amount of research conducted to improve midwifery and nursing education, practice and care

Output 3: All training Institutions with standardized educational system based on national and global standards

Strategic interventions

- Support the development of adequate numbers of qualified tutors to upgrade nursing and midwifery skills and qualifications
- Map curriculum with global standards to identify gaps (2019)
- Synergize all existing education programmes to allow for career progression and establish basic professional/academic qualifications at the registered MN/diploma level (2019−2021)
- Establish direct entry programmes in especially basic midwifery to reduce long periods of educational preparation
- develop competency-based national curriculum and periodically review for all institutions (2019-2023)
- Organize inter- and intra-institution collaborations (2019-2023)
- Set up effective standardized administrative and management procedures, policies with adequate staff
- Establish nationally standardized examinations (2019-2020)
- Post UN/ other volunteer opportunities
- Upgrade technician programme to diploma with universities for standardization and career development of beneficiaries (2019-2020)
- Establish well-equipped competency-based skills laboratories for students' clinical preparation (2019-2021)
- Expand infrastructure to meet accreditation (2019-2023)
- Apply ICT innovations to facilitate systems management and increase access (2019-2023)
- Prepare clinical site for quality clinical placement of students through standardized preceptorship system (2019-2023)
- Establish relevant educational policies (2019-2023)
- Engage in public-private partnerships (2019-2023)

Indicators

- Number of competency-based curricula developed and reviewed in line with international standards (copies of curricula)
- Unified standardized examination system in all institutions, regulated by Nursing and Midwifery Council (reports)
- Number of volunteers recruited and at post (reports)
- Number of clinical skills laboratories set up and equipped (reports/inventory)
- Number of upgrading programmes developed (reports and minutes, evidence of graduates)
- Number of nursing/midwifery training institutions collaborating with each other (reports e.g., exchange visits, meetings, etc.)
- Number of nursing and midwifery staff upgrading ((certificates, reports)
- Number of institutions with standard infrastructure (site assessment reports)
- Number of clinical sites assessed and upgraded (accreditation reports and minutes)
- Number of training institutions with MOU with clinical facilities (MOUs, reports and minutes)
- Number of pre-bonded scholarships awarded (reports, binding agreements)

Output 4: Nursing and Midwifery Specialist and bridging programmes established up to post-graduate level

Strategic interventions

- Hold advocacy, policy dialogue and consensus-building at ministerial level for institution of specialist fellowship post-graduate programmes (2019)
- Support the creation and use of standardized Nursing and Midwifery Specialist and bridging pathways for health care professionals into the field of midwifery
- Conduct curriculum review of potential health workers to be upskilled to become ICN/WHO and ICM-standard nurses and midwives
- Identify options for standardized nursing and midwifery specialist programmes and bridging programmes
- Establish South-South cooperation with Ghana College of Nurses and Midwives to develop faculty capacity to run specialist programmes and to serve as faculty for emerging post-graduate college
- Seek expert support to establish midwifery and nursing post-graduate fellowship college based on Nurses and Midwives Act, CAP 153. with Government facilitation partner and support (2020-2023)
- Monitor introduction of new programmes, evaluate and revise (2019-2021)

Indicators

- Number of advocacy/policy meetings/dialogue held (minutes/reports)
- Committee for post-graduate programme established (minutes and reports)
- Number of MN funded for specialist training in Ghana
- Nursing and midwifery post-graduate college established based on ACT of Parliament / charter. (ACT, LI, registration certificate, reports and minutes, graduating nurses and midwives)
- Number of post-graduate specialization programmes initiated (curricula, reports, minutes)
- Number of faculty CPDs held; number of faculty with specialization qualification (reports of CPDs, certificate)
- Number of partnerships established (reports)
- Number of study tours conducted (reports
- Monitoring and evaluation (M&E) reports

Output 5: Research capacity of nurses and midwives strengthened to enhance academic development of students and evidence-based practice.

