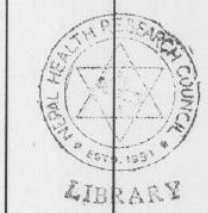
Report on

In-Depth Country Assessment of Nursing and Midwifery Workforce Management



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ACKNOWLEDGEMENT

This is my pleasure to have assignment on In-depth Country Assessment of Nursing and Midwifery Workforce Management in Nepal. Nursing and Midwifery services are vital for effective health service globally. Assignment on the vital issues, which are identified by advisory group, seems to be very useful.

All three documents provided by WHO in support of conducting the study is very helpful. Each key element, highlighted in conceptual framework, seems to be relevant in nursing–midwifery fields, which helped us to collect the relevant information effectively. Protocols for in-depth country assessment study gave direction to the working group.

Working group had good opportunity to work with nurses as well as senior officers during the process of data collection. Many nurses participated actively in focus group discussion, and they appreciated the given assignment with the hope of improving nursing and midwifery services and education.

I would like to extend my sincere thanks to Ministry of Health, WHO and Director groups for allowing me to conduct the assignment. I would also like to thank working group, who helped me a lot in the process of completing assignment successfully. Similarly, I would like to thank the Nurses who participated in focus group discussion, Matrons, Sisters, Dean, Assistant Dean, all the Directors of DHS, Senior Officials of Ministry of Health, President of NAN, and also Vice President and Registrar of NAN for giving their valuable time for interview.

Ms. Vijaya KC
Focal point of the study

I. PROCESSES OF IN-DEPTH COUNTRY ASSESSMENT

After receiving the assignment an in-depth country assessment of nursing and midwifery workforce management, working group is formed with 15 members from different health and education institutions, covering broad areas (Annex I).

Focal point Mrs Vijaya K.C. briefed about assignment to the working group and discussed about action plan and its process of conducting assessment.

Working group had discussion with key advisor Dr B. D. Chataut, Director General, Department of Health Services, as well as series of preparatory meeting was conducted. Series of meeting was conducted with working group to familiarize on three documents such as conceptual framework for management of the nursing and midwives workforce, essential action for effective management of nursing and midwifery workforce in the South East Asia Region and protocols for in-depth country assessment of nursing and midwifery workforce management.

Orientation workshop was conducted to this working group on the protocols, as well as data collection procedure was identified and discussed. Plan for data collection on each key element of the conceptual framework to address the priority issues were finalized.

Working group started the collection the information by utilizing the different methodologies. Quantitative data on number of nurses and midwives were collected from Human Resources Development Information System (HuRDIS)/Department of health Services, Nepal Nursing Council and Tribhuvan University/Institute of Medicine (TU/IoM) .

2970 nurses and midwives are working under the Ministry of Health (MoH) in the country. 3,845 nurses and midwives, 3,295 ANM, 257 foreign nurses are registered in Nepal Nursing Council (NNC). Nurses/midwives are produced from different education institution in the country.

Interview was conducted with key persons of MoH, such as Secretary of Ministry of Health, Chief and Sr. Public Health Administrator of Policy Planing and Monitoring Division, Chief of Curative and Preventive Section, Chief of Finance Section. Similarly, Director General of Department of Health Services, Director of Management Division, Director, National Health Training Centre (NHTC) as well as Dean/Assistant Dean, Institute of Medicine.

At the same way interview was conducted with Matron, Sisters, and Sr. Nurses of different hospitals, public and private sectors Campus Chiefs, Professors, Readers, Lecturers, Assistant Lecturers, Vice President, Registrar of Nepal Nursing Council and President, Executive Members of Nursing Association of Nepal.

Focus group discussion was held with nurse/midwives of different health institutions of public and privates as well as Sr. Managers. Moreover, direct observation was done in some hospitals (Annex II).

All the relevant informations are incorporated in the analysis of the assessment.

II. HEALTH SYSTEM CONTEXT

The history of organization of health system in Nepal is not a new subject. It has a long history of traditional medical practice with faith healing, naturopathy, yoga, Ayurved and Homeopathy, which are playing a dominant role in the provision of health care services. Allopathic was introduced in Nepal with the coming of missionaries during the period of the Malla regime.

During Rana regime there were few dispensaries for the curative health care for their family members. With the dawn of democracy in 1951, realizing the necessity of the people living predominantly in rural, remote, difficult and primitive areas, HMG Nepal started systematic periodic development plans with sets of programmes including health.

Five-Year Development Plans:

In 1953 the Department of Health Services was established which carried out the responsibility of promotion, regulation and management of hospitals, government traditional Ayurvedic Dispensaries/School and a unit for production of Ayurvedic medicines.

The first five year national development plan was launched from the period of 1956-1961 with the objectives of increasing gross domestic products, provide employment and improve living standards of the people.

The plan also focuses on institutionalization of curative health service through 34 hospitals, 24 dispensaries and 63 Ayurvedic dispensaries and establishing vector born disease control project. Before First Five Year Plan there was a Civil Medical School to train compounder and dressers for the management of injuries and common illnesses.

The Third-Five year Plan (1965-70) initiated a Chapter "Population and Manpower and to cope up with different health problems.

- Malaria Eradication (1958)
- Leprosy and tuberculosis Control (1964-1965)
- Smallpox Eradication (1967)
- Family Planning and Maternal and Child Health Project (1968)

By the end of fourth five-year plan (1971-75) the number of health service institutions increased to- Hospitals 63, Health Center 33, Health posts 351 & Ayurvedic Hospitals/ Dispensaries 82. Thus, it can be learnt that the trend of and the focus on health care services development in Nepal was as:

- Human resource for health & manpower planning;
- Control of epidemic situation;
- Integrated Community Health care with emphasis on minimum input and maximization of services to the doorstep of the people;

This process was successful but the quality of services could not be strengthened in a balanced manner having geographical variations, extreme increase in population and lack of communication and transport facilities.

Besides modern medical and public health services, the other systems such as Ayurvedic, Homeopathic & Yunani within the government health structure & naturopathy, yoga, acupuncture etc as private health care services are in practice in Nepal, which constitute pluralistic form of health care services.

Fifth-Five Year Development Plan (1975-79) was to provide minimum health care to the maximum number of people, simultaneously promoting regional balance in health care. In 1978, the government started the integrated community health services development project, which was entrusted with the responsibility of integrating vertical programmes and expanding basic health services up to the community level and providing health care to doorsteps of the people.

National Health Policy 1991 in Planned Health Service Delivery:

The new national health policy in 1991 was formulated with a framework to guide health sector development to upgrade the health standard of the people by strengthening the primary health care system making effective health care services readily available at the local level.

- The government in 1993 endorsed the present structure of Ministry of Health. The Department of Health Services was established with the responsibility to plan, implement, monitor and supervise through its divisions, centers, Regional Health Services Directorates, District Health Offices, Primary Health Centers, Health Posts and Sub Health Posts.
- In order to bring improvement on the present health status of the people, the policy objectives of His Majesty's Government are to upgrade the health standards of the majority of rural population by extending basic primary health services up to village level and to provide opportunity to the rural people to enable them to obtain the benefits of modern facilities by making services accessible to them. Similarly, The Policy also identified

The National Health Policy has specified the following basic norms for coverage –

- At least one health unit in each of the 3912 Village Development committee (VDCs).
- At least one health unit for every 4000 – 5000 population.
- At least one health facility within one-hour walking distance.
- At least one health worker for every 1000 – 2000 population.
- At least one primary health cares center with one medical officer in each of the 205 electoral constituencies.

The National Health Policy has also emphasized strategically important components such as -

- Encouraging production of essential drugs within the country. Participation of the private sector in the production of essential drugs and updating the National Drug Policy.
- Strengthening and regionalization of existing health facilities and improving the quality of services provided by them.
- Research in the area of service delivery and traditional systems of medicine to enhance their quality and support their development.
- Produce human resource in country with private sector collaboration including Institute of Medicine and other health training institutions.
- Resource generation, mobilization and introduction of health financing system.

