



MINISTRY OF HEALTH

NATIONAL NURSING AND MIDWIFERY POLICY

TOWARDS EXCELLENCE IN NURSING AND MIDWIFERY
SERVICES FOR ALL

2022 - 2032



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NATIONAL NURSING AND MIDWIFERY POLICY

2022 - 2032



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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinics
ASAL	Arid And Semi-Arid Land
BScN	Bachelor of Science Nursing
CEDAW	Convention on the Elimination of Discrimination Against Women
CIDPs	County Integrated Development Plan
CNS	Community and Family Nursing Services
COG	Council of Governors
CPD	Continuous Professional Development
CRC	Convention on The Rights of the Child
CUE	Council of University Education
ECSA	East Central and Southern Africa
ECSACON	East, Central and Southern Africa College of Nursing
FBOs	Faith Based Organizations
FGM	Female Genital Mutilation
FIGO	International Federation of Obstetricians and Gynaecologists
FY	Financial Year
HIV	Human Immunodeficiency Virus
HND	Higher National Diploma
HRH	Human Resource for Health
IA	Artificial Intelligence
ICERD	International Convention on the Elimination of all Forms of Racial Discrimination
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ICT	Information Communication and Technology
KECHN	Kenya Enrolled Community Health Nurse
KEM	Kenya Enrolled Midwife
KMPDC	Kenya Medical Practitioners and Dentists Council
KMTC	Kenya Medical Training College
KNUN	Kenya National Union of Nurses
KPNA	Kenya Progressive Nurses Association
KRCHN	Kenya Registered Community Health Nurse
KRM	Kenya Registered Midwives
KRN	Kenya Registered Nurse
KRNM	Kenya Registered Nurse Midwife
M&E	Monitoring and Evaluation
MAK	Midwifery Association of Kenya
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NCDs	Non-Communicable Diseases
NCK	Nursing Council of Kenya

NGOs	Non-Governmental Organizations
NNAK	National Nurses Association of Kenya
OSHA	Occupational Safety and Health Administration
RMNCH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SDGs	Sustainable Development Goals
SDNM	Strategic Directions for Nursing and Midwifery
SGBV	Sexual Gender Based Violence
SoWMy	State of the World Midwifery
TB	Tuberculosis
TFR	Total Fertility Rate
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD



There is no doubt that the role of nurses and midwives has been changing over the past few decades, not only in terms of their evolving clinical, managerial and leadership responsibilities but also in terms of their education and training. The promulgation of the Constitution of Kenya 2010, the adoption of the 2030 Agenda for Sustainable Development and the World Health Assembly (WHA) resolutions on strengthening nursing and midwifery, have particularly changed the approach to nursing and midwifery practice by putting emphasis on ensuring universal health coverage, leaving no one behind. To this end, the National Nursing and Midwifery Policy aims to optimize the nurses' and midwives' scope of practice and leadership and accelerate investment in enhancing quality nursing and midwifery education and services. This is critical given the fact that nurses and midwives together make the greatest contribution to national and global targets related to a range of health priorities, including universal health coverage, communicable and non-communicable diseases, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), emergency preparedness and response, patient safety and the delivery of integrated and people-centred healthcare.

The National Nursing and Midwifery Policy, therefore, provides an enabling framework to maximize the contributions of the nursing and midwifery workforce and their roles in leadership within the health system.

The Policy accommodates the various aspects of health priorities and the changing environment for nursing and midwifery practice. The Policy focuses on a range of complementary measures and strategies including enhancing the quality of nursing education and research, workforce management, regulation, financing, and innovative service delivery to ensure sustainable access to quality healthcare for all. Ultimately, it is the goal of the Policy to contribute to improving health and wellbeing for all.

This Policy provides guidance and enabling frameworks for all state and non-state actors including partners involved in the nursing and midwifery ecosystem to make their contributions to ensuring sustainable access to quality healthcare for all. More importantly, the Policy provides a critical reference to all public and private sector service providers working towards the achievement of universal health coverage by 2030 and beyond. The Policy shall be implemented through various instruments including national and county level laws, regulations, guidelines, standards, plans and programs.

May I take this opportunity to express my gratitude to Johnson and Johnson and UNFPA for providing financial and technical support and members of the Technical Working Group for their devotion to duty which has made the development of this first National Nursing and Midwifery Policy successful.

A handwritten signature in black ink, appearing to be 'M. Kagwe', written over a light-colored background.

Hon. Mutahi Kagwe, EGH.
Cabinet Secretary
Ministry of Health

PREFACE



The positive impact of high-quality nursing and midwifery care on the health and wellbeing of the population of all ages is well documented. As the largest group of health workforce providing most of the care in various healthcare settings from primary to tertiary levels, investment in improving nursing and midwifery practice would not only accelerate access to quality, safe and affordable healthcare services but also contribute to significantly improving health outcomes. The development of the National Nursing and Midwifery Policy, therefore, marks a major milestone in the country's efforts to achieve the goal of universal health coverage.

The vision and mission of the Policy is to ensure excellence in nursing and midwifery practice and to advance quality nursing and midwifery services for all. Against the backdrop of a complex and dynamic demographic, epidemiological, and health system context, the National Nursing and Midwifery Policy seeks to optimize the contributions of nursing and midwifery to the management and mitigation of the burden of diseases, address the population's healthcare needs and ensure access to quality healthcare for all. In so doing, the Policy addresses the erstwhile health system challenges that undermine access to quality health care as well as nursing and midwifery practice in Kenya.

To optimize the leadership role of nursing and midwifery within the health system, the policy outlines various measures and strategies, which include enhancing the quality of nursing and midwifery education and research, workforce management, service delivery, regulation, leadership and governance, and sustainable financing. The policy measures are expressed through the health system lens to ensure the optimal contribution of nursing and midwifery to achieving universal health coverage (UHC) and other population health goals.

The Policy puts emphasis on integrated and inclusive nursing and midwifery practice and service delivery through a combination of context-specific interventions from the individual, family, community, primary, secondary to tertiary levels. The Policy further puts emphasis on a collaborative and participatory implementation approach involving diverse sectors, state and non-state actors, stakeholders, and development partners at different levels. It is therefore my pleasure to call upon all stakeholders and partners to join us in taking this policy agenda forward. Achieving universal health coverage and leaving no one behind is within our collective power and reach by 2030.

A handwritten signature in blue ink, which appears to read "Susan N. Mochache, CBS". The signature is written in a cursive style.

Susan N. Mochache, CBS
Principal Secretary
Ministry of Health

ACKNOWLEDGEMENTS



This National Nursing and Midwifery Policy (NNMP) is a result of diverse contributions from stakeholders and partners across the country. Special thanks go to the Ministry of Health Cabinet Secretary, Hon. Mutahi Kagwe, the Chief Administrative Secretaries, Dr. Rashid Abdi Aman and Dr. Mercy Mwangangi, the Principal Secretary, Hon. Susan N. Mochache, the Ag Director-General Dr. Patrick Amoth and the Director Nursing and Midwifery Services, Dr. Judith Awinja (OGW) for providing unrivalled support and oversight throughout the process.

The Ministry of Health on behalf of the Government of Kenya is most grateful to Johnson & Johnson, the Aga Khan University, UNFPA and AMREF University for providing financial and technical support that made the development of this Policy possible. Special thanks go to the Chairperson of the Technical Working Group Prof. Eunice Ndirangu - Mugo (Dean, AKU – School of Nursing and Midwifery & Chair Nursing Council of Kenya) and the co-chairperson Dr. Judith Awinja (OGW)

Our deep appreciation goes to the NNMP Technical Working Group for putting in the good work towards the policy development process to a successful end including, Anthony Gitau (Director J&J), Dr. Okoro Dan (SRHR Advisor – UNFPA), Edna Tallam-Kimaiyo (CEO NCK), Beatrice May (AKU - SONAM), Joseph Mirereh (Ministry of Defence), Francis Mambo Mugo (KPNA), Teresa Omoding (Mater Hospital), Mathew Kipturgo (KMTTC), James Mwenda (PUEA), Alfred Obengo (NNAK), Raheli Mukhwana (KNH), Eunice Tole (AKUHN), Margaret Muyuiro (Nairobi Hospital/NCK), Caroline Mage (Council of Governors), Terry Watiri (MOH), Khatra Ali (Council of Governors), Boniface Mutisya (MAK) and, Teresa Maina (KPNA). Gratitude goes to Dr. Dabar Abdi Maalim (NEP College of Health Sciences) for providing technical review to the final draft

We truly appreciate the contributions of each of the stakeholders drawn from all the 47 county governments including the Nursing Council of Kenya (NCK), National Nurses Association of Kenya (NNAK), Midwifery Association Kenya (MAK), Kenya Progressive Nurses Association (KPNA), Kenya National Union of Nurses (KNUN), educators (universities and colleges), nurses and midwives in clinical practice, County Chief Nursing Officers/ County Directors of Nursing Services, County Health Departments, Faith-Based Organizations (FBOs), Non-Governmental Organizations (NGOs), private sector, students and Council of Governors (COG) among others

Finally, we acknowledge the inputs of Dr. Charles Oyaya (Lead Consultant) and Emily Wanja Kaburu (Support consultant) from the International Development Institute- Africa (IDIA) for providing professional facilitation of the National Nursing and Midwifery Policy review and development process.

A handwritten signature in black ink, appearing to read 'Patrick Amoth', written over a light grey rectangular background.

Dr. Patrick Amoth, EBS
Ag. Director General
Ministry of Health

DEFINITION OF TERMS

Accreditation: means the process of evaluation of educational institutions and placement sites against predefined standards of education and practice required for the delivery of education.

Advanced nursing practice means a field of nursing that extends and expands the boundaries of nursing's scope of practice, contributes to nursing knowledge, and promotes the advancement of the profession.¹

Advanced practice nurse means a generalist or specialized nurse who has acquired, through additional graduate education, (minimum of a master's degree), the expert knowledge base, complex decision-making skills, and clinical competencies for advanced nursing practice, the characteristics of which are shaped by the context in which they are credentialed to practice.²

Advanced practice nursing means advanced nursing interventions that influence clinical healthcare outcomes for individuals, families, and diverse populations based on graduate education and preparation along with the specification of central criteria and core competencies for practice.³

Continuing education: means any formally structured or supervised programme or course of study or any special learning activity which is authorized and duly recognized by the Council for enhancing the knowledge, skills or attitude of an enrolled nurse or midwife, registered nurse or registered midwife; and assisting an enrolled nurse or midwife, registered nurse or midwife, respectively, in fulfilling the job responsibilities or attaining professional competence in nursing or midwifery, as the case may be; and providing a review of recent developments in the practice of nursing or midwifery; or a refresher course in nursing or midwifery.

Continuity of care means the process by which the patient and his/her nurse and midwife-led care team are cooperatively involved in ongoing care management toward the shared goal of high quality, cost-effective nursing and midwifery care. It reduces fragmentation of care and thus improves patient safety and quality of care.

Credentialing: means the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization.

Credentials: means documented evidence of licensure, education, training, experience, or other qualifications.⁴

Enrolled Nurse/Midwife means a professional who has been trained and regulated to proficiency and completed, at minimum, their certificate qualification.

