



Federal Ministry of Health  
and Social Welfare

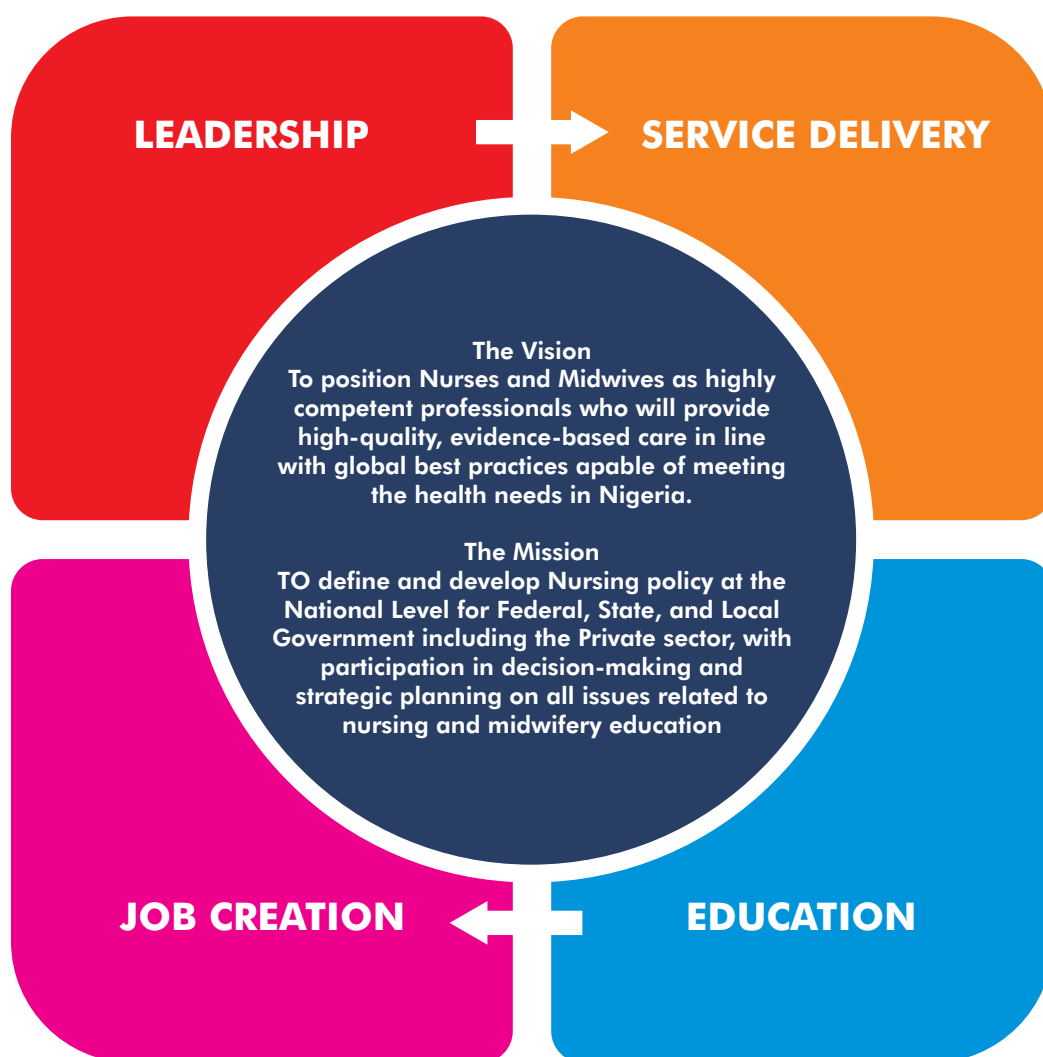
**NIGERIA STRATEGIC  
DIRECTIONS FOR  
NURSING AND MIDWIFERY  
2025-2030**

Fellownurses.com

Fellownurses.com



**THE NURSING DIVISION  
DEPARTMENT OF HOSPITAL SERVICES  
FEDERAL MINISTRY OF HEALTH AND SOCIAL WELFARE**



**NIGERIA STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY  
2025-2030**

**Fellownurses.com**

## TABLE OF CONTENTS

<i>List of Abbreviations</i>	<i>iii</i>
<i>Foreword</i>	<i>v</i>
<i>Preface</i>	<i>vii</i>
<i>Acknowledgement</i>	<i>viii</i>
<i>Executive summary</i>	<i>x</i>
<b>Chapter 1: Background</b>	<b>1</b>
<b>Chapter 2: Strategic directions and policy priorities</b>	<b>8</b>
<b>2.1 Policy Focus: Education</b>	<b>9</b>
<b>2.2 Policy Focus: Job Creation</b>	<b>15</b>
<b>2.3 Policy Focus: Leadership</b>	<b>19</b>
<b>2.4 Policy Focus: Service Delivery</b>	<b>23</b>
<b>Conclusion</b>	<b>30</b>
<b>List of Contributors</b>	<b>31</b>
<b>Participants at National Validation</b>	<b>36</b>
<b>References</b>	<b>38</b>

Fellownurses.com

## LIST OF ABBREVIATIONS

A & EN	Accident and Emergency Nursing
ANP/APN	Advanced Nurse Practitioner/Advanced Practice Nurse
BHCPF	Basic Healthcare Provision Fund
CCCRN	Centre for Clinical Care and Clinical Research Nigeria
ASCON	Administrative Staff College of Nigeria
CCTV	Closed Circuit Television
CHEWs	Community Health Extension Workers
CSOs	Civil Society Organizations
DHS	Director of Health Services/Department of Hospital Services
DNS	Director of Nursing Services
FGN	Federal Government of Nigeria
FMC	Federal Medical Centre
FMoE	Federal Ministry of Education
WAPCNM	West African Postgraduate College of Nurses and Midwives
HCF	Health Care Financing
FMoH&SW	Federal Ministry of Health and Social Welfare
HMB	Hospital Management Board
HNS	Head of Nursing Services
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ICN	Intensive Care Nurses
JHPIEGO	John Hopkins Program for International Education in Gynaecology & Obstetrics
MCPDP	Mandatory Continuing Professional Development Programme

Fellownurses.com

MDAs	Ministries, Departments and Agencies
NANNM	National Association of Nigerian Nurses and Midwives
NCH	National Council on Health
NGOs	Non- Governmental Organizations
NHA	National Health Act
NHIA	National Health Insurance Authority
NHSRII	National Health Sector Renewal Investment Initiative
NIPSS	National Institute for Policy and Strategic Studies
NMCN	Nursing And Midwifery Council of Nigeria
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NSIWC	National Salaries, Income and Wages Commission
NYSC	National Youth Service Corps
OHCSF	Office of The Head of Civil Service of the Federation
PN	Paediatric Nursing
SDGs	Sustainable Development Goals
SDNM	Strategic Directions for Nursing and Midwifery
SG	State Government
SHOCS	State Head of Civil Service
SOP	Standard Operating Procedure

Fellownurses.com

## FOREWORD



Nursing and Midwifery services are very critical in the healthcare industry across the world. Nurses being the largest professional group in the health sector; make valuable contributions to the national and global targets related to a range of health priorities including universal health coverage, mental health, patient safety, and the delivery of integrated, people-oriented healthcare services. No global health agenda can be realized without the concerted and sustained efforts of the nursing and midwifery workforce and their roles within inter-professional health teams.

The Nigeria Strategic Directions for Nursing and Midwifery (NSDNM), a five-year plan developed by the Federal Ministry of Health and Social Welfare (FMOH&SW) in collaboration with the World Health Organization (WHO) and United Nations Population Fund (UNFPA) was designed to address gaps in the areas of education, job creation, leadership and service delivery, in nursing and midwifery. It further specifies priorities and enabling actions to meet the population's health needs. The document will serve as an impetus that will significantly improve the delivery of quality healthcare services at all levels of healthcare in Nigeria.

The coming of the NSDNM at the time Nigeria launches its novel Nigeria Health Sector Renewal Investment Initiative (NHSRII) with the view of overhauling the key components of the healthcare sector is apt and timely. The NHSRII is built on the principles of the National Health Act (NHA) and Basic Healthcare Provision Fund (BHCPF) through a transformative, sector-wide approach programme in collaboration with state governments and development partners. This was designed to address poor population health outcomes and geospatial disparities to achieve UHC and SDGs.

Fellownurses.com

Moving forward to achieving the objectives of NHSRII and by extension the UHC, Nigeria deliberately prioritized investment in the nursing and midwifery profession guided by the NSDNM which aligned with the ministry's 4-point agenda, considering the central role nurses and midwives play in the healthcare delivery system. The initiative aims to train additional healthcare professionals and establish over 17,000 functional public Primary Healthcare Centres among others, which indeed would help address the gaps earlier identified by WHO in nursing and midwifery education, job creation, leadership, and service delivery

The Federal Ministry of Health and Social Welfare is committed to the implementation of the strategies highlighted in this document in collaboration with stakeholders and various development partners. I therefore, ask that all stakeholders - including state governments, development partners, and private sector work with FMOH&SW to implement the Strategic Directions for Nursing and Midwifery in Nigeria.



**Prof. Muhammed Ali Pate, *con***

**Coordinating Minister of Health & Social Welfare**

Fellownurses.com

## PREFACE

The Nursing and midwifery professions are essential to healthcare delivery, contributing significantly to patient care, health education, and community health efforts. Nurses and midwives provide vital services that contribute to improving health outcomes and enhancing the overall well-being of individuals and communities. Their contributions span across various settings where they deliver quality healthcare and promote healthy lifestyles. A key factor in ensuring the continued success of the profession lies in the creation and implementation of strategies that empower nurses and midwives to meet the growing demands of healthcare.

The Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) 2025-2030, developed in alignment with the WHO Global Strategic Directions for Nursing and Midwifery (GSDNM) 2021-2025, though, now extended to 2030 at the 78<sup>th</sup> World Health Assembly, is a comprehensive plan designed to strengthen the nursing and midwifery workforce in Nigeria by focusing on areas such as education, job creation, leadership, and service delivery.

The aim of the Strategy aligns with the goals of the Federal Ministry of Health and Social Welfare, which prioritizes quality healthcare delivery, workforce development, and improved healthcare outcomes across the country, in line with its vision of achieving Universal Health Coverage (UHC).

I sincerely hope this document serves as a valuable resource and re-energizes national efforts to improve nursing and midwifery services in Nigeria.