Strategic interventions

- Build capacity in research and knowledge management (2019-2021)
- Establish a nursing and midwifery research committee (2019)
- Strengthen collaboration between Directorate of Training and Research (2019-2020)
- Strengthen collaboration with Directorate of Training and Research
- Establish North-South and South-South cooperation (2019-2022)
- Institute Journal Publication to absorb research studies by faculty and students (2020-2023)
- Set up conference/seminar series for dissemination and evidence-based practice (2020-2023)
- Facilitative supervision of educational system (2019-2023)
- Periodic M&E (2019-2023)
- Public-private partnerships (2019-2022)
- Apply ICT innovations to research and knowledge transfer

Indicators

- Nursing and midwifery research committee established (ToRs, reports and minutes)
- CPDs on research and knowledge management held and numbers trained
- Activities in operation in collaboration with Directorate of Training and Research (minutes)
- Number of Centres of Excellence established and activities implemented (reports and key activities)
- North-South and South-South cooperation activities in operation (reports)
- Nursing and midwifery journal launched and editions published with research studies (copies of journal)
- Conference/seminar series launched and regularly held (reports, conference brochures/documents)
- Number of facilitative supervisory visits conducted (reports)
- Number and types of ICT innovations introduced into research and knowledge transfer (tools and applications, functional and levels of access to target audiences)

4.1.2 Midwifery and nursing workforce

Expected outcome: Strong midwifery and nursing workforces equitably recruited, deployed and promoted to offer quality improved services and supported by an enabling environment

Output 1: Reliable database of numbers and categories of midwives and nurses established and continually updated with increased use of gender-sensitive policies, strategies and plans to recruit, deploy and retain nurses and midwives

Strategic interventions

- Nurses and midwives representation and involvement in the development and decision making of Human Resources for Health policies and plans (recruit representatives that are knowledgeable about the issues) (2019)
- Support the Directorate of Nursing and Midwifery under the MoHS to review and apply transparent gender-sensitive recruitment guidelines, job descriptions and approve posts for midwives and nurses (2019-2021)
- Support the development of career pathways within the health system for nurses and midwives (2020-2023)
- Advocate for partnerships and develop strategies for the engagement of partners and private sector in the deployment of the nursing and midwifery workforce (2020-2023)
- Apply best practice ICT programmes e.g., human resource information systems for reliable data management (2019-2023)
- Support the government to develop effective community and facility staffing levels and workforce growth projections (2020-2023)

Indicators

- Number of midwifery and nursing workforces recruited and deployed in areas of need
- Number of midwifery and nursing workforce that remain at their assigned workplace for at least three years
- Number of partnerships forged and type
- Type of data management systems established
- Types of best practice programmes adopted

Output 2: Human resources policies on MN reviewed to reflect principles of conceptual framework and national / global expectations, disseminated and enforced

Strategic interventions

- Purposive, equitable, recruitment of midwives and nurses for advertised vacant positions in regions and districts with defined deployment and retention strategies (Ghana experience) 2020-2023
- Orient MN workforce and induct new employees in line with the HR and NM Policies (2019-2020)
- Advocate and collaborate to review civil service codes to integrate MN issues
- Create universal access and understanding of HR Policies on MN in folders on every ward/ unit/department/agency and discuss in monthly review meetings (2019-2020)
- Develop and establish specialist grades (2019-2020)
- Equitably recruit and deploy post-registration staff at all levels based on approved staffing norms (2019-2023)
- Develop conditions of service, post-registration career pathway, student numbers per programme and numbers to be admitted into training institutions informed by scheme of service, scope of practice and job descriptions of each category (2019-2021)
- Disseminate all relevant policies through acceptable media including approved e-media for adoption and application (2019-2023)
- Engage with public-private partnerships (2019-2023)
- Carry out M&E (2019-2023)
- Advocate for proper staffing and equipping of the Nursing and Midwifery Department at the Ministry of Health level (national) 2019-2020
- Review HRH plan to determine nursing and midwifery production needs and conduct a nursing and midwifery production versus recruitment analysis (2020-2021)
- Develop or strengthen in collaboration with HRH a recruitment and deployment mechanism of midwives and nurses in hard-to-reach areas (2019)

Indicators

- Number of MN workforce oriented on HR policies (reports, minutes)
- Copies of revised civil service codes with aspects of MN included
- Number of newly recruited MN workforce inducted and informed about HR policies (reports, interviews and pictures)
- Availability of copies of HR policies on MN in folders in every ward/ unit/department/ agency (accessible published policies)
- Inter-professional engagement held (minutes, reports)
- Policy and career structure for specialist grades developed and adopted (reports, copies of documents)
- Conditions of service developed and adopted (reports, copies of documents)
- M&E reports and application of feedback from activities

Output 3: Enabling environment for quality services established

Strategic interventions

- Hold regular leadership review meetings for HR engagement and policy dissemination (2019-2023)
- Promote and implement professional and client health and safety
- Institute periodic meetings of the quadriad of MN (leadership) to address professional issues (2020-2023)
- Positively brand MN using social marketing approaches (2020-2023)
- Apply ICT in administrative and clinical settings for quality services and reference (2021-2023)

