Health Workforce "Innovative Approaches and Promising Practices" Study

Attracting and Retaining Nurse Tutors in Malawi

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Acronyms

CHAM	Christian Health Association of Malawi
DFID	Department for International Development
GTZ	German Technical Cooperation
HIPC	Highly Indebted Poor Countries
HR	Human Resources
HRH	Human Resources for Health
ICCO	Interchurch Organisation for Development Co-operation
KCN	Kamuzu College of Nursing
LATH	Liverpool Associates in Tropical Health
MK	Malawi Kwacha
MOH	Ministry of Health
NCA	Norwegian Church Aid
NMCM	Nurses and Midwives Council of Malawi
NT	Nurse Technician
NMT	Nurse Midwife Technician
RN	Registered Nurse
SWAp	Sector Wide Approach
USAID	United States Agency for International Development
VSO	Volunteers in Service Overseas

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Executive Summary

This paper focuses on the scheme by the Malawi Ministry of Health (MOH) to retain nurse tutors in collaboration with the Christian Health Association of Malawi (CHAM). It chronicles the scheme's successful elements for purposes of eventual replication, suggests how to address some of the challenges and identifies effective incentives, including salary supplements.

Retaining nurse tutors is central to the Malawi health system because they train nurse technicians, who serve primarily in rural and deprived areas and are essential to the health care delivery system. Failure to retain nurse tutors can only exacerbate nurse technician shortages, which exceed 80% in some districts. Several other African countries face the same challenges and may benefit from Malawi's experience.

The faith-based organizations that are members of CHAM operate 10 auxiliary nurse training institutions, whose graduates represent 80% to 90% of the public and private auxiliary nurse workforce in rural areas. A shortage of nurse tutors in the late 1990s brought several CHAM training institutions to the verge of closing. As a result the MOH instituted a salary supplement scheme to attract and retain nurse tutors, starting in 1997 with Interchurch Organisation for Development Co-operation (ICCO) funding. The German Technical Cooperation (GTZ) began funding the scheme in 2001 when the ICCO funding ended.

The features of the nurse tutor retention scheme are:

- Salary supplements
- Free staff housing
- Obligation to serve for a period of time in return for educational scholarships (bonding).

Some institutions provide additional incentives, including:

- Additional salary supplements
- Transportation to work for commuters
- Transportation for home visits
- Training and educational opportunities
- Free utilities.

The incentive program has its strengths and weaknesses, but it has ultimately been deemed successful in attracting and retaining nurse tutors, particularly since 2002, which closely followed the inception of GTZ support. All nurse training institutions have remained open since 2000. The number of nurse tutor and clinical instructor posts has increased and remains relatively stable. As of September 2005 there were 71 tutors and 22 assistant tutors across the ten nurse technician training institutions operated by members of CHAM compared to 39 tutors and 12 assistant tutors in 2000.

A key element in the retention scheme's success is its targeting and selectivity. Planners knew that the supply of tutors was scarce and worked to ensure that there would be a reliable supply. Another key element is the public-private partnership through seconding of government health workers to private, faith-based training institutions. This partnership helped attract faith-based donors for infrastructure development programs in many of the institutions to improve and expand training facilities and staff and student accommodations. The quality of staff accommodations is a major attraction and retention factor, as is the quality of classroom facilities. Other key factors in attracting and retaining tutors are proximity to home and family and promotions within institutions.

Several factors constrain the effectiveness of the retention scheme:

- Government employees seconded to CHAM institutions as tutors have no promotion prospects until they return to government service
- Monetary incentives can be perceived as an entitlement and no longer serve their initial purpose
- Forcing people into positions and careers in which they are not interested reduces their commitment to the job
- Weak human resources management systems and practices hinder effectiveness and negatively affect follow-through on the conditions of scholarships, deployment, enforcement of bonding and support for and communication with seconded government workers
- The length of time it takes to produce tutors may reduce supply
- Educational opportunities may take tutors away from their posts.

Recommendations to strengthen workforce planning and support for this type of initiative are as follows:

- Balance long-term considerations, such as career development, with short-term responses to workforce shortages, such as monetary retention schemes
- Recognize the tutor position in the scheme of service and offer career progression for government workers regardless of employment arrangements
- Offer relevant training opportunities such as short courses that allow tutors to continue their service with minimal interruptions
- Invest in non-monetary incentives, such as housing and instructional facilities, that are sustainable and build institutional capacity
- Review retention schemes regularly to ensure that they meet people's needs and achieve their intended purpose
- Ensure that health workers and those being recruited know the purpose of retention schemes
- Ensure that employees have adequate and continuing support, such as supportive supervision and discussion of work and welfare issues, and are encouraged to give feedback.

1. Introduction

The shortage of health workers in Malawi has been at a crisis point for at least the past eight years. Currently, of 6,084 established nursing positions[1], 64% are vacant. Six districts have nurse vacancy rates of more than 70%.[2] A 2002 health facility survey found that 15 of the 26 districts had less than 1.5 nurses out of the established number of two per health facility, while five districts had less than one nurse per facility.[3]

Several factors contribute to these shortages, including poor working conditions, low output at training institutions, high failure rates on nursing exams, movement to other occupations, non-competitive pay, migration to other countries (primarily the UK[4]) and the HIV/AIDS pandemic, which has been blamed for a death rate among Malawi's health workers of up to 2% per annum.[5]

There are several factors of particular importance to the retention of nurse tutors. Unequal access to training opportunities is especially problematic for government nurses seconded for two years or more as tutors to nongovernmental training institutions. While they are seconded, these nurses have their careers put on hold, and they do not learn of and are not given access to training opportunities offered to their government colleagues.