**Daju, Kachollom S. mni**

**Permanent Secretary**

**Federal Ministry of Health and Social Welfare.**

Fellownurses.com

## ACKNOWLEDGEMENTS

The Federal Ministry of Health and Social Welfare recognizes the significant roles the Nursing and Midwifery workforce plays in the national health needs and their contribution to this document. We deeply appreciate all individuals and organizations that provided support and made valuable contributions to the development of the Nigeria Strategic Directions for Nursing and Midwifery (NSDNM).

The Federal Ministry of Health and Social Welfare specially thanks the World Health Organization (WHO) Nigeria, for the technical and financial support (with funding from the U.K. Government) for the last two meetings for the development of this NSDNM and the printing and launching of this important document.

This document would not have been completed without the valuable contributions of these relevant stakeholders: UNFPA, USAID, CCCRN, JPHIEGO, Nursing and Midwifery Council of Nigeria (NMCN), National Association of Nigeria Nurses and Midwives (NANNM), Forum of Heads of Nursing Departments of Federal Tertiary Health Institutions (FTHIs), Nurses in Academia, State Directors of Nursing Services, MARCH Health Care Initiative, and Nigeria Air Force Medical Services. Their leadership role and commitment to the Nursing and Midwifery profession are essential in driving the desired positive change and transformation.

These groups actualized the development of the NSDNM through three meetings that involved the conceptualization and drafting of the strategic directions, policy priorities and enabling actions, and the finalization/validation process that culminated in this document.

We wish to extend our gratitude to the Consultants Prof. Chika G. Ugochukwu (FWAPCNM) and Prof. Saleh N. Garba (FWAPCNM) and the dedicated team of experts for the research and tenacity in the compilation of this strategic directions document. Your expertise and passion for the nursing and midwifery profession have played a vital role in crafting a document that will undoubtedly guide our efforts for the future.

Our immeasurable appreciation goes to the Coordinating Minister of Health and Social Welfare, Prof. Muhammed Ali Pate, *CON* for providing an enabling environment for the actualization of this document. Our gratitude also goes to the Permanent Secretary, Daiu Kachollom *mni* for her support.

Fellownurses.com

Lastly, we thank all the staff of the Ministry for their commitment which enabled the process to realize this very important document.

Above all, we thank the Almighty God who through His love and mercy gave the strength, knowledge and wisdom that helped us to make this contribution to the health and well-being of the people of Nigeria.



**Dr Jimoh Olawale Salaudeen *mni***

**Director, Hospital Services**

Fellownurses.com

## EXECUTIVE SUMMARY

The Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) 2025-2030 provides for evidence-based practices and an interrelated set of policy priorities carefully developed following the World Health Organization's (WHO) framework for the repositioning of nurses and midwives to optimally contribute to achieving the vision of the Federal Ministry of Health and Social Welfare, Universal Health Coverage (UHC) and other population health goals by specifically reducing morbidity and mortality in the Country through the provision of quality nursing and midwifery services.

The NSDNM comprises four policy focus areas: education, job creation, leadership, and service delivery. Each focus area has a “strategic direction” articulating a goal for the five-year period and includes between two and four policy priorities. If enacted and sustained, these policy priorities can support advancement along the four strategic directions: 1) **educating** enough nurses and midwives with competencies to meet population health needs; 2) **creating jobs**, managing migration, and recruiting and retaining nurses and midwives where they are most needed; 3) **strengthening nursing and midwifery leadership** throughout health and academic systems; and 4) ensuring nurses and midwives are supported, respected, protected, motivated and equipped to safely and optimally contribute in their **service delivery settings**.

The NSDNM addresses the deficiencies in the nursing and midwifery workforce and will, in accordance with the WHO Global SDNM and the African Regional Framework, empower and strengthen the nurses and midwives to achieve the expected health targets. The SDNM for Nigeria was developed in line with the existing National Strategic Health Development Plan (NSHDP) and other existing national documents.

The primary targets of the NSDNM are the health workforce planners and policy-makers, as well as educational institutions, public and private sector employers, regulatory bodies and professional associations, labour unions, bilateral and multilateral development partners, international organizations, and civil society organizations.

The implementation of the NSDNM will be carefully and transparently monitored and evaluated with feedback provided, to track impact and progress. Advocacy will be employed to all relevant stakeholders for support. The stakeholders include among many others, all tiers of government and non-governmental organizations, and local and international funding partners.

**Dame Francisca O. Okafor**

**Director Nursing & Govt. Chief Nursing Officer Nigeria.**

Fellownurses.com



# CHAPTER

# 01

## BACKGROUND

Nurses and midwives are the backbone of every healthcare system and constitute more than 50% of the health workforce in every nation, including Nigeria (SoWNR 2020). They play a critical role in health promotion, disease prevention, and delivering primary and community care. They also provide care in emergency settings and are crucial to the attainment of the Sustainable Development Goals (SDGs) and other global goals, and the achievement of Universal Health Coverage (UHC).

As part of the activities marking the WHO declaration of the year 2020 as the “Year of the Nurse and Midwife”, the first ever State of the World's Nursing (2020) and State of the World's Midwifery (2021) Reports were released revealing shortages of nursing and midwifery personnel globally.

The highlights from the Nigeria State of the World's Nursing Report (SoWNR) included the number, distribution, education, working conditions, regulation, and migration, among other issues that affect the quality of service provision to the population regarding health needs. The report highlighted that out of the 367,468 nurses, 312,348 (87.2%) are females while 55,120 (12.8%) are male revealing the need for more gender balance. In terms of distribution, primary healthcare settings are still vulnerable. Regulation challenges still abound as quackery is still on the increase, with many health team members, especially private healthcare facilities still patronizing untrained personnel. The high migration rate of nurses from Nigeria to other countries (UK- 52%, USA-36% and 17 other countries -12% of total migration number (NHWF 2022) leads to manpower shortage in health settings across the country. In addition, the work environment can be best described as poor because of inadequate work equipment.

There is a gross shortage of nurse educators/lecturers in the training institutions: the educators/lecturers' ratio to students is at 1:17 for all programmes, where the acceptable ratio should be 1:10 for general nursing programmes and 1:6 for clinical specialty programmes/postgraduate programmes (NMCN). In Nigeria, there is an urgent need for the Advanced Practice Nurse/Advanced Nurse Practitioner (APN/ANP)

Fellownurses.com

role to be recognized especially to meet the health needs of the underserved areas of the communities.

As reported by the WHO (2022), the global nursing and midwifery workforce is put at approximately 27 million men and women who account for about 50% of the global health workforce. Nigeria is currently estimated to have 220,681 Nurses and 146,787 Midwives (NMCN 2022). Demand is rising likely due to the population of the aged and the increasing prevalence of non-communicable diseases and chronic diseases, which create an increasing demand for nurses and midwives, especially in primary care settings. Nigeria also witnesses a low skill birth attendance which presently stands at 38.0% (NDHS 2018). This level of the health care system is characterized by difficulties in attracting and retaining nurses and midwives thus perpetuating the nursing workforce shortage.

The rapidly changing health care system requires nurses and midwives to possess increasing knowledge, greater independence, critical thinking and autonomy in clinical reasoning and judgment. Nursing and Midwifery practice takes place in real life situations with political, economic and cultural realities. Thus, the overall aim is to produce competent polyvalent nurse/midwife practitioners equipped with the knowledge and skills that ensure care that is evidence-based, patient-centered, acceptable, efficient and accessible. The challenges facing the health care delivery system necessitate that nurses and midwives explore strategies for remedial action that will reposition the profession as a key player in the health care industry in the next decade and beyond. In order to achieve this, it is paramount that the profession takes cognizance of the dynamics of the health care delivery system of the country, characterized by advances in medical and nursing sciences, technology, emerging and re-emerging diseases, environmental health challenges, inadequate health facilities, as well as shortage of nurses and midwives and other cadres of health care workers.

The practice framework derives from the independent, dependent and interdependent roles and functions of the nurse and midwife, as supported by the training curricula of the Nursing and Midwifery Council of Nigeria (NMCN) which was set up by the Nursing and Midwifery Decree of 1979 and subsequent amendment decrees of 1988, 1989, 1992 and 2022. The revised Act Cap 143 of 2004 Law of the Federal Government of Nigeria creates the legislative backing for nursing and midwifery education and practice in Nigeria.

Nursing and Midwifery education has upgraded from award of professional certificate to the award of Higher National Diploma (HND) and Bachelor in Nursing Sciences (BNSc) as approved by National Technical Board of Education (NABTEB) and National University Commission (NUC) respectively. The Federal Ministry of Health and Social Welfare (FMH&SW) has approved the inclusion of Advanced Nurse Practitioner (ANP) and Clinical Nurse Specialty (CNS) programmes in line with the NMCN education reform.

Fellownurses.com

Nursing and midwifery practice in Nigeria is informed by the core values which include respect for the dignity of persons, integrity in service, accountability, compassion, tolerance and strength, derived from intellectual and psychomotor competencies.

Several government documents reviewed have highlighted the need for a closer look at issues concerning nurses' and midwives' working conditions, migration and other aspects of practice. The National Policy on Health Workforce Migration (2023) emphasizes necessary strategies to manage the migration of health workers to address fundamental issues of health workers shortage, especially in underserved areas. The policy also includes interventions to develop and manage regular migrations; the National Health Policy (2016) was developed after the National Health Act (2014) to ensure a steady march towards the success of the Sustainable Development Goals and the achievement of Universal Health Coverage (UHC) for Nigeria. The migration policy will facilitate the retention of nurses/midwives and other health workers and promote better health outcomes in the country.

In addition, the National Health Workforce Profile, tracking health workforce dynamics, ensures that the health workforce is accessible, with an adequate supply of needed qualified, well-trained, motivated, skilled and equitably distributed nurses and midwives. A major finding was that the Nursing and Midwifery Council of Nigeria (NMCN) has registered 180,709 nurses and 120,870 midwives as of 2020, a marked improvement of 19 per cent and 17 per cent respectively from the 2012 figure for nurses (148,291) and (101,275) for midwives. A total of 191,714 nurses and midwives were licensed between 2018 and 2022, of which 14,032 nurses had migrated by the year 2022. However, the report mentioned that the increase was low and by implication would need to improve to have the requisite nurses and midwives to meet the growing demands in healthcare.