Indicators

- Number of HR policies disseminated and applied/implemented for MN
- Types of health/safety maintenance systems implemented to improve quality of life of MN at work (concept of caring for the care-giver)
- Number of quadriad meetings held and issues resolved/addressed
- Number of promotional items published, positive adverts in social media and activities put in place to promote the midwife and nurse
- Number and types of innovative ICT-related introductions for quality services (e.g.,

electronic records management of patient data, application of computer-based patient programme for patient consultations, safe delivery apps, patient monitoring and educational devices)
- Number and types of CPDs held for relevant categories of MN
- Number and types of partnerships to strengthen MN health workforce

Output 4: Clinical and supportive supervision and mentorship for nurses and midwives established and operational

Strategic interventions

- Develop policies and guidelines for Clinical & supportive supervision and launch (2019-2020)
- Develop action plan and conduct regular facilitative supervision, applying guidelines (2019-2023)
- Support peer mentoring for an adequate and sustainable SRMNAH workforce (2021-2023)
- Conduct periodic supportive facilitative visits by quadriad to create an environment of leadership involvement in quality services (2020-2023)
- Regularly monitor and put in place mechanisms for addressing gaps (2019-2023)
- Support the development and implementation of a mentorship programme
- Support peer mentoring to help midwives develop their competencies
- Develop and implement an accredited CPD programme
- Support Midwives' Performance Awards

Indicators

- Number and types of policies and guidelines developed/reviewed
- Number of facilitative visits conducted based on action plan adopted
- Number of supportive facilitative visits conducted by quadriad and objectives achieved
- Types of monitoring mechanisms in place and type of gaps addressed

Output 5: Established staff welfare system and Incentives for posting to deprived or hard-to-reach communities

Strategic intervention

- Establish staff housing schemes as part of welfare system in collaboration with local councils and chiefdom heads (2020-2023)
- Develop wide consensus and establish welfare packages (e.g., family support for school-going children) for postings to deprived or hard-to-reach communities (2020-2023)
- Assess, procure and regularly supply appropriate and quality protective gear for staff (2019-2023)
- Equitably establish and advance risk allowance to nurses and midwives (2020-2023)
- Establish free medical care incentives for MN staff (2019-2023)

Indicators

- Listed opportunities for career development and promotion and number of MN benefiting to date
- Number of MN benefiting from housing scheme to date and level of affordability
- Type of welfare packages (including risk allowances, and medical care) set up and number of MN benefiting
- Number of MN supplied with protective gear and quality of the products

Output 6: Improved staff retention

Strategic intervention

- Conduct yearly appraisal (IPAS) and promote deserving staff (2019-2023)
- Renegotiate better remuneration and conditions of service

Indicators

- Number of appraisal forms completed per institution and outcome of appraisal

4.1.3 Regulations and service delivery

Expected Outcome: Standardized regulatory and service delivery systems based on globally accepted legislation and best practices

Regulations

Output 1: Governance structures of regulatory body strengthened

Strategic Interventions

- Develop five-year SP to outline development plan and direction (2019)
- Develop new regulatory frameworks or incorporate nursing and midwifery into existing frameworks to guide nursing and midwifery education and practice in the country
- Revise legislature for approval by President of Sierra Leone to establish Regulatory Council (2019)
- Review for potential alignment with existing regional and international professional regulatory frameworks which could serve as a reference point for the reform, design and implementation of country-specific key regulatory elements for the education and practice of nurses and midwives

- Review/develop the Nurses and Midwives Act, midwifery handbook, Accreditation Guidelines and Standards for midwifery and nursing schools/institutions and clinical sites/facilities, code of ethics and code of conduct for nurses and midwives, and scope of practice, to ensure they are up-to-date and include emerging issues on midwifery
- Develop and approve organizational structure of the regulatory body (2019)
- Recruit technical staff (2019)
- Set up strategy for succession planning (2020)
- Registration, licensing and re-licensing of nurses and midwives, and the creation and upkeep of an electronic database of nurses and midwives to provide accurate and regularly updated nursing and midwifery workforce data