Ministry of Health (MOH) deployment procedures are unclear and discourage retention of nurse tutors as well as other health workers. There are currently few mechanisms to manage the movement of staff into and through the health service and between the public and private sectors. There is limited information to inform deployment decisions. Currently there is still an imbalance between urban and rural postings as well as between tertiary and primary level care facilities. There is little tracking to ensure that people go to and stay at their posts. Generally, there is little or no consultation with health workers regarding their assignments. This lack of procedures and consultation has a negative impact on attraction and retention of the health workforce. Staff attitudes toward deployment are also weakened by inconsistency in the application of personnel regulations and policy.

Likewise, there is no visible functioning performance appraisal system. Therefore it is hard to ensure quality, encourage positive performance, address performance problems and ensure career development. There are no visible links between incentives and performance. This issue applies to nurse tutors and clinical instructors as well and is exacerbated by the fact that they are outside the MOH career stream during their assignments.

2. Presentation of the Promising Practice

2.1 Overview

The Malawi MOH developed a nurse tutor and clinical instructor retention scheme starting in 1997 in collaboration with CHAM training institutions and with the support of Dutch and German donor organizations. It included salary supplements, free staff housing and an obligation to serve for a period of time in exchange for educational scholarships.

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[1] This number includes those who serve as nurse tutors.
[2] Ntaba H. Improving retention of HRH in Malawi. Paper presented at the East, Central and Southern African Health Community (ECSA) meeting of regional health ministers; 6-10 Feb 2006; Mombassa, Kenya.
[3] Government of Malawi and Japan International Cooperation Agency. Malawi health facility survey 2002 report. Lilongwe, Malawi: Ministry of Health and Population, 2002.
[4] Nurses validated abroad. Nurses and Midwives Council of Malawi, 2006.
[5] Harries AD, Hargreaves NJ, Gausi F, Kwanjana JH, Salaniponi FM. High death rates in health care workers and teachers in Malawi. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 2002;96:34-7.

This paper describes the process by which the MOH and CHAM have managed the scheme, the difficulties they have faced and the plans they have developed to make it more self-sustaining over time.

History

In the late 1990s the MOH recognized that there was a severe shortage of human resources for health (HRH) and that urgent action was needed. The shortages were particularly severe among nurses as a result of inadequate supply and production and increasing migration. Most nurses were being trained in institutions operated by faith-based organizations and overseen by CHAM. CHAM oversees 10 of the 11 training institutions producing nurse/midwife technicians, accounting for more than 70% of this frontline cadre of nurses required by the public and private non-profit health sectors. However, in their earlier years, CHAM institutions had limited capacity, producing only 10 to 15 per year and mainly for staffing CHAM hospitals. As a result, increasing the numbers of students and tutors was a particular challenge for these institutions.

In 1999, six CHAM institutions were closed because of a lack of tutors, and those that remained open took in a combined 59 trainees. Data available for this period show that 240 nurses per year were being lost to the health sector through death, retirement, resignations and migration.[6]

After a series of efforts to address HRH issues in the late 1990s, the MOH developed a Six-Year Emergency Pre-Service Training Plan in 2001, an Emergency Human Resource Programme in 2004 and a HRH strategic framework in 2005 to ensure the harmonization and strategic alignment of the various HRH plans, strategies and activities. The planned interventions were to produce more than 15,000 health workers by the end of the plan period, 2,000 of which would be existing staff receiving improvement courses.[7] They focused on the most essential training needs, including the production and retention of nurse tutors to staff training institutions, and aimed to increase the enrollment of nurse technicians at CHAM training institutions to 410 per year by 2005. The plan was to train generic registered nurses who would serve as tutors and clinical instructors, and to train clinical nurse tutors, nursing tutors and tutors for technical support services through post-basic training programs. The program included a range of solutions to address staffing shortages, with specific strategies to improve recruitment and retention of nurse tutors to reach staffing targets.

A key study found that although the MOH was seconding tutors to the training institutions, many of these tutors were not going to their posted institutions, primarily because of geographical isolation and conditions of service. The study recommended revising and extending a short-term incentive package beyond the funding provided first by ICCO and later by GTZ. However, it also proposed some long-term strategies:

- Training enough tutors to meet required tutor-to-student ratios
- Developing a career structure for government nurse tutors
- Revising conditions of service not only to retain those in service but also to attract more tutors into the system.[8]

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[6] Status report on discussions with the MoHP on the special programme for medical doctors and new MoPH proposal for use of funds.
[7] World Bank and Government of Malawi. Human resources and financing for the health sector in Malawi. Washington, DC: World Bank, 2004.
[8] Human resources in the health sector: toward a solution. Lilongwe, Malawi: Ministry of Health, Republic of Malawi, 2004.

The institutions estimated that about 160 new tutors and senior academic staff would be required to achieve the expanded enrollment levels. Targets were not met for a number of reasons including funding shortfalls, lack of student and staff housing, lack of adequately trained tutors and poor access to qualified students.[9]

The HRH strategic framework proposes various strategies and activities to increase the number of trained health workers in the sector. These include:

- Ensuring that all training institutions are operating at 100% capacity
- Ensuring that existing tutor-to-student ratios are in line with national standards (1:10)
- Developing institutional staffing plans to guide and direct the recruitment, career development and retention of tutors
- Developing retention packages based on a mix of monetary and non-monetary incentives tied to position and performance (e.g., top-ups, housing, teaching facilities and materials, career advancement and training opportunities, support systems)
- Developing and implementing performance management systems for tutors
- Developing indicators to monitor retention and performance.

