



**Leveraging Local Capacity to Strengthen Health Service Delivery –  
Human Resources for Health (HRH) in Malawi**

**Implementing Partner  
GAIA**

**Annual Report  
*Fiscal Year 2022*  
October 1, 2021 – September 30, 2022**

**DATE OF SUBMISSION  
OCTOBER 30, 2022**

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## ACRONYMS

AMELP	Activity, Monitoring, Evaluation and Learning Plan
AOR	Agreement Officer's Representative
ART	Antiretroviral treatment
CHAM	Christian Health Association of Malawi
DHRD	Department of Human Resources and Development
DIS	Development Information Systems
FY	Financial Year
GAIA	Global AIDS Interfaith Alliance
GAIN	Global Action in Nursing
HIV	Human immunodeficiency viruses
HMIS	Health Management Information System
HRH	Human Resources for Health
HSSP II	Health Sector Strategic Plan II
iHRIS	Integrated Human Resource Information System
IMCI	Integrated Management of Childhood Illness
ICT	Information Communication & Technology
IT	Information Technology
IT/DBO	IT/Database Officer
KUHeS	Kamuzu University of Health Sciences
M&E	Monitoring and Evaluation
MNCH	Maternal, newborn and child health
MoH	Ministry of Health
MoLG	Ministry of Local Government
MOU	Memorandum of Understanding
MPSR	Malawi Public Service Regulations
MRA	Malawi Revenue Authority
NMCM	Nurses and Midwives Council of Malawi
MWK	Malawi Kwacha
NMT	Nurse Midwife Technicians
RNM	Registered Nurse and Midwife
USAID	United States Agency for International Development
USG	United States Government
SAM	System for Award Management
TA	Technical Assistance
TWG	Technical Working Group

<b>Project Name: Leveraging Local Capacity to Strengthen Health Service Delivery - Human Resource for Health (HRH) in Malawi (Cooperative Agreement No. 72061221CA00004)</b>
<b>Reporting Period:</b> October 1, 2021 – September 30, 2022
<b>Obligation Funding Amount:</b> \$2,175,478
<b>Project Duration:</b> May 05, 2021- May 04, 2026
<b>Evaluation Dates:</b> Internal evaluations planned by GAIA per Activity, Monitoring, Evaluation and Learning Plan (AMELP) include the periods of: <i>FY22 Q1 - FY24 Q4: To assess program performance related to equitable deployment and distribution of health workers</i> <i>FY23 21- FY24 Q3: To assess program performance related to improved quality of health education and clinical practice</i>

## I. INTRODUCTION

GAIA in Malawi is partnering with the U.S. Agency for International Development (USAID) on a five-year \$5 million Cooperative Agreement, operating from May 05, 2021 – May 04, 2026, to strengthen Malawi’s healthcare delivery systems. Project activities will be focused in nine priority districts – Blantyre, Chikwawa, Dowa, Kasungu, Lilongwe, Mangochi, Mulanje, Mzimba South and Thyolo.

Falling under USAID’s Human Resources for Health (HRH) focus area, this project is structured around 3 objectives to be achieved during and by the end of the five-year cooperative agreement:

- **Objective I:** Increased availability of trained personnel and qualified health workers working in priority health areas of maternal, newborn and child health (MNCH), Human Immunodeficiency Viruses (HIV) and antiretroviral treatment (ART);
- **Objective II:** Improved quality of healthcare through provision of technical support for faculty for both pre-service education and in-service education;
- **Objective III:** Strengthening quality of health professional regulatory bodies to improve health care regulation, tracking and data availability.

Over five years, the project will accomplish these objectives through the provision of:

- **260** comprehensive pre-service scholarships for underprivileged Registered Nurse and Midwife (RNM) and Nurse and Midwife Technician (NMT) students;
- **92** once off comprehensive scholarships for underprivileged generic and upgrading RNM (49) students at Kamuzu University of Health Sciences (KUHeS) and NMTs (43) students across 3 partner Christian Health Association of Malawi (CHAM) schools;
- Capacity building of **4** training institutions, **7** teaching hospitals, health regulatory bodies, the Ministry of Health (MoH) and District Councils; and
- **240** paid fellowships for graduated RNMs and NMTs.