Health labour market means the relationship between the jobs being offered in the market (demand) and the number of health workers who are available to work (supply). Wages and conditions of employment (for example, adequate infrastructure, supportive management, opportunities for professional

¹ International Council of Nurses, Guidelines on Advanced Practice Nursing 2020, ICN - International Council of Nurses, Geneva, Switzerland

² International Council of Nurses, Guidelines on Advanced Practice Nursing 2020, ICN - International Council of Nurses, Geneva, Switzerland

³ International Council of Nurses, Guidelines on Advanced Practice Nursing 2020, ICN - International Council of Nurses, Geneva, Switzerland

⁴ Ambulatory Care Program: the who, what, when, and where's of credentialing and privileging. Joint Commission (https://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentiaing_booklet.pdf, accessed 5 March 2020).

development and career progression) play a role in determining the choices made by health workers and employers.⁵

Healthy work place/environment: A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs: (a) health and safety concerns in the physical work environment; (b) health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture; (c) personal health resources in the workplace; and (d) ways of participating in the community to improve the health of workers, their families and other members of the community.⁶

Leadership roles: refers to several management, supervisory and executive positions or titles for nurses and midwives in Ministry of Health, county health departments, professional associations, unions, regulatory authorities, educational institutions, and health facilities.

Licensing: means the process of certifying that an individual can perform the roles and tasks within a defined scope of practice to the required standard and conferring a license to legally authorize them to exercise a certain profession within a given jurisdiction.

Mentor/ preceptor means a nurse or midwife who has demonstrated competence in supervising clinical experience to allow students to apply knowledge gained in the didactic portion of a programme into technical skills in a clinical environment.

Midwife: means a person who has successfully completed a prescribed direct entry or post-basic midwifery education programme and is licensed by the appropriate regulatory authority to practice midwifery in Kenya.⁷

Midwifery practice: Involves giving women the necessary support, care and advice during pregnancy, labour, and the postpartum period, conducting births on the midwife's own responsibility, and providing care for the newborn based on prescribed guidelines and standards. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and newborn, the accessing of medical care or other appropriate assistance, the carrying out of emergency measures, health promotion, disease prevention, and individualized wellness education and counselling on women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, health centres, dispensaries, or clinics.

Need: means the number of nurses and midwives required to attain the service delivery objectives of a health system. Health labour markets are primarily shaped by supply and demand and only indirectly by need.⁸

Nurse: means a person who has successfully completed a prescribed basic nursing education programme and is licensed by the appropriate regulatory authority to practice nursing in Kenya.

⁵ McPake B, Maeda A, Araujo EC, Lemiere C, El Maghraby A, Cometto G. Why do health labour market forces matter? Bulletin of the World Health Organization. 2013; 91:841–6. doi:10.2471/BLT.13.118794.

⁶ WHO (2010) Healthy Workplaces: A Model for Action: For Employers, Workers, Policymakers and Practitioners. https://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf

⁷ International definition of the midwife. The Hague: International Confederation of Midwives; 2017 (https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf,

⁸ McPake B, Maeda A, Araujo EC, Lemiere C, El Maghraby A, Cometto G. Why do health labour market forces matter? Bulletin of the World Health Organization. 2013; 91:841–6. doi:10.2471/BLT.13.118794.

Nurse-midwife: A Kenya Registered Nurse Midwife is a licensed healthcare professional who specializes in women's reproductive health and childbirth. In addition to attending births, they perform annual exams, give counselling, and write prescriptions.

Nursing: means the protection, promotion, and optimization of health and abilities, prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human response to actual or potential health problems and advocacy in the care of individuals, families, communities, and populations.

Nursing Practice: Encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. Nursing practice involves direct and/or indirect patient care in clinical practice including processes of diagnosis and treatment, nursing administration, education, research, or consultation in the specialty represented by the credential.

Nursing and midwifery services means a range of health care services provided to a patient, family or community by a registered professional nurse and midwife or a licensed nurse and midwife within the scope of practice as defined by law.

Nursing and midwifery workforce means all persons with nursing and midwifery qualifications who are counted as part of the overall nursing and midwifery workforce.

Pre-service education: means a formal learning programme that takes place prior to and as a prerequisite for employment in a service setting.⁹

Professional certification: means the voluntary process by which an entity grants recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria.¹⁰

Registered Nurse/midwife means a professional who has been trained and regulated to proficiency and completed, at minimum, their diploma qualification in general nursing and midwifery.

Reproductive, maternal, newborn, child, and adolescent health (RMNCAH) care: The continuum of sexual and reproductive health care and maternal, newborn and child health care, including for adolescents.

Supply: Means the number of qualified nurses and midwives available to work in the health care sector to provide nursing and midwifery services. It is a function of the training capacity and the net migration, deaths, and retirements of health workers.¹¹

⁹ State of the world's nursing 2020

¹⁰ Credentialing definitions. American Nurses Credentialing Center (<https://www.nursingworld.org/education-events/faculty-resources/research-grants/styles-credentialing-research-grants/credentialing-definitions>).

¹¹ Scheffler RM, Campbell J, Cometto G, Maeda A, Liu J, Bruckner TA et al. Forecasting imbalances in the global health labor market and devising policy responses. *Human Resources for Health*. 2018; 16:5. doi:10.1186/s12960-017-0264-6.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Nursing and midwifery are the oldest formal health care service in Kenya. Nurses and Midwives together form approximately 70 percent of the health workforce in Kenya. Nursing and midwifery are altogether responsible for over 80 percent of health indicators. The National Nursing and Midwifery Policy sets out the long-term policy direction for the Nursing and Midwifery profession, practice, and service delivery in Kenya. The policy recognizes the crucial contribution of nursing and midwifery to ensuring access to comprehensive, quality, affordable and cost-effective healthcare services to the population of all ages. The Policy contributes to the national and international efforts to the realization of the guaranteed constitutional right to highest attainable standards of health care services including reproductive healthcare services, and to achieving Universal Health Coverage (UHC), Aspiration 1.3 of the African Union Agenda 2063 and the Sustainable Development Goals (SDGs) numbers 3, 5 and 8. The National Nursing and Midwifery Policy, therefore, aims to empower the nursing and midwifery workforce and reinforce investment in nursing and midwifery as a critical health service function at all levels of the health system. **Annex 1** shows the process of development of the National Nursing and Midwifery Policy.

1.2 Application of the Policy

This National Nursing and Midwifery Policy provides an enabling and inclusive framework for all state and non-state actors involved in providing, regulating, and supporting nursing and midwifery functions within national and county health systems. The Policy provides guidance to all stakeholders involved in the nursing and midwifery ecosystem including: nursing and midwifery professionals and practitioners; public and private sector service providers; relevant ministries, departments and agencies (MDAs) including regulatory and Semi-Autonomous Government Agencies (SAGAs); legislative bodies at national and county levels; constitutional commissions and independent offices; judiciary; education and training institutions; public and private sector employers; professional associations; unions; development partners; national and international non-governmental organizations; faith-based organizations; civil society; and the public in general. The Policy targets all healthcare settings including family, community, public and private sectors, health facilities, institutional and humanitarian settings.

1.3 Rationale for the Policy

Despite the establishment of Nursing and Midwives Council of Kenya in 1952 and the enactment of Nurses Act Cap 257 in 1983, the country has never had a national policy to guide the development of the nursing and midwifery professions and delivery of services. The development of this first national nursing and midwifery policy is therefore a demonstration of the government's commitment to the development of the nursing and midwifery profession and practice toward universal health coverage. Strengthening the nursing and midwifery workforce will ensure affordable and cost-effective quality health services.

The policy provides a framework for strengthening nursing and midwifery profession and practice including education, workforce management, regulation, leadership and governance, financing, research and innovation, the role of nurses and midwives in private practice and entrepreneurship and provision of quality services in different health care settings. The policy also provides an enabling framework for the development of the necessary legislation as well as the implementation of Kenya's international commitments including the SDGs, the World Health Assembly (WHA) resolutions¹² and the WHO's global strategic directions for strengthening nursing and midwifery 2021-2025¹³.

¹² Resolution WHA69.19 (2016) on WHO Global Strategy on Human Resources for Health: Workforce 2030; Resolution WHA64.7 (2011) on strengthening nursing and midwifery; Resolution WHA72.8 on strategic directions for nursing and midwifery; WHA Resolution No. A72/24 25 March 2019 Human resources for health, Global Strategy on Human Resources for Health: Workforce 2030 Report by the Director-General

¹³ http://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf

CHAPTER TWO: SITUATIONAL CONTEXT

Nursing and midwifery practice and service delivery is set against the backdrop of a complex and dynamic demographic, epidemiological, and health system context. The population and health care needs are also rapidly changing requiring innovative policy approaches to effectively address these needs and demands.

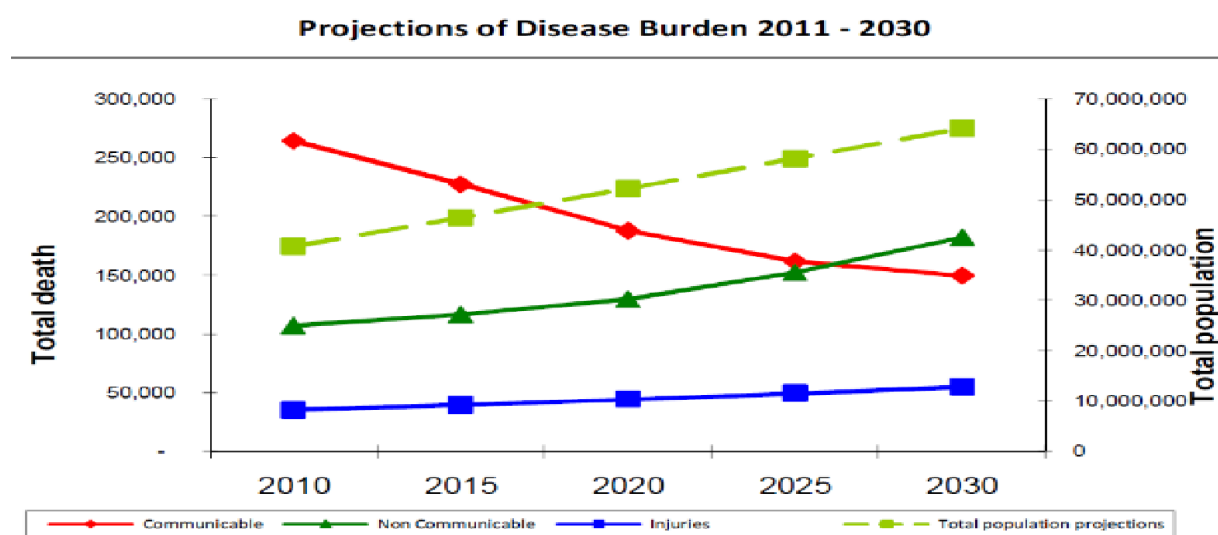
2.1 Population and demographic trends

The 2019 Kenya Population and Housing Census enumerated 47.5 million people in the Country. The population is currently estimated at 53 million and is projected to reach about 59 million by 2030¹⁴. These population and demographic trends have direct implications for nurse and midwife staffing requirements and human resources for health in general. For instance, while the World Health Organization (WHO) recommends a ratio of 220 nurses per 100,000 population for developing countries, in 2018, Kenya had only an estimated ratio of 128.3 nurses per 100,000 population.¹⁵ This has further dropped to 112 nurses per 100,000 population which is way below the WHO recommended ratio. This places the population at risk of lack of access to skilled nursing and midwifery professionals thereby compromising the quality of health service provision, leading to poor health outcomes.