2.2 Activities to Implement the Promising Practice

In an effort to comprehensively address the production, recruitment and retention of health workers and nurse tutors in particular, the MOH has developed a contractual relationship with CHAM institutions. The MOH provides funding for tuition for nursing students and for nurse tutors and clinical instructors. The majority of nurse tutors are government employees, while a small number are employees of CHAM institutions. This approach ensures that the training institutions are functioning and adequately staffed.

Since 1999 the MOH, with the assistance of funding organizations, has provided the following support:

- Student and staff grants to the institutions so that cost (i.e., student fees) and staff salaries are not a barrier to increased enrollment
- Funding for training institutions' operational costs
- Scholarships for a "direct entry" BSc in nursing, producing registered nurse generalists, and for two-year BSc programs in nurse education, health management or community health nursing to improve the supply of nurse tutors
- Bonding and seconding graduates/nurse tutors for two years to work in the training institutions in return for fully paid tuition
- Supporting recruitment of expatriate nurse tutors through Volunteers in Service Overseas (VSO) to fill tutor shortfalls in the short term
- Programs to improve and expand training facilities and staff and student accommodations at many of the institutions.

In addition, CHAM has secured donor support for a tutor retention scheme to improve staffing and to attract and retain both CHAM and government-seconded tutors. The salary top-ups for nurse tutors were deemed necessary to attract sufficient staff to keep the training institutions functioning and to achieve the planned enrollment targets.

[9] Martin-Staple AL. Proposed 6-year human resource relief programme for the Malawi health sector. Volume II: training and tutor incentive. Durham, NC: Health Strategies International LLC, 2004.

From 1997 to 2001, the CHAM institutions received support from ICCO for tutor incentives (including salary supplements, telephone and electricity allowances, education scholarships and children's school fees) and student sponsorship.[10] From 2000 to 2006, the GTZ provided salary top-ups valued at 7,500 MK[11] for tutors and 3,750 MK for assistant tutors, as well as funds for student sponsorship and curriculum development. This amount supplements a monthly salary that ranges from 13,000MK to 20,000MK, including standard allowances provided to all staff. The salary top-up was to cover the following:

- Transportation costs for visiting family and shopping
- Electricity and water
- Medical services (for tutor, children and spouse).

CHAM employs other strategies to motivate and retain tutors, including a multi-level career structure for nurse tutors employed by CHAM-affiliated institutions. In 2006 it began recruiting and promoting staff against this career structure. It includes the following grades:

1. College principal
2. Principal tutor
3. Senior tutor
4. Tutor
5. Assistant tutor
6. Clinical instructor.

With the support of Norwegian Church Aid (NCA), CHAM organizes exchange programs whereby Norwegian tutors provide specialized training in the CHAM institutions and CHAM tutors go to Norway for training in specialized health care topics and teaching methods. CHAM also provides tutors with training and education scholarships for short courses and degree and master's programs, some of which are funded by Cordaid.[12]

CHAM receives substantial funding and technical assistance from NCA for the construction of teaching and staff and student facilities. This support is critical to attracting and retaining nurse tutors, given that quality housing ranks second only to financial incentives in terms of importance, based on a sample of nurse tutors. The quality of educational facilities is also important to attracting and retaining tutors.

To attract and retain increased numbers of essential health workers, the government provided a 52% salary increase for 11 cadres, or staff categories, including nurse tutors, in March 2005. Health workers received another salary increase in 2006, which has doubled the salary of higher-level health workers. To operate in line with national pay reform policy, which consolidated salaries and allowances, and to continue to support retention of critical cadres, the MOH advocates use of non-monetary incentives for specific groups of health workers. In 2005, it approved a proposal for short-term and long-term incentives for nurse tutors at CHAM training institutions and professional health workers deployed at remote public health facilities.

The non-monetary incentives proposed are as follows:

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[10] Proposal for the continuing CHAM training school students and tutors under ICCO funding to be recruited under the HIPC Programme. Lilongwe, Malawi: Ministry of Health and Population, 2001.
[11] The exchange rate is about 112MK to US$1.
[12] Cordaid is an international development organization that regroups four Dutch associations: Bilance; Memisa; Mensen in Nood; and Vastenaktie.

- Promotion for tutors within the CHAM tutor career structure[13]
- Free housing
- Free medical services
- Subsidized utilities
- Transportation for shopping
- Education and training opportunities
- Loan schemes
- Improved supervision, mentoring and communication systems.

The GTZ funding for salary supplements was due to be phased out in June 2005. When the GTZ stopped funding incentives in recognition of the 52% salary increase for health workers[14], CHAM received a communiqué signed by all principal tutors to the effect that "government seconded tutors whose contracts were about to end expressed interest to go back and work in hospitals if the incentive is not reconsidered." This came as 50% of government tutors were due to complete their contracts in December 2005. If many of these tutors had left without renewing their contracts, this would have created a severe shortage, forcing some of the training schools to close again.