Materializing National Health Policy and 8th 5-year Plan:

The health section of the eighth five-year plan (1992-97) was based on this new health policy framework. According to the plan the government approached to materialize the thrust of national health policy with enthusiasm. The governmental and none governmental organizations including private sector were encouraged to share the partnership within health services network.

Materializing National Health Policy and 9th 5-year Plan:

The Ninth Five-Year Plan (1997-2002) has a set of targets to be achieved through comprehensive improvement in public health status by accepting it as an important element of human right strengthening existing infrastructure for preventive, promotive, curative, and rehabilitation services.

During this period the implementation level of health network also faced several constraints some of them are late release budget, inefficient reimbursement of allocated budget and withdrawal of support to some programs like TBAs, from the donor agencies. Similarly, inadequate laboratory function, insufficient amount of insecticides, supply of emergency drugs and lack of coordination between line ministries has been observed. This problem has been reflected substantially in malaria, tuberculosis and leprosy control, outreach clinics and monitoring and evaluation of program implementation.

The First Long -Term Health Plan:

A long term health plan (1975-1990) was formulated with a calendar of operations for the 5th, 6th and 7th five year plans with emphasis on provision of comprehensive basic health services to the majority of the rural population.

Second Long Term Health Plan (1997 – 2017):

The second long-term plan is rather a perspective plan, which fills the gap, providing a realistic vision and workable strategy to improve the organization and management of the public health sector and increase the efficiency and effectiveness of the health care system. It offers guidance and support to private and NGO sectors; it assists development partners to direct resources and expertise to improve the health situations over the next 20 years.

The purpose of SLTHP is to improve the management and organization of sectors and increase effectiveness and efficiency of health care system by means of improving inter- and intra- sectoral coordination and to provide the necessary conditions and support for effective decentralization with full community participation.

The policy framework guides to build successive and appropriate strategies, programs and action plans that reflect the national health needs and priorities; are affordable and consistent with available resources by establishing co-ordination among public, private and NGOs sectors and development partners.

The focus is given on liberal, open and competitive health financial plan which will be brought to enhancing indigenous competitive capacity and reforming in a way to be able to obtain benefits from new opportunities created by worldwide open policy.

Thus, the plan is most purposeful towards ensuring appropriate roles of HMG and sectoral partner assistance in funding and development in specific areas of the greatest need towards addressing health issues. This will increase availability of essential health care packages to all, regardless of ability to pay, avoiding duplication and ensuring effective use of public, private, NGOs, community and development partner resources.

The 2000 analysis in Nepal found that demand of nurses midwives requirement has increased due to growth of private health institutions, challenges in maintaining health and nurse midwives services in rural and remote areas as well as shortage of nurse midwives personnel.

Policy has not emphasis about nursing midwives workforce management.

Influences the management of nursing and midwifery workforce:

- More certificate nursing education institutions open all in private and public sectors.
- Basic and post basic bachelor nursing education also come out in public private sectors within country.
- Master in nursing education in different areas started in Nepal.
- Short term training for nurses-midwives is started by Ministry of Health.
- Few researches have been conducting by nurse-midwives and they have written few nurses books on different subject.
- Very few higher positions created under the Ministry of Health for nurses, which is not sufficient.
- Establishment of Nepal Nursing Council.
- Enrollment of international students in basic nursing education.
- Nurses are sent for specialized nursing training in India and oversea in the past.
- Nursing Procedure Manual, Job description, RH Protocols for nurses-midwives are developed.

III. ANALYSIS OF NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

1. POLICY AND PLANNING:

Working group used the different methodology for collection of information, such as individual interview with chief Planning division MoH, Sr. Public Health Administrator, Planning Division, MoH, Chief, Curative Division/MoH, Directors, Management Division, DHS, Finance Officer MoH, Assistant Dean, TU/IoM and President NAN. They also conducted a group discussion with Sr. colleagues and Key Stakeholders, Focus group discussion was also organized within nurses from different institutions. Data on current situation and recommendation for future action were collected successfully.

1.1 Involvement on health policy formulation and programme planning

Current situations:

There is no focal point for nurses/midwives in MoH. But new revised organizational structure of 2057 (2000) shows that there is nursing position of 11th level and one 8th level but it is not fulfilled yet. But qualification and other criteria for appointed is existing in the Health Act.

The data also shows that the MoH has developed the long term health plan (LTHP) for 2002-2017 is ready to implement, at the same time reviewing of the health policy 1991 based on the LTHP and health sector reviewing is proceeding but nurses representative on both activities are very nominal or we can say non. It indicate that the involvement of Nurses/Midwives on policy formulation and program planning still lacking or not regular basis. The Health sector in National Planning Commission and Planning Division in MOH are main responsible to planning for annual health program and long term plan for health program but there are not any specific key policy and planning group concerning nursing. There has not been a specific Plan to Strengthen policy and planning capacity for Nurses /Midwives education program.

Members from professional organization is representing time to time national policy and planning committees, for example, Health Act development but not regular basis.

The Nursing Association of Nepal (NAN) is the main professional organization that established to worked for nurses / midwives. Concerning the issues on growth and development of nurses / midwives, involvement of nurses / midwives in policy formulation and health program planning and placement of nurses / midwives in higher decision making level to MoH, Nursing Association of Nepal (NAN) had been submitting written comments and recommendations to MoH but low priority has been given by the higher authority of MoH.

There is need of representation in research council, different health program committees and different hospital development boards and human resource projection committee. National health policy and planning of the country is included in basic nursing education (PCL) as introducing chapter. Similarly it has been incorporated in detail in post-basic nursing education program at BN and Master level.

The common issues nurses/midwives are discussed jointly by concerned organization, stakeholder and recipient. There is professional coordination within the country as well as peers networks is established with other professional organization, such as medical, public health and Bar –association.

Regarding the active advocate for change, nurses / midwives are raised questions time to time for change e.g. professional growth and development, educational opportunities, equal opportunities, adequate and proper placement and carrier ladder.

The senior nurses/midwives and the next generation of nurses/midwives leader are involved very less in developing skill and knowledge in policy planning and its implementation. There fore the next generation nurses/midwives leaders should be given opportunities to work in various committees and further education to develop their skills and knowledge in policy and planning.

Conclusions:

The collected data indicates that the involvement of nurses/midwives in Policy and planning for strengthen the nurses/midwives as well as management of nurses/ midwives workforce is very less within the health system. Therefore policy and planning for nurses/midwives could not be developed properly. The strategic should be developed for involving more nurses/midwives in health policy formulation and program planning.

Recommendations:

⇒ Develop mechanism to involve more nurses/midwives in policy and planning development through establishing nursing division in Ministry of Health.

⇒ Education program on policy and planning, development and implementation should be organized for nurses/midwives.

⇒ Exposure of more nurses/midwives in process of health policy and planning development.

⇒ A program for leadership development for next generation of nurses/midwives.

⇒ Provision of support for strengthening strategic alliances between professional organizations and key-stakeholders.

⇒ Appropriate and adequate number of position for nurses in different division and section in Ministry of Health.

⇒ Support professional organization of nursing association of Nepal to play vital roles in health services planning, management and implementation

1.2 Strategic planning for nursing and midwifery workforce management as an integral part of human resource planning and health system development.

Current situations:

National strategic planning for nursing and midwifery development, was develop in 2001 and submitted to MoH, for implementation to MoH. Nursing Association is doing follow-up for its progress on implementation but till today it has not been materialized.

All nurses/midwives are expecting to improve the quality health service, education, research in nursing as well as professional growth and development.

