



LEADERSHIP AND MANAGEMENT PRACTICES FOR NURSES AND MIDWIVES IN CHARGE OF RURAL HEALTH FACILITIES: UNIVERSITY OF ZAMBIA 2016-2017 CERTIFICATE TRAINING

Zambia, like many countries, deploys nurses and midwives to lead rural health facilities. The ability of nurses and midwives to manage local actors and navigate challenges posed by remote and low-resourced environments is critical to the health system's ability to deliver high-quality primary health care services. Yet, while much attention has been paid to community engagement and community health workers and volunteers, little has been understood about the essential role nurses and midwives play—or the support and skills they need—to lead the collaboration of staff, volunteers, and community leaders.

BACKGROUND

Many countries in east and southern Africa have invested in community providers to improve the health of their rural populations. They have recruited and trained community health volunteers, and many have begun to develop new cadres of community providers. For example, Zambia created a community health assistant cadre to link community members and volunteers with the national health system. The decentralized government structures of many countries like Zambia rely on nurses and midwives to provide clinical oversight and coordination in rural communities.

The Primary Health Care for Communities (PHC2C) partnership¹ aims to strengthen the ability of nurses to lead frontline teams in rural and remote environments. PHC2C's collaborative, country-led model promotes the leadership role of nurses and midwives in rural communities and recognizes their contributions to coordinating facility staff, community volunteers, and community leaders; optimizing resources; and monitoring progress to reach the greatest number of families with the highest quality care. The partnership is a global collaborator, not a project, and pursues evidence-based interventions.

In 2015, Johnson & Johnson funded the partnership to investigate—through in-depth interviews and focus groups across four provinces—the competencies nurses need to effectively manage facilities and lead frontline teams.

¹Organizations participating in the PHC2C collaboration include IntraHealth International, mPowering Frontline Health Workers, Johnson & Johnson, the International Council of Nurses (ICN), the Dalhousie University World Health Organization (WHO) Collaborating Centre on Health Workforce Planning & Research, and the University of Zambia (UNZA).

EDUCATIONAL GOALS

- Develop the requisite knowledge, skills, and competencies of nurses and midwives who manage rural health facilities in Zambia.
- Provide a program of learning that will lead to one or more of the following: improvements in community health outcomes; enhanced patient/client experience; more effective use of resources.
- Provide participants with a program of learning recognized by the General Nursing Council for continuing professional development and other regulatory purposes.

COURSE CONTENT

The training includes modules covering four competencies over ten months.

- Leadership and Management Development
- Quality Improvement
- Evidence Based Practice Updates
- Coaching, Mentoring, and Teaching Skills

COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP)

The CHIP allows the nurse in charge to apply his or her learning to a real community challenge. Students present their projects at the end of the training, along with members of their frontline teams.

NEED

The study identified the role of rural facility heads as the lynchpin of the community-level frontline team and highlighted critical leadership competencies.

Nurses in Zambia have been trained to manage hospital wards and to demonstrate leadership in national and sub-national decision-making, but they have not been adequately prepared to manage the complexities of—or influence social and behavioral change in—low-resourced communities. Registered and enrolled nurses and midwives are placed at the head of frontline teams that include community members, volunteers, and facilities staff of varied levels of training and experience. This role is unlike managing urban facilities staff or hospital wards where shifts have an end, roles are clearly defined, and decisions are approved through levels of hierarchy. At a rural facility, the nurse in charge bears full accountability for all decisions 24 hours a day, seven days a week.

RESPONSE

Based on the findings, the University of Zambia with IntraHealth International and mPowering, and in collaboration with the Ministry of Health, General Nurses Council, Zambian Union of Nurses Organization, and Midwifery Association of Zambia, developed a continuing professional development (CPD) training course for nurses in charge of rural facilities.

The course fulfills the CPD units required for re-licensure, and addresses a gap that has long been overlooked—the need for leadership at the community health level. Without that leadership, investments in community development, providers, and volunteers will be wasted. The Zambian-led team has also harmonized efforts with partners—e.g. UNICEF, World Vision, and Clinton Health Access Initiative—already mandated to strengthen components of the community health system.

²Videos and other mobile course content are delivered through UNZA Mobile, a mobile app created by Digital Campus.

Photograph on the reverse side of course participants and facilitators is courtesy of IntraHealth International.



Mary Sakala is a nurse in charge of a rural health facility in Zambia. Photograph courtesy of IntraHealth International.

UNIQUE COMPONENTS

The training is unique in the richness of its pedagogical approach. The educational design encompasses faculty-led workshops in addition to paper-based workbooks and mobile based content, which guide individual and group learning through collaborative problem-solving and peer-to-peer coaching.² The curriculum also contains an important social-cultural learning component. Remote participants use phone calls and a WhatsApp community of practice to interact, which can overcome isolation and achieve collective empowerment. The integration of mobile technologies also builds nurses' and midwives' confidence and skills using technology.

NEXT STEPS

Twenty nurses from three provinces have enrolled in the inaugural course. Five district officer supervisors are enrolled to support the students. Based on the experience and feedback, the course will be revised as needed for continued expansion throughout the country. PHC2C will assess the impact of the course on facility staff and health volunteer work experiences, client satisfaction and usage, and service improvements.

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