



Ministry of Health in Iraq

www.mohiraq.org

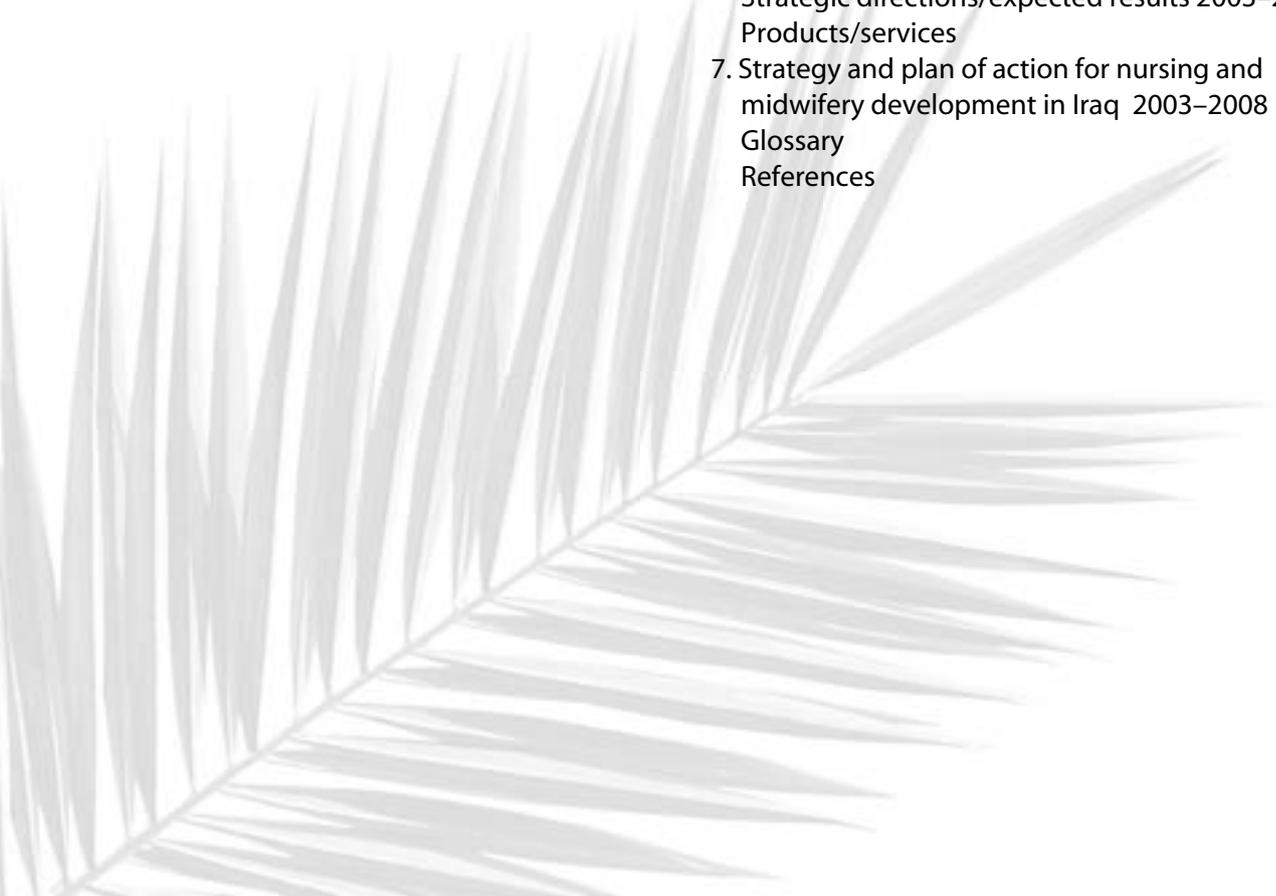


World Health Organization

www.emro.who.int/iraq

**National strategy and plan of action for nursing and
midwifery development in Iraq 2003–2008**

Contents

- Foreword
 - 1. Introduction
 - 2. Purpose
 - 3. Guiding principles
 - 4. Conclusions and recommendations
 - Education
 - Regulation
 - Service
 - Policy and leadership
 - Professional development
 - 5. Situation analysis
 - Education
 - Service provision
 - Regulation
 - Image and leadership
 - Strengths
 - Weaknesses
 - Developments since 2000
 - 6. Way forward
 - Vision
 - Strategic directions/expected results 2003–2008
 - Products/services
 - 7. Strategy and plan of action for nursing and midwifery development in Iraq 2003–2008
 - Glossary
 - References
- 

Foreword

Ensuring access to quality nursing and midwifery services that are responsive to the health needs of the people of Iraq is a major challenge.

Nursing and midwifery services are a vital resource for achieving health and development goals. They constitute the backbone of health systems in any country and provide a platform for supporting efforts to tackle the diseases that cause poverty and ill health. If we are to succeed in improving the performance of the health system in Iraq, then urgent action is needed to address the many problems that seriously undermine the potential contribution of the nursing and midwifery services to the vision of improving the quality of life of the Iraqi people. We hope that this strategy document will serve as a framework to guide all stakeholders in their contribution to the development of nursing and midwifery services in Iraq, to ensure the provision of quality and safe essential health services to the people of Iraq.

Special thanks are due to the Ministry of Health which identified the need for the development of a national strategy and plan of action for nursing and midwifery reform in Iraq during the first nursing situational assessment, conducted by WHO in August 2003. We are indebted to the Iraqi nurses and midwives who made such valuable contributions to the national nursing conference held in July 2003 and to the nursing strategy development consensus building workshops held in Baghdad and Erbil in August 2003.

Acknowledgment is also due to the nursing and health team of the Coalition Provisional Authority, the International Medical Corps and other nongovernmental organizations who contributed to the development of this document. Under the leadership of Dr. Abbas Khudeir the former ministry of health.

This document in its final form was prepared by the Ministry of Health of Iraq with technical and financial assistance from the World Health Organization, Regional Office for the Eastern Mediterranean. The input of all those who contributed to the development of this strategy document is highly appreciated.

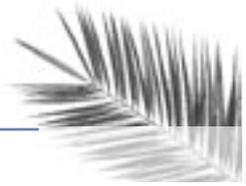
We hope that this publication will serve as a useful resource for policy-makers and managers in the health system, United Nations sister agencies and all our other partners in health development, and the WHO Collaborating Centres for nursing development, as well as for nurses and midwives in their efforts to improve the quality of nursing and midwifery services in Iraq.