GTZ agreed to continue funding the salary supplements until February 2006, while the government and CHAM discussed a new strategy. In 2006 CHAM agreed with the MOH that it would maintain the monetary incentives to tutors and fund them using a percentage of the overhead it receives for administering the MOH-funded student grants.

3. Achieved Results

3.1 Summary

All of the nurse training institutions have remained open since 2000, a little more than two years after the salary supplement program began. The number of nurse tutors and clinical instructors began to increase and currently remains relatively stable.

The following table shows the total number of nurse tutors (T), assistant tutors (AT) and clinical instructors (CI) staffing the 10 CHAM institutions.

Year	T, AT, CI
2000	43
2001	34
2002	46
2003	58
2004	71-79[15]
2005	97-105
2006	100-108[16]

[13] This promotion proposal would only apply to tutors hired directly through CHAM institutions. There is currently no establishment position for government-seconded tutors.
[14] Because the 52% increase was based on already-low base salaries for nurses averaging 6,000MK (46US$) and includes a tax on previously untaxed allowances averaging 16,100MK (124US$), most nurses saw an actual monthly increase of only 2,000MK or 15US$.
[15] The range shown from 2004 through 2006 is due to the difference in the way that Malamulo College of Health Sciences counts its tutors. It appears that Malamulo College includes part-time tutors as well as professors from the college who teach occasional classes. Using the lower number is probably a more accurate reflection of the numbers of full-time tutors, based on the numbers that the Malamulo College staff shared with the Capacity Project team.
[16] A total of 11 out of 26 clinical instructors are VSOs.

Anecdotal information suggests that in 2002/03, 80% of those posted arrived at their postings and stayed, which explains why the numbers climb after 2002 following a dip in 2001. Furthermore, there was an increase in the numbers applying to CHAM for jobs as tutors.

CHAM reports that the number of graduates has grown from approximately 100 in 1999 to 396 in 2005 against a target that year of 400.[17] Enrollment data for September 2005 indicate that the institutions have a total enrollment in Years 1, 2 and 3 of 764 students. In 2005, CHAM and the MOH set a goal for the training institutions to increase intakes to 500 per year by 2007. Anecdotal information suggests that intakes as of April 2006 will exceed the 500 target.

By ensuring that tutors are attracted to and retained in these institutions, the health sector can improve the supply of this critical category of health worker. CHAM has resources to continue most of the salary supplement program through the overhead each institution charges on government-funded nursing student scholarships.

3.2 Meetings and Interviews

The Capacity Project team met with 36 people and conducted a mix of interviews and focus groups. The team started at the national level with the MOH, CHAM, the Nurses and Midwives Council of Malawi (NMCM), the Kamuzu College of Nursing (KCN), University of Malawi and representatives of bilateral aid organizations, and then visited five of the CHAM-affiliated nurse training institutions in the central and southern regions of Malawi. The team also conducted a brief survey with leaders of all 10 CHAM-affiliated institutions during one of their quarterly meetings in Lilongwe.

Respondents agree that the nurse tutor retention scheme has succeeded in keeping the 10 CHAM-affiliated nurse training institutions staffed with enough tutors for them to operate. Depending on their vantage point, respondents have different views as to the sustainability and desirability of the monetary portion of the scheme, and everyone questions its future in the medium to long term. The tutors see the salary supplements as essential, as do those managing the nurse training institutions. The MOH and bilateral aid agencies would like to end monetary incentives in favor of non-monetary incentives.

Because most nurse tutors are seconded from the government, their concerns were the most widely shared. All tutors want to maintain and even increase their monetary incentives, which vary depending on additional salary supplements offered by some institutions.[18] Those tutors who work close to where their families live are more likely to be happy with their situation and even to extend their service beyond the two-year contract to which they are bound. Many tutors maintain two households because they work far from where their families live; as a result they plan to leave as soon as their contract is over.

The Mulanje School of Nursing conducted a retention survey[19] that generated the following rank-ordered findings regarding the major factors that nurse tutors consider when deciding whether to stay:

1. Monetary incentives

[17] CHAM training colleges comprehensive plan. Christian Health Association of Malawi, 2005.
[18] Mostly around 4,000MK. In one institution the principal receives an additional salary supplement of 12,000MK and the principal tutor receives 8,000MK.
[19] The survey results were shared verbally by the director of the Mulanje School of Nursing.

2. Housing: availability and quality
3. Further training/career options.

The survey conclusions reflected what the Capacity Project team heard reported in other institutions. After incentives, housing is the most common reported concern. The lack of accommodations keeps institutions from attracting and retaining nurse tutors and from increasing the numbers of nursing students. NCA is building several tutor housing units in response to that concern as part of its contribution to the Sector Wide Approach (SWAp). Tutors are eager to enjoy better living conditions, and school administrators expect the housing to attract more tutors.

Working and living conditions for students are on the minds of principal tutors. Student hostels and additional classrooms are another feature of the NCA construction program. In addition, NCA is providing computers and strengthening library capacity at the CHAM-affiliated institutions.

NCA also conducts an exchange program between nurse training institutions and universities in Norway, in which Norwegian faculty teach for six weeks in Malawi and Malawian nurses attend Norwegian universities. The program includes curriculum improvements emphasizing learner-centered methods, a shift from the teacher-centered approach that has prevailed.

Access to higher education is an important retention factor. Malawians place a high value on education. It confers status and provides opportunities for better employment, whether in Malawi or another country. Several of the institutions offer opportunities for higher education.