2.2 Disease and epidemiological trends

Kenya faces a heavy and wide-ranging disease burden exacerbated by geographical and climatic conditions and negative social determinants of health. The disease burden ranges from maternal to newborn diseases, communicable diseases to non-communicable diseases. The key risk factors to good health in Kenya include nutritional, gender inequality and sexual and reproductive health issues, substance abuse, water and sanitation, climate change, literacy status, poor infrastructure, and socioeconomic and cultural factors among others. The Country is particularly undergoing an epidemiological transition marked by declining morbidity and mortality due to communicable conditions and an increasing burden of non-communicable diseases (NCDs) and injuries as shown in Figure 1 below.

Figure 1: Projection of disease burden in Kenya 2011-2030



Source: Health Sector Strategic and Investment plan 2013–2017

¹⁴ National Council for Population and Development, Kenya National Population Policy for Sustainable Development Draft 2021

¹⁵ World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=KE>

Consequently, the country's health indicators remain poor with the maternal mortality ratio and perinatal mortality rate being notably high estimated at 362 per 100,000 live births and 29 per 1,000 live births, respectively.¹⁶ The level of under-five mortality is also high estimated at 43.2 deaths per 1,000 live births while infant mortality ratio is about 35.1 per 1,000 live births.¹⁷ The COVID-19 pandemic has exacerbated the already poor health indicators with upward surge in the numbers of COVID-19 related deaths in neonates, infants, and women of reproductive age, including pregnant and postnatal women.¹⁸

Overall, the emerging trends point to the fact that non-communicable diseases, injuries, and violence-related conditions will in the foreseeable future increasingly become the leading contributors to the high burden of disease and death in the country, even though communicable diseases will remain significant. This Policy provides the framework for enhancing the capacity of the health system, nurses, and midwives to address these health challenges while building on the gains made so far.

2.3 Health system structure and organization in Kenya

The Fourth Schedule of the Constitution of Kenya 2010 establishes a devolved health system at two levels, the national and county levels. The National Government including national health-related agencies is responsible for health policy development, national referral health facilities, capacity building and technical assistance to counties, public investment, education, regulation, and consumer protection among others. The County Governments are responsible for county health services, including county health facilities and pharmacies, ambulance services, and promotion of primary healthcare among others. Regulation and management of human resources for health and professions at both national and county levels is conducted within the norms and standards set by the National Government in accordance with the relevant legislation and policies.

Broadly, Kenya's health service delivery system is structured in a hierarchical manner. The technical classification of levels of healthcare delivery under the First Schedule of the Health Act No. 21 of 2017 includes - Level 1: Community Health Services; Level 2: Dispensary/clinic; Level 3: Health Centre; Level 4: Primary Hospital; Level 5: Secondary Hospital; and Level 6: Tertiary Hospital. The national government, in consultation with county governments and stakeholders, is expected to define essential health services package to be delivered at each level of the of healthcare delivery. The health services are provided mainly through public, faith-based and private health service providers at various levels. The organization of the health service delivery system in Kenya is shown in Figure 2 below.

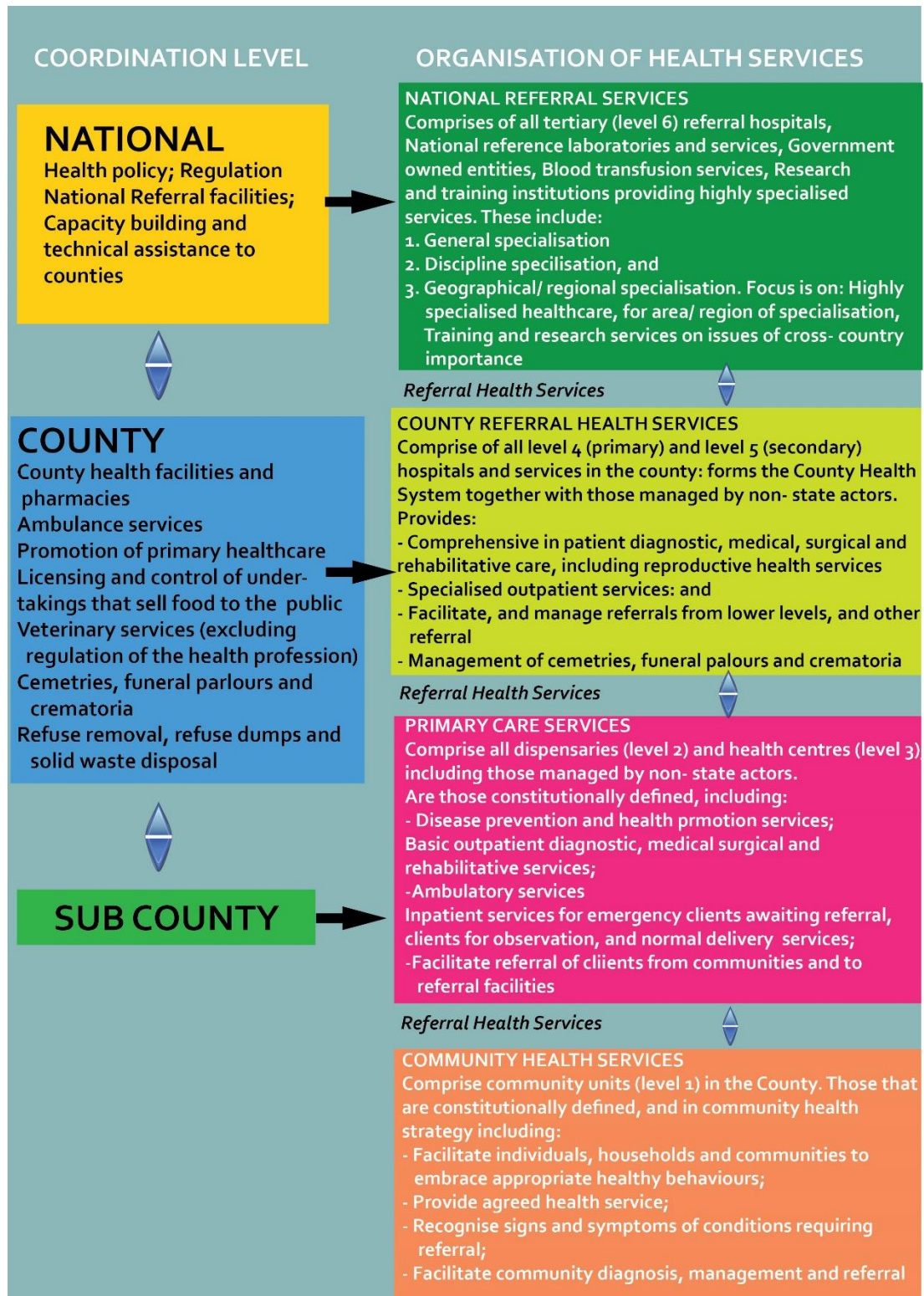
Nurses and midwives are at the centre of the delivery of safe, quality, effective and efficient health services at all levels of the health system and are often the only point of contact with a trained health professional for a large proportion of the population. The Primary Healthcare strategy that was launched in November 2021 recognizes the role of all other cadres, but it can only be successful if centred around the nurse and midwife as they have the most interaction with the patient and are the core of the healthcare multidisciplinary team. The first scope of practice for nurses and midwives in Kenya was developed in 1997, following which there have been two reviews in 2007 and 2021. The Scope of Practice for advanced nursing and midwifery practitioners at master's level is underway. This will further empower the nursing and midwifery profession to deliver quality health care services at all levels. To augment the advancement of the scope of nursing and midwifery practice at different levels, the scheme of service is currently under review to recognize the same. **Annex 2** shows the levels of healthcare delivery, the service functions at each level and the nursing and midwifery roles.

¹⁶ WHO 2016, Kenya key Indicators <https://apps.who.int/gho/data/node.cco.ki-KEN?lang=en>

¹⁷ WHO 2016, Kenya key Indicators <https://apps.who.int/gho/data/node.cco.ki-KEN?lang=en>

¹⁸ [Eunice Pallangyo](#), [Mary Grace Nakate](#), [Rose Maina](#), and [Valerie Fleming](#), (2020), The impact of covid-19 on midwives' practice in Kenya, Uganda and Tanzania: A reflective account, [Midwifery](#), 2020 Oct; 89: 102775.

Figure 2: Organisation of health service delivery system in Kenya



Source: Republic of Kenya, Kenya Health Policy 2014–2030

The health system, however, faces several challenges that negatively affect access to quality healthcare services including nursing and midwifery services. The challenges include inadequate health infrastructure and supplies; weak referral system, and continuity of care; poor working conditions; inadequate involvement of nurses and midwives in decision making; weak county health workforce management system; inadequate of implementation of the scope of practice; inadequate health budgetary

allocation and expenditure; and weak stakeholder and intergovernmental coordination and linkages among others. In addition, there is weak linkages between nursing and the midwifery workforce in practice and harmonization of midwifery care. This policy provides a framework for strengthening the health system and investment in nursing and midwifery functions to ensure access to quality health care for all.

2.4 Nursing and Midwifery education

Nursing and midwifery education is the foundation of an effective nursing and midwifery profession and practice. The training of Enrolled Assistant Nurses and Midwives began in 1951 in various parts of the country while the training of Health Visitors and Kenya Registered Nurses (KRN) commenced in 1952.¹⁹ Kenya Registered midwifery training was started in 1965 for those already qualified as KRN while Diploma in Advanced Nursing was started in 1968 at the School of Medicine, University of Nairobi. The need to strengthen primary health care led to the introduction of the Kenya Registered Community Health Nurses (KRCHN) training program in 1987. Later, in 2007, Pumwani School of Midwifery started a diploma in Kenya Registered Nursing and Kenya registered Midwifery programme. The first Bachelor of Science degree in Nursing was established at the University of Eastern Africa, Baraton in 1987 followed by the University of Nairobi in 1992. To date, there are 122 accredited training institutions of which 28 are universities while 94 are middle-level colleges of which 40 are Kenya Medical Training College (KMTC) spread across various counties. In addition, there are master's and PhD in Nursing and Midwifery programs accredited by the Commission of University (CUE).

The quality of nursing and midwifery education and training, however, remains a major concern. The main obstacles include limited number of education and training institutions that further contributes to constrained access especially in marginalised, rural, and hard to reach areas; challenges in securing ample 'hands-on' time for students in appropriate clinical and clinical care settings; inadequately equipped training facilities such as skills labs; and lack of appropriate credit transfer system. Another concern is the misalignment of supply and demand due to weak linkages between workforce planning, production of nurses and midwives and the health labour market resulting in need-based shortage or unfilled vacancies alongside unemployment of nurses and midwives.²⁰ Aligning supply with demand, now and into the future, requires effective workforce planning based on clear methodologies, purposes, approaches, and timeframes.

There are few institutions that offer midwifery training in Kenya leading to low production of midwives which in turn affects the seamless delivery of midwifery care. There is a need to invest in midwifery education including direct entry and advanced nursing practice. Further, there is still considerable variation in the minimum education and training levels of nurses and midwives resulting in many nurses and midwives having multiple qualifications making it difficult for them in practice. Once in the health system, the title and roles do not distinguish at which education level a nurse or midwife first qualified. In addition, while the Nursing Council of Kenya issues licenses to nurses and midwives trained both within and outside the country, there is no standardized minimum entry grades and hours for training for nurses and midwives from outside the country leading to licensing of externally trained nurses with poor entry grades.