Hussein A. Gezairy MD, FRCS
FRCP, FFPHM
WHO Regional Director for the
Eastern Mediterranean



Ala'din A.S. Alwan MD,
Minister of Health
Iraq



1. Introduction

The current situation of nursing and midwifery in Iraq reflects the isolation, neglect and conflict that have been the fate of the country over the past decade. While the need for quality nursing and midwifery services is overwhelming, the nursing and midwifery sector can respond neither in providing the quantity of personnel required, nor the quality of care expected in today's health care system. This is compounded by the poor image and low status of nurses and midwives in the society, and the low value that society and the health system place on their contributions to health care.

The World Health Organization's main concern over the past three years has been to assist nurses and midwives to set in place the mechanisms that will assist them to improve the quality of care being given to the Iraqi population. In late 2002, a strategic plan for nursing and midwifery development was created in the areas of education, regulation, policy and planning, and leadership development. Additionally, in recent years WHO's collaboration had supported curriculum revision, training of traditional birth attendants, and the supply of educational materials. However, since the recent conflict action on moving forward the strategic plan has virtually ceased, and now nurses and midwives have to cope with a further deterioration in the state of hospitals, PHCCs and nursing schools, as well as in the general situation of the country.

Iraq needs to decide if a competent cadre of nurses who will be able to deliver quality care nursing services in a conducive well regulated environment are essential to its health services. The main question is whether competent nurses are needed to work beside physicians and others, or a large cadre of physicians is needed with auxiliary support to do non-nursing work.

The plan outlined in this document can only be implemented if a clear decision is made by the Iraqi health policy-makers that there is a need for the qualified competent nursing personnel who will provide nursing services.

2. Purpose

The purpose of this document is to provide a framework for all stakeholders involved to implement the components of the plan and agree to establish a mechanism to monitor the progress of nursing development in Iraq. The purpose is also to facilitate collaboration and partnership in the implementation of work between the different implementing agencies and promote consensus-building among stakeholders with regard to the strategic directions, products and services required to develop the nursing and midwifery services in Iraq.

3. Guiding principles

The guiding principles behind the workplan are the following:

- the ongoing work on rehabilitation and development of the health system in Iraq
- ownership by Iraqi nationals with support from stakeholders
- relevance to the priority health needs and expectations of the community
- working in partnership with the community on common objectives and supporting each other's efforts.
- an action-oriented and results-based approach to the implementation and monitoring of the plan given the resources available.

The priority for nursing sector reform is sustainable development. The workplan should be implemented over the five years 2003–2008 with a final evaluation in 2008.

4. Recommendations

The following recommendations are the result of the discussions with all the concerned stakeholders at the Ministry of Health (MOH), Coalition Provisional Authority (CPA), representatives of nursing higher education, Iraqi Nursing Association (INA), International Medical Corps (IMC), and WHO Regional Office for the Eastern Mediterranean (WHO EMRO) and WHO headquarters nursing mission to Iraq, and information obtained from two consensus-building workshops held in Baghdad on 18 August and in Erbil on 21 August.

Education

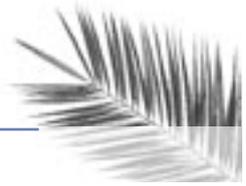
1. Establish only two levels of nursing educational programmes (technical and professional), and create bridging programmes to upgrade intermediate and technical nurses over a designated period of time.
2. Improve the quality of nursing and midwifery education at all levels through:
 - Strengthening teachers' preparation
 - Providing access to updated teaching/learning materials
 - Upgrading the physical setting of teaching
 - Improving quality of clinical placements and the effectiveness of clinical teaching
 - Strengthening, enlarging and increasing access to university education (BSc, Masters and PhD).
3. Develop post-basic nursing specialty programmes based on the country's needs and according to regional standards.
4. Reduce the education–service gap by creating better liaison and collaborative mechanisms and alliances (between education and service, and between Ministry of Health and Ministry of Higher Education).
5. Appoint deans and heads of nursing educational institutions who are nurses with a qualification in education.
6. Decide on the language of teaching.

Regulation

7. Define the national scope of nursing and midwifery practice, with clear definitions for “nurse”, “midwife” and their roles, functions and responsibilities.
8. Develop a system to regulate education and practice, including a system of registration for nurses and midwives.
9. Create a framework and system for continuing competence.
10. Set up one professional regulatory body for nursing to develop and implement regulatory policies and practices.

Service

11. Create a visible nursing service administration at institutional levels that is responsible for:
 - Managing, developing and implementing quality nursing services



- Clearly delineating the nursing structure
- Developing job descriptions and nursing service standards
- Creating safe, quality workplaces.

12. Strengthen and improve the capabilities of nurses through structured, sustainable continuing education programmes.

13. Establish community health nursing within the primary health care system.

Policy and leadership

14. Strengthen key leaders (e.g. Chief Nurse, leaders in the educational sector) by implementing mentorship programme-making twinning arrangements inside and outside the country and providing appropriate fellowships.

15. Develop mechanisms to implement policy decisions in relation to education and nursing services.

Professional development

16. Establish one national nurses association to speak for nurses and nursing in the whole of Iraq on issues related to the socioeconomic welfare and professional development of nurses. A model which allows different sections within the association to deal with special interests (e.g. specialties, regional grouping) under one umbrella should be explored.

17. Develop a communication strategy to raise the level of awareness of society, other health professionals, and nurses and midwives themselves of the essential and distinctive role of nurses and midwives, and of their contribution to the health care services. (e.g. media campaigns, community awareness programmes, highlighting successes)

5. Situation analysis

The conclusions and recommendations are based on a situation analysis of nursing in Iraq which focuses on education, service provision, regulation, image and leadership including strengths, weaknesses and achievements.