Another key concern is transportation. Those living on campus away from their primary homes need transportation for family visits, to shop and to take their children to school. Commuters need transportation from a common point to the school or between various clinical instruction sites. Although most schools provide some transportation, that does not meet all needs. Also, because schools are part of a large mission complex, which includes a hospital, the limited transportation available serves people besides tutors, including patients and students.

MOH and CHAM leaders want to do everything possible to attract and retain tutors to keep the institutions open and produce more health workers, and they recognize the importance tutors place on monetary and non-monetary incentives. Though they recognize that nurse tutors have legitimate needs, the leaders feel as though the tutors know they can persist in making demands for incentives because of their relative scarcity and ability to organize. The MOH and CHAM are concerned about what may happen when funding for incentives is disrupted.

Using a portion of the increased government-funded student scholarships for incentives holds some promise. However, CHAM realizes that this may not suffice over the medium term and has requested supplemental funding in its comprehensive plan.[20] Both the MOH and bilateral aid agencies are concerned about continuing support for financial incentives. They worry about not only the continuing financial commitment that monetary incentives require, but also about the impact on health workers who do not receive these incentives and may resent the special consideration given to nurse tutors.

None of the respondents described a systematic approach to performance feedback. Where there is a performance evaluation system, it is not adapted to tutors. Some principals use student results on exams as a means of assessing tutor performance. They also speak with

[20] CHAM training colleges, comprehensive plan.

students to get their feedback on tutor performance and occasionally sit in on classes. All acknowledged that they would like to institute a more systematic approach to providing feedback and recognize that it would be beneficial. However, in the absence of a career path for government-seconded tutors, such a system would have little meaning.

4. Discussion and Perspectives

4.1 Facilitating Factors

Strategic human resources management and development

The tutor retention strategy was one of several MOH strategies to improve production, recruitment and deployment of health workers as part of a comprehensive six-year emergency HR program to address staff shortages and other HRH constraints. In addition the MOH had effective intelligence and sound evidence on which to base development of an appropriate and effective mix of short- and long-term strategies to address staff retention, particularly nurse tutor retention. Accurate and up-to-date information also enabled the health sector to develop selective and targeted retention strategies and establish staffing requirements and training targets.

Health sector commitment and leadership

The health sector's program of work incorporates the HR plans and programs, and key health partners and donors have demonstrated their support and commitment to implementation.

Public-private partnership

CHAM is seen as a key partner in the delivery of health services in Malawi. It has developed a cooperative and collaborative relationship with the MOH to address tutor shortages. Its role in producing essential health workers means that it can make a substantial contribution to easing nurse shortages. Although the relationship can be challenging at times and CHAM might be perceived as a competitor for scarce human resources, the continuing dialogue between the MOH and CHAM will facilitate collaboration in improving the HRH situation.

Professional development

Tutors have access to a mix of courses to improve teaching skills and knowledge. Registered nurses with generic nursing degrees have access to scholarships to upgrade their qualifications; the Kamuzu College of Nursing (KCN) has developed a short course in teaching methodology for assistant tutors; CHAM offers tutors scholarships for master's degree programs; and NCA funds the exchange programs, exposing tutors to new instructional approaches and methodologies.

Advocacy by CHAM and nurse tutors

Both CHAM and individual nurse tutors are well organized and make sure their needs are known. Nurse tutors know that training institutions could not function without them and consequently would not meet training targets. CHAM has developed a five-year comprehensive expansion plan based on the member institutions' expansion plans. This plan addresses issues of infrastructure development, human resources management (recruitment, retention and development of academic staff), transportation, teaching and learning materials and operational costs. In addition CHAM has managed to mobilize and secure substantial donor and government funding for its operations.

Provision of scholarships

The provision of scholarships for degree programs in higher education has improved the production of nurse tutors.

Effective institutional management

Many of the training institutions have effective management systems in place. They are on track to achieve or exceed the planned training targets. They have produced business plans outlining their expansion plans and financial requirements.

Tutor career structure and recruitment

CHAM has developed a career structure for tutors, which is helping to attract, motivate and retain staff. CHAM has begun recruiting against this structure and has promoted some of its existing staff. Institutions are also recruiting locally, in light of evidence suggesting that tutors are easier to retain if they are from the area and can live at home with their families. Such tutors do not require staff housing, which is currently a very scarce resource.

Infrastructure development

The training institutions have secured funding from government and various donors to construct and expand teaching facilities and student and tutor housing. This infrastructure development will improve the institutions' capacity to attract and retain tutors.

4.2 Constraints

Tutor-to-student ratios

Many training institutions cannot achieve the 1:10 tutor-to-student ratio and have ratios from 1:12 to 1:20 or more. Even the best ratios raise doubts, however, because they are based on total numbers of staff. The reality is that tutors often have 30 to 50 students in their classes at a time, which creates a burden on tutors and can make it harder to retain them. In addition to having difficulties achieving the tutor-to-student ratios, there is also a major constraint to achieving the recommended nurse instructor/preceptor-to-student ratio of 1:5. Most of the training institutions are far from that ratio, ranging from the most optimistic estimate of 1:7 to 1:15 or more.

Competition, time and workload

There is a lot of competition for degree nurses internally from the private sector and nongovernmental organizations and externally from other countries, which draws away nurse tutors and tutor candidates. Another difficulty is the time it takes to produce nurse tutors. Many candidates are registered nurses who already have four years of training. It takes two more years for them to become qualified as nurse tutors. The program offers candidates a choice of nurse education, community health nursing or health administration. Many of the nurses who undertake the extra two years of training do not choose the nurse education specialization because of its uncertain career path and greater difficulty compared with the other two programs, which some see as easier. The result is an inadequate supply of appropriately skilled tutors.