The principles of the Sector-Wide Approach (SWAp); where all various sectors come together to improve health e.g. Water resources, Agriculture, Environment, and Finance (Budget and National Planning) also ensure that all aspects of the community health needs are attended to, especially with the WHO Global Malaria Partners, Roll Back Malaria (RBM) Partnership and Malaria Alliance to save millions of lives. Nurses and Midwives, as crucial health care team members work with these partners to ensure the realization of the programmes.

### **Historical Perspective of Nursing and Midwifery in Nigeria**

Modern and scientific nursing globally has been traced to the crusading efforts of Florence Nightingale (1820–1910) whose pioneering efforts started during the Crimean war. Florence Nightingale introduced formal nursing training, prescribed protocols for hygienic care and guiding principles for selecting nurses for training. She developed the first nursing theory which provided the basis for nursing practice.

Fellownurses.com

In Nigeria, nursing is traceable to the advent of the early Christian missionaries, who on arrival in Nigeria established clinics, hospitals and dispensaries to provide health services to the populace, as part of their evangelization agenda. They also established hospital-based nursing training institutions; the first of which was School of Nursing, Iyieniu, in Anambra State. The schools provided formal training of nurses and midwives to augment the existing personnel who were mainly Reverend Sisters, pastors' wives etc. The colonial government also established hospitals and clinics, the first of which was St. Margaret's Hospital, Calabar, in Cross River State and nursing training institutions, the first of which was School of Nursing, University College Hospital, Ibadan, Oyo State.

In order to regulate the standard of education and practice of midwives, the Midwives' Board of Nigeria was established in 1930 while the Nursing Council of Nigeria was also established by the Nurses ordinance of August 1947 to regulate the education and practice of nurses in Nigeria. In 1979, the Nurses Decree 89 merged the Nursing Council and the Midwives' Board of Nigeria for greater effectiveness. The Nursing & Midwifery Council of Nigeria (NMCN) is the only statutory professional body charged with training, licensing, regulation of practice, specification of standards of training and practice of all categories of nurses and midwives, irrespective of area of specialization. Currently, nursing education is moving from hospital-based training to tertiary education.

### **Nursing Education**

The history of nursing education in Nigeria is similar to that of United Kingdom and United States of America (Adelowo, 1983). Schools of Nursing were first established by the Missionaries in 1949 to produce home-grown practitioners to augment the few trained abroad. The training started as an informal apprenticeship and at that time the profession was dominated by men because of their educational advantage over women. The minimum admission requirement was Standard IV (for nurses grade II) and Government class IV (for nurses grade I). The training emphasized on-the-job manipulative skill acquisition, strict obedience to institutional rules and regulations and ethical conduct but with minimal opportunity for creativity, accountability, independent clinical decision making or professional development. The establishment of the School of Nursing, University College Hospital, Ibadan in 1952 by the regional government, brought a new dawn for nurses' training in Nigeria. The admission requirements changed to secondary school certificate and the academic curriculum for training was reviewed in response to the needs of the society. The hospital-based Schools of Nursing offered basic and post-basic programmes. The certificate offered by the three-year nursing diploma programme has recently been quantified to be equivalent to Higher National Diploma (HND) to be in line with the education and civil service structures of the nation.

Fellownurses.com

Nursing education in the university setting started in 1965 in the University of Ibadan. The educational pattern in University of Ibadan was post basic in nature and aimed at training nurses for leadership and educator roles. By 1975, the University of Ife, now Obafemi Awolowo University commenced the baccalaureate 5-year degree programme in nursing. There are currently Sixty-four (64) universities offering degree in nursing with some of them offering postgraduate programmes. This has enhanced the quality of nursing education and practice in Nigeria and is charting a purposeful future for nursing scholarship.

### **Midwifery Education**

Midwifery education in Nigeria commenced at different times in different locations of the country. In the early 1920s, midwives were trained at Massey Hospital in Lagos Island, Lagos State. The programme moved to Island Maternity Hospital when Massey Hospital became Children's Hospital. In 1927, midwifery education started at the General Hospital, Ijebu Ode, and years later, at Sacred Heart Hospital, Lantoro, Abeokuta, followed by the present State Hospital, Abeokuta, all in Ogun State. Midwifery training in the Northern part of the country commenced in Vom Christian Hospital, Vom, Plateau State in the 1950s. The first Nigerians that trained as midwives had their training abroad and were Mrs. Ore Green and Abimbola Dickson in 1912. The first Midwives' Ordinance was established in 1930, and the Midwives' Board of Nigeria came into existence thereafter. The Board merged with the Nursing Council of Nigeria to become the Nursing and Midwifery Council of Nigeria by Decree 89 of 1979 (now Nursing and Midwifery Act. Cap 143, law of the Federation of Nigeria, 2004).

### **Nursing and Midwifery Practice**

Traditionally, practice for nurses and midwives were based on functional (task-assignment) approach. At that time, the practice framework was basically dependent on the directives/diagnosis by the physicians. However, in response to several reviews of the curricula of training, the roles have extended and expanded to make the nurse and midwife polyvalent with increased responsibility, accountability and capability for providing evidenced-based practice. The roles of the nurse and midwife now involve independent, interdependent and dependent functions within the health care system. Currently, Nursing Process is the framework of practice in Nigeria which has led to quality assurance and has contributed towards meeting the expectations of health care consumers. The quality of practice has improved significantly based on the use of the Standards of Nursing/ Midwifery Education and Practice document by the NMCN (2010). Quality of practice is further enhanced through periodic accreditation of nursing training institutions and clinical settings by the NMCN.

Fellownurses.com

## Research

Initially, nurses and midwives were not involved in research but served as data collectors for medical and other health personnel who were conducting research. However, with the shift of nursing education to academic settings and exposure to university education at the undergraduate and postgraduate levels, many nurses and midwives have become increasingly involved in formal research. This enhanced research activity by nurses in Nigeria has been made possible by the mandate for students to conduct individual research projects as a requirement for their educational programmes. There is however the need for nurses and midwives to access grants and funding for research, and also utilize research findings for evidence-based practice.

## Challenges

Despite the number of educational institutions and facilities, there are issues with infrastructure, and equipment, among others that hinder the education of nurses and midwives. For example, of the 400 Schools or Colleges of Nursing/Midwifery in Nigeria, 286 have full accreditation, 136 have provisional accreditation, and 5 were denied accreditation with an embargo on admission. Sixty-four new Departments of Nursing are under the accreditation process as of December 2024 (NMCN, 2024). The schools can admit between 50 and 200 students per year depending on facilities as determined by the Nursing and Midwifery Council of Nigeria.

The number of nurses and midwives trained in Nigeria annually still falls short of the capacity to attain health goals. Even though the stock of Nurses and Midwives in Nigeria is high compared to other countries in Africa, due to the high population, the Nurse/Midwife population density is low. Data from Nigeria's Health Workforce Profile (2022) shows that there are 94.1 nurses per 100,000 population, which is 1:1063 in Nigeria. The quality of nursing and midwifery education is still a concern with need for faculty/lecturer, infrastructure and facilities requiring standardization, though the curricula is regularly reviewed. There is a need to train more educators to enhance the productivity of the educators/lecturers, reduce stress and overload, and also provide the students with the necessary and appropriate information and skills to facilitate adequate preparation for the job market.

The availability and recognition of postgraduate specialist programmes for specialized skills constitute part of the expectations for the NSDNM. In Nigeria, Advanced Nursing Practice/Nurse Practitioner Programmes could, if developed and incorporated into the scheme of service; fill the gap of access and availability of services especially to the rural underserved population. Advanced Nurse Practitioners could also operate nurse-led clinics in rural settings thereby promoting Universal Health Coverage, and strengthening the primary healthcare system resulting in reduced maternal, neonatal and child morbidity and mortality.

The high rate of nurse/midwife migration contributes a lot to the shortage of nursing and midwifery workforce in Nigeria. Between 2018 and 2024, official records showed

that 42,000 nurses and midwives migrated out of the country for greener pasture (The Guardian, 2024). Challenging workplace safety and limitations of labour protection and wellbeing for nurses and midwives may also contribute to their migration. It is pertinent to note that experienced and specialized nurses and midwives are amongst these emigrants.

Consequently, the Federal Government of Nigeria directed all nursing and midwifery training institutions to double their intake and production of nurses and midwives to address shortages as the migration continues. The Government is also investing in infrastructure and human resource development of training institutions to meet the expectations of this increased intake.

For nurses and midwives to deliver quality and effective care, functional equipment and consumables, adequate housing, living remuneration, security, safe and supportive work environments, including adequate staffing are required. Nurses and midwives should also benefit from career advancement opportunities, such as continuing professional development, and workplace policies that promote fairness and leadership roles which are addressed in this NSDNM document.

In the area of research, there has been an increase in research by nurses and midwives in recent times. Though nursing and midwifery research remains underfunded and capacity is still underdeveloped and widely varies across the country. However, NMCN has taken some initiatives towards research by initiating modalities for establishing the Nursing Research Section aimed at promoting and expanding the scope for dissemination of Nigerian Nurse's Research Activities and Innovations to the global market and has also established guidelines for research activities in all Nursing Training Institutions in Nigeria. Also, the Universities have taken significant steps in promoting nursing research by undergraduate and postgraduate studies which forms part of the requirement for the award of their respective degrees.

Inadequate WHO Collaborating Centre: The entire African continent has 4 out of 44 WHO Collaborating Centres and all 4 are in Southern Africa, hence there is a need for one (1) or two (2) WHO Collaborating Centres to be established in Nigeria to offer opportunities to the nurses and midwives for research and institutionalization of evidence-based practice.

In line with the global SDNM, Nigeria has developed this strategic direction for nursing and midwifery to strengthen the Nursing and Midwifery workforce for the delivery of quality health services for the period of 2025 – 2030.

Fellownurses.com

## CHAPTER

# 02

## STRATEGIC DIRECTIONS AND POLICY PRIORITIES

The Nigeria Strategic Directions for Nursing and Midwifery has identified four key areas of focus to improve the profession: education, job creation, leadership, and service delivery. These areas are essential for developing a robust and effective nursing and midwifery workforce in Nigeria.

### EDUCATION

**Strategic direction:** Nurse and midwife graduates to match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities.

**Policy priority I:** Align the levels of nursing and midwifery education with optimized roles within the health and academic systems.