Education (see Table 1)

a) Nursing

Three levels of basic preparation

- Intermediate: 3 years after 9 years of general schooling
- Technical: 2 years after 12 years of general schooling
- BSc level: 4 years after 12 years of general schooling
- Graduate education at Masters and PhD levels

A primary level programme of 3 years after 6 years of general schooling is being phased out and has stopped taking students. The northern governorates have started to close some of the male-only schools. The curriculum remains medically oriented with little primary health care content. 166 teachers work in the Ministry of Health schools of nursing. All are graduates of the BSc programme. Some diploma level



nurses are involved in clinical supervision and teaching. The quality of the educational programmes is poor and a large gap exists between education and service. The most educated nurses (graduates of the BSc programme) have little inclination to continue in clinical practice, seeking managerial or teaching posts. While the B.Sc programmes and technical nurse programmes are under the Ministry of Higher Education, the Intermediate programme is the responsibility of the Ministry of Health.

b) Midwifery

Three levels of preparation

- 1 direct entry programme at the intermediate level: 3 years after 9 years of general schooling
- 1 direct entry 2-year programme after 12 years of schooling
- 2 post-basic programmes: 1 year for graduates of the intermediate and technical levels; 3 months for BSc graduates

Nurses and midwives teach in the midwifery programme. Midwifery programmes run on demand, and may open a programme with only one student. There are more than 5000 traditional birth attendants (TBAs) with new recruits continuing to enter this group. About 50% of all deliveries are carried out by TBAs and direct entry midwives,

- Heads and deans of nursing schools are not necessarily nurses. They may come from any of the other professions e.g. veterinary science, agriculture and medicine.
- There is a little coordination between the Ministry of Health and the Ministry of Higher Education in the development and management of nursing education programmes.
- Graduate programmes are available at Erbil, Mosul and Baghdad and Karkook Universities. There is a plan to open a new programme in Basra and Al Kuffa.
- No post-basic programmes in nursing specialization are available.
- Teachers have no qualifications and often do not have even the minimum of preparation for the teaching role.
- The physical fabric of many of the nursing schools is extremely dilapidated. Looting after the most recent conflict exacerbated this situation. The move towards self-financing of hospitals prior to 2003 resulted in the re-assignment by the hospitals of facilities previously used by the nursing schools, thus reducing their physical capacity.
- Teaching equipment is either very limited or non-existent.
- There are few teaching resources and they are particularly scarce in the languages of the country. A WHO initiative has enabled nurses in Iraq to prepare 15 texts in Arabic. They cover the major areas of nursing. Ten have been completed and printing started, but distribution of the books has still to take place.
- Educational programmes may be initiated with only a few students.
- At present there is no single language for the curriculum. Teaching may be in one or more languages during the course. The availability of good teaching/learning resources and access to education outside the country should also be taken into consideration

**Table 1. Nursing & midwifery educational institutions**

Type of institution	Ownership	Number of institutions	Estimated numbers of graduates per year
Intermediate nursing schools (after 6 years general schooling)	Ministry of Health	2 (in the north)	30
Secondary female nursing schools (after 9 years general schooling)	Ministry of Health	24	190
Secondary male nursing schools (after 9 years general schooling)	Ministry of Health	16	770
Secondary mixed nursing schools (after 9 years general schooling)	Ministry of Health	3	80
Secondary midwifery schools (after 9 years general schooling)	Ministry of Health	9	65
Technical institutes nursing stream—general nursing, haemodialysis, coronary care, community (after 12 years general)	Ministry of Higher Education	30	920
Nursing colleges (after 12 years general schooling)	Ministry of Higher Education	5	64 only 2 are graduating at present

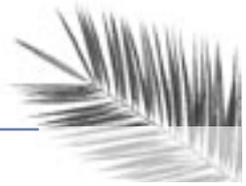
Table 2. Nursing workforce in Iraq

Category	Numbers of working nurses		
	Male	Female	Total
B.Sc nurses (4 years university education)	151	153	304
Institute graduates (2 years post-secondary)	2 936	1 386	4 322
Secondary nurses (3 years after 9 years schooling)	5 293	1 206	6 499
Intermediate school nurses (3 years after 6 years schooling)	78	4 015	4 093
Nursing auxiliary (with 6 months training)	1 224	977	2 201
Secondary midwifery school (3 years after 9 years schooling)	0	324	324
Total	9 682	8 061	17 743

These figures do not include the ex-military and private sector nurses: estimated number of ex-military nurses is 12 000; estimated number of nurses in the private sector is about 200, with no knowledge about their preparation and distribution.

Service provision

- There is an acute shortage of nurses, e.g. one province with a population of over 900 000 has fewer than 30 nurses. At present there are 17 743 nurses (this does not include the 12 000 nurses from the military and the 200 working in the private sector). Nurses of all levels serve 189 hospitals with 35 098 beds and 1729 primary health care centres. The nursing workforce required is estimated at 60 000 by 2010. Over 50% of the nursing workforce is male. See Table 2 for numbers and distribution of nursing personnel. The shortage in midwifery is equally acute.
- A nursing personnel database has been established and completed for the northern governorates.
- 12 000 military nurses have to be absorbed by the civil sector as a result of the societal changes of the past year. Information about their level of preparation and distribution is not available.
- The nursing structure in the Ministry of Health has undergone some changes over the past two years. Before 2001, nursing came under the Directorate of Planning, and was organized into three areas: nursing human resources, in-service education and education. However, in April 2002, a Department of Nursing headed by a Chief Nurse was established.
- The Nursing Department have not been involved in most of the planning activities of the Ministry of Health, even in areas that directly concern nursing. As a result, the Nursing Department is marginalized and, in practice, invisible in the Ministry of Health and its policy and decision-making structures.
- There is no nursing structure with a clearly defined nursing service in most hospitals. Before the recent conflict, an attempt to establish a very simple nursing structure in a hospital setting was made. The post of an assistant director of nursing was established in three health facilities, and a job description was prepared. However, at present it seems that this initiative is in abeyance, and there have been no reports on the outcome of this initiative.
- All nursing categories are underpaid. Under the previous salary scheme, qualifications, role and responsibility were not taken into account.
- There are severe quality issues in nursing and midwifery care delivery. These are compounded by the absence of job descriptions, lack of definitions for role and function and the relegation of the nurses to carrying out what are virtually "housekeeping" duties. Other health care workers, including physicians, have appropriated tasks and roles considered to be nursing responsibilities in countries where modern nursing is practised.
- The role of nurses in the primary health care sector needs to be defined. The majority of nursing personnel working in this area are auxiliary personnel.
- Poor preparation, a severe shortage of equipment and other resources to carry out nursing care make it difficult to provide care of acceptable standard.
- Poor security and a lack of transport have considerably added to the difficulties facing nurses in the workplace. The Chief Nurse has reported that being unable to communicate or travel in the field has resulted in the Nursing Department being isolated from the nursing services, making planning, monitoring and follow-up extremely difficult.



