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PARLIAMENT OF ZIMBABWE

FIRST SESSION – SIXTH PARLIAMENT

**REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND
CHILD WELFARE**

ON

NURSE TRAINING INSTITUTIONS

Presented to Parliament on 31st May 2006

S.C 12, 2006

ANNOUNCED

19 July 2005

That the Committee consists of the following;

Mr. B. Chebundo, Mr J. Chandengenda

Mr T. S. Chipanga ,Mr E. Chindori- Chininga,Ms N. Khumalo,Mr

J. Madubeko,Mr P. Madzore,Mr. L. Mupukuta, Mrs .E.

Nyauchi, Mr. M Zwizwai

Mr. B. Chebundo to be Chairperson

Senators Appointed – 23 February 2006

Dr. D. T. Mombeshora

Dr. T. Mutinhiri

Dr.S.U Sakupwanya,

Ms. A.Mkhwebu

ORDERED

In terms of Standing Order No. 153

At the commencement of every session, there shall be as many select committees to be designated according to government portfolios to examine expenditure, administration and policy of government departments and other matters falling under their jurisdictions as the House may by resolution determine and whose members shall be nominated by the Standing Rules and Orders Committee. Such nominations shall take into account the expressed interests, experience or expertise of the members and the political and gender composition of the House.

Terms of reference of Portfolio Committees S.O. 154

“Subject to these Standing Orders a Portfolio Committee shall:

- a) consider and deal with all bills and statutory instruments or other matters which are referred to it by or under a resolution of the House or by the Speaker;
- b) consider or deal with an appropriation or money bill or any aspect of an appropriation or money bill referred to it by these Standing Orders or by or under resolution of this House; and
- c) monitor, investigate, enquire into and make recommendations relating to any aspect of the legislative programme, budget, nationalization, policy formulation or any other matter it may consider relevant of the government department falling within the category of affairs assigned to it, and may for that purpose consult and liaise with such a department.

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Executive Summary

Your Committee resolved to enquire into the operations of Nurse training institutions due to accumulating concerns. Most institutions complained of budget constraints of running the training institutions, which do not have separate budgets from the main institutions. There have been allegations of irregularities in the recruitment and selection process of trainee nurses. The training institutions do not have adequate learning materials like books and equipment. Accommodation for students is poor and there is inadequate learning space.

Your Committee conducted field visits to confirm the above. Your Committee visited Marondera Government Provincial Hospital, Nyadire, All Souls and Bonda Mission Hospitals. Indeed all the institutions visited confirmed that inadequate financial and Human Resources are affecting their operations. They receive very little grants from the Government such that the Nurse training schools become a burden.

The staffing situation is pleasing as well. Most institutions operate at half or less of the staff establishment. Besides being overworked the clinical tutors and instructors are not happy with their conditions of service, especially those in rural areas. They do not have fixed pay dates and do not enjoy other benefits such as housing and car loans like their counterparts in government.

The students do not have enough resource materials and equipment. Text books in the libraries are outdated. Demonstration equipments like gloves

thermometers and dolls are not available. Their instructors do not have transport to supervise them when they go out on attachments. The allowances they receive can not cover their basic needs like transport costs, rentals, food and uniforms. For those in rural areas there is no entertainment.

The pass rates of students in programmes are declining. This can be attributed to the non conducive learning environment and lack of basics for effective learning. The irregularities in the recruitment and selection process also contribute to the failure rates. Incompetent cadres are enrolled into programmes which they do not qualify to enter resulting in them dropping out due to failure.

These challenges faced by Nurse institutions impact negatively on the country's health delivery system. Firstly the competence of the nurse cadres produced is questionable. The Brain drain will continue unabated if there are no solutions to retain staff within the health sector.

The Government should commit itself and make available adequate resources for health institutions as well as nurse training schools. Mechanisms need to be put in place so that malpractices in the recruitment process are curbed. There is need for a holistic approach to resolve the challenges in Zimbabwe's Health delivery system

BACKGROUND

- 1.1 Your Committee has been concerned about the running of nurse training institutions in the country. Basing on the Committee's previous enquiries on health institutions, a resolution was passed that there is need for a specific enquiry on training schools. The enquiry focused on the following issues;

- Turnover of tutors
- Financial resources
- The recruitment and selection process of students
- Challenges faced by the institutions

- 1.2 Your Committee visited Nyadiri, All Souls, Bonda District Mission Hospitals and Marondera Government from 10 to 12 May 2006.

The Committee conducted interviews with Hospital Management, Tutors and nurse students representatives. The Committee also analyzed written submissions from some of the institutions.