The Human Resources in Health projection for long term 2002-2017 was developed in 2001, which includes nurse/midwives, it has not yet implemented. There are about 8000 of Nurse/ Midwives and ANMs are registered in Nepal Nursing Council, which is not sufficient for upcoming public and private hospitals and nursing education institutions, as well as there are more specatised nursing homes and hospitals have come, therefore there is big gap between the required and current number. So, to fill up gap of required Nurses/Midwives, Government has developed a policy to produce more Nurse/Midwives from public and private nursing education institutions. At present there are 28 nursing campuses in the country.

The Quality Assurance Section in Management Division trying to provide Nursing protocol and procedure manual for nurses and developed other standards for improve quality of nursing care. The section with the support of WHO trying to study quality improvement by using the standards and protocols in health care, as a pilot project in Bharatpur, Chitawan district. The good result of date can be replicate in other districts.

The specific plans for nurses can be developed to strengthen the quality care for instance, need based training program, research based plans.

The relationship between Nurses and other categories of health workers are friendly and helpful. But the new revised "Organization structure 2057" shows discrimination between nursing placement and other categories of health workers.

Equal opportunities need to be given according to the number of given category.

The Government source: HuRDIS, 2nd July 2002, shows:

Matron	-	1
Assistant Matron	-	2
Nursing Administrator, senior,	-	5
Nursing Administrator, Senior,	-	16
Nursing Officer	-	3
Sister	-	75
Staff Nurse	-	1093
Public Health Nurse	-	66
Public Health Nursing Officer	-	16
Public Health Nursing Officer	-	66
ANM	-	1626
Sr. ANM	-	1

In private sector, the categories of nurses are the same except Nursing Supervisor and MCHW but the number not available. The approved number of Nurse/Midwives positions in the Ministry of Health is above.

About 15% of the total posts are estimated to be fulfilled. Many time nurses demand for more position as the scope of nursing practice and education is expanded. The exact number of nurses and their placement in public and private according to expanded health services need to be kept in database. The evidence is vacant post, inadequate nurse/patient ratio and insufficient nursing personnel in working place. The number of student's plan for year is as follow:

In year 2002	:	350 students
In year 2003	:	710 students
In year 2004	:	1030 students
In year 2005	:	1030 students

About 50 Nurse/ Midwives have been recruited to oversea countries like UK, USA, Canada and Australia. There are plans for higher education for Nurse/Midwives in the country, e.g. Post-basic BN and Master Nursing. The constraint is limited seats for higher education as well as areas of study are also limited. Professional organization is advocating for strategic HRH policy and planning as well as for change such as:

- Production of competent Nurses
- Adequate and appropriate staffing
- Developing standard norms for quality care
- Professional growth and development
- Educational opportunities
- Carrier ladder

Conclusions:

The national strategy for nurses was developed and submitted to Ministry of Health in 2001 but it is not implemented yet. According to proposed HRH plan, the vacant posts are 15 % is not fulfilled. Data also highlights that nurses/midwives are strong and concerned advocates for quality services to the people, though their voice are less considered by authority.

Recommendations:

⇒ Implementation of submitted strategy plan as early as possible by formation of steering committee.

⇒ Provision of taskforce group of Nurses/Midwives for development of national strategic HRH plan for Nurses/Midwives.

⇒ Support for faculty preparation of education institutions for quality improvement for teaching learning activities.

⇒ Support for education institutions in the areas of clinical teaching learning practice facilities.

⇒ Support for nursing service reform.

⇒ Support for revising the nursing education.

1.3 Finance:

Current Situations:

Nurses and Midwifery workforce currently financed through Ministry of Health, Central Government. The current financing is not adequate to achieve the quality nursing services. The additional financing cannot be ascertained, because detail study should be conducted to ascertain these issues.

The data shows some key issues relating to involvement of nurses/midwives are:

- Absence of strategic vision in Government nursing for budget.
- Lack of involvement of nursing personnel in financial management and it's planning.
- Inadequate allocation of resources for nursing programme.
- Less priority to nursing management.

Limited, resource and no separate strategy are existing to improve efficiency and quality in the workforce. Therefore, a separate study based on nursing issues and possible strategy should be plan and conducted. HRH projection for long term (15 years) was developed and submitted to Ministry of Health. Patient-Nurse ration has not been followed at work place, therefore, patient dependency measures could not be used and quality measures could not be monitored.

Cost modeling for nursing/midwives working force could not be used. As well as nurses/midwives roster on evidence of best practice cares occupational health and safety and job satisfaction has not been plan.

Conclusions:

This information shows that there is no separate priory financial allocation for nursing programme till today no involvement of nursing personnel in financial planning and utilization. The allocations of budgetary provision to improve quality nursing care not yet practice. The information also indicates that developed strategic plan on financial matters needs to be improved.

Recommendations:

⇒ Develop the mechanism for preparing nursing budget

⇒ Involvement of nurses/midwives for budget planning

⇒ Provision of training to the nurses/midwives for financial management and preparation of nursing budget.

⇒ Provision of budget planning in PCL curriculum.

2. EDUCATION, TRAINING AND DEVELOPMENT:

2.1 Coordination between nursing and midwifery education and service sectors:

Activities:
Committee conducted several meetings and interview was taken to concerned areas authorities such as Director, Matron, Sr. Nursing Professionals of Tribhuvan University, Institute of Medicine, Teaching Hospital, Kanti Children Hospital, Nursing Campus, Maharajgunj, Kathmandu.

Nursing professionals from Government, Private, INGO, NGOs, members were invited. They were oriented about assessment programmes then action groups were formulated of 10-12 members, vigorous discussion took place and their discussion are put together and presented in the large group.

The findings of the meetings, interviews and action groups are presented as follows.

Current Situations:

Joint nurse/midwife appointment system is existing in BPKIHS, Dharan and some of the private medical institutes. But the facility is not available in Institute of Medicine and other Government sectors. So far plans are not available for this system.

- Action groups are of the opinion that the joint appointment system will be good and effective provided good system and full autonomy in nursing.
- Regarding the opportunities, there are enough qualified nursing personnel available in the country. But the constraints are no such specific policies and system for joint appointment is organized except in BPKIHS.
- Joint planning committee is available in education and service which is called coordination committee which is affecting management of education programme and quality service of the hospital as well as campus.
- Similarly, in some of the programmes run by WHO support had joint planning committee, which worked effectively i.e. SMI, RH, PBBN, Master, Basic B.Sc. Nursing.
- There are course advisory committee for each educational programmes consisting of different departments, subject committee, faculty board and academic council which is responsible for development, revision, modification and approval of suitable curriculum for each programme. Nurse/Midwives educator and clinical nurse/midwives area involved in various committees.
- The nurse/midwives educator and clinicians have conducted very few researches so far. There should be collaborative research activities between service and education institution to improve quality education and service. Joint research between nurse midwives education and clinicians is very essential and should be on going and promoted.

- It does exist to some extent (joint research activities). There is some sharing of experience during curriculum development workshop and seminar. It is necessary to develop continuing education in comprehensive way. But there are some institutions organizing continuing education for nurse/midwives, educators and clinicians such as National Health Training Center (NHTC). NHTC is organizing such combined courses for both clinicians and educator (Short term Training).
- Medical education center in Institute of Medicine also organizing such training programmes from time to time for nurse midwives, education, clinicians and other health professionals.
- There is education-training cell in Council for Technical Education and Vocational Training (CTEVT) Nepal which conduct training programme for different levels of health professionals.
- The shared continuing education training programme works well if adequate budget provided. Opportunities are provided as per need of the individual and institutions. But sometimes in spite of availability of opportunities personnel do not come to attend due to constraints/shortage of staff to leave working area.
- Renewable licensing system is passed by Government in this year 2002 only. But Nepal Nursing Council has not implemented it. It is good top consider the credits of in service education, workshop/seminars, short term courses and post basic higher education for renewable licensing to nurses and midwives.
- Licensing system exist in this country which is good for maintaining quality in nursing/midwifery service education. Existence of Nepal Nursing Council has provided opportunity for this process which is responsible authoritarian body to licensing system.
- Constraints are due to inadequate Government budget and other financial resources, the activities are not up to the expectations but they are in the process of planning for licensing examination system.
- There is ongoing advocacy of nurse/midwife for joint approaches between education and practice by various ways.
- Series of focus group discussion and individual interviews were conducted with the different professionals. Such as Matron-Kanti Children Hospital, Director-Kanti Children Hospital, Senior Obstretician and Gynaecologist Tribhuvan University/Teaching Hospital, Ward In-charge of Maternity Unit and Supervisor of Tribhuvan University/Teaching Hospital, Head of the Department of Midwifery of Nursing Campus, Maharajgunj and Senior Faculty of United Mission to Nepal. Their views regarding service led education are the existing system of conducting theory classes in the campus is good. But they feel that when students come to clinical situation, there should be adequate supervision from side, faculty as well as clinical staff. But they should be well trained and equipped so that better learning take place. At present due to demand of high charge for clinical practice in all hospital and other clinical and community settings, it has become the hindering factor for the appropriate clinical experience of student learning.