The education standards and accreditation mechanisms do not adequately identify and address quality issues and ensure education is effective and relevant to the local and global health priorities and standards. The uptake of nurses and midwives in Continuing Professional Development (CPD) also remains low despite the presence of online and physical learning platforms. This is due to unstable internet services rapidly changing context of work for nurses and midwives including changes in care technologies, and the emergence of new knowledge. It is also partly due to staff shortage, heavy workload, and lack of

¹⁹ Ndirangu, S. (1982). A history of nursing in Kenya

²⁰ MoH (2017), Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015

information on the availability of CPD, finance, and coordination, which hinder nurses and midwives' participation in CPDs.²¹

2.5 Nursing and midwifery workforce

The nursing and midwifery workforce constitutes the largest proportion of human resources for health in Kenya and globally. According to the World Health Organization (WHO) Global strategy on human resources for health, the health workforce is based on four characteristics:

- a) **Availability:** an adequate number of competent health professionals, distributed according to the needs of the population.
- b) **Accessibility:** equitable distribution of health professionals and facilities in terms of travel time, hours of operation, geographical distribution, direct and indirect costs of services, and disability-friendly infrastructure.
- c) **Acceptability:** a professional workforce that is respectful, flexible, and trustworthy.
- d) **Quality:** a workforce that is adequately trained, has provisions for continuous training and is perceived as competent by the population it serves.

Despite Kenya making great strides in increasing the number of nurses and midwives, the current nursing and midwives staffing levels represented by a “nurse to population ratio” that is required to deliver optimal standards of healthcare services is still below the WHO recommended ratio.^{22 23} While the World Health Organization (WHO) recommended ratio is 220 nurses per 100,000 population for developing countries, the ratio for Kenya is about 111.85 nurses per 100,000 population.²⁴ There is, however, a wide disparity in the distribution of nurses and midwives among counties with for example, Nairobi having a ratio of 97 nurses per 100,000 compared to 2 nurses per 100,000 population in Wajir County.²⁵ Further, there is a skewed urban-rural distribution of health workers, with the urban areas having the highest proportions of staff at the expense of rural and remote areas where 70% of the population lives. The distribution of the health workforce has tended to favour areas perceived to have high socio-economic development, leaving marginalised and hard-to-reach areas at a disadvantage. These areas also tend to have fewer and poorly equipped health facilities and are therefore not preferred by health workers. The disparities in the distribution of nurses and midwives and health workers in general in Kenya are attributed to a lack of enforcement of norms and standards, strained work environments, personal preferences, and weak workforce planning and deployment processes.

Despite the nurses and midwives' unemployment situation, Kenya has one of the highest needs-based shortages of nurses and midwives in the ECSA region. Currently, Kenya has a needs-based shortage of 130,987 nurses and midwives which is projected to grow to 151,000 by 2030 with a supply of 145,252 and a need of 295,701.²⁶ The nursing and midwifery shortage is exacerbated by inadequate nursing and midwifery information systems to which do not accurately capture and report on the necessary data needed for evidence-based nursing and midwifery workforce planning and health labour market analyses at different levels. Other factors include varying workforce planning methodologies, approaches, and timeframes across counties and between national and county governments; and challenges in the

²¹ Mosol, Priscah Kei, Robert Obwoye, Ronald Omenge Ng'eno and Anne Metadata (2017), Challenges Facing Nurses While Participating in Continuing Professional Development: A Case of Western Kenya, 2017-10

²² World Health Organization (WHO), Global strategy on human resources for health: workforce 2030. 2016, World Health Organization: Geneva, Switzerland.

²³ World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=KE>

²⁴ World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=KE>

²⁵ MoH (2017), Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015

²⁶ World Bank (2020), Eastern, Central and Southern African (ECSA) Region: Education and Labor Markets for Nurses: Challenges and Opportunities, July 2020

implementation of the scope of practice and supporting the proposed scheme of services that recognize specialized, sub-specialized, and advanced nursing and midwifery qualifications among others. Significant challenges also remain in accurately distinguishing between nurses, nurse-midwives, and midwives to aid evidence-based nursing and midwifery workforce planning and ensure sufficient workforce with the right skill mix made available at the right time and place. This not only undermines health labour market analysis but also affects the appropriate matching of nursing and midwifery skills with changing health needs. Most of the task shifting is also because of workforce shortage. For instance, due to lack of critical midwifery staff, midwifery services are often taken on by unskilled workers leading to poor maternal and neonatal outcomes. In a nutshell, the shortage of nurses and midwives has a direct link with low patient, employee satisfaction, and high turnover among others.²⁷

The devolution of human resources for health function to the county governments has further created significant challenges due to inadequate resources to attract, recruit, retain and sustain the health workforce.²⁸ The retention of nurses and midwives in service, therefore, remains a major challenge, particularly for the public sector and rural and remote areas due to various factors including poor occupational health and safety in the work environment; perennial delays in salary payments across the counties; frequent industrial actions; and disparities in human resource management practices including promotions and staff deployment.²⁹ These challenges partly contribute to the emigration of nurses and midwives thereby worsening the healthcare delivery system.³⁰ While a variety of financial and non-financial incentives can help retain nurses and midwives in service, especially in rural, remote, and other marginalized areas, these have not been adequately explored. Systems for monitoring and tracking attrition of nurses and midwives within both national and county health systems are also inadequate.³¹

Overall, management of human resources for health within the devolved health system remains one of the greatest challenges to the delivery of quality health care as manifested in numerous industrial strikes in nearly all counties. To address this challenge, the Ministry of Health launched the Devolved Human Resource Management Policy on Human Resources for Health (2015). The nursing and midwifery policy will provide a framework for ensuring an adequate, productive, and equitably distributed pool of nursing and midwifery workforce with the relevant skills and who are accessible. The Policy hence provides a framework to guide the deployment, retention, work environment, monitoring and evaluation of the nurse and midwifery workforce as well as coordination of the workforce at the national and county level.

2.7 Access to nursing and midwifery services

The role of nurses and midwives is focused on ensuring access to quality health care in different settings since they are at the centre of the delivery of the highest proportion of health care services to people of all ages. Strengthening the nursing and midwifery at community, health facility, county and national levels is therefore critical to the provision of quality healthcare services across the service chain.

Access to quality health care including nursing and midwifery services is however, hindered by several challenges such as weak referral systems, poor working conditions, lack of supervision of compliance among the deployed workforce, substandard infrastructure and facilities and service delivery points that do not meet the required standards. There are also significant regional disparities in the distribution of

²⁷ Everhart, D, Neff, D, Al-Amin, M, Nogle, J, Weech-Maldonado, R and Jordan, LR (2013). The Effects of Nurse Staffing on Hospital Financial Performance: Competitive Versus Less Competitive Markets. *Health Care Manage* 38(2): 146–155.

²⁸ Kimathi, L. (2017). Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systemic Contradictions? *Africa Development*, Volume XLII, No. 1: pp. 55-77

²⁹ Kimathi, L. (2017). Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systemic Contradictions? *Africa Development*, Volume XLII, No. 1: pp. 55-77

³⁰ Kirigia JM, Gbary AR, Muthuri LK, Nyoni J, Seddoh A. The cost of health professionals' brain drain in Kenya. *BMC Health Serv Res*. 2006; 6:89. doi:10.1186/1472-6963-6-89

³¹ MoH (2017), Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015

health facilities, human resource for health, medical and non-medical commodities, and inequitable access to quality care for the poor and 'hard-to-reach' communities. Lack of essential tools, equipment, medical and non-medical supplies including reliable water and power supply in many health facilities particularly contributes not only to a poor and unsafe working environment but also to low morale and productivity of staff. Inadequate and inappropriate staffing levels not only threaten patient health and safety, but also impact negatively on nurses' and midwives' health and safety. Inadequate staffing is therefore directly linked to the length of stay, patient mortality, re-admissions, adverse events, fatigue-related errors, poor patient and employee satisfaction, and job turnover.³² This situation invariably exposes nurses and midwives to greater legal risks with the number of nurses and midwives being taken to court on the account of professional negligence, medical malpractices and medical errors among other malpractices becoming more common, further affecting access to quality healthcare.

The effect of the COVID-19 pandemic has further exerted pressure on the health system's capacity especially the capacity of nurses and midwives to deliver quality and safe healthcare especially to the most vulnerable populations thereby reversing the gains realized towards universal health coverage. This has exposed the gaps in the health system, particularly the underdeveloped primary health care.³³ Therefore, this policy provides a framework for enhancing the health system capacity to ensure the provision of quality and safe nursing and midwifery services at all levels of health service delivery system through enhanced systems of primary health care, monitoring and equitable distribution of resources and commodities.

2.8 Governance and leadership

The Constitution of Kenya 2010 has fundamentally changed the governance framework for the health sector. Article 6 establishes the devolved structure of governance while Articles 10(2) and 73 outline the guiding principles and values of governance and leadership. Strong governance systems and leadership capacity are therefore essential for ensuring effective nursing and midwifery practice and service delivery. It is therefore vital that nurses and midwives engage in governance and leadership responsibilities within the health sector. This requires, nurturing of strong leadership capacity among nurses and midwives at every level of the health system.

There is, however, a lack of meaningful involvement of nurses and midwives in leadership and decision-making at various levels. The governance and leadership landscape for nursing and midwifery in Kenya is characterized by a number of challenges including a lack of a unified national organizational structure (organogram); lack of synergy in terms of national and county governance, service delivery, and accountability for results within the nursing and midwifery ecosystem; inadequate representation in national and county decision making structures; weak stakeholder and intergovernmental coordination and communication framework, and inadequate leadership capacity to positively impact on decision making at various levels. The nursing and midwifery policy provides a framework to ensure that nurses and midwives are equipped, empowered, provided opportunities, and are meaningfully involved in leadership and decision-making responsibilities including health sector program planning and management anchored within the existing structures and relevant legislation. Finally, it provides a framework to align the role of nurses and midwives in leadership and governance within and between the national and county governments.

2.9 Nursing and midwifery financing

³² Everhart, D, Neff, D, Al-Amin, M, Nogle, J, Weech-Maldonado, R and Jordan, LR (2013). The Effects of Nurse Staffing on Hospital Financial Performance: Competitive Versus Less Competitive Markets. *Health Care Manage* 38(2): 146–155.

³³ [Eunice Pallangyo](#), [Mary Grace Nakate](#), [Rose Maina](#), and [Valerie Fleming](#), (2020), The impact of covid-19 on midwives' practice in Kenya, Uganda and Tanzania: A reflective account, [Midwifery](#), 2020 Oct; 89: 102775.

Nursing and midwifery financing relates to the process of mobilizing, allocating, managing, and utilizing financial resources to ensure the provision of quality services and related health programmes. The primary responsibility of providing the financing required for the provision of healthcare services as a government function and human right guaranteed under Article 43 of the Constitution lies with the State at both national and county government levels. To this end, the Constitution under Articles, 187, 175, 20 and 21 provides clear guidance on the matching of functions and revenue sharing between national and county governments; and allocation of adequate resources to ensure the widest possible enjoyment of the health rights, giving priority to the needs of vulnerable and marginalized groups within society. The key sources of funds for health including nursing and midwifery include monies appropriated by the National and County Assemblies, conditional and unconditional grants donor funding, private sector financing, out of pocket financing

While the proportion of the combined discretionary public budget allocated to health has been increasing over time from about 7 percent in the period FY 2014/15 - FY 2016/17 to 9.2 percent in FY 2018/2019, it still highly inadequate and falls far below the Abuja declaration target of 15 percent.³⁴ Much of both national and county budget allocations go to recurrent expenditures with minimal allocations going to development expenditure. Donors contribute almost 60 percent of the MOH development budget with much of the funding allocated to HIV, reproductive health, immunisation, and health systems support. At the county level, the average share of the county's health budget allocated for recurrent expenditure is estimated at 79 percent, which is higher than the recommended 70 percent threshold.