**Policy priority II:** Optimize the domestic production of nurses and midwives to meet or surpass health system demand.

**Policy priority III:** Design competency-based, education programmes utilizing effective teaching-learning strategies that meet quality standards in alignment with population health needs

**Policy priority IV:** Ensure that faculty/lecturers are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.

### JOB CREATION

**Strategic direction:** To increase the availability of specialties of Nurses and Midwives by recruiting and retaining them in service and ethically managing international migration.

**Policy priority I:** Conduct periodic nursing and midwifery workforce planning and forecasting through a health labour market lens.

**Policy priority II:** Ensure adequate job demands for health service delivery at all levels of health care.

**Policy priority III:** Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

**Policy priority IV:** Attract, recruit and retain nurses and midwives where they are most needed.

### LEADERSHIP

**Strategic direction:** To increase the proportion and authority of nurses and midwives in senior health and academic positions and continually develop and empower the next generation of nursing and midwifery leaders.

**Policy priority I:** Establish and strengthen senior leadership positions for the nursing and midwifery workforce and governance to make input and drive health policy.

**Policy priority II:** Invest in leadership skills development for early career nurses and midwives.

**Policy priority III:** Establish WHO Collaborative Centers for Nursing and Midwifery in Nigeria.

**Policy priority IV:** Optimize Nursing and Midwifery clinical leadership for quality service delivery.

**Policy priority V:** Reduce the menace of quackery in Nursing and Midwifery.

### SERVICE DELIVERY

**Strategic direction:** That Nurses and Midwives work to the full extent of their education and training, providing the best quality healthcare services through a strengthened professional regulatory system in a safe and enabling work environment

**Policy priority I:** Review and strengthen professional regulatory systems and support capacity building of regulators, where needed.

**Policy priority II:** Adapt the workplace environment to enable nurses and midwives to maximally contribute to service delivery in interdisciplinary health.

Fellownurses.com

## 2.1 POLICY FOCUS: EDUCATION

Quality nursing and midwifery education in Nigeria is a fundamental aspect of producing an adequate number of the required competent nursing and midwifery workforce to strengthen the healthcare system at all levels. Critical elements in raising the quality of education include setting up colleges/faculties, standards for professional education, and continuous quality monitoring and improvement of educational programmes of the various institutions. Performance and accreditation status of institutions offering educational programmes for pre-service, specialists and advanced professional education for nurses and midwives will go a long way in ensuring quality and standard nursing and midwifery education.

The major purpose of Nursing and Midwifery education is to produce a workforce that can meet the health needs of the population in terms of quantity, quality and equitable distribution of nurses and midwives. For this reason and others related, the intake and output of educational institutions should be tailored to the needs and absorption capacity of the health sector.

Enhancing the capacity of Nursing and Midwifery educational institutions in Nigeria necessitates addressing concerns related to the deficiency of lecturers, preceptors, and clinical instructors, as well as infrastructure. Additionally, improving the clinical practice areas by providing state-of-the-art equipment will ensure quality clinical training and practice.

Despite updates to the Nursing and midwifery curriculum aimed at keeping pace with technological advancements, there remains an urgent need to upgrade infrastructural facilities to align with global best practices. These measures would have immense potential for improving the competencies of students, educators, and clinicians.

### NMCN LIST OF ACCREDITED SCHOOLS/COLLEGES OF NURSING AND MIDWIFERY AND DEPARTMENTS OF NURSING SCIENCES

S/N	DESCRIPTION OF SCHOOL/COLLEGE	TOTAL NO.	ADMISSION QUOTA
1	Schools of Nursing (Basic)	152	50 150
2	Schools of Midwifery (Basic/ Post Basic)	148	75 120
3	Schools of Post-Basic Nursing Specialties	76	30 50
4	Departments of Nursing Sciences	64	75 150
5	Community Midwifery Programme	27	75 200
6	Community Nursing Programme	30	75 200

Fellownurses.com

## DEPARTMENTS OF NURSING SCIENCES IN UNIVERSITIES WHICH ARE UNDER ACCREDITATION PROCESS BY NMCN

S/N	DEPARTMENT OF NURSING	Total No
1	Departments of Nursing Sciences	62

Source: NMCN October 2024

### STRATEGIC DIRECTION:

**Nurse and Midwife graduates to surpass health system demand and have the requisite knowledge, competencies, and attitudes to meet national health priorities.**

**PRIORITY I: Align the levels of nursing and midwifery education with optimized roles within the health and academic systems**

**Policy: Standardize Nursing and Midwifery Education in Nigeria.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Move all Colleges of Nursing and Midwifery to the Ministry of Education, National Board for Technical Education (NBTE), NUC at all levels	2018-2025	(FMoE) FMoH&SW and NMCN, Proprietors and Management of Institutions.
2	Upgrade all Schools of Nursing and Midwifery to collegiate system and/or assimilate them into universities	2018-2025	Proprietors and Management of Institutions. NMCN
3	Create more Faculties of Nursing Sciences in Nigerian universities	2025-2030	NMCN/University Authorities/National Universities Commission
4	Move all Post Basic Specialty programmes into the Universities as Postgraduate Specialty programmes.	2025-2027	Proprietors and Management of institutions/ Universities/ NMCN
5	Establish more specialties/Advanced Practice Nursing (APN/ANP) programmes in line with the health needs of the population	2025-2030	NANNM, NMCN, FMoH&SW, OHCSF, Mgt of Institutions, NUC, NBTE
6	Institute Abridged Programmes for RN and/or RM certificate holders to undergo a 2 – 3year duration B.N.Sc. programme	2025-2027	NUC, FME NMCN, NBTE

Fellownurses.com

**Priority II: Optimize the domestic production of nurses and midwives to meet or surpass health system demand.**

**Policy I: Increase the student admission quota.**

**Policy II: Improve infrastructural facilities and increase remuneration of qualified academic workforce.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Increase admission quota to a minimum of 100 students per College/University subject to the availability of human and material resources.	2025-2030	Management of Institutions, NMCN, NBTE, NUC.
2	Maintain the Academic Staff/Student ratio at 1:15	2025-2030	Management of Institutions, NMCN, NBTE and NUC.
3	Provide funding for research	2025-2030	Government, Proprietors, Donor agencies.
4	Increase direct entry admission opportunities for RN and/or RM holders for first-degree programmes.	2025-2030	Management of institutions, NUC, JAMB
5	Provide adequate infrastructure for teaching and learning (equipped staff offices, classrooms, skills and simulation laboratories, libraries, hostels)	2025-2030	Government, Management of Institutions and Proprietors, Donors/IPs
6	Increase annual budgetary provisions for Departments of Nursing in Colleges and Universities	2025-2030	Proprietors and Management of Institutions, FME, FMoH&SW, FMoF, Budget & National Planning
7	Provide incentives to Faculty/Lecturers/Clinical instructors/Preceptors	2025-2030	Government, Proprietors, Donor Agencies

Fellownurses.com



Students of School of Nursing, FCT, Abuja Nigeria © WHO Eromosele Ogbeide

**Priority III: Design competency-based, education programmes utilizing effective teaching-learning strategies that meet quality standards in alignment with population health needs**

**Policy: Standardize and update educational programmes in line with population health needs.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Maintain the five-year curricula review in line with global trends and based on national health needs.	2025-2030	NMCN, NBTE and NUC.
2	Adapt the WHO AFRO Prototype competency-based curricula for all Nursing and Midwifery programmes.	2025-2030	NMCN, NBTE and NUC.
3	Conduct periodic (every 3 years) evaluations and reviews of the impact of Community Nursing and Midwifery programmes	2025-2030	FMOH&SW and NMCN, NPHCDA, NANNM, CSOs
4	Strengthen supportive supervision in all Nursing and Midwifery educational institutions.	2025-2030	FMOH&SW and NMCN, FME, NUC, NBTE

Fellownurses.com

5	Ensure all faculty members have a minimum of MSc degrees in Nursing and Midwifery specialty with an educational background.	2025-2030	NBTE, NUC, NMCN and Management of Institutions
6	Establish and strengthen Preceptor units in all hospitals attached to nursing and midwifery training institutions.	2025-2030	FMoH&SW, NMCN, Management of Institutions.
7	Strengthen accreditation mechanisms for nursing and midwifery education.	2025-2030	NMCN and NUC/NBTE
8	Ensure the implementation of the training guidelines on clinical posting for student nurses and midwives during clinical practice.	2025-2030	Clinical Heads/ and Preceptors, HNS/DNS
9	Provide adequate opportunity for career advancement for nurses and midwives e.g. Nigerian Field Epidemiology and Training Programmes, Ophthalmic nursing, Paediatric nursing etc.	2025-2030	FMoHSW, and NCDC, NANNM, IPs, Donors



Students of School of Midwifery, FCT, Abuja Nigeria © WHO Eromosele Ogbeide

Fellownurses.com

**Priority IV: Ensure that faculties are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas**

**Policy: Government, Proprietors/Management of Institutions shall invest in human resources development in all Nursing and Midwifery training institutions in line with global best practices**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Invest in information technology and/or equipment to increase access to digital technology for students and faculties/lecturers.	2025-2030	Proprietors and Management of Institutions.
2	Establish simulation laboratories and other technologies in all nursing and midwifery training institutions and clinical settings	2025-2030	Proprietors and Management of Institutions
3	Incorporate faculty/lecturers in the clinical practice as Specialists and/or Consultants	2025-2030	Federal Ministry of Education, FMOH&SW, Proprietors and Management of institutions
4	Support the Fellowship/Residency programme of WAPCNM and recognize graduates of the programme for job placement, promotion and as consultants.	2025-2030	FMOH&SW and OHCSF
5	Expand the number of nursing and midwifery educators and build their capacity in educational pedagogy (e-learning/online technologies etc), nursing and midwifery research and evidence-based practice.	2025-2030	Management of Institutions/lecturers, NMCN, NUC, NBTE, FMOH&SW
6	Create scholarship opportunities for Nurse and Midwife educators/clinicians to acquire higher degrees and skills	2025-2030	National Scholarship Board/FMoE, Proprietors and Management of Institutions, NGOs.
7	Review the act establishing TETFUND to include Nursing and Midwifery education programmes.	2025-2030	Federal Government and National Assembly, FME
8	Explore opportunities for knowledge exchange and capacity building for faculty/lecturers, clinicians and students through study tours and exchange programmes to build capacity for research and evidence-based practice.	2025-2030	Proprietors and Management of Institutions, , IPs/Donors International Collaborators

9	Ensure Nursing and Midwifery representation in all National, State, and Institutional Research & Ethics Committees.	2025-2030	National, State and Institutional Research & Ethics Committees, FMOH&SW, SMOH, & Management of Institutions
10	Promote the implementation of evidence-based nursing and midwifery practice.	2025-2030	Proprietors and Management of Institutions/Practitioners
11	Strengthen, monitor, and evaluate the implementation of Mandatory Continuing Professional Development Programmes (MCPDP) to enhance effective learning outcomes.	2025-2030	FMOH&SW, NMCN and State implementation committees, NANNM

## 2.2 POLICY FOCUS: JOB CREATION

The need for job creation for nurses and midwives in all health facilities across the three levels of healthcare cannot be overemphasized. The availability of jobs for nurses and midwives is of utmost importance to curb the challenges faced in health facilities due to inadequate human resources. Therefore, job opportunities must be created for nurses and midwives to meet the challenges expected, especially in the future.