Conclusions:

Joint nurse/midwives appointment between education and practice settings is not existing in all teaching institution. There are coordinating committees between hospitals and institutions in all educational institution. Similarly, the course advisory committee is also for each educational programme. Collaborating research activities are very few. Renewable licensing system has not been implemented yet. Service-led-education is appreciated and recommended by all the health professionals.

Recommendations:

⇒ Support for conducting collaborating research for strengthening nursing midwifery education programme.

⇒ Support on establishing collaborating centre for nursing midwifery continues education progamme.

⇒ Provision for developing clinical competency of nurse/midwives in different areas.

2.2 Student recruitment:

Current situations:

- Till now there is no scientific analysis of supply and demand mechanism. The students are enrolled as per the capacity of the concerned institutions and need of the country.
- Consumers and training institute should plan together to identify required number of students to be trained on the scientific basis in order to maintain the balance of demand and supply.

The current required entry qualifications for each category of nurse/midwife as follows:

- For proficiency certificate level nursing/midwifery the candidate should pass School Leaving Certificate (SLC) examination with minimum of 45 or 50% in aggregate and the student should have compulsory mathematics, general science and English. This is 3 years course duration.
- For Post Basic Bachelor in Nursing (PBBN): The candidate after passing PCL nursing course should have minimum of 3 years of experience in the concerned field (teaching or service). This is 2 years course.
- For Basis B.Sc. Nursing: The candidates are enrolled in this programme after completion of 10+2 with science background. This is 4 years programme.

- For Master in Nursing programme: This programme is of 2 years. The candidates are enrolled in this programme after having bachelor's degree in nursing and with minimum of 3 years of experience in their respective field.
- Auxiliary Nurse Midwife (ANM): The entrance requirement for Auxiliary Nurse Midwife at present is SLC pass. This is of 18 months course.

All of the above mentioned programmes, the candidates are required to be seated in entrance examination and the selection will be done on the basis of merit list. IoM, CTEVT and BPKIHS run all of these programmes.

The actual study about this is not done but about 40% students are having higher education than the requirement. So far there is no such type of demand or suggestion being made for changing the entry qualification by Government as well as nursing/midwifery profession for PCL Nursing and ANM programme.

But for Post Basic Bachelor's degree programme and master in nursing programme, there is a demand of reducing the prescribed year of experience from 3 years to 2 years by Nursing Midwifery profession.

- The trend of application for nursing programme is high rate for enrollment in all nursing midwifery programme.
- According to the criteria set by TU/IoM and other concerned institutions, the trend is increasing towards higher educational qualifications than the required.
- The standardized entrance examination is held by examination control section of concerned institutions and the candidate are recruited according to the set policy and capacity of the individual school/campuses.
- There are geographical maldistribution of nurses/midwives recruitment due to certain factors like:
  - SLC passing rate of girls is high in urban than rural areas.
  - Literacy rate is low in women.
  - It is difficult to come in competition.
  - Nursing campuses are more opened in urban areas.
  - There is no policy for quota system for remote area.
- In regard to career options for young women in the country other than nursing and midwifery, majority of literate women are involved in teaching profession, industries, bank, clerical work, advocate, engineers, doctors and other health field than in nursing. The illiterate young women are involved mostly in agriculture and factories.

- Attraction for girls in this profession the following strategies are to be developed.

  - Immediate job opportunity after training in the country.
  - Attractive salary.
  - Career ladder opportunities.
  - Options for higher education.
  - Recognition of their service.
  - Sufficient incentives.
  - Good working condition.

There is no attrition during student period. But in case of qualified group, due to some factors like health, economic and social factors, there are few people who leave the job and go abroad/NGO.

- There is a system of nurse/midwife educators/service people and other to include in policy planning, decision making body for the recruitment of student nurse/midwives at institutional level but there is no policy for nurse midwives to involve in policy, planning and decision making bodies at national level.

- Nepal Nursing Council (NNC) has developed standard guidelines to strengthen student number and quality only for PCL and ANM level at present. The feasibility study is on process for developing each guideline for Bachelor and Master's level programme. Regarding geographical distribution, there is no plan and policy being developed so far.

Conclusions:

Student recruitment system by entrance examination is good. Nursing profession is attractive profession by girls. Policy has not developed to encourage enrolling the girls from rural areas.

Recommendations:

⇒ Support the high school of remote areas for quality education in order to encourage girls to compete in the nursing-entrance examination.

⇒ Support for establishment of mechanism for human resources requirement of nurse/midwives.

2.3 Competency-based education:

Current Situations:

- There is no national standard of nursing care but some hospitals have developed nursing procedure manual, quality assurance guideline, job descriptions of different categories of nursing personnel, supervisory manual and implemented in their own hospitals not through out the country.
- The national standard of midwifery care has been implemented on the basis of RH protocols developed by Ministry of Health to meet the SEAR midwifery standard. NHTC also has developed competency-based midwifery training package, job description and manuals.
- NHTC, JHPIEGO and Medical Education Department of Institute of Medicine have planned and conduct regular continuing education programmes for practicing nurse midwives educator for the development of competency based practice by providing modern teaching and learning skill.
- The Government has positive view in reforming the nursing/midwifery education to a competency based education. In view of that Ministry of Health has developed nursing midwifery strategy for strengthening the nursing midwifery service and education nationally.

Conclusions:

For the development of competency based education different institutions have developed their manuals, standard guidelines. HMG has provided job description, standard RN protocol. JHPIEGO, NHTC, JICA, CTEVT, Medical Education Department provide training from time to time teachers/care providers.

Recommendations:

⇒ System of competency based education needs to be continued from individual institution to national level.

⇒ WHO needs to support educational institution in relation to research activities, continuing short term and long term training along with other facilities

⇒ Support to review the PCL curriculum for nursing to develop problem based and competency based teaching.

⇒ Support to maintain teacher/student rations through outs the country.

⇒ Support for teacher preparedness programme for public and private teaching institutions as well.

2.4 Multidisciplinary Learning:

Current Situations:

In Nepal there are institutions under Ministry of Education and Health who runs multidisciplinary education (including nursing) for various categories of health manpower. The effectiveness of this training programme has not been studied so far. Nurse/midwives are participating in multidisciplinary education programme such as BPH and MPH in Nepal. Key stakeholders appreciate the multidisciplinary education as well as they describe the strengthening teamwork by involving nurse/midwives.

Conclusions:

Stakeholder appreciate the multidiscipline education but there is no opportunity to deploy nurse/midwives in higher post at Ministry of Health.

Recommendations:

⇒ Support to explore multidiscipline education system.

⇒ Support to create higher position to nurses other than nursing position in health related field.