Regulation

- The term “nurse” has no single meaning and is used to cover the whole range of nursing personnel, from the nearly illiterate auxiliary to the university degree prepared nurse.
- Until July 2003, there was no nationally recognized definition of nurse or nursing. At present a first draft exists.
- Roles and functions are not defined, and few job descriptions exist. There is little role delineation between the different levels of nursing personnel.
- There is no Nursing Practice Act. The little legislation that pertains to nursing is contained in the Allied Health Professionals Law drafted in the 1960s.
- Unsuccessful attempts were made to establish a legislative basis for the establishment of a professional association from 1950 to 1970. This was reactivated two years ago with no success. However this has not prevented the creation of the Iraqi Nursing Association which is now in the early stages of development.

Image and leadership

- Nursing is regarded as a low status occupation and has a poor image not only with respect to society in general but within the health care system itself. Midwifery suffers from an even larger problem of status and image.
- Nursing programmes are usually forced to recruit students with low passing grades in general schooling.
- Image and status problems are accentuated by the powerlessness of nurses to make decisions about their profession, and to communicate articulately and with confidence in the planning and decision-making arenas that are of relevance to the nursing contribution to health care.
- The lack of good role models and opportunities for mentoring at all levels—in the clinical field, education, management, planning, policy development and leadership—is a major obstacle in developing a competent and confident nursing and midwifery workforce.
- Leadership and good managerial skills are severely lacking in all sectors of nursing: education, service, regulation and the development of the professional organization. Few opportunities have been available for nurses to develop and exercise leadership skills, and the value of having well prepared senior nurses functioning in a collegial and collaborative fashion in the different sectors of health and health professional education is little recognized.

Strengths

- Motivation and high commitment to improve nursing and midwifery
- Initiatives such as the creation of the Iraqi Nursing Association and the development of centres of continuing education.
- Existence of education at the masters and PhD levels
- Establishment of the Nursing Department at the Ministry of Health
- Support received from the international intergovernmental and other international organizations

Weaknesses

Policy

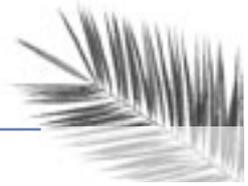
- Uncertain political will to support the development of nursing and midwifery services as an essential component of the health care system
- Very limited access by nurses to the decision-making and planning processes at all levels in policy, education and service
- No professional regulation to govern education and practice
- Loss of highly educated nurses to other countries

Service and education

- Too many levels of nursing and no role delineation between the levels
- De-skilling of nurses and midwives, and role confusion with other health care professionals and health care workers
- Lack of role definition and absence of job descriptions
- Lack of role models in all nursing and midwifery areas
- The predominance of TBAs in the maternity field
- Poor image and low status related to poor educational achievements, poor working environment and low pay
- Few opportunities for professional development and no structure for career progression
- Small numbers of nurses qualified at the higher educational level
- Limited educational resources in teaching faculty, materials and physical settings
- Medically-oriented curriculum with little emphasis on primary health care
- Traditional and limited teaching/learning methodologies used in both theoretical and clinical areas
- Gap between education and services, and between the Ministry of Health and the Ministry of Higher Education

Developments since 2000

- Policy decision to discontinue the primary level nursing schools
- Curriculum revision of the intermediate nursing school
- Establishment of the Nursing Department at the Ministry of Health
- Development of nursing books in Arabic for intermediate nursing schools
- New intermediate nursing school in Duhok and building of student dormitories for more than 50 students
- Provision of audiovisual and training materials for three nursing schools in Duhok
- More than 13 training courses for nurse educators and practising nurses from the nursing services
- Fellowships for 10 nurses with higher degrees
- Nursing Department working with UNFPA to train nurse midwives and midwives
- New college established in Erbil, and intake increased from 15 students to 70
- Teacher training in Sulaimaniya by WHO
- Provision of supplies and equipment for nursing services in the north



- Translation of five nursing books from Arabic to Kurdish, printed and disseminated to all hospitals on: paediatric nursing; obstetric nursing; mental health nursing; fundamentals of nursing; and medical surgical nursing
- Development of nursing manuals for practice in Arabic (obstetric and gynaecologic nursing; fundamentals of nursing; critical care nursing; operating room nursing; and psychiatric nursing)
- Active continuation of the work of the Nursing Advisory Committee
- Database form developed to survey all the nurses working in Iraq
- Opening of evening classes
- Policy that nurses should not be utilized for clerical tasks
- Deputy nurse posts created in hospitals with continuing nursing education as part of their responsibilities
- National nursing multisectoral and multidisciplinary seminar organized in 2001
- First Iraqi National Nursing Conference to bring consensus on issues, held in July 2003
- Support from IMC for nurses at Yarmouk hospital to get uniforms and transportation
- Increased incentives for nurses who work on shifts
- School student recruitment campaigns led by teachers and students
- In-service nursing education courses in Erbil in midwifery and paediatrics by WHO
- Critical mass of nurses established at the Ministry of Health and in services and education in Erbil
- Improved nursing patient records in Sulaimaniya—implementation of nursing process
- Uniform for nursing leading to improved image of nursing
- Support from the Coalition Provisional Authority to the national nurses in working with the nursing reforms in Iraq
- Iraq Nursing Associations in the process of organization and development
- Sponsorship of a Nursing Association for University Nurses in Sulaimaniya by Health Care Partnerships
- Erbil University MSc nursing programme started in 2002 and the first group of 10 students accepted in 2003 through twinning with Baghdad University.

6. Way forward

This section highlights the vision, strategic directions, products and services, and a plan of action for developing nursing in Iraq. This plan has been developed by the Iraqi nurses in collaboration with the main partners.

Vision

Competent nursing professionals will provide nursing and midwifery services of the highest possible standard and safety, founded on scientific principles and up-to-date research and knowledge, in order to meet the present and future health services needs of the people of Iraq. Nurses and midwives will be admired and respected by health care professionals, peers and patients alike. They will contribute to the development of health in collaboration with other members of the health team and other related sectors, with the ultimate goal of contributing to the improvement of quality of life of the Iraqi people.