Under the program-based budgeting framework, nursing and midwifery services are considered under the National Referral Specialized Healthcare Services Program and Forensic and Diagnostic Sub Program. Specific resource requirements and allocations for nursing and midwifery services and programs are however not defined since what constitutes these services and program are not robustly identified as priorities. As a result, within the health sector MTEF for the Period FY 2022/23-2024/25, the priorities identified for nursing and midwifery services are nursing policy, legislation and training of nurses in critical care services.³⁵ However, given the fact that nurses and midwives are responsible for the largest proportion of health care services and related programs, it would be imperative that nursing and midwifery services and programs be considered as either program or sub programme for purposes of budgeting at both national and county level. This would not only enable the health sector to scale up investment in nursing and midwifery services but also define and use unit costs for nursing and midwifery service delivery in priority setting.

Overall, the nursing and midwifery financing scene lacks a shared investment vision and is fragmented across various departments and programs with varying and inadequate budgetary allocation practices. This policy therefore provides a framework for streamlining and strengthening Nursing and Midwifery services planning and budgeting at both national and county levels considering the eight health system orientation areas i.e., service delivery, human resources, leadership and governance, financing, infrastructure, information, monitoring and evaluation, health products and technologies, research, and development. In addition, there should be a standard costing and resource allocation criterion for nursing and midwifery services and related programs at various levels for both recurrent and development expenditures.

2.10 Research and innovation

³⁴ MOH (2020), National and County Health Budget Analysis FY 2018/19

³⁵ MOH (2021) Health Sector Working Group Report Medium Term Expenditure Framework (MTEF) for the Period 2022/23-2024/25 October 2021

The complex nature of health problems demands the use of research tools, new technologies and innovative approaches to offer better solutions. Therefore, there is need to increase nurses' and midwives' involvement in research and development. However, there is inadequate funding for research and development in nursing and midwifery to not only promote evidence-based practice but also use of such innovations as telehealth and artificial intelligence to deliver comprehensive value in terms of increasing access to quality nursing and midwifery services at all levels.

The context of nursing and midwifery practice requires that nurses and midwives build capacity in evidence-based practice and decision making based on credible research and clinical experience.³⁶ Nursing and midwifery practice that applies the best available research evidence can introduce innovative ways of improving safety and quality health care delivery. Such research can improve continuity of care for patients and ensure comprehensive care, thereby improving health outcomes.³⁷ Application of research and evidence-based practice among nurses and midwives is however inadequate due to several factors including inadequate funding, capacity, and mentorship to support nursing and midwifery research and ensure continuous quality improvement. In addition, due to the heavy workload nurses and midwives often have insufficient time to engage in research including the application of research findings to improve practice. Research is also not given priority in nursing and midwifery education curricula. This policy provides a framework for scaling up investment in nursing and midwifery research and development and promote evidence-based practice and innovative ways of improving quality health care delivery.

³⁶ Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996

³⁷ WHO (2015), European strategic directions for strengthening nursing and midwifery towards Health 2020 goals, WHO Europe

CHAPTER THREE: POLICY AND LEGAL CONTEXT

3.1 The Constitutional and Legal Context

The National Nursing and Midwifery Policy is informed by the overarching constitutional and legal framework provided by the Constitution of Kenya 2010, Nurses Act Cap 257, the Health and Occupational Safety Act and the Health Act No. 21 of 2017, Public Health Act Cap 242, University Act, TVET Act and Kenya National Qualification Framework among others.

The Constitution of Kenya 2010 provides the overarching legal and policy framework for the performance of nursing and midwifery functions at various levels of governance and health system. The Constitution emphasizes a rights-based approach to health services delivery and guarantees the right of every person to life and the highest attainable standard of health and healthcare services including reproductive healthcare; emergency medical treatment; protection of consumers' health, safety, and economic interests. Article 21 requires the State to take necessary legislative, policy, and other measures, including the setting of standards to achieve these rights.³⁸ In addition, Article 20 (5) (a) (b) requires the State to commit resources to the progressive realization of the rights guaranteed under Article 43 giving priority to ensuring their widest possible enjoyment having regard to prevailing circumstance, including the vulnerability of groups or individuals.

The Health Act, No. 21 of 2017 as amended establishes a unified health system and provides for the coordination of the inter-relationship between the national government and county government health systems. The Nurses Act Cap 257 provides the primary legal framework for the regulation of the nursing and midwifery profession and practice.

3.2 Policy Context

The Policy aligns with the various regional and international policy commitments and frameworks including Sustainable Development Goals; the African Union Agenda 2063 – The Africa We Want (2013); the Abuja Declaration (2001); and the WHO Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025, Global Strategy of Human Resources for Health: Workforce 2030, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and other relevant policies. Nationally, the Nursing and Midwifery Policy is aligned to the Kenya Vision 2030 and the Kenya Health Policy 2014 – 2030 amongst others.

³⁸ Article 2(6) of the Constitution recognises ratified international treaties or conventions as part of the laws of Kenya.

CHAPTER FOUR: POLICY DIRECTION AND GUIDING PRINCIPLES

4.1 Vision Statement

Excellence in nursing and midwifery services for all.

4.2 Mission Statement

To advance quality nursing and midwifery services through responsive education, transformative leadership, research, innovation, and person-centred care.

4.3 Policy Goal

To ensure access to comprehensive, quality, affordable, safe, innovative, and equitable nursing, and midwifery services for all.

4.4 Policy Objectives

The objectives of the National Nursing and Midwifery Policy are as follows:

1. To enhance quality and transformative nursing and midwifery education and research for innovative and evidence-based practice.
2. To strengthen the nursing and midwifery workforce planning and management for effective provision of quality nursing and midwifery services.
3. To ensure access to safe and quality nursing and midwifery services in a healthy work environment.
4. To strengthen the regulatory framework for nursing and midwifery education, professional practice, and service delivery.
5. To strengthen nursing and midwifery governance, leadership, management capacities for effective involvement in decision making and leadership responsibilities at various levels of the health system.
6. To ensure sustainable financing for nursing and midwifery services through innovative financing options and entrepreneurship.

4.5 Guiding principles and values

This Policy is guided by constitutional and professional principles and values of governance and professional practice including the following:

- **Professionalism:** Nurses and midwives shall maintain high levels of professionalism and shall discharge their duties ethically.
- **Regulatory autonomy:** A strong and independent regulatory body to govern nursing and midwifery education, practice, and service delivery.
- **Quality care:** Quality nursing and midwifery services shall be provided to all as per guidelines, norms, standards, and evidence.
- **Collaboration:** Nurses and midwives shall work respectfully together with other professionals and stakeholders and shall support each other's efforts to deliver highest attainable standards of healthcare.
- **Evidence based practice:** Nursing and midwifery services shall be based on available research evidence and best practices.

- **Patient safety:** Nurses and midwives shall prevent harm to patients and themselves and improve the quality and safety of healthcare delivered in all settings.
- **Person and community centred care:** Nurses and midwives shall work with individuals, families, and communities in identifying their health problems, and planning, implementing, and monitoring services and programs.



CHAPTER FIVE: POLICY MEASURES AND STRATEGIES

The National Nursing and Midwifery Policy provides inclusive policy guidance on measures and strategies to strengthen nursing and midwifery practice and ensure sustainable access to quality healthcare services for all. The Policy provides broad guidance to both state and non-state actors involved in the nursing and midwifery profession, practice, and delivery of services at all levels. The policy measures and strategies are defined around the following six key policy focus areas:

- a) Enhancing nursing and midwifery education and research
- b) Strengthening nursing and midwifery workforce planning and management
- c) Accelerating access to quality nursing and midwifery services for populations of all ages
- d) Strengthening nursing and midwifery regulation
- e) Strengthening nursing and midwifery governance and leadership capacity
- f) Ensuring sustainable nursing and midwifery financing and strategic partnerships

5.1 Enhancing Nursing and Midwifery Education and Research

Quality of nursing and midwifery education and research is important in strengthening healthcare service delivery. The vision for healthcare including nursing and midwifery services in the 21st century is therefore to use education, research, and innovative approaches including information and healthcare technology to improve professional practice and delivery of quality healthcare.

5.1.1 Policy Statement

The government shall enhance the quality of nursing and midwifery education and strengthen research capacity including utilization of research evidence and strategic information to inform decision making and practice, and to improve the quality of care at all levels. The aim shall be to ensure strategic alignment of the education programs to the needs of the population; harmonize and enhance the curricula for basic and post-basic education and training; strengthen continuing professional development; ensure adequate supply of qualified personnel and promote innovative and evidence-based practice in nursing and midwifery.

5.1.2 Policy Measures and Strategies

1. Strengthen standards for nursing and midwifery education at pre-service, post-basic and post graduate levels to optimize the production of nurses and midwives to meet the population's health needs and health system demands.
2. Undertake periodic review and assessment of education and training needs and identify priorities for nurses' and midwives' education and training aligned with their optimized roles within the health labour market including health service, academic, research and governance systems.
3. Build capacity and equip educators with innovative pedagogical skills and techniques and clinical competencies in content areas to facilitate transformative teaching, learning and research to deliver quality nursing and midwifery education.
4. Reinforce and update standards for Continuing Professional Development (CPD) for all nurses, midwives, and educators.
5. Equip nursing and midwifery education and training institutions with adequate infrastructure and technologies for continuous improvement in the learning environment for quality educational outcomes.
6. Build capacity and create an enabling environment to promote evidence-based practice through education and research for nursing and midwifery.

7. Develop and regularly update the national nursing and midwifery research agenda.
8. Establish a collaborative national nursing and midwifery research centre to mobilize research grants and promote, undertake, and coordinate national nursing and midwifery research initiatives/projects.
9. Establish a national nursing and midwifery research fund and advocate for increased budget allocation for research.
10. Build capacity of nurses and midwives in operational and multidisciplinary research and evidence-based practice.
11. Establish a national nursing and midwifery knowledge management platform for promoting knowledge exchange and sharing of research findings, innovations, and best practices.
12. Establish a national consortium or alliance of researchers in nursing and midwifery to promote collaborative research initiatives/projects.

5.2 Strengthening Nursing and Midwifery Workforce Planning and Management

The availability, distribution, and accessibility of the nursing and midwifery workforce with the relevant skills mix strongly influences quality of healthcare services and health outcomes.

5.2.1 Policy Statement

The Government at the national and county levels shall strengthen nursing and midwifery workforce planning and management systems to ensure availability and access to sufficient and sustainable nursing and midwifery workforce at all levels of the healthcare service delivery system.

5.2.2 Policy Measures and Strategies

1. Ensure nurse and midwife patient and population ratios are in line with the prevailing WHO recommendations and population health needs to progressively increase the nursing and midwifery workforce as per established norms and standards considering various cadres within nursing and midwifery through adequate planning, financing, and good human resource management practices.
2. Strengthen national and county level nursing and midwifery workforce planning systems and capacity in national and international labour market analysis and forecasting to ensure the availability of an adequate number of nurses and midwives and sustainable nursing and midwifery workforce.
3. Undertake periodic review of the scheme of service for entry-level nurses and midwives and career progression.
4. Recognise specialists, sub-specialist and advanced practice nurses and midwives including educators, clinicians, researchers, and administrators in the scheme of service.
5. Improve standards of equitable recruitment and deployment and career progression at national and county levels and between national and county government health systems.
6. Harmonize and align nursing and midwifery positions at the National and County levels to the Nurses Scheme of Service, Health Act 2017, and the devolved health system.
7. Develop and implement national incentive and social protection policy guidelines and provide for a well-defined structure to attract, motivate, and retain suitably qualified nurses and midwives in different settings including remote, marginalized and humanitarian settings.
8. Continually improve and ensure healthy work environment for all nurses and midwives to ensure the delivery of safe and effective care in all settings.
9. Develop nursing and midwifery workforce migration and mobility policy and reinforce the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code) to ensure that international migration and mobility has no negative impact on the national and county health system.