2.5 Lifelong learning culture:

Current Situations:

- The study revealed that high demand of post basic and master study programmes.
- Need of modification of existing curriculum as identified through seminar and research studies.
- Development programme with different specialty like Master in Women Health and Development, Adult Nursing and Pediatric Nursing. Similarly, there is a provision of separate area in psychiatric nursing, community health nursing and hospital nursing according to the need of country situation.
- The nurse/midwife leaders are creating good environment for maintaining learning culture through clinical practice in hospital and community setting and supporting research activities. Bachelors and Master students are encouraged to conduct research through continuous guidance and financial support. Approximately the students and faculties conduct 70 researches each year.

Conclusions:

In most of the institutions lifelong learning culture is maintained through providing opportunities for different short and long-term training. Care provider group/educators should be encouraged in lifelong culture and motivate with appropriate facilities being made available.

Recommended strategies:

⇒ Support and motivate for lifelong learning culture with national level library support and other facilities for Internet.

⇒ Support to establish in-service unit in each hospital throughout the country.

2.6 Continuing education system:

Current Situations:

Ministry of Health has established a National Health Training Center (NHTC) and Regional Health Training Center (RHTC) which is responsible for conducting in-service education to all categories of health personnel as per need. TUTH, Kanti Children's Hospital and other private institution conduct their training in their own places and also encourage the nurse/midwife to participate in the workshop and seminar in the national and international level. Some of the nurses/midwives are studying higher education and short term training by own finance. They are actively participating and encouraging in continuing education.

Conclusions:

The main lesson learned regarding continuing education is diagnosis of learning need is prime importance on the basis of need identified. Continuing education programme needs to be implemented to all categories of nursing/midwifery manpower. The priority issues are in the area of training centers/hospital, health institution/educational institution and community.

Recommended strategies:

⇒ Support for developing policy framework and guideline for continuing education.

⇒ Provision of establishing mechanism of continuing education, for staff development, prerequisite for renewal of licensing and teachers preparedness.

⇒ Support to conduct survey on training need assessment through out the country.

3. DEPLOYMENT AND UTILIZATION:

Activities:

Information was collected using the various methods. The documents were analysed, interview was taken with nurse managers, leaders of different hospitals and programme officers of National Health Training Centre and Health Institution and Manpower Development Division (HIMDD). Group discussion was held within working groups and lots of informations were collected. Similarly, focus group discussion was conducted.

3.1 Appropriate skill mix and competencies:

Current situations:

The 9th health plan has explained that there is need to produce different categories of health worker within the country including additional 4,706 nurses by the year 2060 B.S (2003/2004). To meet the target, private sectors are involved to produce nursing manpower since last year. At present there are twenty-six nursing colleges affiliated to T.U, C.T.E.V.T. and other authorized institutions.

To meet the shortage of nursing manpower due to low supply, low distribution in health care settings and low motivation to work in rural areas, the government has articulated the skill mix competencies. For example M.C.H.W., V.H.W. are some of workers used to provide service in community setting. Even A.H.W. are more empowered in Maternity and child health care. Some of the hospitals have developed Nurse Aids to use as skill mix in clinical nursing.

Nursing has a standard curriculum and protocols for each category of skill mix competencies in community setting but in relation of these categories in hospital, individual hospital has developed their own learning package according to their need.

There is less prioritized to provide educational and other opportunities, especially in clinical side in relation to other health professionals. Recently, National Health Training Centre (N.H.T.C.) has initiated a few days training package in various clinical subjects as following number of nurses and areas of training.

COMPETENCY TRAINING

Training Subject	Number of Nurses involved in Training
Leadership Management	50
Orthopedic	15 3 = 45
Neuron	15 3 = 45
Geriatric	15 4 = 60
Burn	15 4 = 60
Emergency	=100
ICU / CCU	= 60 to 70
Pediatric	= 60
Nephritic	= 15
O.T Management	=100
Infection Prevention	Organization
Anesthesia	50

The in -service training helped the nurses to make some update the competency of skill and knowledge. Few nurses have got master degree within the country academic program. At present more than 418 and 20 Post Basic Bachelors in Nursing and Master in Nursing have been graduated inside the country respectively.

Most of the senior nurses from educational side have got master degree from aboard. However, the senior nurses in service side have already retired and existing senior nurses in high level position did not get opportunity of master degree, though few have got MN within the country. But even after MN degree, the nurses did not get opportunity of career development and appropriate job. Some MN nurses are still working as Staff Nurses and Sister In-charge. Some had been resigned from the government job and joined in private and INGOs.

At present the various categories of health manpower are articulating to the Nurse/Midwifery workforce. ANM, AHW, VHW, MCHW and other from multi discipline sector and nurses aid in hospital.

Nurse/Midwives are articulating their current skill and potential competencies consequently. The refresher training is managing to update their competency. The impact study on the skill mix is not performed to evaluate the negative and positive impact of the competency yet but the organizations are interested in this regard. The year performance evaluation of MCHW is planed after refresher training in midwifery with 45 days duration in this year. The research is not conducted of current skill mix and competency.

Nurse/Midwives advocate for increasing flexibility in the health workforce. Nursing Association of Nepal advocates through various types of public media like T.V, Newspaper and Radio. Supporting has been made to MoH in preparing need of vacancy announcement of various level of nursing workforce.

The orientation and few days leadership and management training was provided in collaboration of WHO, Bir Hospital and NHTC. Nurses have been skilled with administrative training from Nepal Administrative Staff College, Ministry of General Administration for 4-6 weeks duration in 1998.

Conclusions:

At present skill mix competencies like MCHW, Nurse Aid and other which has very limited scope of practice are used for providing basic care both in community and hospital as a supplementary of nurses and midwives. Opportunity of training and development of activities are less prioritized in comparison of other health professional. Therefore, professionals are advocating in this regard.

Recommendations:

⇒ Develop nursing in-service education centre;

⇒ Develop system of impact study of in-service training ;

⇒ Provision of independent practice for Nurse/Midwives ;

⇒ Creation of ANM Posts in Sub Health Post for skill full quality care;

3.2 Relevant nursing and midwives infrastructure:

Current Situations:

- As the situation shows the capacity of leadership and management needs to be strengthened because staff nurses are working as Nursing In-charge in the most of the hospitals located in outside of Kathmandu valley. Even in city area, tertiary level hospital without any experienced of leadership and management skills.

- At present there is no nurse in policy level in Ministry of Health. Organogram of MoH shows a focal point of nursing in MoH but nursing official is not deployed yet.

- There are provision of nurse as a head of nursing department a Matron in Central, Regional and Zonal hospitals, Sister in District Hospitals but the positions are not fulfilled. Therefore, most of the hospital is running by 2nd level as well as 1st level nurses.

- Very few nurses and midwives used to develop to strengthen leadership and management capacity by in-service education, attending conference, workshop and studying journal and relevant literature. At present few nurses use website for development their knowledge. JHPIEGO had been supported the Nursing College and nursing personnel in upgrading the knowledge and practice of FP and provided teaching learning materials. Constraints and opportunities for achieving effective nursing and midwifes practice as follows:

  - Lack of knowledge in relevant area;
  - Lack of knowledge in related subject. Concepts of specialties care is coming up in hospital but only the few nurses are trained in such areas. Therefore, conflict on quality issues may arise in relation to quality care in specialties.
  - Doctor dominant situation is existing in hospital. Nurses/Midwifery have to obey the order of doctors even in maternity unit. Only the doctors are authorised in every care though the midwives deal the cases at maternity units.
  - There are inadequate guideline for supervision and monitoring system in hospital nursing. Policy is not clear concerning to the nursing and midwifery services.

- Planning commission had asked to each ministry about the requirement of equipment and resources. Each ministry circulated the same message to concerned division and hospital. Finally, Ward In-charge submitted the requirement of the equipment and resources for their own unit, section, ward or department to organizational authority. The ministry prepares budget based on the collected requirement on yearly basis. Some of the constraints for the planning of requirements are:

  - Delayed information circulation;
  - Lack of knowledge on planning among the managers;
  - Limited participation, some time absence of nurse participation in preparing National Health Plan, even specially nursing / Midwifery area.