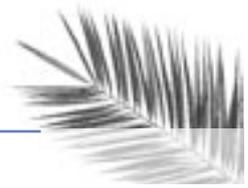


Strategic directions/expected results 2003–2008

1. Reformed nursing education at basic and post-basic level taking into consideration reorientation of curricula towards primary health care, holistic nursing approach and health system reform
2. Improved access to quality nursing and midwifery services as an integral part of health services aimed at individuals, families and communities, particularly among vulnerable populations
3. Policy and plan for nursing human resource planning, production and management
4. Regulatory system for nursing and midwifery education and practice
5. Effective nursing leadership
6. Mechanisms to ensure nursing expertise is included in the development of health policies and programmes at all levels
7. Improved image and status of nurses in society

Products/services

1. Policy document on the levels of education required in Iraq and a phased plan for closure of levels that are not needed
2. Current nursing school, institute and college physical facilities rehabilitated
3. New nursing institutes and colleges established in governorates that have a critical shortage of qualified nursing personnel
4. Revised and updated curricula for basic and post-basic levels with an orientation to primary health care and holistic approach
5. Educational capacity-building developed through twinning institutes and colleges of nursing nationally, regionally and internationally
6. Relevant health teaching/learning materials in the national language
7. Clinical environment conducive to learning
8. Safe working environment for nursing faculty and students
9. Nursing libraries
10. Standards for nursing and midwifery practice, and access facilitated to tools for assessment
11. Community health nursing services established within the primary health care system
12. Improvements made in nursing services based on the results of research conducted at service and educational levels, and creation of a culture for nursing and health research
13. Healthy and safe working environment and conditions that are conducive to recruiting and retaining nursing personnel promoted
14. Nursing structures within the hospitals (organigram, functions) established to ensure provision of quality nursing services



15. Policy document on nursing human resources as an integral component of human resource development policy
16. Coordinated national nursing human resources plan
17. Nursing information system integrated within the overall human resources for health
18. Continuing education system for nursing to meet the needs of health services
19. Post-basic nursing specialty programmes developed in line with regional standards
20. Established nursing career ladder
21. Accredited nursing and midwifery educational programmes
22. All practising nurses and midwives licensed
23. Post-basic specialization defined and regulated appropriately
24. The major operational methods and guidelines of the regulatory body (registration, standard setting, accreditation of educational programmes and system to ensure continuing competence) established
25. Management and leadership capabilities of nurses and critical mass of national nursing expertise developed
26. Structure established at the Ministry of Health responsible for managing the nursing sector, developing nursing policies and plans that are integrated with the overall health plan, and monitoring implementation of the plan at the central and regional levels
27. A plan to ensure that nurse leaders are appointed to head educational nursing institutes and colleges
28. Communication regarding activities in nursing disseminated
29. Plan for improving recruitment and retention of students and nurses
30. Iraqi National Nursing Association established and functioning.

7. Strategy and plan of action for nursing and midwifery development in Iraq 2003–2008

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
Reformed nursing education at basic and post-basic level taking into consideration reorientation of curricula towards primary health care, holistic nursing approach and health system reform	Policy document on the levels of education required in Iraq and a phased plan for closure of levels that are not needed	<p>Consensus building with all stakeholders to develop policy on the levels of nursing education in Iraq.</p> <ul style="list-style-type: none"> • Consensus building through a national workshop (MOH; MOHE; private sector; CPA; UN, international development agencies, and global network of WHO collaborating centres for nursing development) • Short-term consultant (STC) <p>Establish standards for nursing education for both preservice and speciality including the criteria for students and faculty selection.</p> <p>Develop and implement the transition plan for phasing out the nursing schools and intermediate nursing school</p>	Feb.04	Aug.05	MOH, MOHE, WR's Office, WHO EMRO, CPA, Global Network of WHO CCs	US\$ 10 000	National standards for nursing education developed based on the regional standards
	<p>Current nursing school, institute and colleges physical facilities rehabilitated</p> <p>New nursing institutes and colleges established in governorates that have a critical shortage of qualified nursing personnel</p>	<p>Needs assessment of the physical facilities of the nursing schools, institutes, colleges Maintenance and repair of buildings</p> <p>Provision of supplies and equipment to establish nursing skills laboratories, computer labs, English language laboratories</p> <p>Establishment of the new schools</p>	<p>Nov.03</p> <p>Dec.03</p> <p>Feb.03</p>	<p>Jan.04</p> <p>Sept.04</p> <p>Sept.06</p> <p>June 04</p>	MOH, MOHE, CPA, WR's Office, WHO EMRO	US\$ 250 000	
	Revised and updated curricula for a basic and post-basic levels with an orientation to primary health care and holistic approach	<p>Establish Curriculum Review Steering Committee representing educational and service institutions, the Ministry of Health and private sector to develop standard national curriculum based on identified competencies of the graduates</p> <p>Establish sub-committees to review the curriculum for each level (contracts for locals)</p> <p>Conduct workshop on curriculum review process and methodology</p> <p>Recruit short-term consultant with expertise in education</p> <p>Contract with WHO Collaborating Centres for Nursing and Midwifery Development in the Eastern Mediterranean Region to provide support to the established committees</p> <p>Printing and dissemination of new curricula</p>	Jan.03	Nov.05	MOH, MOHE, CPA, WR's Office, WHO EMRO, and partners	US\$ 100 000	Nursing and midwifery educational programmes reviewed and updated The new curricula approved and implemented