10. Strengthen integrated nursing and midwifery human resources management information systems at national and county levels to ensure effective workforce planning, development, monitoring, and succession management
11. Establish and maintain a performance-based management system for nurses and midwives at various levels.

5.3 Accelerating access to quality nursing and midwifery services for populations of all ages

Nursing and midwifery services coordinate and integrate with multiple aspects of health services at different levels of the health system. Nursing and midwifery services therefore focus on ensuring access to quality healthcare to people of all ages in different settings including family, community, health facility and humanitarian settings.

5.3.1 Policy Statement

The Government in partnership with private sector including faith-based and non-governmental service providers shall ensure sustainable access to affordable, equitable, quality, safe, innovative, and responsive nursing, and midwifery services in a healthy work environment. The Government shall strengthen the nurses' and midwives' involvement in the management and delivery of curative, promotive, preventive, rehabilitative as well as reproductive, maternal, newborn, child, and adolescent health (RMNCAH) programs at all levels of the health system.

5.3.2 Policy Measures and Strategies

1. Strengthen nursing and midwifery services including continuity of care for populations of all ages from family, community, primary, secondary to tertiary care level.
2. Strengthen family and community-based nursing and midwifery services and linkages.
3. Promote the use of telehealth including artificial intelligence technologies in the provision of nursing and midwifery services at all levels of healthcare.
4. Adapt workplaces to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams.
5. Ensure availability of adequate infrastructure, essential tools, equipment, technologies, pharmaceuticals, and non-pharmaceuticals supplies to support the delivery of quality services at all levels.
6. Continually improve, monitor, and evaluate work environment and policies that protect health and safety of all nurses and midwives in all workplaces according to OSHA 2007.
7. Strengthen mechanisms for the protection and enforcement of the rights of patients/clients and guardians in line with the Patient Rights Charter of 2013 and for ensuring patient safety in all care settings.
8. Promote a culture of entrepreneurship and the role of nurses and midwives in private practice at all levels of the health service delivery system.
9. Establish a unified national and county nursing and midwifery M&E framework to promote utilisation of strategic information to enhance nursing and midwifery programming and service delivery.
10. Strengthen nursing and midwifery M & E capacity to effectively track performance at various levels of the healthcare system.

5.4 Strengthening nursing and midwifery regulation

The fundamental purpose of regulation in nursing and midwifery profession, practice and services are to ensure patient safety and quality of care.

5.4.1 Policy Statement

The government shall strengthen the legal and regulatory framework for the effective regulation of nursing and midwifery education, professional practice, and service delivery at all levels of care.

5.4.2 Policy Measures and Strategies

1. Continuously review and update the Nurses Act Cap 257 to accord with the expanded scope of nursing and midwifery practice and service regulation.
2. Review and develop enabling regulations, guidelines, and standards for the effective and efficient regulation of the nursing and midwifery professional practice and service delivery at all levels of care.
3. Strengthen regulatory capacity to ensure maximum compliance with the prescribed nursing and midwifery practice regulations, guidelines, and standards at all levels of care.
4. Increase budget allocation to improve the effectiveness and efficiency of the nursing and midwifery regulatory body.
5. Strengthen accreditation, credentialing, licensing and re-licensure, monitoring and evaluation of nursing and midwifery workforce and programs.
6. Encourage every nurse and midwife to acquire and maintain professional membership in the professional association of choice in the interest of professional visibility, accountability, and development.

6.5 Strengthening nursing and midwifery governance and leadership capacity

Effective leadership and governance at various levels of the health system is the greatest enabler for the delivery of quality healthcare services. It is therefore important to strengthen governance and coordination structures and develop the leadership, governance and management capacities of nurses and midwives to optimize their role in the management of the health system, decision making and delivery of quality care at all levels.

5.5.1 Policy Statement

The Government at national and county levels shall strengthen the governance, leadership and management capacities of nurses and midwives for effective involvement in decision making and leadership responsibilities at various levels of the health system. The government shall further strengthen stakeholder and intergovernmental coordination mechanisms at different levels for the effective delivery of nursing and midwifery services and programmes.

5.5.2 Policy Measures and Strategies

1. Develop and implement a comprehensive national leadership, governance and management training programme for nurses and midwives.
2. Develop and adopt a harmonized and inclusive national organisational structure (organogram) for nursing and midwifery considering the place of nursing and midwifery function, roles and responsibilities of the nursing and midwifery service and health sector leadership within the national and devolved health system.
3. Establish leadership succession management mechanisms and guidelines for nursing and midwifery at national, county, health facility and community levels.
4. Leverage national and county level health sector partnership and stakeholder engagement frameworks.

5. Strengthen collaboration and coordination between and among the public and private sector service providers, the educators, policy makers, regulators, unions, and professional associations. The multiple nursing and midwifery associations and unions shall be encouraged to establish enabling united national coordination mechanisms for promoting teamwork, championing the sector collective interests, and enhancing nurses and midwives voice in decision making at various levels.
6. Strengthen international and regional networking, collaborations and partnerships in nursing and midwifery and promote international participation and exchange.
7. Strengthen inter-governmental coordination mechanisms to ensure delivery of quality nursing and midwifery service at various levels.
8. Build a strong brand for nursing and midwifery profession.

5.6 Ensuring sustainable nursing and midwifery financing and partnerships

Adequate and sustainable financing is the most important requirement and input for delivery of quality and sustainable healthcare services and achieving universal health coverage. Sustainable financing involves the process of mobilizing, allocating, managing, and utilizing financial resources to develop, manage and provide quality healthcare and related health programmes.

5.6.1 Policy Statement

The Government at the national and county level shall ensure sustainable financing for nursing and midwifery services through innovative financing options, strategic partnerships, and entrepreneurship.

5.6.2 Policy Measures and Strategies

1. Develop and implement national and county level nursing and midwifery investment plans and resource mobilisation strategies.
2. Develop standard costing, resource allocation and expenditure criterion for nursing and midwifery services and related programs at various levels of the health system.
3. Identify nursing and midwifery service, program and investment priorities and align specific resource requirements within the health sector medium term expenditure and program-based budgeting framework.
4. Advocate for the establishment nursing and midwifery services as a program or sub-programme within the health sector program-based budgeting framework.
5. Advocate for increased national and county government budgetary allocations for nursing and midwifery.
6. Identify and promote innovative financing options for nursing and midwifery services at national county, health facility, community, and other levels.
7. Promote private sector nursing and midwifery financing through public-private partnerships, entrepreneurship, and other market-based financing mechanisms.
8. Leverage and maximise the efficiency of existing nursing and midwifery service delivery options for increased value within existing health sector resources.
9. Strengthen the Nursing and Midwifery Platform to support and coordinate nursing and midwifery planning, budgeting, and resource mobilization.

CHAPTER SIX: POLICY IMPLEMENTATION, MONITORING AND EVALUATION FRAMEWORK

The National Nursing and Midwifery Policy shall be implemented through various instruments including legislation, regulations, guidelines, national and county level implementation and investment plans, annual work plans and budgets, monitoring and evaluation frameworks and other strategies. To determine the success of implementation, the policy and its associated investment strategies and plans shall be carefully monitored and evaluated at various policy implementation stages and levels.

6.2 Policy dissemination

The Ministry of Health in collaboration with Council of Governors, County Departments of Health, private sector, and civil society stakeholders shall spearhead the dissemination of the National Nursing and Midwifery Policy throughout the country using multi-media strategies.

6.3 Policy planning and implementation framework

The government at national, county, and local levels shall enact enabling legislation, regulations, bylaws, guidelines, and standards to support the implementation of the policy, regulate nursing and midwifery services at all levels and create incentives for improved performance and compliance with the service and practice standards.

To guide the systematic implementation of the National Nursing and Midwifery Policy, the government at the national and county levels shall translate the policy into medium-term investment and annual development plans and budgets. At the national level, the Ministry of Health through the Directorate of Nursing and Midwifery and partners shall develop and implement a costed national nursing and midwifery policy implementation and investment plan within six months of the launch of this Policy.

At county level, the County Health Departments through the directorate of nursing and midwifery services within the County Integrated Development Plans (CIDPs) and county health sector strategic plans, shall develop and implement costed county nursing and midwifery investment plans. The health facilities at various levels of the service delivery system shall also develop and implement their respective health facility investment plans aligned with the national and county health sector and nursing and midwifery policies and plans.

The investment plans at all levels shall be accompanied by clear funding and resource mobilization strategies which shall be executed through the annual work plans and budgets developed within the national and county planning and budgeting frameworks. The government at the national and county levels will require that sector investments and operational choices at all levels are guided by the principles and values expressed in this policy. Local needs, demands and vulnerabilities will serve as a key criterion for devising plans, technical solutions, and allocation of financial resources.

6.4 Policy implementation approach

The policy implementation approach will involve a highly collaborative and participatory strategy involving diverse sectors and stakeholders at different levels. Stakeholder engagement and communication strategy for the implementation of the policy shall be developed and implemented. In addition, political leadership at all levels shall be mobilized to support the nursing and midwifery agenda through policy, public investment, financing, and advocacy.

6.5 Monitoring and evaluation framework

The Ministry of Health through the Directorate of Nursing and Midwifery Services and partners shall undertake monitoring and evaluation of the Nursing and Midwifery policy. In this regard, the Ministry of Health in collaboration with partners shall, within one year of coming into effect of the Policy, establish a National Integrated M&E Framework for the Nursing and Midwifery. The M&E framework shall be elaborated through the national and county Nursing and Midwifery Investment Plans. The main purpose of the M&E Framework will be to help track, monitor and evaluate the policy implementation and its outcomes. The key performance indicators to monitor performance and measure changes at various levels of policy implementation will be collaboratively developed.

The policy implementation shall be monitored and evaluated through the annual multi-stakeholder sector review forums, and midterm and end term reviews. The annual reviews will be aligned with the annual national and county planning and budgeting processes. The Ministry of Health shall issue guidelines and procedures for conducting the policy review processes.