Therefore, such situation can be overcome as following action.

- Upgrade the knowledge of the person working in the management post;
- Plan should be initiated in appropriate time;
- Nurses participation in planning process from the beginning.

Conclusions:

The collected information shows that nursing focal point in MoH is still vacant. Appropriate supportive policy framework has not been developed. Most of the nursing leadership positions in various level of health care system are not fulfilled. Since there has not been well managed system for higher education, currently nurses are encouraging to attend the conference and further study with self-finance.

Recommendations:

⇒ The vacant post should be fulfilled of focal point for nursing/midwifery at MoH;

⇒ Distribution of managerial post needs to be deployed according to policy/defined rule;

⇒ Capacity of the manager in knowledge and skill should be upgraded by continuous education;

⇒ Development of mechanism of appropriate, supportive policy frame-work to strengthen nurses-manpower;

⇒ Post of nursing personnel should be created in different division and section of Ministry of Health, Department of Health Services;

3.3 Effective leadership and management:

Current Situations:

Basically there is no direct mentoring system for senior Nurses/Midwives by multidisciplinary, collogues. But some modification in organogram of Department of Health Service shows that there is mentoring system for next generation. Because in some division and section of MoH and DoHS has position of nursing officers and work under multidisciplinary chiefs.

Some conferences and workshop also conduct among the doctors, nurse and other health related professionals including other multi-sectoral colleagues. It gives opportunity to expose with those type of collogues.

Most of the senior nurse leaders are retiring and going to be retired in near future. Ministry of Health is planning to provide leadership training for 35 clinical nurses in this year with support of ICN and WHO.

Most of the nurses have to work in different areas of health care with limited nursing education. Therefore, they feel weak in the specialized skill even after higher education. They considered themselves to strength in theory knowledge but weak in practical skill.

Some of the nurses are self- initiated to do higher education and research in different nursing fields.

After providing in-service training in various subjects like, MVA, BEOC, RH protocol, infection control show that patients stay duration is less as well as less infection occurs in the hospital.

Conclusions:

In the existing situation, there are some positive changes in health sectors. The concepts of multi-sectoral approach are coming up. The participation of nursing personnel in multi-sectoral forum are gradually increasing. Thus nurses are getting opportunity to share/expose ideas among the multi-sectoral colleagues. There is a plan for providing leadership training for nurses of next generation.

Recommendations:

⇒ Capacity building and management need to be strengthened.

⇒ Develop nurse leader's exchange programme with other country.

⇒ Support to attend international conferences/seminar/workshop.

⇒ Development of mentoring programmes within Nursing and Midwifery.

3.4 Good Working Condition:

Current Situation:

As a policy development, guideline is prepared targeting to each element of good working condition. All the necessary elements including nursing manpower and other resources are defined clearly for each type and level of hospital both in public and private health sectors. The government is trying to implement strictly.

- Nurse's patient ratio - Number of nurses are clearly defined including level of position according to the bed capacity. But the norms of nursing manpower (Nurse Patient ration) are not implemented.
- The good management and organizational environment is varying according to individual organization.
- Nurses have culture of respect and mutual respect and teamwork. Occasionally it depends on the individual difference.
- Taking into consideration of security, nursing personnel willing to work in urban area rather than remote rural area.
- Salary is provided as equal pay system according to the level of position.
- There are lack of staff quarter in rural as well as urban areas.

To provide quality of nursing service to the people is to supply of required manpower in rural setting and adequate supplies of equipment, availability of physical facilities and as identified by government. The government has made provision in the Health Act that the health workers should work in remote area and will be opportunity for further study, career development.

Shortage of midwives in comparison to the increased population is one of the most important issues. Two priority issues of Nursing/ Midwifery are not getting in-service education and poor physical facilities, like no housing, no transportation system, no health hazard allowances. These problems cannot be managed in local level but it needs a higher level system development to manage it.

This is strong alliance with community and local politician as well as with senior officials. Many of the programmes are being conducted with partnership of local government and community

There is a good relationship and close coordination between Nursing Association of Nepal (NAN) and Ministry of Health (MoH) in the area of R.H training, HIV/AID training in the various districts.

Nurses and Midwives have consolidated support by NAN action taken against unacceptable behavior, victimization, physical and verbal abewe. Example: In the past, one of the Staff Nurse working in the hospital was killed by her husband. for this case NAN hired lawyers for necessary legal action as well as supported to the problem of Nurse. At present, the husband is in the central jail. Nurse/Midwives, they value each-others and other members of health team in their working situation.

Conclusions:

Shortage of manpower and supply of logistics are considered as two important issues, working environment is poor as well as facilities for Nurses/Midwives is inadequate.

Recommendations:

⇒ Provision of sufficient supply and equipment in health institutions.

⇒ Policies development for adequate housing, transportation and other relevant facilities.

⇒ Support of hiring, one lawyer to NAN or educate one or two Nurses in legal aspects (Lawyer).

⇒ Support for developing the standard of nursing practice.

Technical Supervision Systems:

Current Situations:

- There is no systematic technical supervision of nursing intervention.
- There is no provision for technical supervision system in nursing activities as well as training to key people in this regard.
- Supervisory activities are carried out by the Matron, Assistant Matron and Sisters in-their own individual interest.
- Provision of transportation facility is provided depending upon the individual organization and no provision of incentives for supervisory activities
- Evidence based technical provision of supervision system is proposed in National Strategic Plan for Nursing and Midwives Development 2001. e.g. Leadership development

Conclusions:

There is no systematic supervision system in hospital and community settings.

Recommendations:

⇒ Development of effective technical supervision mechanism.

⇒ Provision of training to key people in supervision skill.

⇒ Provision of support for conducting research for improving qualitative service to people and implement it in the basis of evidence.

Career Advancement Opportunity:

Current Situations:

There is career structure in health - care system in different level. Staff Nurses start her career in fifth level and upon completion of 3 years experience, she has been upgraded to 6 level. Similarly, with Post Basic (B.N), she can be upgraded up to eleventh level.

Higher levels training for Nurse/Midwives are inadequate as well as they are posted in appropriate workplace. About twenty nurses have received Master in Nursing (M.N) degree inside the country. Similarly, few nurses have gone abroad for Master in Nursing and Ph.D.

At present the first and second class executive offices having Bachelor degree. But in the future, the Master Degree is preferable according to New Health Act.

The key additional skill, knowledge and competencies are required for Nurses/Midwives in chief executive position in following Areas.

- Management/Leadership
- Supervision/Monitoring
- Financial Management - Nursing Audit
- Policy, Planning Development

Conclusions:

High level positions are very few, which is not sufficient for hospital and community settings. There is less opportunity for next generation preparation in higher-level positions such as at policy level, hospital department chief level etc.

Recommendations:

⇒ Creation of more higher level positions in different areas.

⇒ Provision of higher advance education to develop competency in different areas for more nurses.

⇒ Development of mechanism for preparation of next generation.

Incentive Systems:

Current Situations:

There is very little provision of incentives for Nurses/Midwives. Uniform allowances are given for all nurses since 30/35 years. The provision of tiffin has been made available for night duty nurses in individual organization. Very few nurses are having other facilities as well as transportation facilities.

Package of incentives are needed for Nurse/Midwives as follows:

- Transportation allowances
- Communication facilities (Pager, Telephone, E-mail for the officer Level)
- Overtime allowances
- Pricey allowances of high market price
- Allowance for additional work according to educational capacity beyond her/his present role/posting
- Children's education allowances
- Provide research grant
- Provision of food for night duty
- Pension and experience allowance (Upadan) in private sector
- Night allowances
- Health hazard compensation
- Regular health check-up and vaccination for staffs
- Provision of health insurance
- Housing allowances
- Odd time duty allowances.