Indicators

- Five-year SP available (copies)
- NM Act 2018 Bill passed by parliament (copies)
- Number of new technical staff recruited at post
- Organizational structure displayed
- Succession plan developed and disseminated
- Support the roll-out/operationalization of the Nursing and Midwifery Act
- Regulatory framework formulated and aligned with ICN and ICM standards
- Registration and re-registration system including a fee system for public and private sector nurses and midwives formulated
- Regulatory branch offices for decentralization of the regulatory services closer to the nurses and midwives in rural areas established and functional
- Mandatory standardized national nurse and midwife examination prior to registration and for nurses and midwives trained abroad and for re-registration of national midwives after a certain number of years in practice developed and implemented
- Registration, licensing and re-licensing of nurses and midwives and an electronic database of nurses and midwives to provide accurate and regularly updated nursing and midwifery workforce data created and maintained
- Accreditation tools/guidelines and standards for midwifery and nursing schools/institutions and clinical sites/facilities, NM standards of practice, code of ethics and professional code of conduct for nurses and midwives and scope of practice developed,

reviewed and implemented

Output 2: Functions and effectiveness of regulatory body expanded to develop quality education and services

Strategic interventions

- Reconstitute the SLNM Board as an autonomous council in accordance with ACT of parliament and global standards (ICN and ICM standards),
- Capacity-building of SLNM Council for effective governance
- Standardise mechanism for operations nationally
- Develop and disseminate core regulatory policies and guidelines e.g. code of ethics and professional code of conduct to reflect expected behaviour change for respectful care
- Develop and innovate to diversify source of funds as part of internal generation (IGF strategy (2019-2023)

Indicators

- Copies of CPD strategy available
- Type of software installed for data management
- Number of committee members and curricula standardized
- Copies of financial policy developed

- Standardized examination system established and committee members assigned to lead
- Scope and standard of practice committee established and copies of scope of practice developed
- Criteria for accreditation of institutions established
- Policies and guidelines for integrating international NM into health care system developed
- Mechanisms for licensing/registration and re-registration set-up
- Mechanisms and number of innovative strategies set up for IGF
- Type and nature of capacity-building sessions held to develop staff
- Copies of revised ethical codes of practice for respectful care

Output 3: Regulatory body rebranded and repositioned for public protection

Strategic interventions

- Create a public image of regulatory body as a national brand by developing a branding policy (2019)
- Develop media briefing package on role of regulatory body and hold press briefing (2019)
- Hold capacity-building workshop for journalists on positive representation of NM and regulatory body
- Standardize and hold national induction and graduation ceremonies and brand for identity(2020-2023)
- Brand, publish and disseminate regulatory policies and guidelines as standardized reference documents (2020-2023)

Indicators

- Policies and guidelines published and disseminated
- Media briefing packages prepared
- Type and number of trainings held for journalists
- Number and type of branded items produced
- Photos of induction/ ceremonies branded with MN promotional themes

Output 4: Infrastructure expanded for regulatory development

Strategic interventions

- Identify permanent sites and apply for formal release and allocation (2019-2020)
- Seek funding through public-private partnership and approval of Government (2019-2020)
- Collaborate with Government procurement structures to procure contracts and build infrastructure (2020-2023)

Indicators

- Site and building plans formalized
- Funds raised for building permanent sites
- Infrastructure developed or in progress
- Number of regional offices of regulatory body established

Service delivery (and package of care)

Output 5: Policies for service improvements developed and implemented

Strategic interventions

- Develop or review appropriate policies to enhance service provision and disseminate them (2019-2020)
- Clarify and establish specific and distinct services assigned to each level of care defined by BPEHS (2019-2020)
- Post midwives and nurses with specialist skills to the relevant levels of care for improved services
- Develop and clarify organizational structures to support functional health system (2019-2021)
- Develop and assign job descriptions for every job position (2020-2021)
- Update staffing norms and deploy MN equitably (2020-2021)
- Set up motivational packages and implement for service in hard-to-reach communities (2020-2023)

Indicators

- Number and copies of policies/guidelines developed or revised
- Distinct package of care defined for each level of care
- Number of specialist MNs at post, at different levels of care
- Organizational structures established for each level
- Job descriptions for each cadre of MN developed and assigned
- Number of midwives and nurses posted to hard-to-reach communities with motivational packages and who are satisfied with posting

Output 6: Organization of N/M services restructured to make them evidence-based, humane and user-friendly

Strategic interventions

- Strengthen and make effective humanitarian and emergency services to address sudden outbreaks (2019-2023)
- Critically review package of care to reflect emergency and humanitarian services (2019-2020)
- Build specialist MN teams that are ready to lead in emergencies (2019-2021)
- Deploy adequate and technologically appropriate equipment, logistics, supplies and resources to facilities and monitor effective usage and application (2019-2023)
- Establish strong CPE system in collaboration with regulatory body and HR Directorate to build capacity in effective MN care, and create awareness about ethical codes and respectful care at all levels among other professional competencies (2019-2023)
- Collaborate with associations to improve professionalism and for image building (2019-2023)
- Establish mechanisms for security and safety (injury on the job) of MN and clients (2019-2023)