2. GENERAL OVERVIEW

- 2.1 Your Committee observed that the nurse training courses run by the institutions visited are for the Primary Care Nurse (PCN) and the registered general Nurse (RGN).

The PCN programme was recently introduced by the Government as one of the responses fill in the nursing vacancies caused by the brain drain .

- 2.2 The Primary care Nurse Programme takes one and a half years whilst the Registered General Nurse takes 3 years. On average, each training intake enrolls about 22 – 24 students. Most of the students are female due to accommodation constraints. Both training programmes have two components; the theoretical part which comprises lectures and the clinical part which is part of the practical work.

3. FINANCIAL RESOURCES

- 3.1 Your Committee noted that inadequate financial resources are affecting the running of training institutions. All the schools visited do not have separate budgets from the main hospitals. The needs of the institutions are drawn from the main hospitals' budget.
- 3.2 Your Committee observed that Bonda Mission Hospital was fortunate to receive funding for the training school. In 2004, the school received \$190 million and in 2005, \$230 million. The management used this grant to purchase a computer in

2004, a photocopier, a VCR, 2 freezers, a stove, a satellite dish and decoder, and 20 chairs, 40 beds and mattresses and 15 wardrobes were purchased in 2006. The school was also fortunate to receive a donation from the local member of Parliament, Hon. O. Muchinguri.

3.3 Your Committee also observed that health institutions are failing to deliver due to inadequate allocations and times late disbursements from the government. The tight budgets therefore mean that all departments, including training schools are affected. For example Nyadire Hospital receives \$128 million a month from the government when it requires \$600-700 million a month. At times the allocations that the institutions are given from the National budget are not released. For example Marondera Hospital allocated \$12 000 000 000 in the 2006 fiscal year to complete the construction of the maternity wing which was commenced 10 years ago. The institution had not received the money at the time of the Committee's visit.

3.4 Your Committee noted that the Hospitals' budgets are inadequate. For instance it was brought to the Committee's attention that these that these institutions all owe NATPHARM for drugs purchased and indicated they are not in a position, to repay at the moment.

Donations / Alternative funding

3.5 Your Committee was impressed by the fact that despite the economic hardships, there is some efforts being done towards maintaining the health delivery system by individual institutions. The hospitals are using the Health Services Funds or donations to make improvements on their institutions. Nyadire hospital managed to partition one of the dormitories for students through donations. Marondera Hospital used the HSF to erect a durawall and received donations from the local MP for Marondera, Hon S. Sekeramayi who assisted in the construction of a visitor's shed and a gate. At Bonda hospital the students received entertainment equipment previously mentioned.

4. **TRAINING MATERIAL AND EQUIPMENT**

- 4.1 Your Committee noted that inadequate training materials affect most training schools, with the exception of All Souls Mission. The Hospital has relatively good infrastructure and equipment, courtesy of donors .

The common features that affect the students and tutors are;

a) Resource Materials

The students' libraries are mostly full of out-dated reference books and materials. The libraries do not have the capacity to implement the RGN and PCN programmes. The reference books which are recommended are beyond the reach of students and Tutors.

According to the list the Committee was furnished with, most textbooks for students cost between \$12 - \$30 million whilst reference books cost up to \$ 70 million. The changing dynamics in education and medicine require students to have access to internet facilities in order to keep abreast with latest information and research. The literature in the libraries does not capture new developments like HIV and AIDS, and other modern diagnosis like full blood count. The PCN programme specifically does not have much relevant literature. Other material resources that are required are stationery, heavy –duty photocopiers, projectors and computers.

Your Committee was happy to note that at All Souls Mission there was a Computer Room with computers. What is remaining is connection to the internet.

b) Clinical Teaching Challenges

Your Committee was informed that the clinical or practical part of nursing is very important if the nurses are to be competent. During the Committee's tour of demonstration rooms, the Committee observed that there is a shortage of demonstration equipment and materials such as gloves, thermometers to enhance clinical teaching. Some of the Dolls and Skeletons were broken or fragmented.

c) Classrooms

There is a general shortage of classroom space. The situation is however is serious at Marondera hospital. Your committee was informed that the shortage of classrooms affect effective learning. The tutors also have inadequate office accommodation. This affects the counseling of students.