There is also an inadequate supply of clinical instructors, which has a negative impact on the quality of practical training. Many tutors undertake the role of clinical instructor, which is increasing their workloads and may affect the quality of their classroom teaching.

Weak monitoring of scholarships

The government provides scholarships to improve tutor supply but has no system to follow up with scholarship beneficiaries. Many students receive scholarships for the BSc in nurse education but take other courses, such as community health or health services management. This situation is attributed to a number of factors, including weak monitoring by the government, the perception that the nurse education program has a heavier workload and the commonly held view that the community health and health management programs have more clearly defined career pathways and better employment opportunities. KCN enrollment data indicate that of the 30 trainees who enrolled in 2005, only six are taking the nurse education program.

The table below shows the distribution of KCN's post-basic BSc enrollment in 2005.[21]

Total Intake	Nurse Education	Community Health	Health Management
30	6	16	8

However, after completing their studies all graduates are posted to the training institutions and bonded for two years as nurse tutors. Interviewees said this requirement was contributing to tutor shortages as some graduates were refusing to take up their postings. It was also having a negative impact on retention, as those who did not choose the nurse education program are reported to have less interest in education; these graduates are either more likely to break their contracts or less likely to remain after the bonding period. It was also suggested that they might be less committed to the job and lack appropriate teaching skills, which could compromise the quality of their teaching.

Shortages of tutors working as CHAM-affiliated staff

Many of the institutions rely on government-seconded tutors to meet staffing requirements. These tutors serve as part of a bonding arrangement in exchange for their education. Currently 65% of tutors are government seconded, filling many of the principal tutor positions, including college principal. Because these tutors often remain only for the two-year bonding period, relying on them makes the nurse training institutions more vulnerable to staffing shortages.

Tutor career structure

Although 65% of tutors are government employees, there is no official nurse tutor position in the government. Many of those interviewed believed that the absence of a career path for government nurse tutors contributes to the low numbers of trainees undertaking the BSc in nurse education and essentially devalues a career in education. Nurses perceive that community health and health management are more attractive career paths. To be promoted within the health sector, one would probably have to leave teaching. Furthermore, the introduction of a career structure for CHAM tutors may lead to greater dissatisfaction among government tutors who see their colleagues advance while they cannot, which could lead to increased shortages and attrition.

[21] Source: Dean of Nursing, Kamuzu College of Nursing.

Lack of access to government benefits and opportunities

While government tutors are seconded for the two-year bonding period to the CHAM training institutions, their careers are on hold. They are not eligible for promotion within the government system or the CHAM system. Tutors reported that they do not receive information on employment opportunities and have limited access to government training opportunities while they are with the training institutions. This situation adds to their sense of isolation and creates the impression that they have been "forgotten." It also makes it more likely that they will leave the training institutions after the bonding period.

Insufficient housing

Lack of housing is a major constraint in attracting and retaining staff. It reduces institutions' ability to recruit tutors and prevents them from increasing tutoring staff. Institutions reported that they have had to turn away tutors because they do not have adequate staff housing. Some tutors are sharing housing, which they do not see as an appropriate solution given the tutors' status and educational level.

Tutor qualifications

The focus on higher-level training for tutors may contribute to staff shortages, rather than bring more staff into the health system. To the extent that the recommendations of the Medical Council require tutors to upgrade their qualifications to a master's degree level, tutors would not be available to teach during their training, which could reduce the likelihood that newly trained tutors will return to training institutions. Upgrading tutor qualifications might also create greater disparity between tutors and clinical instructors, who generally have a diploma qualification and occupy the lower end of the career structure, and make this group harder to attract and retain.

Additional allowances

Some institutions are financially stronger than others and can provide additional allowances and benefits to attract and retain tutors. This results in increased disparities among institutions and may contribute to internal migration and inadequately staffed institutions in less attractive areas.

Weak information systems

There is limited consistent information available on retention and attrition trends to determine how effective incentives are in improving tutor retention. While this problem could be attributed to recent information technology problems at CHAM, there is no evidence of a functioning system for monitoring and evaluation or indicators to track impact and outcomes. Some institutions report that they have a performance management system in place, but these are not functioning effectively. There is little evidence of systems to manage tutors' time, monitor the quantity and quality of their work and link training and development requirements to the needs of the job. No information is available on selection or promotion criteria; therefore, it is unclear what informs these decisions.

Focus on numbers and quantity

The drive to increase enrollment and meet national ratios may result in an overemphasis on quantity ("number crunching" of students and staff) and less attention to quality and some of the HR issues that are less easily defined. Some of the institutions are close to meeting national ratios based on total numbers of staff; however, some tutors reported that they are teaching classes of 40 students or more. The problem with staffing shortages goes beyond numbers, and the health system needs robust human resources management and development to adequately address other HR issues, such as performance, productivity and motivation.

Monetary incentives

Monetary incentives are difficult to sustain, and they distort salary and compensation packages. Because of publicity about tutor incentives, other health workers may resent tutors' receiving preferential treatment. Those who are not receiving the incentives may be reluctant to support tutors or clinical instructors with responsibilities that, before the introduction of incentives, would have been undertaken jointly. Given how long tutors have been receiving the monetary incentives, they may now view them as an entitlement; as a result, the incentives no longer have the intended impact. Withdrawing them or replacing them with non-monetary incentives could therefore present a problem.