- Promote mental health of MN (2021-2023)
  - Integrate concept of mental health into essential package of nursing and midwifery care and mainstream as an integral part of PHC to promote client and professional well-being
  - Recruit and deploy Mental Health Nurses as a priority to increase access in all units, and in departments of nursing in health facilities as part of UHC
- Integrate innovations of midwife-led unit within obstetric-led unit at tertiary level facilities (2020-2023)
- Promote midwife-led and nurse-focused services at community levels to enhance UHC (implement nursing process) (2020-2023)

Indicators

- Number of established teams who are emergency-ready with logistics supplied
- Report of reorganized services to address gaps identified
- Report and evidence of humane humanitarians services established
- Report and evidence of mainstreamed of mental health care for both the care-giver and the patient
- Number of facilities with midwife-led and nurse-focused services
- Number of midwives trained in Safe Delivery Application(2023)

Output 7: Innovations to service delivery, information management, and M&E in regulations and services

Strategic interventions

- Advocate and engage with stakeholders on application of evidence-based care and strategies to be adopted e.g., midwifery Safe Delivery Application (2020-2023)
- Create policy dialogue on application of evidence-based care and strategies (2019)
- Create policy on innovations and guidelines for operation (2020-2021)

- Set up dissemination team at national level (2020)Introduce midwifery Safe Delivery Application for capacity-building for improvement in managing labour (2019-2020)
- Introduce and promote e-documentation of professional and patient data using phased approaches (2020-2023)
- Establish technical e-documentation and monitoring teams at all levels (2020-2023)
- Establish a reliable knowledge management system for all information and data for strengthening accountability (2020-2023)
- Develop monitoring plans (2020-2023)
- Provide facilitative supervision and technical support (2021-2023)
- Set benchmarks/baselines and evaluate midterm (2021) and end of SP period (2023)

Indicators

- Number and type of policies on innovations and guidelines established
- Number and distribution of dissemination teams
- Midwifery Safe Delivery Application introduced and numbers trained and applied
- Number of facilities with e-documentation of professional and patient data
- Number of technical e-documentation and monitoring teams established and assigned based on terms of reference (ToR)
- Report and observance of knowledge management system established
- Monitoring plans developed
- Report on number and types of facilitative supervision and technical support provided
- Evidence of benchmarks/baseline documented to inform midterm evaluation (2021)
- End of SP implementation year evaluation report (2023)

4.1.4 Strengthening associations

Expected outcome: Vibrant independent associations of nurses and midwives positioned to advocate for SRMNCAH, midwifery, midwives, nursing and nurses for respectful user-friendly services

Output 1: Capacity of the Nurses and Midwives Associations at all levels strengthened to effectively advocate for nurses and midwives with public and private sectors and other stakeholders

Strategic interventions

- Conduct an association capacity assessment (MACAT) including gap analysis of current needs (2019)
- Support the review and update the nursing and midwifery constitutions and other policy documents and ensure its implementation
- Support the associations to increase membership, and continue to support their capacity assessment and development
- Set up a working group for oversight and monitoring of progress to implement decisions about the mapping process (2019-2023)
- Mobilize resources to implement selected capacity-building activities, based on the gap analysis (2019-2023)
- Conduct continual professional development in association governance, management practices, leadership skills, financial resource management,membership drives and professional practice development, collaboration and partnerships among others (2019-2023)
- Empower and equip MN associations to acquire separate bargaining powers for improved conditions of service
- Use creative ways to support capacity-building initiatives for associations, including twinning with other associations, South-South collaboration, platforms of exchange within countries/regions and leadership workshops
- Support midwife-led media activities focused on demand creation for quality reproductive, maternal and newborn care and for the professional services of midwives
- Support collaboration and networking activities and partnerships with national and regional stakeholders
- Assist associations in developing a resource mobilization plan, including their own income-generating activities
- Support the development and operationalization of a communications and marketing strategy

Indicators

- Report of MACAT and gap analysis
- List of working group members
- Monitoring plans
- Type/amount of resources mobilized
- Types/number of CPDs received
- Number of members trained in, for example, leadership, resource mobilization
- Number of midwife-led media activities carried out
- Network and partnerships strengthened
- Resource mobilization plans in place for both nursing and midwifery association
- Communications and marketing strategy developed and operational