There are inequalities in the distribution of nurses and midwives especially in the rural and remote areas of Nigeria due to the absence of a supportive environment for nurses and midwives which results in their non-retention. Despite the number of nurses and midwives trained annually, there is still a lot of unemployment and underemployment among nurses and midwives. This has led to the migration of many nurses and midwives to other countries with better facilities and guaranteed job satisfaction. This tendency for brain drain has also affected the staffing levels and quality of care at all levels of the healthcare delivery system. The Nigeria Health Workforce Policy migration recently launched by the Government is a welcome effort to address the issue of health workforce migration, especially nurses and midwives. It is expected that the practice environment, material resources for practice, appropriate attention to remunerations, and provision of social amenities (especially in rural settings), as highlighted in this NSDNM will increase job satisfaction and facilitate retention of nurses and midwives at all levels of health care.

Fellownurses.com

### STRATEGIC DIRECTION:

**Increase the availability of specialties of Nurses and Midwives by training, recruiting and retaining them in service and ethically managing international migration.**

**Priority I: Conduct nursing and midwifery workforce planning and forecasting through a health labour lens.**

**Policy: The FMoHSW, OHCSF and similar agencies at state level shall undertake a comprehensive nursing and midwifery labour market analysis and use the evidence for national policy dialogue to enhance investments in the nursing and midwifery workforce.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Strengthen the existing database for all qualified nurses and midwives in the country	2025-2030	FMoH&SW, NMCN and NANNM
2	Establish National Nursing staffing norms for nurses and midwives reflecting the WHO standards	2025-2030	FMoH&SW, OHCSF, NMCN, NANNM
3	Develop job descriptions for various categories of nurses and midwives in Nigeria in line with their educational preparation/qualifications	2025-2030	FMoH&SW/SMoH, OHCSF, NMCN, NANNM, Development Partners
4	Ensure that all practicing nurses and midwives have appropriate up to date practicing license	2025-2030	Federal and State Ministries of Health, NMCN, NANNM and local governments
5	Increase recruitment and provide retention incentives for nurses and midwives at all levels of healthcare.	2025-2030	Government, OHSCF, Federal and State Civil Service Commissions, MDAs
6	Establish a reward system for specialization in nursing practice	2025-2030	Federal and State Ministries of Health, NSIWC, Federal Ministry of Labour and employment
7	Increase remuneration and create a conducive environment for practice to mitigate migration.	2025-2030	Federal and State Ministries of Health, NSIWC, Federal Ministry of Labour and employment

Fellownurses.com

**Priority II: Ensure adequate job demands for health service delivery at all levels of health care.**

**Policy: FMOH&SW, SMOH, OHCSF, CSOs and other relevant MDAs shall create vacancies for the nursing and midwifery workforce at all levels of health care.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Institute a recruitment plan to fill existing vacancies at all levels of healthcare.	2025-2030	OHCSF, FMOH&SW, Management of Health Institutions
2	Maintain prompt replacement of exited staff at all levels of healthcare	2025-2030	FMOH/SMoH, LGSC, Proprietors
3	Curb illegal training, practices and quackery relating to nursing and midwifery practice in Nigeria in all its forms, including arrest and prosecution of perpetrators.	2025-2030	FMOH&SW/SMoH, NMCN, NANNM, CSOs

**Priority III: Reinforce the implementation of the WHO Global Code of Practice on international recruitment of health personnel.**

**Policy: The government shall promote the equitable distribution of qualified nurses and midwives to address the rural-urban imbalance and the underserved.**

The government shall manage the international migration of nurses and midwives by implementing recommendations from the National Policy on Health Workforce Migration.

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Advocate for national and international donor support for the training and retraining of Nurses and Midwives in rural and hard-to-reach areas.	2025-2030	FMOH&SW, NMCN, Management of Institutions and Development Partners NANNM
2	Implement the National Policy on health workforce migration with respect to Nurses	2025-2027	FMOH/SMoH, NMCN and Proprietors, DHCSF

**Priority IV: Attract, recruit and retain nurses and midwives where they are most needed.**

**Policy: 1. The government shall review existing recruitment policies to remove barriers and embargo on recruitment, deployment and retention of nurses and midwives.**

**Policy 2: The government shall ensure the recruitment and retention of qualified nurses and midwives to fill available vacancies by strengthening the workforce registry.**

Fellownurses.com



Courtesy of JanieBliss Nightingale (Composer of Nurses' Anthem)

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Ensure recruitment and placement of Nurses and Midwives is based on specialty areas e.g. Midwifery, Fertility, Nephrology, Oncology, Gerontology, Pediatrics and many others.	2025-2030	FMoH&SW/SMoH, MDAs, NMCN, Mgt of Health Institutions.
2	Improve working conditions for nurses and midwives covering commensurate and competitive remunerations and other fringe benefits such as the provision of adequate accommodation, security and social amenities especially for rural postings.	2025-2030	FMoH/SMoH, OHCSF, NSIWC, LGAs, Private Employers, Implementing partners
3	Recognize and reward/give awards to outstanding and long-serving nurses.	2025-2030	FMoH&SW/SMoH, LGs, NMCN, Proprietors, OHCSF
4	Promote programmes that support nurses and midwives pursuing further education such as tuition reimbursement and study leave to foster a culture of learning and continuous development.	2025-2030	FMoH&SW, relevant MDAs, NMCN, Employers/Proprietors, Donors/IPs, Scholarship Board
5	Establish sustainable mechanisms for providing opportunities for professional development such as seminars, workshops, conferences etc. for all nurses and midwives.	2025-2030	FMoH&SW/SMoH, LGAs and Employers, OHCSF, SHOCS

Fellownurses.com

6	Institute scholarship and bonding programmes for all categories of nurses and midwives in Nigeria.	2025-2030	FMoH&SW/SMoH, NMCN, National Assembly
7	Establish and enforce the use of the National Staffing Norm in personnel management at all levels of the healthcare delivery system in Nigeria	2025-2030	FMoH&SW/SMoH, LGSC, OHCSF, Management of Health institutions
8	Institute human resource management strategies at the time of recruitment and staff training to ensure even distribution of specialists across various areas of practice in line with the National Nursing Staffing norm	2025-2030	FMoH&SW/SMoH, LGSC, management of Health institutions
9	Ensure equitable distribution and posting of nurses and midwives to all Health facilities	2025-2030	FMoH&SW/SMoH, Management of Health institutions
10	Avail nurses and midwives in Nigeria with life and liability insurance services.	2025-2030	FMoH&SW/SMoH, OHCSF, NHIA, management of Health institutions
11	Establish a robust National Workplace safety & Security policy for the healthcare delivery system	2025-2030	FMoH&SW/SMoH, NMCN, Min of Labour & Employment, NANNM, NP, NSCDC and management of facilities

## 2.3 POLICY FOCUS: LEADERSHIP

Effective leadership skills of nursing and midwifery managers significantly contribute to nurse and midwife retention, quality service delivery which can reduce psychological distress during emerging diseases or health challenges. With the absence of input from nurses and midwives in health policies, progress towards the attainment of Universal Health Coverage (UHC), Sustainable Development Goals (SDGs), and population health needs are weakened and compromised.

Nurses and midwives have risen as transformational leaders. This form of leadership transcends traditional healthcare roles, encompassing a broad spectrum of responsibilities, from policy to advocacy, service delivery, research, and education that will shape the future of the healthcare delivery ecosystem. Strengthening Nursing and Midwifery leadership and engagement in health policy-making at all levels of governance will create a positive work environment, motivate the workforce and provide clear direction. This will, in turn, lead to an increase in efficiency and the achievement of Universal Health Coverage (UHC), Sustainable Development Goals and meeting the emerging population health needs.

**STRATEGIC DIRECTION: Increase proportion of nurses and midwives in senior health and academic leadership positions and empower the next generation of nursing and midwifery leaders.**

Fellownurses.com

**Priority I: Establish and strengthen senior leadership positions for the nursing and midwifery workforce and governance to make input and drive health policy.**

**Policy: Government to strengthen nursing and midwifery leadership positions with commensurate authority and resources in all relevant Ministries, Departments and Agencies.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Enact appropriate legislation to standardize and harmonize the education, scope of practice, and regulatory standards for nursing and midwifery to ensure global and regional best practices.	2025-2030	National Assembly, FMOH&SW/SMoH, Proprietors and Development Partners
2	Advocate for the involvement of Nursing and Midwifery leaders in the policy development process at all levels of governance (global, regional, national, sub-national)	2025-2030	FMOH&SW/SMOH, NMCN, NANNM, CSOs
3	Promote multidisciplinary collaboration for policy decisions that impact quality health service delivery	2025-2030	FMOH&SW/SMoH, NANNM and Employers/Proprietors
4	Support Nurses and Midwives to attend global, regional and national health meetings and conferences for collaboration and networking to impact best practices.	2025-2030	FMOH&SW/SMoH, NANNM, Management of Health institutions, and Proprietors
5	Empower nurses and midwives to assume leadership positions in Primary and Community Health Care facilities in accordance with the extant national PHC Organogram.	2025-2030	FMOH&SW/SMoH, NPHCDA/SPHCADB & LGAs

**Priority II: Invest in leadership skills development for early career nurses and midwives.**

**Policy: The Government and the private health sector employers shall invest in leadership skills development for early career Nurses and Midwives.**

Fellownurses.com

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Develop and include programmes that enhance the leadership and policy development competencies of early career nurses and midwives through capacity building and mentorship at all levels.	2025-2030	FMOH&SW, NMCN, MDAs, Proprietors, NANNM
2	Institute and sustain reward and recognition mechanisms for early career nurses and midwives as motivation for outstanding and innovative contributions to nursing and midwifery practice.	2025-2030	FMOH&SW, MDAs, NANNM, Employers/Proprietors
3	Build the capacity of early career nurses and midwives in the research process and involve them in the conduct of collaborative research for evidence-based practice.	2025-2030	FMOH&SW, MDAs, Heads of facilities/Training institutions/Employers and Proprietors, NANNM
4	Develop early career nurses and skills through membership of national, and international associations/groups and organizations.	2025-2030	NANNM, Employers/proprietors, Heads of Nursing Services and Training Institutions.
5	Ensure budgetary allocation for leadership development programmes and strengthen the leadership skills of the Nursing and Midwifery workforce at national and sub-national levels	2025-2030	FMOH&SW/SMoH, FMOF&B & Partners.
6	Support Nursing and Midwifery leaders for special training programmes (e.g. Administrative Staff College of Nigeria (ASCON), National Institute for Policy and Strategic Studies (NIPSS) etc	2025-2030	FMOH&SW/SMoH, NANNM, Employers/Proprietors.