Working with key stakeholders, the project will take a multi-partner, multi-faceted approach to addressing Malawi’s chronic shortage of quality frontline healthcare providers. Activities directly align with Malawi’s Health Sector Strategic Plan II (HSSP II) 2017-2022 and the United Nations Sustainable Development Goals. Further, project activities will improve outcomes in

MNCH, communicable and non-communicable diseases and contribute towards HIV epidemic control.

## II. OVERALL FY22 PROJECT PERFORMANCE

Activities Planned	Activities Accomplished
<b>Project Management</b>	
Prepare necessary USAID documents/reports	Monthly and quarterly narrative reports were developed and submitted (by the 25th and 30 <sup>th</sup> of the following month respectively). Additionally, financial advances, liquidations, and quarterly finance reports were produced and submitted every month. The FY23 work plan, budget and a revised Activity, Monitoring, Evaluation & Learning Plan (AMELP) was developed and submitted.
Capacity building of HRH project	<ul style="list-style-type: none"> <li>● In October 2021, USAID trained Monitoring &amp; Evaluation (M&amp;E) and project staff on DevResults and Development Information Solution (DIS). The systems are web-based, agency-wide portfolio management systems designed to capture one cohesive development story from strategy to results.</li> <li>● USAID provided GAIA with finance Technical Assistance (TA) in October 2021. The meeting provided an opportunity to orient staff on reporting forms, timelines, and financial processes and guidelines.</li> <li>● A USAID technical support visit took place from 18-22 July 2022. The team consisted of: The Agreement Officer Representative (AOR), M&amp;E Specialist, Local Capacity Development Specialist, Budget Specialist and Voucher Examiner. The aim of the visit was to appreciate the partner’s year 2 progress, priorities and planning and challenges. The visit also gave USAID an opportunity to facilitate in-person discussions; interaction with scholarship beneficiaries at St Luke’s , Trinity College of Health Sciences and KUHeS; and hold meetings with fellows and clinical mentors at Thyolo and Mulanje district hospitals.</li> <li>● In August 2022, USAD hosted an implementing partners information sharing meeting at Sunbird Capital Hotel in Lilongwe. During the meeting, partners were updated about the leadership change at the USAID Mission Office in Lilongwe. Several important updates were also provided , including the importance of System for Award Management (SAM) renewal and tax refunds with the Malawi Revenue Authority (MRA).</li> </ul>
Conduct quarterly progress partner review meetings <b>with</b>	<ul style="list-style-type: none"> <li>● In Quarter 1 (Q1), GAIA conducted partner review meetings with the Ministry of Local Government (MLoG), District Councils, Directorate of Nursing and</li> </ul>