Output 2: Associations see an active and growing membership

Strategic interventions

- Develop a sustainable membership drive plan as per provisions of the constitution (2019)
- Link annual celebration of the International Day of the Nurse and the Midwife (2019-2023) to membership drive
- Establish reliable membership administration and data management (2019)
- Organize CPDs for members through conferences and seminars (2019-2023)
- Organize community-based projects with members to create membership and community interest
- Establish twinning relationships through South-South and North-South cooperation
- Indicators
- Plan for membership drive
- Number of new NMs registered through international day celebrations
- Size of the paid-up membership increased by 50 per cent (membership administration)
- Evidence of data management system established
- Number and types of seminars/conferences held
- Types and number of twinning relationships established and study tours organized

Output 3: Permanent offices and improved public and stakeholder recognition of nurses and midwives established

Strategic interventions

- Set up physical offices of associations and recruit staff (2019-2020)
- Develop strategic communication plans (2019)
- Award and recognize exemplary performance in public forums (2019-2023)
- Develop youth leaders for succession planning (2020-2023)
- Lead and participate in national and global celebration days e.g., International Day of Nurses and Midwives; Mother's Day, World Health Day, International Women's Day etc. (2019-2023)
- Indicators
- Physical offices equipped and staffed with at least one paid administrative staff by 2020 (site visit)
- Strategic Communication Plans available
- Number of awards for exemplary performance given
- Number of youth leaders in mentoring for succession planning

- Number of national and global celebration days held or participated in

Output 4: Continual advocacy engagement with MoH and Development Partners for collaborative, equitable professional development and employment at all levels of the health care system (governance, education, regulation, service delivery)

Strategic interventions

- Operational engagements within MoHS and its directorates to build networks (2019-2023)
- Placement of nurses and midwives within MoHS and its directorates for leadership roles and advocacy (2019-2023)
- Establish MoUs with Development Partners (2019)
- Create opportunity and develop capacity for implementation of nursing and midwifery related projects by the associations.(2020-2023)
- Set up innovative plans for increasing income generation (2020-2023)
- Indicators

4.1.5 Leadership and governance

Expected outcome: Midwives and nurses recognized and supported in self-governance and strong leadership representation at all levels of the health care system

Output 1: Position and governance role of Office of CNMO firmly established at MoH S headquarters

Strategic interventions

- Advocate and hold policy dialogues leading to establishment of the office of the CNM) at MoH headquarters (2019-2020)
- Develop annual action plans to implement SP and address emerging gaps (2019-2023)
- Establish implementation linkages between policies and MN workforce (2020-2021)
- Hold regular sessions with MN leadership at all levels for policy and SP dissemination and implementation (2019-2023)
- Establish and strengthen operational units within the Directorate of Nursing and Midwifery Services e.g., management, workforce (HR/associations) and administration, education and research, MN service delivery and quality assurance (2019-2023)
- Coordinate and collaborate with HR Directorate on MN workforce issues (2019-2021)
- Define lines of communication/organogram within officers of MoH directorates (2019)

- Establish effective appraisal system for all MN at all levels (2019)
- Develop intra- and inter-professional relationship (2019-2023)
- Disseminate and engage with MN at all levels on scheme of service to all (2019-2020)
- Decentralize Directorate of Nursing and Midwifery Services to set up offices at the regional and district levels (2019 - 2020)
- Maintain information on nursing and midwifery workforce that can be regularly updated as required
- Create and maintain an electronic database of nurses and midwives to provide accurate up-to-date nursing and midwifery workforce data
- Explore opportunities for both internal and external training for nurses and midwives and keep track of participants
- Indicators
- Reports of CNMO offices set up with units
- Organogram of CNMO Directorate/MOH-HQ available
- Reports, photos, plans and feedback on SP implementation
- Reports and documents on HR collaborations
- Representations/offices of CNMO at decentralized levels
- Information/ data on nurses and midwives maintained at the Directorate
- An electronic database of nurses and midwives to provide accurate and regularly updated nursing and midwifery workforce data created and maintained
- Opportunities for both internal and external training of nurses and midwives explored and implemented and data created on each person

Output 2: Leadership development

Strategic interventions

- Build capacity for effective administration, management and leadership (2019-2023)
- Establish policy and framework for both formal and informal structures for leadership and mentoring (2020-2023)
- Advocate for a policy to make it compulsory for all persons promoted to the grade of Senior MN Officers and above to undergo structured leadership and management training (2019)
- Set up a succession planning system to develop leaders for critical positions (2020-2023)
- Establish Young Professionals League as a bridge to leadership promotion (2020-2023)