**PRIORITY III: Establish WHO Collaborative Centers for Nursing and Midwifery in Nigeria.**

**Policy: The Federal Government to facilitate and support the establishment of two (2) WHO Collaborating Centres for Nursing and Midwifery in Nigeria.**

Fellownurses.com

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	FMOH&SW to set up a steering committee working with the WHO Country office Nigeria for the process of establishing WHO Collaborating Centres in Nigeria.	2025-2030	FMOH&SW, NMCN, NANNM, WHO.
2	Develop a costed plan with WHO experts and other relevant MDAs for the establishment of the centres.	2025-2030	FMOH&SW, NMCN, NANNM, WHO

#### **Priority IV: Optimize Nursing and Midwifery clinical leadership for quality service delivery**

**Policy: Government to promote the development of clinical guidelines and standard operating procedures (SOPs) to ensure quality and safe nursing practice in Nigeria**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Build the capacity of Nurses and Midwives to effectively manage human and material resources.	2025-2030	FMOH&SW/SMoH, NMCN, NANNM Health training institutions
2	Develop competencies of the nursing and midwifery workforce to respond to national, regional, and global health issues, including disasters and emergencies.	2025-2030	FMOH&SW/SMoH, NANNM, NEMA, Health institutions/Employers/Proprietors.
3	Strengthen leadership capacities of Nurses and Midwives for effective monitoring and evaluation of Nursing and Midwifery activities to optimize quality service delivery.	2025-2030	FMOH&SW/SMoH, training institutions/facilities and Employers/proprietors
4	Support Nurses and Midwives to practice to the full extent of their training to foster professional growth and decision-making skills for quality service delivery and accountability.	2025-2030	FMOH&SW/SMoH, NANNM, Health Training/Healthcare institutions and Employers/Proprietors
5	Provide annual budgetary allocation for nursing and midwifery capacity building for research and utilization of findings at all levels,	2025-2030	FMOH&SW, SMoH, LGAs, NANNM, Employers/Proprietors and Partners, Nurses in Academia



Source NLI QUAD

**Priority V: Reduce the menace of quackery in Nursing and Midwifery.**

**Policy: The federal government shall review and enforce extant laws and regulations on quackery in nursing and midwifery in Nigeria.**

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Review and strengthen existing regulations on quackery in nursing and midwifery	2025-2030	FMOH&SW, NMCN, NANNM, Proprietors, CSOS
2	Establish an enforcement committee on quackery in nursing and midwifery for effective monitoring and reporting.	2025-2030	FMoH&SW, SMoH, NANNM, NMCN, Employers/Proprietors, Law enforcement agencies
3	Curb on illegal trainings, practices and quackery relating to nursing and midwifery practice in Nigeria in all its forms, including arrest and prosecution of perpetrators.	2025-2030	FMoH&SW/SMoH, Local Governments, NMCN, NANNM, Partners, CSOs, Law enforcement agencies, Employers

**2.4. POLICY FOCUS: SERVICE DELIVERY**

Approximately 27 million persons make up the global nursing and midwifery workforce. This accounts for nearly 50% of the global health workforce. There are about an estimated 220,681 Nurses and 146,787 Midwives (NMCN 2022). Nigeria will have a shortage of 137,859 Nurses by 2030 (WHO, 2021). Investing in nursing and midwifery will bring about a safer healthcare workforce.

Fellownurses.com

Nurses play a critical role in health promotion, disease prevention and delivering community care and are the backbone of healthcare systems worldwide. Nurse staffing has been linked to patient safety, care quality, and cost (Twigg et al, 2013). Thousands of lives could be saved with adequate levels of staffing and skill mix.

Employers and administrators should create an enabling environment for nurses and midwives to function efficiently and effectively. In view of the revised national policy on health workforce migration (2020) which promotes retention of skilled health professionals through improved working conditions, professional development opportunities and recognition of their contributions; Investing in nurses and midwives is good value for money.

Midwives and Nurses should be prepared, strengthened, respected, protected and motivated to safely and ideally contribute in their service delivery settings. Service delivery is influenced by the forces of demand and supply which push shortages and surpluses, geographical imbalances and suboptimal contributions.

The aim of the SDNM is that systems enable the contributions of nurses and midwives towards ensuring that the appropriate services are available and accessible to all the communities especially hard to reach areas of every State. In alignment with the National Health Workforce Profile, tracking health workforce dynamics to ensure that the health workforce is accessible, and the supply of needed qualified, well-trained, motivated, skilled nurses and midwives are equitably distributed; there will be greater health workforce efficiency and effectiveness that will improve access to quality health services.

## **STRATEGIC DIRECTION**

**Nurses and Midwives to be empowered to provide the best quality healthcare services through a strengthened professional regulatory system and the provision of an enabling work environment**

**PRIORITY I: Review and strengthen professional regulatory system**

**Policy: The government shall strengthen the supervisory role of the Nursing Division of the Federal and State Ministries of Health and the regulatory functions of the Nursing and Midwifery Council of Nigeria (NMCN) in repositioning nursing and midwifery education and practice for global best practices**

Fellownurses.com

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Build the supervisory capacity of the Nursing Division of FMoH&SW/SMoH	2025-2030	FMoH&SW/SMoH
2	Support capacity building of regulatory agencies	2025-2030	FMoH&SW, NMCN
3	Create active registers of nurses and midwives and with demonstration of competency or continued professional development	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
4	Uphold registration and licensure through organized credit unit-based mandatory continuing professional education for renewal of license to practice (e.g. MCPDP etc).	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
5	Enact appropriate legislation to standardize and harmonize the education, scope of practice for Midwives and Nurses to avoid potential mismanagement or inappropriate deployment	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
6	Ensure regular review of Scope of Practice document/Procedure manuals for use in all health facilities at all levels of healthcare.	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
5	Build the capacity of nurses and midwives towards efficient and effective utilization of the manuals and standard operating procedures (SOPs); mandatory use of the standard documents/ procedures, through supportive supervision and monitoring	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
6	Measure the effectiveness of nurses and midwives in the workplace through active supportive supervision and appraisals	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees
7	Support human resources/workforce supply for sustainability of service delivery	2025-2030	FMoH&SW, SMoH, NANNM, NMCN and State Nursing and Midwifery Committees

Fellownurses.com

**Priority II:**

**Adapt workplace environments for nurses and midwives to maximally contribute to service delivery in interdisciplinary healthcare teams**

**Policy: The Federal and State Ministries of Health (FMoH&SW/SMoH) shall provide a supportive work environment with adequate infrastructure, equipment, instruments and relevant technologies in line with global best practices**



*A team of Nurses attending to a patient © WHO Eromosele Ogbeide*

S/N	ENABLING ACTION	TIMELINE	RESPONSIBLE AUTHORITY
1	Provide infrastructure, equipment, and technology that include mobile devices/point-of-care (POC) technology, digital monitors, and Telenursing among many others for best practices.	2025-2030	FMoH&SW/SMoH/ Federal & State Ministries of Science and Technology/Health Institutions/Ministry of Budget and planning, Ministry of Finance.
2	Utilize electronic documentation, e.g. EHR, and Health Information Systems for ease of data storage and retrieval in clinical care.	2025-2030	FMoH&SW/SMoH/ Federal & State Ministries of Science and Technology/Health Institutions/Ministry of Budget and planning, Ministry of Finance.
3	Develop a National nurse midwife patient ratio in line with the SDGs standard.	2025-2030	FMoH&SW/SMoH, NPHCDA, NMCN, Proprietors and Management of Health facilities.

Fellownurses.com

4	Employ the right staff-mix of Nurse/Midwife to promote workforce supply, mentoring, intra and inter-professional collaboration and retention for care delivery	2025-2030	FMoH&SW/SMoH. State Nursing and Midwifery Committee, Proprietors and Management of Health Facilities
5	Develop standardized framework/Standards of Practice such as SOPs, protocols, and guidelines as applicable for each health facility at all levels of healthcare.	2025-2030	Hospital Management, National and State NANNM, CSOs,
6	Promote the safety of lives at workplaces through surveillance activities and the provision of protective work equipment.	2025-2030	Hospital Management, National and State NANNM, CSOs,
7	Develop specific policies to stop violence against Nurses and Midwives and other health workers	2025-2030	Management of Health institutions/NANNM/CSOs/NOA.
8	Employ CCTV cameras in the service points for security	2025-2030	Management of health institutions, NANNM/Employers.
9	Organize Housing schemes for Nurses and Midwives.	2025-2030	Management of health institutions, NANNM/Employers.
10	Establish Social Security/Life Assurance policies for Nurses and Midwives.	2025-2030	Management of health institutions, NANNM/Employers.
11	Strengthen policy-making and leadership at service delivery points in health facilities	2025-2030	Government/National and State Assemblies, FMoH&SW /SMoH, Health Institutions
12	Provide appropriate incentives across all nursing specialties to promote specializations, motivate and facilitate career progression to advance clinical practice at all levels of healthcare.	2025-2030	FMoH&SW/ SMoH/Office of the Head of Civil Service of the Federation (OHCSF); Health institutions and National Salaries, Income and Wages Commission.
13	Recruit and deploy Nurses and Midwives based on their registerable clinical specialties to build competencies to align with best global practices.	2025-2030	Government at all levels i.e. FMoH&SW/SMoH/Management of Facilities, OHCSF, SHOCS, FCSC, SCSC
15	Provide grants/funds to enhance clinical research in nursing and midwifery practice	2025-2030	FMoH&SW, SMoH, Donors/IPs
16	Promote the employment and career progression of Nurses and Midwives at the Primary Health Care level.	2025-2030	FMoH&SW, SMoH, Federal Civil Service Commission, State Head of Civil Service (SHOCS), SCSC, OHCSF