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
Educational capacity-building developed through twinning institutes and colleges of nursing nationally, regionally and internationally.	Twinning with WHO Collaborating Centres for Nursing and Midwifery Development in the Eastern Mediterranean Region and internationally APW (agreement for performance of work) Short-term consultant Fellowships for faculty development: Short-term fellowship Long-term fellowship— MSc in nursing National training activities: in management of educational institutions Educational planning and development • Training of trainers • Works	Oct. 03	May 06	MOH, MOHE, CPA, WR's Office, WHO EMRO, partners	US\$ 120 000	Nursing and midwifery educational programmes reviewed and updated New curricula approved and implemented A core of nationals developed as future trainers in nursing education development	
Relevant health teaching/learning materials developed in the national languages	Assess the current status of the educational materials to identify needs, (local contract) Update educational materials and develop new materials Printing and dissemination Purchasing of relevant health, nursing and midwifery textbooks Purchasing of nursing journals	Sept. 05	April 06	MOH, MOHE, CPA, WR's Office, WHO EMRO, partners	US\$ 150 000	Nursing and midwifery educational materials reviewed and updated	
Clinical environment conducive to learning	Establish committee between MOH and educational institutes/ colleges to plan and organize clinical teaching system. (With representatives from services and education) Clinical teaching guidelines developed • Short-term consultant • Printing Training of trainers on clinical learning for both faculty and service preceptors Training of trainers on clinical assessment and evaluation of nursing students Workshops on clinical learning for faculty and service preceptors Workshops on clinical assessment and evaluation of nursing students Furnishing of supplies and equipment for provision of nursing c	Dec. 04	March 06	MOH, MOHE, CPA, WR's Office, WHO EMRO, partners	US\$ 500 000		

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
	Safe working environment for nursing faculty and students	Provision of uniform for students Provision of allowances Provision of transportation Establish nursing dormitories in all governorates Conduct orientation safety sessions for students and faculty Community-based learning facilities and logistics provided	Oct. 03 Oct. 03 Oct. 03 Jan. 04 Oct. 03 Dec. 03	Jan. 05 Sept. 05 June 05 June 06 Sept. 06 May 06	MOH, IMC, CPA MOH, CPA MOH, MOHE, CPA, partners MOH, MOHE, CPA, partners MOH, MOHE, WHO EMRO, WR's Office, Global Network of WHO CCs, partners	US\$ 100 000 US\$ 480 000 US\$ 100 000 US\$ 9 000 000 US\$ 100 000	
	Nursing libraries	Provision of technical assistance to establish libraries Provision of equipment and furniture Provision of health, nursing and midwifery textbooks, journals and audiovisual aids Computers and internet access Short-term fellowships in the area of library development	Sept. 03	Sept. 06	MOH, MOHE, WHO EMRO, WR's Office, CPA, ICN, Global Network of WHO CCs, partners	US\$ 2 000 000	
Improved access to quality nursing and midwifery services as an integral part of health services aimed at individuals, families and communities, particularly among vulnerable populations		Provision of technical support to develop the following through national taskforces: • National nursing and midwifery practice standards • Nursing policy manuals for the hospitals and health centres • Nursing procedures manual • Job descriptions developed for the different categories of the nursing personnel • Develop list of essential equipment and supplies needed to provide nursing services for different areas of care Print and disseminate all of the above Orientation sessions on the use of the above guidelines and manuals Training of practising nurses on the appropriate use of the equipment Nursing structures within the hospitals (organigram, functions) established to ensure quality of nursing service Design and implement system for documenting nursing care Design and implement nursing record for patient care • Print and disseminate the nursing records • Training for nurses Establish a model nursing unit/wards i	Aug. 03	Aug. 07	MOH, WHO EMRO, WR's Office, CPA, Global Network of WHO CCs, partners	US\$ 800 000	National standards for nursing and midwifery practice developed Guidelines for quality improvement of nursing practice developed and implemented A core group of nurses and midwives trained in developing and implementing a nursing quality improvement system

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
	<p>Community health nursing services established within the Primary Health Care system (PHC).</p> <p>Improvements made in the nursing services based on the results of research conducted at service and educational levels, and creation of a culture of nursing and health research.</p>	<p>Assess and identify the role of nurses in primary health care settings and communities Short –term consultant Incorporate in nursing curricula Update job description with nursing</p> <p>Create a critical mass of nurse researchers to identify a national priority for nursing research Conduct awareness sessions on importance of utilization of research to nurses Conduct workshops on research methodology Participate in regional and international conferences Joint research between education and services in nursing Twinning of in identified researchers in Iraq with researchers in the Region and internationally Conduct joint research between researchers in Iraq and nurse researchers regionally and internationally Support the translation of research results into policies that will improve education and services Disseminate the research findings through the MOH Newsletter, nursing journals and share at national seminars & conferences.</p>	Jan. 05	Jan. 08	MOH, MOHE, WHO, EMRO, WR's Office, CPA, Global Network OF WHO CCs, partners.	US\$ 500 000	
	<p>Healthy and safe working environment and conditions that are conducive to recruiting and retaining nursing personnel promoted</p> <p>Nursing structures within the hospitals (organigram, functions) established to ensure quality of nursing services</p>	<p>Setting performance management and evaluation system • short – term consultant Training of nurse managers and supervisors on implementation of performance management system Orientation session for nurses on performance management Print and disseminate the performance management standards, appraisal and evaluation forms Provision of transport for the first year in the governorates Provision of uniforms for nurses at the following governorates Salary scheme and career ladders are established that are consistent with professional development • Increase salaries of nurses • Provide incentives for effective performance • Establish flexible working hours.</p> <p>Local contract to develop the functional statements of nursing structures within the hospitals Establish nursing education units ins each of the major hospitals under the nursing structure</p>	May 04	April 08	MOH, MOHE, WHO, EMRO, WR's Office, CPA, Global Network OF WHO CCs, partners	US\$ 1 000 000	Document on performance management and evaluation

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
Policy and plan for nursing human resource planning, production and management	<p>Policy document on nursing human resources as and integral component of human resources development policy</p> <p>Coordinated national nursing human resources plan</p> <p>Nursing information system integrated within the overall human resources for health</p>	<p>Technical assistance National workshop for all stakeholders Translation into national languages Printing and disseminating of the policy document Orientation sessions for health planners and service providers on the policy document Provision of technical support to Iraqi Nursing Association National workshop to develop the national plan</p> <p>Fellowships Development of a database on nursing human resources - Short – term consultant - Training of national personnel in computer and database skills.</p> <p>Equipment and supplies for the information system. Develop a database of projects/ activities/ research that are currently being done by other organizations to avoid duplication</p> <p>Prepare regulatory body and register for their roles within 6 months immediately after peestablishment of their regulatory system</p>	Oct. 03	May 08	MOH, MOHE, WHO, EMRO, WR's Office, CPA, Global Network OF WHO CCs, partners	US\$ 2 000 000	Needs assessment report produced Guidelines for assessing training needs and developing continuing education programme established At least one post-basic specialty- nursing programme established
	Continuing education system for nursing to meet the needs of health services	<p>Needs assessment to identify the training needs in general and specialized nursing Established continuing education centres in Baghdad, Basra, Sulaimaniya and Karbala Renovations of the four centres Renovation of dormitories close to the four centres to accommodate nurses participating in the training Provision of furniture, equipment and supplies including audiovisual aids Internet access for the centres Eight short-term fellowships for supervisors of the centres and nurse educators to orient them with the experiences of other countries Recruit nationals to support the support the implementation of the centres programmes for each centre • Local cost Develop a sustainable in-service education programme based on needs assessment in each governorate Conduct yearly national conferences and an international one biannual</p>					