- Collaborate with education and regulatory remits to:
  - Advocate and lobby for abridged CPD programmes
  - Establish one-year internship programme for newly qualified nurses and midwives for skills enhancement
  - Advocate for open university system

Indicators

- Leadership and mentoring policy developed
- Structured leadership and management training curriculum developed
- Number of leadership trainings held and number of NM trained
- Framework for internship by newly qualified NM developed
- Number of newly qualified NM who have undergone internship
- Policy on open university and number accessing the programmes
- Number of nurses and midwives that have undergone internship and management trainings.

Output 3: Functional quadriad for MN professional leadership established

Strategic interventions

- Advocate and dialogue for policy on the promotion of the quadriad as a contributing body of MN to support office of CNMO (2019)
- Set up quadriad leadership from education, regulation, association and services remits of MN (2019)
- Institute quarterly meetings with quadriad and Strategic Partners for key decision-making, coordination and monitoring of milestones (2019-2020)
- Organize mid-year and end-of-year review meetings for nurse managers of public and private sector for knowledge management and practice improvements (2019-2023)
- Indicators
- Policy on the quadriad available
- List of members of the quadriad
- Minutes of quarterly meetings and number of meetings held with outputs
- Number of mid-year and end-of-year meetings held, numbers attended and outputs

Indicators

- Policy on the quadriad available
- List of members of the quadriad
- Minutes of quarterly meetings and number of meetings held with outputs
- Number of mid-year and end-of-year meetings held, numbers attended and outputs

4.1.6 Partnerships

Expected outcome: Mutually rewarding public-private partnerships for the promotion of nurses and midwives for improved public health

Output 1: Profile of Strategic Partners developed and synergized for support

Strategic interventions

- Nationally map out and profile missions and goals of all strategic partners in nursing and midwifery in a database (2019-2020)
- Disseminate SP and set up SP implementation and coordination partnership strategy to ensure SP funding support for strengthening MN (2019)
- Advocate to attract new/ potential partners and integrate for synergy for SP implementation (2019)
- Hold partnership meeting twice a year for progress and realignment with memoranda of understanding (2019-2023)

Indicators

- Partners profiles compiled
- Report of communication system developed
- Number of partnership meetings held and outputs
- Effective communication system for tracking partnerships established

Output 2: Database of partners generated and tracked to monitor and evaluate MoU

Strategic interventions

- Set up a database of all partners
- E-track partners inputs into SP implementation (2020-2023)
- Track performance within agreed frameworks in line with MoH policies
- Monitor through fieldwork and evaluate per plan (2020-2023)

Indicators

- Database of partners with background data
- Database with e-tracking system of partners commitments to SP implementation and performance indicators
- Monitoring visits and reports
- Evaluation plan

4.2 Implementation framework

This section discusses how the SPs can be effectively implemented through mechanisms that should be put in place to ensure that expected outcomes can be achieved within the timeframe of the plans.

4.2.1 Implementation approach

The SP is a document of the MoHS and therefore should be owned by all the directorates and health facilities at all levels of the health care system. The SP should be led and driven by the Policy Directorate of MoHS and the office of the CNMO. The directorates will spearhead the annual integration of the plans into individual agency plans at all levels of care and critically monitor progress.

Another best practice approach to guide the implementation of the SP is TQM. TQM seeks to hold all stakeholders involved in nursing and midwifery including the consumers of health care (communities) accountable for the overall quality of services and access to health care. TQM focuses on long-term successes aimed at continuous improvement in the listed strategic directions with quality as the core criteria.[18] This approach will seek to bring together all the Directorates of Health in Sierra Leone to annually identify the SP interventions that fall in their remits so they can be integrated into their plans for implementation and for M&E.

4.2.2 Coordination mechanism

The coordination of the implementation process will be through the Office of CNMO. A National Implementation Advisory Committee for oversight and technical direction should be established to ensure success thorough inter-agency, inter-ministerial and cross-facility interactions.

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18. WHO (2003). 'What are the best strategies for ensuring quality in hospitals?' WHO Regional Office for Europe. Also see Khurram Hashmi. 'Introduction and Implementation of Total Quality Management (TQM)', available at https://www.isixsigma.com/methodology/total-quality-management-tqm/introduction-and-implementation-total-quality-management-tqm.