Fellownurses.com

17	Utilize Health Information Systems and appropriate technology to support referral mechanisms for Nurses and Midwives for the attainment of the SDGs and UHC.	2025-2030	FMoH&SW, SMoH, NHMIS
18	Advocate for recognition of Fellowship/Residency of the West African Postgraduate College of Nurses and Midwives (WAPCNM) as Nurse Consultants/Nurse Specialists for placement, promotion, and career advancement at all levels of healthcare.	2025-2030	FMoH&SW, SMoH, Federal Civil Service Commission, State Head of Civil Service (SHOCS), OHCSF, WAPCNM, NANNM
19	Create more positions for the Director cadre to accommodate higher education and specialist Nurses and Midwives to rise to the peak of the profession unhindered.	2025-2030	FMoH&SW, SMoH, Federal Civil Service Commission, State Head of Civil Service (SHOCS), OHCSF
20	Review Nurses' salary, allowances and incentives to be commensurate with the workload, patient acuity and risks.	2025-2030	FMoH&SW, SMoH, NSIWC, Budget & National Planning, Ministry of Labour & Employment
21	Create an annual reward system for outstanding performance.	2025-2030	FMoH&SW, SMoH, OHCSF, State Head of Civil Service (SHOCS), Mgt of Health Institution
22	Build capacity of Nurses and Midwives through continuing professional development to enhance quality service delivery.	2025-2030	FMoH&SW, SMoH, OHCSF, State Head of Civil Service (SHOCS).
23	Recruit Nurses and Midwives regularly and as necessary to cushion the effect of high turnover, and retirements.	2025-2030	FMoH&SW, SMoH, Federal Civil Service Commission, State Head of Civil Service (SHOCS), Mgt of Health Institutions
24	Promote patient-centered care to increase patient safety, patient satisfaction and access to quality service care.	2025-2030	FMoH&SW, Management of Facilities.
25	Monitor service delivery through patient feedback and periodic in-house meetings/ action research and patient satisfaction surveys.	2025-2030	FMoH&SW, Management of Facilities, CSOs, Implementing Partners
26	Create Audit/Quality Assurance Units to promote standards of practice in health facilities.	2025-2030	FMoH&SW/SMoH, NMCN, Management of facilities.
27	Drive attitudinal change to promote patient wellbeing.	2025-2030	FMoH&SW/SMoH, NMCN, Management of facilities.

28	Ensure use of name tags by Nurses and Midwives for accountability.	2025-2030	FMoH&SW/SMoH, NMCN, Management of facilities, NANNM
29	Promote Advanced Nurse Practitioners (ANP/APN) roles to increase access to PHC in rural communities and address disparities in access to care for vulnerable populations in rural settings.	2025-2030	FMoH&SW/SMoH, NMCN, Management of facilities, CSOs, IPs

Fellownurses.com



# CONCLUSION

Nurses and midwives are key stakeholders in the healthcare industry across the world, and constitute the largest professional group in the health sector; accounting for about 59% of the health professions globally and 66% in Africa respectively (WHO, 2020). They make central contributions to the national and global targets related to a range of health priorities including sustainable development goals (SDGs), universal health coverage (UHC), mental health, patient safety and the delivery of integrated, people-oriented healthcare services. Nurses and Midwives are also crucial in communicable and non-communicable diseases, emergency preparedness and response. They provide the much-needed leadership in the healthcare delivery system of many countries. No global health agenda can be realized without the concerted and sustained efforts to maximize the contributions of the nursing and midwifery workforce and their roles within inter-professional health teams. They are the frontline health workers in many disaster situations and are central to the achievement of the nation's health goals and targets.

The need for nurses and midwives has increased especially with increasing life expectancy, and the resultant need for long-term care, emerging and re-emerging threats and occasional natural disasters. The demand for nurses and midwives in high-income countries makes it obvious that more nurses and midwives are constantly needed to meet the needs of the population.

Investing in the Nursing and Midwifery workforce education, jobs, leadership and service delivery as outlined in the Nigeria Strategic Direction for Nursing and Midwifery (SDNM) will therefore build a stronger, resilient and strengthened health workforce that will change the narratives in the healthcare delivery system in Nigeria.

Fellownurses.com

## LIST OF CONTRIBUTORS TO THE NIGERIA SDNM

### CONCEPTUALIZATION WORKING GROUP

<b>1</b>	Prof. Chika G. Ugochukwu	Consultant, Dept. of Nursing Science, Ebonyi State University, Abakaliki, Ebonyi State
<b>2</b>	Dr. Olumuyiwa Ojo	World Health Organization, Abuja
<b>3</b>	Francisca Okafor	Federal Ministry of Health & Social Welfare, Abuja
<b>4</b>	Talatu Waziri	Federal Neuropsychiatric Hospital, Kaduna State
<b>5</b>	Abdullahi S. Muazu	State Ministry of Health (SMoH), Kebbi State
<b>6</b>	Gladys Abba Babaji	SMoH, Taraba State
<b>7</b>	Ahmed Shuaibu Tsafi	FMC, Nguru, Yobe State
<b>8</b>	Shehu Adamu Toro	National Obstetric and Fistula Center, Ningi, Bauchi State
<b>9</b>	Fadimatu Umaru	Modibo Adama University Teaching Hospital, Yola, Adamawa State
<b>10</b>	Baba Musa Giade	Federal Teaching Hospital (FTH), Gombe State
<b>11</b>	Grace Leo Musa	Ministry of Health, FCT, Abuja
<b>12</b>	Abdussalam W. Amina	School of Nursing (SON), UITH, Ilorin, Kwara State,
<b>13</b>	Naomi Yakubu	FMC, Jabi, FCT, Abuja
<b>14</b>	Mary Opane Samuels	FMC, Keffi, Nasarawa State
<b>15</b>	Martina Oguche	SMoH, Kogi State
<b>16</b>	Adeniji Oluwabunmi	SON, FETH, Ido-Ekiti, Ekiti State
<b>17</b>	Dr. Patricia O. Onianwa	University College Hospital, Ibadan, Oyo State
<b>18</b>	Aderonke Adetunji	SON, LUTH, Lagos State
<b>19</b>	Dr. Alice Ogundele	SMoH, Ondo State
<b>20</b>	Dorcas Shonibare	SMoH, Lagos State

Fellownurses.com

<b>21</b>	Ifeyinwa Okabe	SMoH, Abakaliki, Ebonyi State
<b>22</b>	Dr. Henrietta Okedo	Department of Nursing, Tansian University, Umunya, Anambra State
<b>23</b>	Dr. Juliana Nwazuruoke	College of Nursing & Midwifery, Nkpor, Anambra State
<b>24</b>	Elsie Njemanze	FMC, Owerri, Imo State
<b>25</b>	Jessie Ekpemiro	FMC, Umuahia, Abia State
<b>26</b>	Eweka Abieyuwa	College of Nursing Sciences, UBTH, Benin City, Edo State
<b>27</b>	Prof. Faith Diorgu	University of Port Harcourt, Rivers State
<b>28</b>	Ime Raphael Okon	University of Uyo Teaching Hospital, Uyo, Akwa Ibom State
<b>29</b>	Felicia Akpabio	University of Calabar Teaching Hospital, Calabar, Cross River State
<b>30</b>	Toyin Ofere	National Association of Nigerian Nurses and Midwives (NANNM), Abuja
<b>31</b>	Christina J. Bawa	NANNM, Abuja
<b>32</b>	Olatunji A. Filade	Nursing & Midwifery Council of Nigeria (N&MCN), Abuja
<b>33</b>	Adigun Olasimbo R.	N&MCN, Abuja
<b>34</b>	Wing Commander Visan	Nigerian Air Force, Abuja
<b>35</b>	Suleiman A. M. S.	FMC, Katsina State
<b>36</b>	Dr. Abdulraham Sani	Uthman Dan Fodio University, Sokoto State
<b>37</b>	Olubunmi Lawal	MARCH HealthCare Initiative, Abuja
<b>38</b>	Louisa Ukut	Federal Ministry of Health & Social Welfare, Abuja

Fellownurses.com

<b>39</b>	Kudirat Sanni	Federal Ministry of Health & Social Welfare, Abuja
<b>40</b>	Joy Mark- Balm	Federal Ministry of Health & Social Welfare, Abuja
<b>41</b>	Helen Ukpong	Federal Ministry of Health & Social Welfare, Abuja
<b>42</b>	Emem N. Ephraim	Federal Ministry of Health & Social Welfare, Abuja
<b>43</b>	Yahaya Sani Ahmed	School of Post Basic Peri OpNursing, ABUTH, Zaria
<b>44</b>	Nnenna Godwin	Federal Ministry of Health & Social Welfare, Abuja
<b>45</b>	Chima Okekpa	Federal Ministry of Health & Social Welfare, Abuja
<b>46</b>	Yusuf Moses Ato	Federal Ministry of Health & Social Welfare, Abuja
<b>47</b>	Lura Ishaya	Federal Ministry of Health & Social Welfare, Abuja
<b>48</b>	Aminu Inua	Federal Ministry of Health & Social Welfare, Abuja
<b>49</b>	Francis Okon	Federal Ministry of Health & Social Welfare, Abuja
<b>50</b>	Mr. Peter Nwajiogu	Federal Ministry of Health & Social Welfare, Abuja