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
	Post-basic nursing specialty programmes in line with regional standards	Provision of technical support to establish the post-basic programmes in coordination with the nursing colleges and the policy-makers at the Ministry of Higher Education with priority areas for midwifery, paediatric, community health and critical care post basic nursing <ul style="list-style-type: none"> • Short-term consultant Long-term fellowships to develop the critical mass of nurse specialists to be able to teach in the programmes and work in the services Training of trainers for faculty in the specific specialty Establish nursing skill laboratories for nursing specialties at the educational institutio					
	Establish nursing career ladder	Develop bridging courses and programmes to upgrade intermediate and technical nurses to achieve the policy of two levels of entry level for nursing practice over a designated period of time					
A regulatory system for nursing and midwifery education and practice	Accredited nursing and midwifery educational programmes All practising nurses and midwives licensed Post-basic specialization defined and regulated appropriately The major operational methods and guidelines of the regulatory body (registration, standard setting, accreditation of educational programmes and system to ensure continuing competence) established	Definition of national scope of nursing and midwifery services with clear definition of nurses, nursing and midwifery specialist nurses, specialist practice and their roles, functions and responsibilities <ul style="list-style-type: none"> • Short-term consultant • Local cost Conduct workshop to raise knowledge and understanding about nature, purpose and processes of regulation Identify a small group to work on establishment of a regulatory body and the necessary legislation Gain approval for regulatory b Secure resources to fund the establishment and initial operations of the regulatory system	Dec. 03	Feb. 2004 On- going from 2004 Ongoing from 2004	MOH, MOHE, WHO, EMRO, WR's Office, ICN, RCN	US\$ 50 000	A higher council to regulate nursing and midwifery in the country established

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
Effective nursing leadership	Management and leadership capabilities of nurses and critical mass of capable national nursing expertise, developed	Mentorship system to be developed for directors of nursing, Heads of Nursing Colleges and Ministry of Health Nursing Unit Fellowships National training activities Development of management training manual • Translation • Printing and dissemination Database on national nurse experts in the areas of clinical care, management and educa	Nov. 03	Ongoing	MOH, WHO EMRO, WR's Office, ICN, WHO CCs	US\$ 300 000	A core of nationals prepared as future trainers in the area of management development A group of nurses have undergone the leadership for change programme
Mechanisms to ensure nursing expertise is included in the development of health policies and programmes at all levels	Structure established at the MOH responsible for managing the nursing sector, developing nursing policies and plans that are integrated with the overall health plan, and monitoring implementation of the plan at the central and regional levels	Strengthening the presence of the Nursing Department at MOH and at governorate level • Provision of technical support (short-term consultant) to strengthen the functions and roles • Short-term fellowship to learn about the experiences of other countries in directing nursing services at national and regional levels (United Arab Emirates; United Kingdom and United States of America) Design development plans for incumbents of posts in the nursing structure at all levels through: • Mentorship and counterpart systems • Fellowships • English language courses and computer skills for senior nurses Establish a think tank for nursing to provide advice to the Director of Nursing at MOH on the implementation of the strategy and plan	Dec. 03	Nov. 05	MOH, WHO EMRO, WR's Office, partners	US\$ 60 000	A national plan for nursing and midwifery developed
	A plan to ensure nurse leaders are appointed to head educational nursing institutes and colleges Communication regarding activities in nursing disseminated	Identify and appoint potential nurse leaders as deans of nursing colleges and head of nursing institutes Short-term fellowships for appointed deans Mentorship through: • Counterparts system • Mentor Conduct orientation sessions for both nurses and health policy makers regarding the role of the Nursing Department Establish newsletters to communicate nursing activities between the Nursing Department, nurses and other health professionals Develop a nursing journal to publish scientific updates for nursing services					

Expected results	Product	Activities	Date started	Date completed	Responsible agencies	Estimated resources	Performance indicators
Improved image and status of nurses in society	Plan for improving recruitment and retention of students and nurses	Establish a steering committee composing of information, education, religious affairs, representatives of women, youth and the community to set up the plan and follow its implementation Recruitment campaign targeted at the society and health professionals Technical support to develop and produce advocacy materials to promote the nursing image (brochures, films, posters, TV spots, radio messages, radio and TV interviews with nurse leaders) Seminars with journalists and media decision makers to orient them about nursing services and nursing personnel Awareness-raising sessions on the role of nursing services in quality of care for physicians and administrators especially at hospital level Regular columns in daily newspapers	Jan. 04	Dec 06	MOH, MOHE, WHO EMRO, WR's Office, ICN, WHO CCs	US\$ 50 000	
		and magazines emphasizing the role of nurses and nursing services Workshops for nurse leaders on communication, negotiation and presentation skills Involvement and collaboration of women and youth associations in enhancing the profile of nursing Provision of uniforms for nurses Awards established in recognition of nurse leaders at national level Nurses Day celebration with emphasis on reaching communities					
	Iraqi National Nursing Association established and functioning	Establish one National Nurses' Association to speak for nurses and nursing in the whole of Iraq on issues related to socioeconomic welfare and professional development Short-term consultant to work on the role, responsibilities, structure, functions and plan of action Orientation session for nurses regarding the role of the Association Assess models that allow different sections within the association to deal with the specialty levels Review and upgrade the Iraqi nurses' code of ethics for nursing practice and nurses	Sept. 04	May 04	WHO EMRO, WR's Office, ICN, RCN	US\$ 50 000	
Total						US\$ 17 720 000	

MOH: Ministry of Health
MOHE: Ministry of Higher Education
WR: WHO Representative