The concept of quality assurance in clinical practice is existed in integrated way. It is coming up as felt need. But in implementation, it is not fully accepted due to various constraints facing by the Nurse/Midwives. Perinatal active mortality audit is already existed in Nepal regarding foetal and neonatal death.

Conclusions:

Incentives are not provided. Quality assurances system is implemented recently only.

Recommendations:

⇒ Development of incentives system.

⇒ Provision of training on quality assurance system for clinical practice.

Job Satisfaction:

Current Situations:

Job Satisfaction survey has not been conducted in large scale due to not having financial and technical support from government and other agencies. There has been not developed any mechanism to measure the job satisfaction. But the present situation shows that at present, there is lack of job satisfaction among the nurse/midwives.

Action could be taken to improve the job satisfaction.

- Develop norms of nurse - patient ration
- Improve the working condition including the safety
- Development of incentive system
- Opportunity of higher education and in-service training
- Provision in diploma education in various subject
- Expose of nurses in international environment

Conclusions:

Job satisfaction surveys have not been conducted, situation shows there is no job satisfaction among Nurse/Midwives due to various reasons, even though patient are supportive towards Nurse/Midwives.

Recommendations:

⇒ Provision of support to conduct job satisfaction Survey

⇒ Support for developing norms of nurse, patient ratio on scientific

⇒ Support for review job description of all categories of Nurse/Midwives

REGULATION:

Activities:
Working group had discussed with nursing personnel who were involved closely during the development of nursing regulatory mechanism. Group discussion among the senior nurses and focus group discussion was held with nursing personnel who were involved in nursing council, service, education and nursing association members for collection of relevant data.

Current Situations:

Nepal Nursing Council is established in 1996 and started functioning activities are carried out as follows:

- Registration of Nurses/Midwives is started. There is 3845 staff nurses/midwives, 3297 A.N.M and 257 foreign nurses registered in Nepal Nursing Council till August 2002.
- Code of ethics has been developed and implemented.
- Accreditation system of nursing education institutions has been established and it is in implementation phase and licenses have been granted to both public and private sector schools (about 6 schools).
- Minimum education, qualification, requirement (criteria) for Nurse/Midwives teachers developed for both private and public sectors, which is similar for basic education.
- Minimum standards for teaching and daily resources as well as requirement for field learning experiences for students are established and given in detail in Nepal Nursing Booklets.
- Standard of practice and education has not been developed yet. NNC has to initiate to develop the standards of practice and education in the country. Therefore, NNC should find out technical support for this purpose exposure the ideas and get budgeting support.
- Nurse' view is to develop and implement a system of renewable licenses for nurse/midwives which is based on competencies. For this purpose affordable & approachable mechanism needs to be identified and implementation for licensing, e.g. credit for in service education, special training, post basic training and education, staff appraisal by proper supervision and evaluation at work place.
- At present there is no quality assurance mechanism to access modern teaching capacity. There is a need to exposure for technical expert as well as financial support for developing quality assurance mechanism.
- Some of the standards are in development of process. e.g. nurse/patient ratio, in which Nurse/Midwives are actively involved.
- Standards against nursing/midwifery schools have been developed and implemented which have tremendous benefits to provide quality education and guide to teachers, but it needs regular supervision and monitoring as well as review the standards as and when it is necessary.
- Since we do not have service/education standards, we are facing difficulties to maintain the quality of care and education as well as uniformity in both sides.
- There is a need of developing meaningful and useful standard by technically sound experts, which should be need based of the country. It should be field tested before implementation.

Conclusions:

The regulation mechanism is well established even though there are many issues to be addressed for strengthening regulation in Nepal, which includes developing relicensing mechanism and standards for service and education to maintain quality issues. Nurses/Midwives, who are working in remote areas, felt difficulties to register in time due to unavailability of message in time, communication and transportation difficulties.

Recommendations:

⇒ Support for development of standards of practice and education for quality service and education.

⇒ Support for development of relicensing mechanism.

⇒ Provision of quality assurance mechanism to access modern teaching capacity.

⇒ Support for development of guideline for maintenance and enhancement of competencies of nurse/midwives, working in different setting, e.g. service, education, management, policy level and research.

5. *EVIDENCE BASE FOR DECISSIONS:*

Activities:

Working group had interviewed and discussed with the nurses involved in research activities, hospital nurses and educators of public and private sectors of health institutions. Focus group discussion was held with Nurses/Midwives, who are working in different settings for getting information.

Current Situations:

There is an information system established for health personnel including nurses/midwives at Department of Health Services which is known as Human Resources Development Information System (HuRDIS). Initially the data set was numbers recruited, basic qualification, post basic qualification, date of appointment, date of transferred, date and type of in service education training, age profile, gender, date of reigning or retiring and death etc. This information is collected only for Government employees.

The base line data was collected only to keep up to date the numbers and qualification. This data is used mostly for transfer from one health institution to another health institution as well as to nominate for further education, training.

The data has not been utilized for quality improvement and competency measures. It needs to develop a mechanism for continuous quality improvement of health personnel by providing in service education or others relevant programmes.

There is no plan for additional information system for nursing /midwives personnel. Therefore, it is needed for developing a well and complete information regarding nurses/midwifery personnel produced, employed, retired in the country which will help in managing the work force in different setting in the country. There is a need to identify the responsible organization or institution to initiate and maintain this task, either in government or in public sectors.

- There has been few research conducted to provide evidence to improve education, clinical practice and management. More opportunities should be provided to conduct research in service and education settings as well as technical and financial supports to be granted.
- In our context, we consider the experience of nurse/midwives to strengthen on nursing /midwifery service and education, we have developed guidelines, protocols to strengthen the health services.

Conclusions:

- The HuRDIS of Department of Health Services has collected the informations as required to their purpose.
- Very few researches have been conducted to provide evidence in support of service and education for quality improvement.

Recommendations:

⇒ Support to nursing professional organization for improvement of capacity to take responsibility, to develop and use an evidence base for decision making in clinical, managerial, education and policy.

⇒ Support to develop a system to provide information of total number of graduates and qualification as well as employment in public and private sectors through out the country.

⇒ Provision of conducting more research in nursing /midwifery fields to provide evidence based quality improvement service as well as education.

⇒ Provision of training for effective decision making in clinical areas, management and education.

IV. CONCLUSIONS

The current situation on nurse/midwifery workforce management shows the key issues on each key elements of conceptual framework. Strategic actions are given to address priority issues.

There is less involvement of nurse/midwives in policy and planning as well as higher positions for nurses/midwives are nominal and some of them are not fulfilled. Developed National Strategic Plan for strengthening of nurse/midwives has not been implemented by Ministry of Health.

Less focus is given toward the faculty preparation for nurse's education of different level. Similarly there is no supportive policy to enroll girls from rural and remote areas.

There is no system of continuing education for nurse/midwives in the country. Appropriate and supportive policy framework regarding nurses and midwifery has not been developed. Less force is given to preparation of next generation. There has not been any efforts done for strengthening nursing/midwifery services such as job satisfaction services, nurse patient ratio establishment, working condition analysis, opportunities of different incentives and training need assessment services.

Newly established NNC is working towards maintaining regular mechanism to provide quality care to the people. Only few researches have been conducted for improving quality care in the country.

V. RECOMMENDATIONS FOR FURTHER IMPROVING THE CONCEPTUAL FRAMEWORK

- Develop mechanism to involve more nurses. Midwives in policy and planning development through establishing Nursing Division in DoHS.
- Support for nursing service reform.
- Implementation of National Strategic plan. If action for strengthening nurse and midwives in 10^{th} five year plan.
- Establishing collaborating center for nursing-midwifery education program in the country.
- Support for developing standard of nurse-patient ratio in a scientific manner through out the country.
- Establishment of mechanism for human resource requirement of nurse-midwives.
- Support to review the nursing education system in the country.
- Expand the nursing/midwifery service up to sub health post level.
- Creation of nurses focal point at MoH and to be fulfilled.
- Develop mechanism of appropriate, supportive policy framework for strengthening nurse/midwives manpower.
- Support for international exchange programme for nurse/midwives leaders.
- Support to NAN for strengthening the activities of professional growth and development.
- Development of standard of practice and education for quality service and education.
- Provision of conducting more research in nursing/midwifery fields to provide evidence based quality improvement service as well as education.