Fellownurses.com

## LIST OF CONTRIBUTORS TO THE NIGERIA SDNM

### FINALIZATION WORKING GROUP

1	Prof. Chika G. Ugochukwu	Consultant, Department of Nursing Science, Ebonyi State University, Abakaliki State
2	Prof. Saleh N. Garba	Consultant, Department of Nursing Science, Bayero University, Kano. Kano State
3	Dr. Bello Inuwa	World Health Organization, Abuja
4	DNS Francisca Okafor	Federal Ministry of Health & Social Welfare (FMoH&SW), Abuja
5	Shehu Adamu Toro	National Obstetric and Fistula Center, Ningi, Bauchi State
6	Abdussalam W. Amina	School of Nursing (SON), UITH, Ilorin, Kwara State,
7	Martina Oguche	SMoH, Kogi State
8	Dr. Patricia O. Onianwa	University College Hospital, Ibadan, Oyo State
9	Dr. Alice Ogundele	SMoH, Ondo State
10	Dr. Henrietta Okedo	Department of Nursing, Tansian University, Anambra State
11	Olubunmi Lawal	March Healthcare Initiative, Abuja
12	Felicia Akpabio	Top Faith University Mkpatak, Ikot Ekpene, Akwa Ibom State
13	Toyin Ofere	National Association of Nigerian Nurses and Midwives (NANNM), Abuja
14	Louisa Ukut	Federal Ministry of Health & Social Welfare, Abuja
15	Kudirat Sanni	Federal Ministry of Health & Social Welfare, Abuja
16	Elanah A. Sube	Federal Ministry of Health & Social Welfare, Abuja

Fellownurses.com

17	Fatima Ajiboye	Federal Ministry of Health & Social Welfare, Abuja
18	Nnenna Godwin	Federal Ministry of Health & Social Welfare, Abuja
19	Faustina Ndianatuegwu	Nurse Tutor Program (NTP), Enugu State
20	Yusuf Ato Moses	Federal Ministry of Health & Social Welfare, Abuja
21	Princess O. Akinmarin	Federal Ministry of Health & Social Welfare, Abuja
22	Mercy Nwafor	Federal Ministry of Health & Social Welfare, Abuja
23	Friday Odaudu	Federal Ministry of Health & Social Welfare, Abuja

Fellownurses.com

## PARTICIPANTS AT FINAL VALIDATION

<b>1</b>	Prof. Chika G. Ugochukwu	Consultant, EBSU, Abakaliki. Ebonyi State
<b>2</b>	Prof. Saleh N. Garba	Consultant, BUK, Kano. Kano State
<b>3</b>	Dr. Olumuyiwa Ojo	World Health Organization, Abuja
<b>4</b>	Dr. Bello Inuwa	World Health Organization, Abuja
<b>5</b>	Francisca Okafor	Federal Ministry of Health & Social Welfare, Abuja
<b>6</b>	Shehu Adamu Toro	National Obstetric and Fistula Center, Ningi, Bauchi State
<b>7</b>	Abdulsalam W. Amina	School of Nursing (SON), UITH, Ilorin, Kwara State,
<b>8</b>	Martina Oguoche	SMOH, Kogi State
<b>9</b>	Dr. Patricia O. Onianwa	University College Hospital, Ibadan, Oyo State
<b>10</b>	Dr. Alice Ogundele	SMOH, Ondo State
<b>11</b>	Nike Kehinde	Centre for Clinical Care and Research in Nursing (CCCRN)
<b>12</b>	Dr. Henrietta Okedo	Department of Nursing, Tansian University, Anambra State
<b>13</b>	Felicia Akpabio	University of Calabar Teaching Hospital, Calabar, Cross River State
<b>14</b>	Uloma Mbanaso	Marigold Nursing Agency Ltd, Lagos
<b>15</b>	Pamela Gado	USAID, Abuja
<b>16</b>	Dr. Aderemi Azeez	Federal Ministry of Health & Social Welfare, Abuja
<b>17</b>	Elsie Njemanze	Federal Teaching Hospital, Owerri, Imo State
<b>18</b>	Dr. Abdullahi Haruna	BUK, Kano
<b>19</b>	Chioma Amadi	Imo State House of Assembly, Owerri, Imo State
<b>20</b>	Dorcas Shonibare	Ministry of Health, Lagos State
<b>21</b>	Naomi Yakubu	Federal Medical Center, Jabi, Abuja

Fellownurses.com

<b>22</b>	Sunday Ali	Modibo Adama University Teaching Hospital, Yola, Adamawa State
<b>23</b>	Jessie Ekpemiro	FMC Umuahia, Abia State
<b>24</b>	Yahaya Sani Ahmed	School of Post Basic Peri-operative Nursing, ABUTH, Zaria
<b>25</b>	Prof Faith Diorgu	University of Port Harcourt, Rivers State
<b>26</b>	Mary Opane Samuels	Ministry of Health, Nasarawa State
<b>27</b>	Adigun Olasimbo R.	N&MCN, Abuja
<b>28</b>	Aderonke Adetunji	SON, LUTH, Lagos State
<b>29</b>	Grace Leo	Ministry of Health, FCT, Abuja
<b>30</b>	Deborah Agabi	Ministry of Health, Taraba State
<b>31</b>	Dr. Juliana Nwazuruoke	College of Nursing and Midwifery, Nkpor, Anambra State
<b>32</b>	Suleiman A. M. S.	FMC Katsina
<b>33</b>	Wing Commander Ann Akujuobi	Nigerian Air Force, Abuja
<b>34</b>	Louisa Ukut	Federal Ministry of Health & Social Welfare, Abuja
<b>35</b>	Sube Elanah A.	Federal Ministry of Health & Social Welfare, Abuja
<b>36</b>	Fatima Ajiboye	Federal Ministry of Health & Social Welfare, Abuja
<b>37</b>	Emem Ephraim	Federal Ministry of Health & Social Welfare, Abuja
<b>38</b>	Olubunmi Lawal	MARCH Health Care Initiative, Abuja
<b>39</b>	Nnenna Godwin	Federal Ministry of Health & Social Welfare, Abuja
<b>40</b>	Yusuf Ato Moses	Federal Ministry of Health & Social Welfare, Abuja
<b>41</b>	Faustina Ndianatuegwu	Nurse Tutor Program (NTP), Enugu State
<b>42</b>	Baba Madu Mari	United Nations Population Fund (UNFPA)
<b>43</b>	Emilene Anakhuekha	United Nations Population Fund (UNFPA)

**ATTENDANCE LIST OF EDITORIAL COMMITTEE FOR FINAL REVIEW  
OF NSDNM DOCUMENT HELD ON 24th, APRIL 2025.**

<b>S/N</b>	<b>NAMES</b>	<b>ORGANIZATION</b>
<b>1</b>	Dame Francisca Okafor	FMOH&SW
<b>2</b>	Prof. Chika G. Ugochukwu	Consultant, EBSU, Abakaliki. Ebonyi State
<b>3</b>	Prof. Saleh N. Garba	Consultant, BUK, Kano. Kano State
<b>4</b>	Dr. Muiyiwa Ojo	World Health Organization
<b>5</b>	Lawal-Aiyedun Olubunmi	MARCH Care Initiative
<b>6</b>	Dr. Uchechukwu Nwokwu	FMOH&SW
<b>7</b>	Ejiogu Stellamaris	FMOH&SW
<b>8</b>	Dr. Adebayo Olufemi	FMOH&SW
<b>9</b>	Louisa Edet Ukut	FMOH&SW
<b>10</b>	Dr. Olarenwaju Olatunji S.	FMOH&SW
<b>11</b>	Mrs. Oguche Martina	DNS Kogi
<b>12</b>	Fatima Tayo Ajiboye Ismail	FMOH&SW
<b>13</b>	Emem Nelson Ephraim	FMOH&SW
<b>14</b>	Faustina Ndianatuegwu	FMOH&SW
<b>15</b>	Nya Joel	FMOH&SW
<b>16</b>	Christopher N. Mercy	FMOH&SW

Fellownurses.com

## REFERENCES

- BHCPF2.0 (2023). Basic Health Care Provisions Fund [info@nhphcda.gov.ng](mailto:info@nhphcda.gov.ng)
- FMoH (2023). National Policy on Health Workforce Migration
- FMoH (2020). National Human Resources for Health Strategic Plan 2021- 2025  
[www.fmoh.gov.ng](http://www.fmoh.gov.ng)
- FMoH (2014). National Health Act, FMoH
- FMoH (2022). Nigeria Health Workforce Profile [www.fmoh.gov.ng](http://www.fmoh.gov.ng)
- FMoH & S.W. (2023). Nigeria Health Sector Renewal Investment Initiative  
[www.fmoh.gov.ng](http://www.fmoh.gov.ng)
- FMoH (2023). Sector-Wide approach. (SWAp) 2023 National Council on Health 64<sup>th</sup> National Council on Health [www.health.gov.ng](http://www.health.gov.ng)
- NMCN (2004). Nursing & Midwifery Council of Nigeria Establishment Act.79 of 1979/ Amendment Act. Cap. No 143 Laws of the Federation of Nigeria, 2004.
- NMCN (2023). List of Approved Nursing and Midwifery Training Institutions in Nigeria [www.nmcn.gov.ng](http://www.nmcn.gov.ng) accessed 18<sup>th</sup> December 2023
- Twigg, D.E., Geelhoed, E.A., Brenner, A.F.& Duffield, C. M. (2013). The economic benefit of increased levels of nursing care in the hospital setting, JAN.69:10:2253 – 2261
- United Nations (2015). Transforming our world: the 2030 Agenda for Sustainable Development. The resolution was adopted by the General Assembly on 25 September 2015. New York, NY: United Nations.
- UNFP (2021). State of the world's midwifery 2021. New York, NY: United Nations Population Fund; 2021
- WHO (2021). Global Strategic Directions for Nursing and Midwifery 2021 – 2025. Geneva: World Health Organization; 2021.

Fellownurses.com

WHO (2016). WHO Global strategy on human resources for health: workforce 2030. World Health Organisation Published Online First: 2016

<https://apps.who.int/iris/handle/10665/250368>

WHO (2020). International Year of the Nurse and the Midwife: A72/54 Rev.1. Geneva, Switzerland: World Health Organization; 2019.

WHO (2020). State of the World's Nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020.

WHO/AFRO (2021). The state of the health workforce in the WHO African Region. Brazzaville, Republic of Congo: World Health Organization, Regional Office for Africa 2021. <https://apps.who.int/iris/bitstream/handle/10665/348855/9789290234555-eng.pdf?sequence=1>

WHO (2020). International Year of the Nurse and the Midwife: A72/54 Rev.1. Geneva, Switzerland: World Health Organization; 2019.

Fellownurses.com

Fellownurses.com

Fellownurses.com