



STRENGTHENING THE ROLE OF NURSES AND THEIR FRONTLINE TEAMS TO PROVIDE QUALITY CARE IN RURAL ZAMBIA: RESULTS OF A FORMATIVE ASSESSMENT

BACKGROUND

Zambia has been striving to improve its community health system in rural and remote areas, where over half of the population lives. The government has invested in rural health centers and health posts and is working to increase the number of providers who make up frontline health teams. Nurses, who are typically in charge of rural facilities, play a critical role in ensuring the frontline health team's ability to deliver quality care. However, Zambia lacks a job description defining the role, core competencies, and salary level of the head of a rural health facility.

Who Are the Members of Zambia's Frontline Health Teams?

- **Registered and/or enrolled nurses** and enrolled midwives, who often head rural facilities due to the scarcity of physicians, clinical officers, and registered nurse-midwives deployed and retained at rural levels
- A professionalized cadre of **community health assistants** (CHAs), who spend 20% of their time at health posts and 80% directly serving households
- **Environmental health technologists/technicians** (EHTs), who serve multiple facilities and provide environmental education to households
- A wide variety of **community-based volunteers** (CBVs), providing promotional, preventive, and sometimes treatment services
- **Neighborhood health committees** (NHCs), who liaise with facilities for health promotion and surveillance.

FORMATIVE ASSESSMENT

With funding from Johnson & Johnson and in-kind support from IntraHealth International, the University of Zambia (UNZA), the International Council of Nurses (ICN), and mPowering Frontline Health Workers, the PHC2C consortium¹ carried out a formative assessment in late 2015 to provide insight into the unique role of the nurses and midwives leading frontline health teams and community volunteers in rural and remote areas of

¹ IntraHealth, mPowering Frontline Health Workers, ICN, the Dalhousie University World Health Organization Collaborating Center on Health Workforce Planning and Research, UNZA, and the Muhimbili University of Health and Allied Services.

Zambia. Through semi-structured focus group discussions (n=10) and in-depth interviews (n=32), the assessment gathered information directly from nurses in charge of rural facilities as well as from national decision-makers, district/provincial managers, CHAs, CBVs, and NHCs (but not EHTs). The transcribed interviews were analyzed to identify key themes and domains of interest.

Aims of Formative Assessment

1. To identify the **competencies** that nurses in charge of rural health facilities need to effectively meet the multifaceted requirements and challenges of the position.
2. To delineate aspects of the **work environment** that facilitate or constrain nurses' ability to lead frontline health teams and provide quality care.

RESULTS

Nurses, frontline health team members, and district managers all agreed that nurses play varied roles and require a complex clinical and managerial skill set to be effective facility heads. In addition to serving as lead clinicians, nurses who lead rural health facilities are called upon to strengthen systems, solve problems, build relationships, coordinate, communicate, and motivate. However, they are not always adequately prepared for these clinical, managerial, and leadership responsibilities.

| Basic Activities | Effective Practices | Recommended Competencies |
|--|---|--|
| <ul style="list-style-type: none"> • Assess, screen, and diagnose • Manage referrals • Prescribe and dispense medicines • Oversee operations, budgets, and supply chain • Schedule and oversee staff and volunteers • Train and mentor staff and volunteers • Document and report • Interface with NHCs and CBVs • Directly report to DHMT • Available and responsive 24 hours a day | <ul style="list-style-type: none"> • Prioritize and delegate tasks • Build cooperative teams • Train, mentor, and supervise staff • Build community relationships • Engage NHC and village leadership in decisions and solutions to deliver quality care • Motivate and integrate volunteers • Resolve conflicts • Remain clinically up-to-date | <ul style="list-style-type: none"> • Deliver respectful care • Respond to community needs • Manage building and equipment repairs • Teach, motivate, retain, and mentor staff and volunteers • Ensure that quality of care is delivered • Leverage position to influence behavior • Monitor performance • M&E: data management and application • Use technologies for information management, M&E, research, training • Develop and negotiate with community partners • Provide services and manage medicines • Independent, innovative decision making • Delegate and assign tasks |

Based on responses from nurse managers when asked about their responsibilities ("Basic Activities"); from nurses, staff and volunteers, DHMT members, and community members when asked about effective practices demonstrating improved results ("Effective Practices"); and from all respondents when asked about recommended competencies that would guide delivery of quality care ("Recommended Competencies").

In **clinical** practice, respondents noted that the nurses who manage facilities are not always licensed or trained to carry out all of the tasks that they are required to perform, but they frequently end up working beyond their scope of practice out of necessity. In the realm of operational and **managerial** responsibilities, facility heads described being responsible for a daunting range of duties, including (but not limited to) scheduling staff; mentoring staff and volunteers; preparing monthly reports; managing budgets and contending with funding shortages; ordering and tracking commodities; holding community meetings; replacing broken windows; finding transportation; obtaining water; protecting against theft; and allocating bonuses or incentives. At a

wider level, they face high expectations from **community members**, who pay close attention to the nurses in charge of facilities and are unhappy when “the in-charge does nothing for the community.”

RECOMMENDATIONS

The formative assessment focused on four elements of the work environment that require attention to make it easier for nurses in charge to effectively lead their teams: human resources for health policies; training and orientation to lead rural health facilities; the regulatory/legal climate, and information technology. The selected recommendations listed below capture needed improvements in all four areas.

1. Establish or revise the job description, core competencies, and licensing guidelines for nurses who lead rural health facilities, as well as other members of frontline health teams, to reflect actual scopes of practice.
2. Incorporate the revised role of nurse leaders of rural health facilities into the Nursing Act.
3. Revise national policies to clarify roles and relationships of facility leaders, CHAs, and CBVs, including developing standardized practices and expectations for CBVs and mechanisms for their identification and recognition.
4. Develop a certification requirement and complementary training opportunities to ensure that facility heads maintain necessary management and leadership competencies, including the ability to manage human resources, commodities, and operations; to monitor and evaluate; and to use effective leadership practices (e.g., communication, team-building, relationship development).
5. Explore expanded clinical competencies for the nurses who head rural facilities to ensure patient safety and enable the effective supervision, instruction, and guidance of staff and volunteers, using blended learning approaches (e.g., on-the-job training, hospital rotations, district supervision).
6. Strengthen community-facility linkages through cross-training of staff, volunteers, and community members.
7. Improve information systems and provide facility heads with training and tools to manage data, monitor staff and CBVs, and track service quality.

CONCLUSIONS

Despite infrastructure challenges in rural and remote areas, there is potential to improve the quality of care through development and support of the rural health workforce. The nurses who lead rural health facilities can play a vital role, maximizing existing resources and leveraging influence and information to strengthen the community health system. By giving nurses the tools and opportunities to fully realize the scope of their potential contributions, Zambia has an opportunity to accelerate progress toward its national health goals.

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