ANNEX – I

INDEPTH COUNTRY ASSESSMENT OF NURSING & MIDWIFERY WORKFORCE MANAGEMENT

WORKING GROUP

S.NO	Name	Designation	Institution
1.	Ms. Kamala Tuladhar	Assistant Dean	TU/IoM
2.	Ms. Sarala Shrestha	Campus Chief	TU/IoM
3.	Ms. Sabitri Basnet	Associate Professor	TU/IoM
4.	Ms. Geeta Pandey	Associate Professor	TU/IoM
5.	Ms. Krishna Prajapati	Matron	TUTH
6.	Ms. Piyush Pant	Vice Chair Person	N.N.C
7.	Ms. Manodari Thapa	Registrar	N.N.C
8.	Ms. Sanu Tuladhar	President	N.A.N
9.	Ms. Padma Ranabhat	Matron	Bir Hospital
10.	Ms. Sabitri Singh	Matron	Teku Hospital
11.	Ms. Sharmila Legal	Matron	Maternity Hospital
12.	Ms. Gayatri Rajbhandari	Campus Chief	Bir Hospital Nursing Campus
13.	Ms. Gyanu Basnyat	Nurse Officer	Ministry of Health
14.	Ms. Bishnu Rai	Campus Chief	Himalayan Nursing Campus .
15.	Ms. Vijaya K.C.	Former Special Secretary	Ministry of Health

ANNEX - II

Focus Group Discussion on In-depth Country Assessment of Nursing and Midwifery

WORKFORCE MANAGEMENT

Attendance on 21 August 2002

S. No.	Name
1.	Ms. Hem Kala Lama
2.	Ms. Durga Gurung
3.	Ms. Nati Maya Pradhan
4.	Ms. Geeta Gurung
5.	Ms. Ishwori Shrestha
6.	Ms. Basanti Thapa
7.	Ms. Sushma Rayamajhi
8.	Ms. Bina Katuwal
9.	Ms. Jamuna Sayami
10.	Ms. Sarala K.C.
11.	Ms. Janaki K.C.
12.	Ms. Sudha Baidya
13.	Ms. Pramila Dewan
14.	Ms. Moti Shrestha
15.	Ms. Sulochana Shrestha
16.	Ms. Khagimaya Pun
17.	Ms. Tara Pokharel
18.	Dr. H.B. Pradhan
19.	Ms. K. L. Bhandari
20.	Ms. Nandika Shakya
21.	Ms. N.M. Shrestha
22.	Ms. D. N. Lohani
23.	Ms. Mithu Chand
24.	Ms. Meena Rayamajhi
25.	Ms. Sita Regmi
26.	Ms. Gayatri Subedi
27.	Ms. Shanta Rai

28. Ms. Sulochana Shrestha
29. Ms. Manorama Tuladhar
30. Ms. Beena Bista
31. Ms. Durga Shrestha
32. Ms. Bimala Rai
33. Ms. Kiran Bajracharya
34. Ms. Sita Shrestha
35. Ms. Janaki Shrestha
36. Ms. Sabita Dahal
37. Ms. Indira Thapa
38. Ms. Laxmi Maharjan
39. Ms. Kunti Karki
40. Ms. Pabitra Bohara
41. Ms. Vijaya K.C.
42. Ms. Bishnu Rai
43. Ms. Piyush Panta
44. Ms. Padma Ranabhat
45. Ms. Sabitri Singh
46. Ms. Gyanu Basnet
47. Ms. Sanu Tuladhar
48. Ms. Gayatri Rajbhandari
49. Ms. Geeta Pandey
50. Ms. Sharmila Legal

ANNEX II

Focus Group Discussion on In Depth Country Assessment of Nursing and Midwifery

WORKFORCE MANAGEMENT

Attendance on 27 August 2002

S.NO	Name
1	Ms. Narbada Thapa
2	Ms. Divyaswori
3	Ms. Rekha Kayastha
4	Ms. Chandra Gurung
5	Ms. Radha Silwal
6	Ms. Yamuna Koirala
7	Ms. Sushila Shakya
8	Ms. Dabaki Lamichhane
9	Ms. Kandi Sherpa
10	Ms. Ishwori Khanal
11	Ms. Subhadra Shrestha
12	Ms. Dr. Laxmi Thakur
13	Ms. Mithila Acharya
14	Ms. Durga Subedi
15	Ms. Kusum Panta
16	Ms. Sanu Maya Shrestha
17	Ms. Kalpana Shrestha
18	Ms. Rebicca Singha
19	Ms. Radha Bangdel
20	Ms. Ambika Poudel
21	Ms. Ratna Maharjan
22	Ms. Kalpana Budhathoki
23	Ms. Puspa Deo
24	Ms. Sajani Dhungel
25	Ms. Sushila Kansakar
26	Ms. Durga Sharma
27	Ms. Ganga Gurung

28 Ms. Saraswati Shrestha
29 Ms. Maiya Rajbhandari
30 Ms. Mira Sharma
31 Ms. Urmila Shrestha
32 Ms. Mohan Devi Shrestha
33 Ms. Pabitra Neupane
34 Ms. Sarita Bohara
35 Ms. Purna Maya Shrestha
36 Ms. Sajana Ranjit
37 Ms. Asha Prajapati
38 Ms. Krita Maharjan
39 Ms. Jamuna Shakya
40 Ms. R.L. Dhubadel

ANNEX II

Focus Group Discussion on In Depth Country Assessment of Nursing and Midwifery

WORKFORCE MANAGEMENT

Attendance on 27 August 2002

S.NO.	Name
1	Ms. Ambika Gurung
2	Ms. Subhadra Pradhan
3	Ms. Rambha Maharjan
4	Ms. Nani Baba Rana
5	Ms. Keshari Sthapit
6	Ms. D. M. Karmacharya
7	Ms. Sumitra Shrestha
8	Ms. Yashoda Lama
9	Ms. Chhaya Gurung
10	Ms. Menuka Tamrakar
11	Ms. Kanti Chitrakar
12	Ms. Indira Pant
13	Ms. Bindu Gurung
14	Ms. Saroj Ghimire
15	Ms. Pramila Shakya
16	Ms. Sarita Pradhan
17	Ms. Indira Shrestha
18	Ms. Archana Pandey
19	Ms. Ambika Dhungana
20	Ms. Ratna Guragain
21	Ms. Chandrarama Adhikari
22	Ms. Bijaya Adhikari
23	Ms. Kamala Simkhada
24	Ms. Gita Bhattarai
25	Ms. Surya Koirala
26	Ms. Urmila Baniya
27	Ms. Urmila Malla

28	Ms. Sushma Thapa
29	Ms. Maiya Kumari Shrestha
30	Ms. Indira Pradhan
31	Ms. Mira Khanal
32	Ms. Shanti Thapa
33	Ms. Usha Pant
34	Ms. Tila Pokhrel
35	Ms. Kiran Dawadi
36	Ms. Menni Lama
37	Ms. Sobita K.C.
38	Ms. Bishnu Raya
39	Ms. Radha Devkota
40	Ms. Maiya K.C
41	Ms. Bishnu Gurung
42	Ms. Dhana Devi Bhandari
43	Ms. Sita Devi Joshi
44	Ms. Vijaya K.C.
45	Ms. Bishnu Rai
46	Ms. Piyush Pant
47	Ms. Padma Ranabhat
48	Ms. Sabitri Singh
49	Ms. Sanu Tuladhar
50	Ms. Gayatri Rajbhandari