WHO EMRO: World Health Organization Regional Office for the Eastern Mediterranean
CPA: Coalition Provisional Authority
CC: Collaborating Centres

Glossary

Note: This glossary is based on that used by the World Health Organization, the International Council of Nurses and the authors of this report

Competence	A level of performance demonstrating the effective application of knowledge, skill and judgment.
Continuing education or continuing professional development (CPD)	The whole range of learning activities, from the time of initial qualification until retirement, undertaken by the individual for the benefit of improving the health of the public and professional development.
Governance	Governance, meaning the process of controlling or guiding the profession, is preferred by some who find the word "regulation" restrictive and legalistic. (see Regulation).
Graduate studies	A formal educational programme which takes place after a first degree (e.g. Masters, PhD).
Holistic nursing	An approach that integrates bio-psychosocial and spiritual aspects of nursing care of the individual, family and community.
Job description	Identification of the roles, responsibilities, accountability and qualifications required for a position in an organization.
Legislation	Law(s) or the process of making law. Primary legislation refers to government acts and defines broad powers. Secondary legislation (rules, orders) defines further details of the powers enshrined in primary legislation.
Licensure	The granting through statute, by a government body, of authority to practice a profession and to use an exclusive title, to persons who meet established standards of education and competence. Sometimes used synonymously (and often inaccurately) with the term "registration" (see Registration).
Multidisciplinary	An approach where different professions work together to achieve common goals.
Nursing practice Act	The legislation that underpins the structure, processes and outcomes of nursing (and/or midwifery) regulation, usually incorporating the structure and functions of the regulatory body/ies and standards for education, practice and discipline/ conduct.
Nurse specialist	A nurse prepared beyond the level of a nurse generalist and authorized to practice as a specialist with advanced expertise in a branch of the nursing field. Specialty practice includes clinical teaching, administration, research and consultant roles. Post-basic nursing education for specialty practice is a formally recognized programme of study built on the general education of the nurse and providing the content and the experience to ensure competency in specialty practice.
Nursing and midwifery services	Services that consist of caring for, supporting and comforting clients; continuously assessing and monitoring health needs and responses to interventions; advocacy for and education of the clients and communities; and delivering and coordinating health services across the care spectrum.
Policy	A course or principle of action adopted or proposed by a significant body, organization, government, etc.



Post-basic nursing programme	A specialty nursing programme that is one calendar year or three academic semesters in length, and is undertaken after completion of the general nursing programme. It focuses on preparing specialist nurses who are capable of working in specialized secondary and tertiary care units and in all primary health settings (see nurse specialist)
Professional development	Professional development in nursing is defined as the establishment of a higher level of competence in the range of knowledge and skills needed to perform duties or support interventions, be they in clinical practice, management, education, research, regulation or policy-making.
Professional nurse	The professional nurse is a graduate of the university B.Sc. programme in nursing, who has undergone a minimum of four years nursing education after completing twelve years of general education.
Professional regulation	An umbrella term, which should incorporate reference to all the structures, processes and outcomes associated with the governance of the profession. Often, and inaccurately, used in a narrow, reductionist sense, solely in relation to professional discipline.
Registration	Entry of a name on a professional register, after meeting certain standards of education and/or/practice. Usually a requirement for professional practice. Not necessarily synonymous with licensure. (see Licensure).
Regulation	All of those legitimate and appropriate means (governmental, professional, private and individual) whereby order, identity, consistency and control are brought to the profession. The profession and its members are defined; the scope of practice is determined; standards of education, and of ethical and competent practice are set; and systems of accountability are established through these means (see Governance).
Regulatory system	All the mechanical structures associated with the regulation of a profession. A variety of different systems can achieve effective regulation, albeit based on similar principles.
Results-based approach	The success of a plan or strategy is judged by the achievement of previously identified observable outcomes or products. It uses the results-based management approach, which is a process of inter-related elements of planning, monitoring and evaluation.
Scope of practice	The range of activities that can be carried out by a nurse. It defines the limits of practice of a licensed/registered nurse.
Standard	The desirable and achievable level of performance against which actual practice is compared.
Support workers (auxiliary to nursing)	This term refers to all unlicensed assistive personnel engaged in nursing activities.
Technical nurse	The technical nurse is a graduate of a programme at the diploma or associate degree level who has undergone a minimum of two years nursing education after completing twelve years of general education.
Training of trainers (TOT)	A system of preparing master trainers to be responsible in another area than they have been trained in.

References

Ghazi C. Reports of consultancies to the Ministry of Health, Iraq 2000–2003. World Health Organization, Regional Office for the Eastern Mediterranean.

International Council of Nurses (1992). *Guidelines on specialization in nursing*. Geneva, ICN.

International Council of Nurses (1993). *Nursing support workers—position statement and guidelines*. Geneva, ICN.

International Council of Nurses (1997). *Nursing regulation guidebook: From principle to power*. Geneva, International Council of Nurses.

Ministry of Health, Iraq. *Report of the first Iraqi National Nursing Conference (July 2003)*. Baghdad, Coalition Provisional Authority (unpublished).

Ministry of Health, Iraq. *Report of the National Nursing Seminar (2001)*. Baghdad, Ministry of Health (unpublished).

World Bank (1993). *World Development Report 1993: Investing in health*. Oxford, Oxford University Press.

World Health Organization (2000). *The World Health Report 2000—Health systems: improving performance*. Geneva, World Health Organization.

World Health Organization (2002). *Nursing midwifery services strategic directions 2002–2008*. Geneva, World Health Organization.

World Health Organization, Regional Office for the Eastern Mediterranean (1997). *A strategy for nursing and midwifery development in the Eastern Mediterranean Region*. Alexandria (EMRO Technical Publications Series no.25).

World Health Organization, Regional Office for the Eastern Mediterranean (1998). *Nursing education in the Eastern Mediterranean Region. Guidelines on future directions*. Alexandria (EMRO Technical Publications Series no.26).

World Health Organization, Regional Office for the Eastern Mediterranean (2001). *A guide to nursing regulation*. Cairo (EMRO Technical Publications Series no.27)

World Health Organization, Regional Office for the Eastern Mediterranean (April 2003). *Iraq workplan for the recovery and the immediate rehabilitation of the health sector—reflecting essential health needs of the Iraqi population*. Cairo, WHO (unpublished).