4.3 Lessons Learned

In 2004 the Malawi MOH developed a Sector Wide Approach (SWAp), which has a program of work until 2010 addressing key HR issues, particularly health worker retention. The lessons learned from the tutor incentive package, which predates the SWAp, can help in the implementation of the program of work.

Short-term versus long-term strategies

Monetary retention schemes may be effective in the short-term, but they do not always constitute long-term solutions. Long-term solutions to the retention problem must also address other root causes. Malawians do not see tutoring as an attractive career option because government-seconded tutors have no career path. No one seems to have a compelling answer to why seconded government workers cannot continue their promotion progression, other than the fact that there is no tutor position in the scheme of service.

One factor in the lack of promotion progression is weak human resources management, a situation the Malawi MOH shares with ministries of health throughout Africa. Human resources departments typically have little influence and low priority in terms of creating establishment positions and assigning qualified personnel who can effectively address workforce issues. In Malawi, a controller is responsible for the Human Resources Unit. It is not an influential position, unlike those in technical departments headed by directors who hold considerable sway over policies and resources. Currently there is only an acting controller and no other full-time professional MOH staff in the HR department, which relies instead on outside technical assistance. If Malawi is to develop long-term solutions, such as a career path for tutors, it will require more vigorous human resources management.

The relative value of post-graduate degrees

Malawians place a high value on education, particularly post-graduate degrees. Higher education confers status and is seen as a pathway to better paying positions. Nurse tutors are motivated by the possibility of acquiring a master's degree. A few of the training institutions sponsor tutors for such degrees, seeing this as a way to retain staff and as a benefit to the college with the prospect of eventually offering higher-level courses such as BSc degrees. The disadvantage of offering such degrees, especially when programs are out of the country, is that the institutions lose the services of a tutor for two years. Some tutors are pursuing modular courses, making it possible to remain on the job while studying for an advanced degree. There is a larger question as to the necessity and value of a master's degree, when tutors have already spent six years obtaining their basic and post-basic degrees. Rather than continually seeking higher degrees, tutors—and in turn the health sector—may be better served by improved instruction in the basic and post-basic programs, combined with access to short, tailored continuing education courses and a meaningful career path.

Non-monetary incentives

Lack of housing is a key barrier to attracting and retaining tutors, and inadequate facilities prevent institutions from accepting the numbers of students that would enable the country to meet its health workforce targets. The SWAp has a comprehensive plan for infrastructure development, including housing for tutors and hostels for students, which should bear fruit in both the short and long term.

Managing perceptions and expectations of retention schemes

The initially stated purpose of salary supplements for nurse tutors was to offer a benefit that covered expenses such as transportation and utilities. Over time, tutors have come to view salary supplements as an add-on to salary rather than a benefit. The result is that tutors then ask for additional benefits to cover what they perceive to be extra costs related to taking up the tutor position. New tutors who do not understand the original purpose of the salary supplements may make additional demands that are difficult for institutions to meet or sustain. It is not clear that the MOH communicates regularly with tutors regarding the purpose of the supplements, which leads to misunderstandings and ever-increasing expectations. If salary supplements no longer supply benefits as originally intended, the MOH may not learn of this until it receives a threat of a work stoppage because it is not in regular contact with nurse tutors regarding their needs.

Communication with tutors regarding work performance and welfare issues

There is no systematic supervision and performance monitoring of tutors, nor is there a regular means of receiving feedback from them regarding their working and living conditions. Even though some principals work hard to establish two-way communication with tutors, without a systematic approach they may miss opportunities to recognize outstanding performance, address performance gaps and identify issues relating to tutors' welfare.

4.4 Recommendations

The recommendations to strengthen workforce planning and support for this type of initiative are as follows.

1. Balance long-term considerations, such as career development, with short-term responses to workforce shortages, such as retention schemes:

   Make a significant investment in the MOH Human Resources Unit. Ensure that the head of the unit or department is a senior post in the MOH in order to have a strong voice in policy and planning strategies and decisions. Staff all positions in the department with HR practitioners. Establish meaningful career paths that rely more on a logical career progression than they do on acquiring advanced degrees.

2. Recognize the tutor position in the scheme of service and offer career progression for government workers regardless of employment arrangements:

   Make the establishment of nurse tutor positions and career paths the top priority for the MOH. CHAM has begun work in this area by proposing a career path for tutors in its affiliated institutions. This is a reasonable starting point and could become both government and CHAM policy after analysis and dialogue with stakeholders including public service departments and HR practitioners.

3. Offer relevant training opportunities such as short courses that allow tutors to continue their service with minimal interruption:

   Create a task group of tutor representatives and health experts in and out of the MOH to identify short off-the-job and on-the-job training needs and opportunities for tutors. In the Malawi MOH, a technical working group for HRH represents all the key players. The task group could be a sub-group from the technical working group to address training. Other experts could be brought in when required. The task group could select skills and themes to reinforce or introduce through courses that generally would not exceed three days and would take place when tutor workload is relatively light.

   Recognize and make short courses more widely available, such as the one KCN has developed in teaching methodology, and offer or adapt the clinical instructor course developed by KCN for staff from its practicum sites. Attract more registered nurses, who are produced in greater numbers, into nurse tutor positions, and offer them short upgrading courses in teaching methodology to meet the recommended requirements.