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ANNEX 1: THE NATIONAL NURSING AND MIDWIFERY POLICY DEVELOPMENT FRAMEWORK AND PROCESS

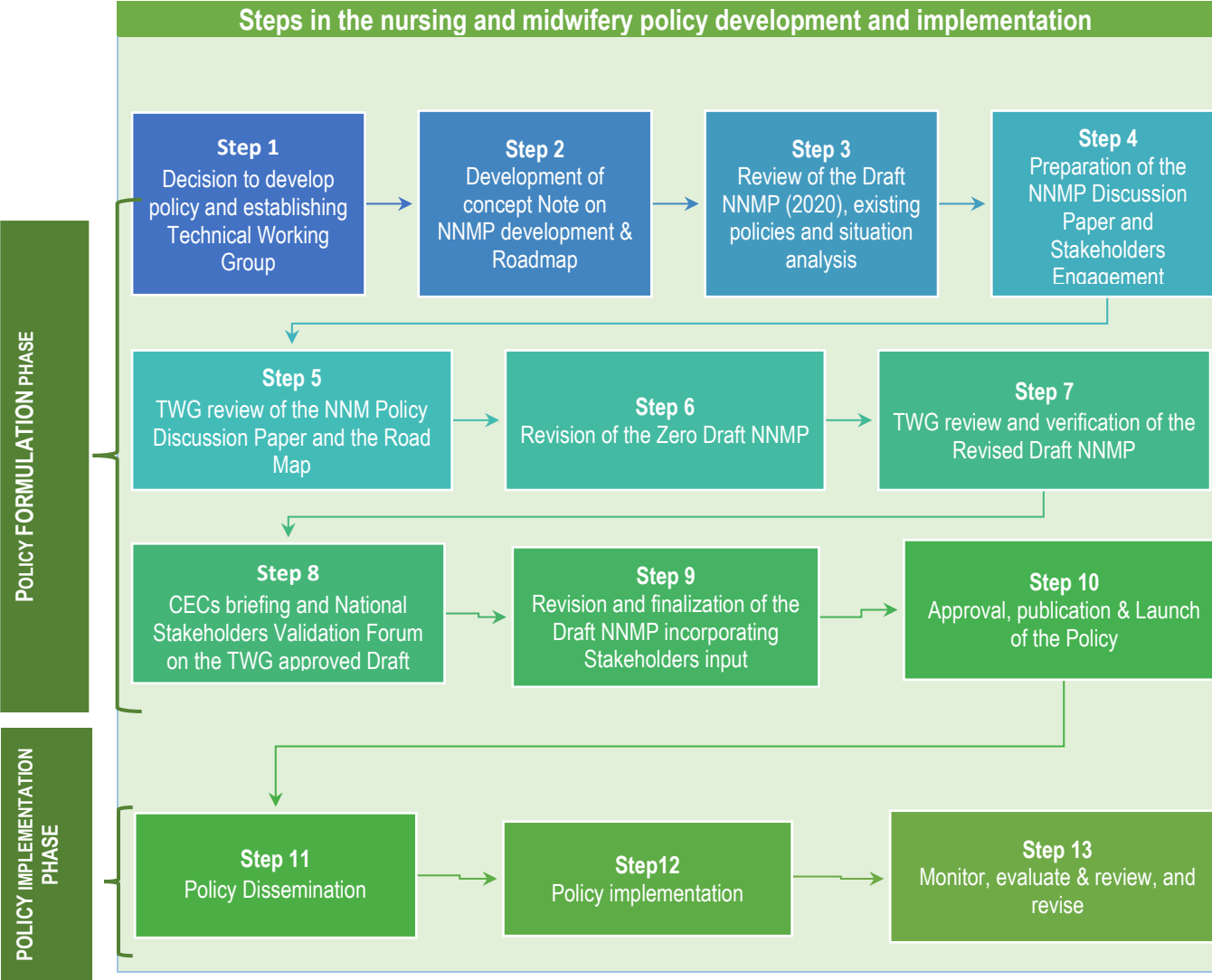
As required by the Constitution, the process of developing the National Nursing and Midwifery Policy adopted highly participatory approaches involving various stakeholders through virtual meetings and stakeholder consultative and validation workshops held from October 2021 to February 2022. The aim was to ensure inclusiveness and maximum input of diverse stakeholders and to create policy ownership and support. It was also for the purpose of creating awareness, sharing of information and knowledge, mutual learning, identification and prioritization of needs, formulation of policy strategies and consensus-building among others. All stakeholder engagement processes were led/steered by the multi-stakeholder Technical Working Group (TWG) with the support of the Directorate of Nursing and Midwifery, partners such as Aga Khan University (AKU), UNFPA, Amref International University and the Technical Team. The stakeholder consultative and validation processes sought to:

- a) Introduce the counties and local stakeholders to the purpose of developing the national Nursing and Midwifery policy.
- b) Raise awareness on the Nursing and Midwifery policy imperatives; and
- c) Review and identify key policy issues, challenges and gaps, strengths and opportunities and make proposals for the formulation of the NNMP.
- d) Review and validate the draft national nursing and midwifery policy. The policy draft was presented to a broad spectrum of stakeholders for final inputs and consensus building.

To guide stakeholder participation and engagement in the policy development process, a Stakeholders Engagement and Consultations Framework and Guidelines were developed. The Table below shows the key stakeholders involved in the development of the National Nursing and Midwifery Policy.

The key stakeholders involved in the development of the National Nursing and Midwifery Policy	
National level stakeholders	County level stakeholders
<ul style="list-style-type: none"> ● MOH ● Nursing Council of Kenya ● Council of Governors (COG) ● National Nurses Association of Kenya (NNAK) ● Midwifery Association Kenya (MAK) ● Kenya Progressive Nurses Association (KPNA) ● Kenya National Union of Nurses (KNUN), ● Council of Governors ● International development partners (UNFPA, UNICEF, etc.) ● National level NGOs ● National Private sector stakeholders ● Universities (Kenyatta University, Presbyterian University, Amref International University, Aga Khan University among others) ● Colleges (Kenya Medical Training College) ● Kenyatta National Hospital ● Chief Nursing officers from private institutions ● Nursing and midwifery students (universities and colleges) ● Eminent persons 	<ul style="list-style-type: none"> ● Private sector service providers across the service chain ● County Executive Committee Members (CECMs) for health ● Nurses and midwives in practice ● County chief nursing officers/County Directors of Nursing Services ● Faith Based Organizations (FBOs) ● Non-Governmental Organizations (NGOs), and among others ● County Legislative Assembly Health Committee members ● Nursing and midwifery service users/clients

Other methods used in the policy development process that required little or no dialogue included comprehensive review of relevant national and international policies, strategies, laws, and reports to identify policy gaps and best practices, written memoranda, and peer review mechanisms. The Figure below shows the steps undertaken in the formulation and implementation of the National Nursing and Midwifery Policy.



ANNEX 2: LEVELS OF HEALTHCARE DELIVERY AND NURSING AND MIDWIFERY ROLES

Levels of healthcare delivery	Health service functions	Nursing and Midwifery roles	
		Nursing roles	Midwifery roles
Level 1: Community health services	<ul style="list-style-type: none"> ● Facilitates individuals, households, and communities to carry out appropriate healthy behaviours and lifestyles. ● Provides agreed health services. ● Recognizes signs and symptoms of conditions requiring referral. ● Facilitates community diagnosis, management, and referral to the nearest link facility. ● Treatment of minor ailments like diarrhoea ● Tracing for defaulters on prevention and treatment modalities including but not limited to TB, Immunization, communicable and non-communicable diseases, Emerging, and re-emerging conditions Contact ● Screening of malnutrition ● Malaria rapid test ● Blood pressure and blood sugar testing ● Health talks with pregnant women and observations of signs of danger ● Building demand for existing health and related services. ● Promotion of good RMNCAH practices ● Participate in survey and/or research 	<ul style="list-style-type: none"> ● Implement the community health nursing model and process ● Provide and participate in leadership responsibilities within the community health system ● Coordinate community based and family nursing services Participate in the assessment, diagnosis, and management of individuals across the lifespan utilizing relevant standards and protocol ● Administer selected medications as per the guidelines. ● Provide basic emergency care in line with stipulated guidelines ● Provide community and family nursing services (CNS) including RMNCAH services ● Provide family/home-based nursing services ● Provide disease prevention and health promotion services ● Provide a link or interface between the community and appropriate health facility or system ● Participate in community verbal autopsy in the community. ● Participate in community health assessment Supervision of students and intern nurses 	<ul style="list-style-type: none"> ● Implement the community health nursing model and process as applicable to community midwifery ● Provide and participate in leadership responsibilities within the community health system ● Coordinate family and community-based midwifery and RMNCAH services. ● Diagnose, manage and / or refer clients in pregnancy, labour, childbirth and postpartum as per stipulated guidelines. ● Administer selected medications as per guidelines. ● Provide emergency care in line with stipulated guidelines ● Participate in community midwifery activities as per guidelines ● Provide disease prevention and health promotion services ● Provide a link or interface between the community and the appropriate health facility or system ● Participate in community verbal autopsy in the community. ● Participate in community health assessment ● Supervision of students and intern midwives ● Participate in planning, implementation, monitoring and evaluation of community-based health care and universal health coverage activities

<p>Level 2: Dispensaries and clinics</p>	<p>This is a health facility with no in-patient services.</p> <ul style="list-style-type: none"> ● Provide consultation, treatment for minor ailments. ● Provides rehabilitative services. ● Provision of preventive and promotive services. ● Outpatient services ● VCT services ● Tuberculosis services ● Well baby Clinics ● Antenatal services ● Pharmacy ● Counselling services ● Receive referral from level 1 and other facilities and issue referral letters to other facilities ● Prescribe medications, client follow up. ● Offer and oversee promotion and preventive health service in their jurisdiction ● Participate in survey and/or research and utilize results 	<ul style="list-style-type: none"> ● Provide leadership at this level of health care system ● Coordinate, manage and provide nursing services ● Participate in the assessment, diagnosis, planning, and management of individuals across the lifespan utilizing relevant standards and protocol. ● Coordinate referral system ● Coordinate, manage and provide community health nursing including RMNCAH services ● Utilize laboratory and diagnostic findings to provide health care to patients ● Administer selected medications as per the guidelines. ● Provide basic emergency care in line with stipulated guidelines ● Perform selected minor medical and surgical procedures in line with stipulated guidelines ● Provide disease prevention, health promotion and outreach services ● Provide a link or interface between the family/community and the appropriate health system. ● Participate in community health assessment ● Participate in planning, implementation, monitoring, and evaluation of universal health activities. 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at this level of health care system ● Coordinate, manage and provide midwifery and RMNCAH services. ● Participate in diagnoses, management and / or referral of clients in pregnancy, labour, childbirth and postpartum as per stipulated guidelines. ● Utilize laboratory and diagnostic findings to provide health care to women and newborn. ● Administer selected medications as per guidelines. ● Provide emergency care in line with stipulated guidelines ● Perform selected minor medical and surgical procedures in line with stipulated guidelines. ● Participate in community midwifery activities as per guidelines ● Coordinate referral system ● Provide a link or interface between the community and the appropriate health system ● Provide disease prevention. health promotion and outreach services ● Participate in planning, implementation, monitoring and evaluation of primary health care and universal health coverage activities ● Participate in community health assessment
<p>Level 3: Health centres</p>	<ul style="list-style-type: none"> ● Basic outpatient services ● limited emergency care ● Inpatient services for emergency clients awaiting referral and observation ● Maternity in-patient services for normal deliveries ● Ambulatory services ● Laboratory services ● Oral health ● Counselling ● Pharmacy ● TB Clinics ● Diabetes & hypertension clinics 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at this level of health care system ● Coordinate, manage and provide nursing services ● Diagnose, manage and/or medical and surgical conditions as per stipulated guidelines. ● Provide emergency care in line with stipulated guidelines ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Order, perform and utilize laboratory and diagnostic findings to make sound clinical decisions/judgement in patient care according to relevant protocols and guidelines 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at this level of health care system ● Coordinate, manage and provide midwifery services including RMNCAH services ● Diagnose, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Provide emergency care for women and children in line with stipulated guidelines ● Participate in haemo-surveillance activities.