<p><b>district councils and hospitals.</b></p>	<p>Midwifery in the MoH, and the Local Service Commission to lobby for support in the recruitment of nurse fellows. The MoLG provided guidance that recruitment of fellows will be conducted at the district council level and nurses working on a part-time basis should apply. This direction was taken because the period of fellowship is one year (temporary).</p> <ul style="list-style-type: none"> <li>● In Q1 and 2, GAIA held a series of meetings with the district councils to manage the fellowship effectively. This followed a disagreement between district council officials and the health office in the recruitment of fellows in Phalombe, and eventually resulted in GAIA replacing Phalombe, with USAID approval, as a priority district under the project. The engagement meeting also discussed the need for the district health office to collect time sheets and submit to GAIA as part of accountability for the work done each month.</li> <li>● During the same period Q1 and 2 USAID approved GAIA to replace Zomba District following recommendation from Directorate of Nursing Services to deploy fellows in Kasungu where there is more need of nurses and midwives as compared to Zomba.</li> <li>● In Q4, GAIA had an engagement meeting with district health offices, district councils and officials from the Local Government to discuss how to best manage the fellowship in FY23. It was agreed that the district councils and health office team should lead the recruitment, and management of the fellowship in FY23 and GAIA should only provide resources. The representatives from the district councils requested the local health service commission to absorb the fellows who were exiting after one year. The Health Service Commission Executive Secretary requested that all the district councils submit their lists of fellows for consideration.</li> <li>● In Q4, GAIA conducted fellow exit strategy meetings with Mangochi and Mulanje district councils to map the way forward for fellows exiting the program and to plan for the recruitment of the second cohort of fellows. The fellows were officially engaged and GAIA processed gratuity for all fellows exiting the program (Mangochi - Sep 30th / Mulanje - Oct 10th).</li> </ul>
<p>Conduct quarterly progress partner review meetings <b>with training institutions</b></p>	<p>In Q4, GAIA engaged partner colleges to review student progress and management of clinical mentors. The meeting was attended by the Principals and Executive Deans from CHAM colleges and the CHAM Executive Director. It was agreed that</p>

	<p>all the institutions should realign the clinical mentor package to that of other lecturers for the same grade for sustainability. Additionally, the colleges reviewed the Memorandum of Understanding (MoU) between GAIA and the training institutions. MoUs will be finalized by Q1 of FY23, whereby signed versions will be shared with USAID.</p>
<p>Conduct quarterly progress partner review meetings <b>with NMCM</b></p>	<p>In December 2021, GAIA held a meeting with the Nurses and Midwives Council of Malawi (NMCM) Executive Management to officially announce the project and assess proposed areas of support to guide the partnership. The NMCM highlighted that they have not fulfilled their mandate of monitoring training institutions and district and central hospitals due to lack of resources. They expressed gratitude for the partnership with GAIA that it would support them with M&amp;E training for NMCM staff and co-opted members, as well as financial resources to monitor health systems' functions to improve the quality of nursing education, training and patient care.</p>
<p>Conduct quarterly progress partner review meetings <b>with Ministry of Health and other partners</b></p>	<p>The Department of Human Resources and Development (DHRD) in the MoH was working to operationalize an integrated Human Resource Information System (iHRIS) which will help in improving real time data access by the managers and policy makers. The web-based software is expected to address issues of disproportionate staff deployment across the district councils in Malawi. In Q4 2022, GAIA provided resources to the DHRD to conduct buy-in meetings with Thyolo, Chikwawa, Mulanje, Dowa and Kasungu district hospitals. Furthermore, resources were also provided to conduct meetings with Queen Elizabeth Central Hospital, Kamuzu Central Hospital, Mzuzu Central Hospital, Zomba Central Hospital and Zomba Mental Central Hospital. The buy-in meetings engaged the members of the district health management team, M&amp;E team and executive members from the district councils. The meetings are critical for smooth transitioning from paper based to web based once iHRIS is operationalized.</p>
<p>Conduct ongoing planning and progress meeting with project staff, including site visits to monitor progress</p>	<p>Planning and progress meetings were conducted on a weekly and monthly basis with all project staff. Quarterly review meetings with HRH staff and ongoing supervisory visits to project implementation sites were also conducted.</p>
<p>Purchase of project vehicle</p>	<p>With support from USAID, the duty waiver and MRA approval was received in Q1 of FY22, and the project vehicle Toyota Fortuner was purchased in Q2.</p>
<p><b>Result 1. Increased availability of trained personnel and qualified health workers working in priority areas</b></p>	
<p>IR 1.1 Increased number of skilled health professionals graduating from training institutions and entering health workforce</p>	
<p>RNM Scholar Cohorts (RNM cohorts 1 &amp; 2)</p>	