The roles and responsibilities of the stakeholders in the implementation process of the plans are below:

a. Roles of stakeholders

The Government through the MoHS and related ministries, departments and agencies, will do the following:

- Recruit, orient, deploy and support nurses and midwives governed by clear policies on staffing norms and equitable access to skilled care
- Continually update competencies of nurses and midwives to ensure quality, consumer-friendly services
- Attach incentives or deprived area motivation package to the conditions of service for those serving in deprived areas
- Provide adequate funding for nursing and midwifery improvement in the country and support funding applications by nurses and midwives who take the initiative;
- Enhance the role of nurses and midwives in improving RMNCAH by providing needed logistics
- Use data for decision–making
- Apply ICT and innovative technologies for impact
- Provide adequate and appropriate infrastructure to create enabling environment for quality health care

The Policy, Planning, Monitoring and Evaluation (PPME) of the MoHS in consultation with CNMO should set up an oversight committee to agree on a set of performance indicators and to regularly integrate M&E into the execution of plans. The committee would ensure:

- a linkage to the national HMIS in operation
- that process indicators are listed
- a set-up of baselines for the targeted (specific) indicators
- stakeholder consensus building and buy-in for implementation process. Hold a one-day workshop with MoHS and partners to discuss thematic areas of interest in the SP for partner collaboration with the NM Directorate
- regular monitoring
- mid-term evaluation
- end point evaluation
- re-planning and feeding into strategic planning annually

b. Role of Development Partners

Their main role is to define investments and technical support based on Government-approved programmes and requests.

Technical advice/facilitative support

- Provide technical support to collaborate on assigned aspects of the SP
- Annually cost assigned activities for funding support
- Provide technical assistance to establish nursing and midwifery specialisations in support of growing RMNCAH needs coupled with needs of critically and chronically ill patients.

Funding support

- Support with funding
- Provide logistics and equipment including vehicles

Capacity-building

- Provide ICT skills
- Support nursing and midwifery managers and educators to sharpen their educational, management and administrative skills to match the challenges of managing a very complex workforce
- Set up exchange programmes to learn best practices and improve competencies
- Organize continual professional development for nurses and midwives
- Set up preceptorship and mentoring systems (for e.g., as in Jhpiego [Ghana])

Infrastructural development

- Support construction of infrastructure for the education of adequate numbers of professional nurses and midwives for service delivery

4.2.3 Key assumptions in the implementation of SPs

The achievement of the strategic actions is dependent on a number of assumptions for successful implementation. These include but are not limited to the following:

- All agencies of the MoH will co-partner with nurses and midwives for success
- Policy makers will buy into the idea of formulating and disseminating the policies
- Funding will be available to implement the plans
- Development partners will collaborate with nursing and midwifery professionals
- Regulatory body will have the ability to create databases and enforce standards and ethical codes

- There will be commitment to implementation by hierarchies of nursing and midwifery
- The legislature will enable and support implementation
- Motivational systems will be established to promote commitment to work
- Collaborators will be interested in preceptorship/mentorship programmes for implementation
- There will be availability of procedure manuals to reflect competent practice
- There will be access to adequate and equipped clinical sites and well-resourced skills laboratories
- There will be availability of competent nurses and midwives as preceptors
- There will be limited politicization of the educational system of nurses and midwives
- The regulatory body as a Council will be established and backed by legislation
- Opportunities will exist for applying for both local and international research grants
- There will be clear succession planning in place for nursing and midwifery leadership
- Research findings will be effectively disseminated and applied through effective knowledge transfer processes
- Monitoring, tracking of indicators at all levels will be set up to integrate core values and ensure achievement of strategic directions, which is critical for quality improvements over the next five years

4.3 Costing implications

The resources required for the implementation of the plans will be varied and intensive. The detailed costing will be developed by CHAI on behalf of the MoHS. Concerted efforts must be made on annual basis to integrate the budgeting of aspects of the SP into the overall budgeting of the MoHS.

It is critical that the various directorates and programmes of the ministry identify with aspects of the plans that have direct implications on their remits so they can annually integrate prioritized strategic actions and cost them to facilitate implementation at all levels of the health care system. The role of Development Partners as interested stakeholders with focal areas of implementation should also be considered and they should be consulted regularly for buy-in and involvement. The CNMO should spearhead efforts to continually engage with stakeholders for the reflection of the plans in annual budgets.

APPENDIX 1

List of Contributors

National consultative and validation meetings

Nursing and midwifery directorate

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