4. Increase investment in non-monetary incentives, such as housing and instructional facilities, that are sustainable and build institutional capacity:

   Make the implementation of infrastructure development plans a high priority, and ensure that construction is done in a timely manner.

5. Review retention schemes regularly to ensure that they meet needs and achieve their intended purpose:

   Clarify the objectives and indicators of the retention schemes. Use them to gather monitoring and evaluation information to assess impact and inform future planning.

6. Strengthen communication about the purpose of retention schemes with existing and potential health workers:

   Manage perceptions and expectations of retention schemes by clearly communicating the purpose and scope to beneficiaries. This communication should take place early in the process, while prospective nurses are going through training, and then periodically thereafter. This approach can help avoid misunderstandings and may lead to improved employee relations.

7. Ensure adequate and continuing support, such as supportive supervision, discussion of work and welfare issues and eliciting of feedback:

   Ensure that principals and principal tutors periodically discuss performance, work and welfare issues with each tutor. Communicate regularly with stakeholders such as CHAM, MOH, NMCM and tertiary training institutions regarding those issues. As a result each institution can improve its respective policies and interventions, basing them on real needs and performance issues, and identify objective ways to recognize superior performance as well as performance gaps among tutors.

References

Annual report. Christian Health Association of Malawi, 2004.

Annual report. St. Joseph's Hospital and College of Nursing, 2004.

Buchan J, Dovlo D. International recruitment of health workers to the UK: a report for DFID. Final report. London, England: DFID Health Systems Resource Centre, 2004. Available at: http://www.dfidhealthrc.org/publications/country_information/int-rec-main.pdf

CHAM training colleges comprehensive plan. Christian Health Association of Malawi, 2005.

Dovlo, D. The brain drain and retention of health professionals in Africa. A case study prepared for a regional training conference on Improving Tertiary Education in Sub-Saharan Africa: Things That Work! 2003 Sep 23-25; Accra, Ghana. Available at: http://www.hrhresourcecenter.org/node/445

Five year strategic plan 2006-2010. Malamulo College of Health Sciences, 2005.

Government of Malawi and Japan International Cooperation Agency. Malawi health facility survey 2002 report. Lilongwe, Malawi: Ministry of Health and Population, 2002.

Harries AD, Hargreaves NJ, Gausi F, Kwanjana JH, Salaniponi FM. High death rates in health care workers and teachers in Malawi. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 2002;96:34-7.

Health workforce challenges: lessons from country experiences. Paper prepared for High-Level Forum on the Health MDGs; 2-3 Dec 2004; Abuja, Nigeria. Available at: http://www.hrhresourcecenter.org/node/25

The health workforce crisis in Africa: dimensions and illustrative immediate and long term consequences. Washington, DC: Support for Analysis and Research in Africa (SARA), 2004.

Huddart J, Picazo O. The health sector human resource crisis in Africa: an issues paper. Washington, DC: Support for Analysis and Research in Africa (SARA), 2003.

Human resources in the health sector: toward a solution. Lilongwe, Malawi: Ministry of Health, Republic of Malawi, 2004.

A joint programme of work for a health sector wide approach (SWAp) 2004-2010. Lilongwe, Malawi: Ministry of Health and Population, 2004.

Malema DM. Progress report on GTZ assistant nurse technician. Draft report. 2001 (unpublished).

Martinez J, Martineau T. Human resources in the health sector: an international perspective. Issues paper. London, England: DFID Health Systems Resource Centre, 2002. Available at: http://www.dfidhealthrc.org/publications/health_service_delivery/Human_resources.pdf

Martin-Staple AL. Six-year human resource relief programme: revisions and year-one implementation plan. Durham, NC: Health Strategies International LLC, 2004.

Martin-Staple AL. Proposed 6-year human resource relief programme for the Malawi health sector. Volume I: retention, deployment and recruitment. Durham, NC: Health Strategies International LLC, 2004.

Martin-Staple AL. Proposed 6-year human resource relief programme for the Malawi health sector. Volume II: training and tutor incentive. Durham, NC: Health Strategies International LLC, 2004.

Memorandum of understanding between the Ministry of Health and Population and the German Technical Cooperation (GTZ). The German Technical Cooperation, 2000.

Mtonya B, Mwapasa V, Kadzandira J. System-wide effects of the Global Fund in Malawi: baseline study report. Bethesda, MD: PHRplus Project/Abt Associates, 2005. Available at: http://www.phrplus.org/Pubs/Tech069_fin.pdf

Ntaba H. Improving retention of HRH in Malawi. Paper presented at the East, Central and Southern African Health Community (ECSA) meeting of regional health ministers; 6-10 Feb 2006; Mombasa, Kenya.

Nurses validated abroad. Nurses and Midwives Council of Malawi, 2006.

Proposal for the continuing CHAM training school students and tutors under ICCO funding to be recruited under the HIPC programme. Lilongwe, Malawi: Ministry of Health and Population, 2001.

Transfer of tutors under Interchurch Cooperation for Development (ICCO) to the HIPC programme. Proposal.

A six year emergency pre-service training plan. Lilongwe, Malawi: Ministry of Health and Population, 2001-2002.

Status report on discussions with the MoHP on the special programme for medical doctors and new MoPH proposal for use of funds.

World Bank and Government of Malawi. Human resources and financing for the health sector in Malawi. Washington, DC: World Bank, 2004.

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