	<ul style="list-style-type: none"> ● Comprehensive care clinics for patients living with HIV ● Baby well clinics ● Antenatal and postnatal services ● Disease prevention and health promotion services ● Issuance of referral letters to other facilities 	<ul style="list-style-type: none"> ● Prescribe selected drugs and administer any other prescribed medication to clients /patients as per the guidelines ● Participate in haemo-surveillance activities. ● Provide specification and conduct quality checks to determine suitability of medical devices and supplies in health care. ● Initiate and support community-based health nursing initiatives/programmes ● Initiate, participate and support community health nursing including RMNCAH initiatives/programmes ● Conduct and utilize research findings to improve quality care ● Provide mental health services across the lifespan ● Provide a link or interface between the community and the appropriate health system ● Provide disease prevention, health promotion and outreach services ● Supervision of students and intern nurses ● Participate in planning, implementation, monitoring, and evaluation of universal health activities ● Conduct/participate in survey and/or research and utilize results 	<ul style="list-style-type: none"> ● Participate and support community midwifery and RMNCAH initiatives/programmes. ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Prescribe selected drugs and administer any other prescribed medication to include vaccines to clients /patients as per stipulated guidelines ● Provide specification and conduct quality checks to determine suitability of medical and reproductive health devices and supplies in health care ● Order, perform and utilize selected laboratory and diagnostic findings to make sound midwifery decisions/judgement in patients/clients care according to relevant protocols and guidelines ● Conduct and utilize research findings to improve quality care ● Provide a link or interface between the community and the appropriate health system ● Provide disease prevention, health promotion and outreach services ● Supervision of students and intern midwives ● Participate in planning, implementation, monitoring and evaluation of primary health care and universal health coverage activities ● Conduct/participate in survey and/or research and utilize results
Level 4: Primary Hospital (Sub County)	<p>These are hospitals that offer holistic services.</p> <ul style="list-style-type: none"> ● Referral level (<i>specialized</i>) out-patient services ● Manage referrals from lower levels, and another referral ● Clinical supportive supervision to lower-level facilities ● Comprehensive in-patient services ● Medical, surgical, and rehabilitative care services ● Reproductive health services 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at sub county level of health care system ● Coordinate, manage and provide nursing services ● Implement the nursing process as per guidelines ● Provide emergency care in line with stipulated guidelines ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Order, perform and utilize laboratory and diagnostic findings to make sound clinical decisions/judgement in patient care according to relevant protocols and guidelines 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at the sub county level of health care system ● Coordinate, manage and provide midwifery services including RMNCAH services ● Diagnose, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Provide emergency care for women and newborn in line with stipulated guidelines ● Coordinate referral system

	<ul style="list-style-type: none"> ● Emergency obstetric care ● Oral health (dental) services ● Surgery on in-patient basis ● Client health education ● Specialized laboratory tests. ● Radiology services ● Proper case management of referral cases through the provision of four main clinical specialties (i.e., internal medicine, general surgery, gynae & obstetrics, and paediatrics) by general practitioners backed by appropriate technical devices ● Proper counter referral ● Provision of logistical support to the lower facilities in the catchment area. ● Coordination of information flow from facilities in the catchment area. ● Ambulatory services ● Counselling ● Pharmacy ● TB Clinics ● Diabetes & hypertension clinics ● Comprehensive care clinics for patients living with HIV ● Baby well clinics ● Antenatal and postnatal services ● Disease prevention and health promotion services ● Issuance of referral letters to secondary facilities 	<ul style="list-style-type: none"> ● Prescribe selected drugs and administer any other prescribed medication to clients /patients as per the guidelines ● Participate in haemo-surveillance activities. ● Provide specification and conduct quality checks to determine suitability of medical devices and supplies in health care ● Provide comprehensive RH services as permitted by Law as per stipulated guidelines ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Provide disease prevention, health promotion and outreach services ● Provide specialized nursing services including: <ul style="list-style-type: none"> ✓ Psychiatric Nursing ✓ Peri-operative Nursing ✓ Ophthalmology Nursing ✓ Paediatric Nursing ✓ Critical Care Nursing ✓ Accident and Emergency Nursing ✓ Neonatal Nursing ✓ Nephrology Nursing ✓ Palliative Nursing ✓ Oncology ● Provide a link or interface between the community and the appropriate health system ● Supervision of students and intern nurses ● Conduct / participate in operational research and innovation in nursing ● Participate in planning, implementation, monitoring, and evaluation of sub county health activities ● School health program promotion services 	<ul style="list-style-type: none"> ● Participate in haemo-surveillance activities. ● Initiate, support and manage midwifery and RMNCAH initiatives/programmes. ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Prescribe selected drugs and administer any other prescribed medication to include vaccines to clients /patients as per stipulated guidelines ● Provide specification and conduct quality checks to determine suitability of medical and reproductive health devices and supplies in health care ● Order, perform and utilize selected laboratory and diagnostic findings to make sound midwifery decisions/judgement in patients/clients care according to relevant protocols and guidelines ● Provide comprehensive RH services as permitted by Law as per stipulated guidelines ● Provide disease prevention, health promotion and outreach services ● Provide a link or interface between the community and the appropriate health system ● Provide disease prevention, health promotion and outreach services ● Supervision of students and intern midwives ● Participate in planning, implementation, monitoring, and evaluation of sub county health activities ● Conduct/participate in survey and/or research and utilize results
Level 5: Secondary Hospitals (County Referral Hospitals)	<p>These hospitals offer all level 4 services and have at least one hundred beds capacity for inpatients.</p> <ul style="list-style-type: none"> ● Provision of specialized services 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at the county level of health care system ● Coordinate, manage and provide county and hospital-based nursing services ● Implement the nursing process as per guidelines 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at county level of health care system ● Coordinate, manage and provide county and hospital-based midwifery and RMNCAH services

	<ul style="list-style-type: none"> ● Clinical and practical training for attached cadres of health workers who function at the primary care level ● Serves as an internship centre for all staff, up to medical officers ● Serves as a research centre, that provides research services for issues of county importance ● Specialized laboratory services ● Specialized radiology services such as ultrasound, CT-Scan etc.) ● Issuance of referral letters to tertiary facilities 	<ul style="list-style-type: none"> ● Implement and evaluate nursing care models/ pathways for individual clients, families, and communities ● Assess, identify, provide, and evaluate health needs of patients in all care settings ● Provide emergency care in line with stipulated guidelines ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Order, perform and utilize laboratory and diagnostic findings to make sound clinical decisions/judgement in patient care according to relevant protocols and guidelines ● Prescribe selected drugs and administer any other prescribed medication to clients /patients as per the guidelines ● Participate in haemo-surveillance activities. ● Provide specification and conduct quality checks to determine suitability of medical devices and supplies in health care ● Assess, plan, and implement comprehensive reproductive health services to as per stipulated guidelines ● Develop and implement nursing and midwifery curricula ● Participate in development and review of county health and nursing policies ● Provide disease prevention, health promotion and outreach services ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Initiate and support community health nursing initiatives/programmes ● Provide specialized nursing services including: <ul style="list-style-type: none"> ✓ Psychiatric Nursing ✓ Peri-operative Nursing ✓ Ophthalmology Nursing ✓ Paediatric Nursing 	<ul style="list-style-type: none"> ● Implement and evaluate midwifery care models/ pathways for individual clients, families, and communities ● Assess, identify, provide, and evaluate health needs of patients in all care settings ● Diagnose, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Provide emergency care for women and newborn in line with stipulated guidelines ● Assess, diagnose, plan, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Assess, plan, and implement comprehensive reproductive health services to as per stipulated guidelines ● Provide comprehensive care in the continuum of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services ● Perform selected midwifery and reproductive health procedures to address common complications in maternal and newborn health in accordance to stipulated guidelines ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Participate in development and review of county health, nursing and RMNCAH policies ● Initiate and support community health nursing and midwifery initiatives/programmes ● Provide disease prevention, health promotion and outreach services ● Develop and implement midwifery curricula ● Initiate, conduct, analyse, interpret, and utilize research findings and innovations to improve quality of care ● Participate in planning, implementation, monitoring, and evaluation of county health activities
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Level 6: Tertiary hospitals (National referral hospitals)	<p>This is highest level of health care</p> <ul style="list-style-type: none"> ● Provision of highly specialized services including general specialization; discipline specialization; and geographical/regional specialization ● In consultation with other levels of health and social care, setting national norms and standards for quality patient care ● Provides specialist outreach and reference support services to lower-level health facilities. ● Provides clinical and practical teaching/training for attached students ● Research centre, provides training and research services for issues of national importance ● Monitors and evaluates and reviews the functioning of the referral system ● Conducts consultative meetings with private health care providers and establish referral procedures including air transportation of clients 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at the national level of health care system ● Coordinate, manage and provide national and hospital-based nursing services ● Implement the nursing process as per guidelines ● Implement and evaluate nursing care models/ pathways for individual clients, families, and communities ● Assess, identify, provide, and evaluate health needs of patients in all care setting ● Provide emergency care in line with stipulated guidelines ● Prescribe and perform selected medical surgical procedures as per stipulated guidelines ● Order, perform and utilize laboratory and diagnostic findings to make sound clinical decisions/judgement in patient care according to relevant protocols and guidelines ● Prescribe selected drugs and administer any other prescribed medication to clients /patients as per the guidelines ● Participate in haemo-surveillance activities. ● Provide specification and conduct quality checks to determine suitability of medical devices and supplies in health care 	<ul style="list-style-type: none"> ● Provide and participate in leadership responsibilities at national level of health care system ● Coordinate, manage and provide national and hospital-based midwifery and RMNCAH services ● Implement and evaluate midwifery care models/ pathways for individual clients, families, and communities ● Assess, identify, provide, and evaluate health and RMNCAH needs of patients in all care settings ● Diagnose, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Provide emergency care for women and newborn in line with stipulated guidelines ● Assess, diagnose, plan, manage and/or refer clients with pregnancy, labour, childbirth and postpartum as per existing guidelines. ● Assess, plan, and implement comprehensive reproductive health services to as per stipulated guidelines ● Provide comprehensive care in the continuum of RMNCAH services ● Perform selected midwifery and reproductive health procedures to address common complications in

		<ul style="list-style-type: none"> ● Assess, plan, and implement comprehensive reproductive health services to as per stipulated guidelines ● Develop and implement nursing and midwifery curricula ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Participate in development and review of national health, nursing, midwifery and RMNCAH policies ● Initiate and support community health and midwifery initiatives/programmes ● Provide specialized nursing services including: <ul style="list-style-type: none"> ✓ Psychiatric Nursing ✓ Peri-operative Nursing ✓ Ophthalmology Nursing ✓ Paediatric Nursing ✓ Critical Care Nursing ✓ Accident and Emergency Nursing ✓ Neonatal Nursing ✓ Nephrology Nursing ✓ Palliative Nursing ✓ Oncology ● Initiate, conduct, analyse, interpret, and utilize research findings and innovations to improve quality of care ● Participate in planning, implementation, monitoring and evaluation of national health, nursing, midwifery, and universal health coverage activities 	<p>maternal and newborn health in accordance to stipulated guidelines</p> <ul style="list-style-type: none"> ● Coordinate, participate and manage comprehensive care in the continuum of RMNCAH services ● Participate in development and review of national health, nursing and RMNCAH policies ● Develop and implement midwifery curricula ● Initiate and support community health nursing and midwifery initiatives/programmes ● Provide disease prevention, health promotion and outreach services ● Initiate, conduct, analyse, interpret, and utilize research findings and innovations to improve quality of care ● Participate in planning, implementation, monitoring and evaluation of national health, nursing midwifery, RMNCAH and universal health coverage activities
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