5. ACCOMMODATION AND FOOD

- 5.1 Your Committee noted that accommodation is one of the issues affecting both students and tutors. In mission hospitals, both students and tutors are provided with accommodation. However, on the part of students, especially at Nyadiri Mission, they do not have enough accommodation, hence male students can not be enrolled. About 24 students, occupy an un-partitioned dormitory. They have only two (2) toilets and two (2) bathrooms. The situation becomes worse when there is no water, which is a common occurrence. The students resort to using Blair toilets for expecting mothers, which are far from their residences.
- 5.2 At All Souls Mission, your committee noted that the students lived better. They are accommodated two (2) to a room and there is adequate ablution facilities. At Bonda Hospital, your committee was not pleased that the students use their residences as kitchens as well. This is because they cook their own food.
- 5.3 Your Committee noted that at Marondera, most students are non-resident. This means that the students rent accommodation in the nearby high density areas and sometimes have to use commuter omnibuses which is very expensive, given the little allowances they receive.
- 5.4 The Committee observed that the catering for students is not uniform. At Nyadiri, the students pay for their meals, (lunch and supper). The solution perhaps would be a subsidy on the meals. At Marondera Hospital, the students are not provided with food and they pleaded with the Committee to recommend that they be provided with food.
- 5.5 Your Committee was briefed that tutors in training schools especially in the urban areas need to be provided with housing loans so that they may be able to purchase houses.

6. STAFF ESTABLISHMENT

- 6.1 Your Committee noted that the staffing crisis in the health sector is affecting the training institutions. The tutor-student ratio is very high. This has increased the workload of tutors. The situation is worse at Bonda which is running both the RGN and PCN programmes.

Below is the staffing situation at other institutions.

INSTITUTION	POST	ESTABLISHMENT	IN POST	VACANT
MARONDERA PROVINCIAL HOSPITAL	Nurse Tutors	13	6	7

	Clinical Instructors	2	0	2
Bonda Mission Hospital	Nurse Tutor	6	1	2
	Clinical Instructors	4	2	2
Nyadire Mission Hospital	Nurse Tutor	3	1	2
	Clinical Instructor	4	2	2

Your Committee observed that the training personnel are overworked. In some instances like at Marondera and Nydira Hospitals, Tutors carry out other duties like administrative duties.

7. RECRUITMENT AND SELECTION

7.1 The Ministry of health and Child Welfare is supposed to support and administer basic training programmes which relate to health care services. All applications for training programmes should be directed to the training institutions who are responsible for processing of all applications.

7.2 Your Committee was informed by the Ministry of Health's Policy and Planning Division that the training programmes in the Ministry of health and Child Welfare require various entry qualifications according to the level and type of health discipline chosen. In general, all training programmes in the Ministry require a minimum of 5 G.C.E. Ordinary level subjects at "C" or better including English Language. In most cases, the Ministry supports training programmes by paying salaries or by provision of donor scholarships/fellowships. The Ministry also provides modest accommodation single or shared. Meals for students are provided on a cash basis or monthly deductions from salary or stipend depending on acceptable local arrangements.

7.2 Your Committee sought to be appraised on the selection criteria for student nurses, both trainee RGNs and PCNs, Your Committee was furnished with Guidelines from the Ministry of health and Child Welfare dated 3 November 2005 which was circulated to all nurse training institutions in the country.

Trainee Registered General Nurses

Entry Qualifications

5‘O’ level passes at grades C or better, including English Language/Literature and a Science subject. The five subjects exclude practical subjects such as Woodwork, Fashion and fabrics and Metal Work. Candidates should not have more than two sittings for their ‘O’ levels.

The schools advertise and they recruit 50% of the candidates from the generality of society. This 50% is to be distributed as follows:

- i) 5% be allocated to the district where the school is located
- ii) 5% be allocated to the hospital authority where the school is located
- iii) 10% be drawn from the rest of the country
- iv) The PMD is given a slot of 10% of the positions to accommodate special needs and requests from the province.
- v) 20% comes from the province where the school is located excluding the district in which the school is located.
- vi) For the remaining 50%, these are to be allocated to the graduants of the Nation Youth Training Programme submitted to the nursing Directorate by the respective Provincial Head of the ministry of Youth Development & Employment Creation, the ones that have completed the 6 months or the 3 months programme.

Trainee Primary Care Nurses

Entry Requirements:

‘O’ level passes at grade C or better, including English Language/literature and a Science subject. The five subjects exclude practical subjects such as Woodwork, Fashion and fabrics and metal Work. Candidates with more than two sitting are not accepted.

- i) 35% of the posts be filled by Nurse Aids and other health Workers who are working in Rural health Centres/Clinics, Rural Hospitals, Mission Hospitals and other health institutions.
- ii) 5% be allocated to the hospital authority where the school is located.
- iii) The PMD is given a slot of 10% of the positions to accommodate special needs and requests from the province.
- iii) The other fifty (50) of the posts be allocated to the graduants of the National Youth Programme submitted to the Nursing Directorate at Head Office by the respective Provincial Head of the Ministry of Youth development and Employment Creation, the ones that have completed the 6 months or the 3 months programme.

- 7.3 Your Committee however found out that on the ground the criteria and guidelines are not being followed. It was emphasized to the Committee that corruption is rampant in the recruitment process. The perpetrators were cited to be mainly top government officials, politicians, church administrators and at times some personnel from hospital management.
- 7.4 Your Committee was privileged to go through some of the files. There were cases when students named would be submitted as those who are from the Youth Training Schools. Upon verification, it would be discovered that they Would not have gone through these training centers. In some instances, students would fail interviews for the RGN programmes and recommended for the PCN Programmes. Institutions would then receive directives to enroll the students. Two such students have performed badly, failed the hospital final exams. They are therefore withdrawn since they cannot proceed to write State Final examinations. This explains one of the reasons of the increasing failure rates of students.
- 7.6 During further scrutiny of the students files, Your Committee noted that some students with more than 2 sittings were enrolled for training. There is a case whereby a student was enrolled even without a pass in English language. The instruction was that the student would provide the certificate during the training course. Another revelation was that some students are “referred” when the courses would have commenced. The committee was informed that in most cases these students would not have applied or even gone through interviews.
- 7.7 Your Committee was not amused by the way the recruitment and selection is done. To make matters worse is the fact that the leaders, who are supposed to fight corruption are the ones at the fore-front.

8. PASS RATES

- 8.1 The Committee was informed that the pass rates at the institutions visited are high-. Nyadire 100%, , Bonda 81% and Marondera 96% . Your Committee was not satisfied that the figures matched the prevailing situation on the ground . There were cases of withdrawals due to failures and pregnancies that were cited. The main causes of failures were;

- the congested programme for the PCN course. The limited learning ability of the cadre cannot cope with the essential information, all to be covered in 18 months .
- Lack of adequate learning space, accommodation, food, learning resources.
- Lack of clinical supervision due to lack of transport for the clinical institutions to make follow-up the courses as jobs and not as professions
- Critical shortage of staff
- Recruitment and selection. Some potentially good cadres are left out if they are not ‘connected’.

9. CHALLENGES

9.1 Your Committee deliberated on the challenges faced by training institutions.

Apart from those mentioned previously below is an addition;

a) Salaries and Allowances

The Tutors and Clinical Instructors in Mission hospitals complained that they do not have fixed pay . Their salaries come late and they preferred to be on government pay roll as in the case of teachers. The delayed payment also apply to trainees who would want to pay rent, food and accommodation. At times students spend 2 –3 months without pay, especially for the new intakes.

The Mission staff are finding it difficult to make financial transactions such as opening credit accounts as they do not have recognized pay slips like their government or local authority counterparts. They also raised the fact that they need access to housing and car loans. In addition they would also appreciate other incentives for staying in the rural areas.

b) Transport

The managements of all institutions visited requested to be supplied with operational vehicles and sub subsidized fuel in the case of mission hospitals. The lack of transport in the form of vehicles, plus availability is hampering clinical supervision. When students are sent on attachments, they are deployed to some remote areas. Supervisors are taking between 6 months to one year before students are visited. Your Committee therefore is concerned on the the competence of the cadre produced at the end of the course.

10. RECOMMENDATIONS

- 10.1 Nurse training institutions should have separate budgets from the main institutions' budgets**
- 10.2 The Grants for training institutions should be enough to enable institutions to purchase adequate training materials and all the complimentary resources required to provide an enabling environment for both students and tutors.**
- 10.3 The vacant posts of training personnel should be filled to enhance the quality of training**
- 10.4 The Ministry of Health and Child Welfare should bid for capital projects so that institutions can be expanded so that student nurses have adequate accommodation and learning space.**
- 10.5 The Ministry of Health and Child Welfare should provide vehicles for training institutions so that students on attachment may be reached for assessment.**
- 10.6 Mission Hospitals should be provided with subsidized fuel allocations from NOCZIM like their counterparts in government**
- 10.7 The Salaries of nurses in mission institutions should be harmonized so that all nurses get the same salaries and benefits like in the education sector**
- 10.8 There is need to provide some incentives for rural trainees students and their clinical instructors and tutors**
- 10.9 The Anti Corruption Commission should enquire into the irregularities in the recruitment and selection of trainee nurses**

- 10.10 The 50% quota reserved for graduands from the National Youth Training Service Programme needs to be reviewed so that other quarters of society are catered for.**
- 10.11 The duration of the Primary Care Nurse programme should be reviewed from the current 18 months since most students are failing to cope with the congested course.**
- 10.12 The Ministry of Health and Child Welfare should consider how best students who fail the RGN course can be accommodated on the PCN programme.**