Award pre-service scholarships to second cohort of 30 first year RNM students	In Q1, internal advertising and selection of 30 generic RNM students at KUHeS was done. A Selection Committee composed of the nursing education department at MoH, an independent member from Malawi College of Health Sciences, GAIA staff and College management conducted the selection process which involved a rigorous review of student applications and verification of financial need.
Provide continuing scholarship support to first cohort of 30 RNM scholars (enrolled in FY21)	Throughout the year, GAIA continued to provide support to the 30 continuing KUHeS scholars enrolled in FY21. Support included ongoing follow-up of students and payment of tuition and upkeep, including an upkeep increase in Q4, approved by USAID, to account for the Malawi Kwacha (MWK) devaluation and rising living costs. Additionally, tablets and laptops were also procured and delivered to students.
Procure supplies for second cohort of 30 RNM scholars	Nursing supplies for all 30 scholars were procured and distributed. Supplies included: two pairs of nursing uniforms, two pairs of shoes, tablets, blood pressure machines, a nurses watch, and branded bags.
Host inauguration events for second cohort of 30 RNM scholars	Inauguration for the 30 new RNM scholarship recipients was held at KUHeS Lilongwe campus in August 2022. An empowerment survey was conducted for the 30 new scholars at the inauguration, as a means to collect baseline economic status and overall empowerment data (i.e. household decision making, control over earnings, etc.) that will be measured over time to assess the scholarship's full impact. See a high-level summary of preliminary data in the <i>Lessons Learned</i> section of this report. A comprehensive report including all empowerment data results will be included in the FY23 Q1 report.
<b>NMT Scholar cohorts (NMT Cohort 1)</b>	
Provide continuing scholarship support to first cohort of 60 NMT scholars (enrolled in FY21)	GAIA continued to provide financial support to 60 NMT scholars enrolled in FY21, across 3 partner CHAM training institutions. This included psychosocial support provided through ongoing follow-up of students including obtaining their academic results and entering this data in Salesforce for monitoring purposes. For students experiencing academic or psychosocial issues, GAIA engaged the training institutions to plan the path forward to ensure each student's well-being and on-time progression. Purchase of computer tablets for NMTs was done in Q4 FY22 and will be distributed in Q1 FY23.
Host inauguration events for first cohort of NMT scholars	Inauguration for 60 NMT scholars was conducted in Q1 for all 3 CHAM colleges (Nkhoma, Trinity and St Luke's). See preliminary results in the <i>Lessons Learned</i> section of this report.
<b>Upgrading scholar cohorts (RNM Cohort 3)</b>	
Award scholarships to third cohort of 10 RNM upgrading students at KUHeS	GAIA awarded scholarships to 10 post-basic students at KUHeS. Scholarships were offered to RNM diploma holders upgrading to



	degree level. Recipients were nurses working in the MOH and CHAM health facilities.
Procure supplies of 10 RNM Upgrading students at KUHeS	10 tablets were procured and distributed to the scholars during the inauguration ceremony held in August 2022.
Host inauguration event for 10 RNM upgrading students	Inauguration for 10 scholars was held at KUHeS Lilongwe in August 2022. The activity was done jointly with the second cohort of pre-service students supported through the project.
<b>Cross-cutting</b>	
Conduct RNM and NMT scholar follow-up to ensure academic progression.	<ul style="list-style-type: none"> <li>Monitoring of students at KUHeS, Trinity, Nkhoma, St. Luke's and Trinity Colleges was conducted throughout FY22 through in-person visits, email, sms and through GAIA's WhatsApp Scholar Support Network.</li> <li>Two key issues that arose during ongoing follow-up were persistent black outs and rising living costs. Rising living costs and black outs negatively affect student well-being, ability to focus and quality study time. To remedy this issue, GAIA made one-off upkeep increase payments to students studying at KUHeS and procured and distributed mini-solar lamps for students to use for studying during blackouts.</li> <li>New scholars at KUHeS (30 RNMS/10 upgrading) were included in an existing WhatsApp group upon receiving scholarships, whereby psychosocial support, mentorship and monitoring is done on a regular, group basis</li> <li>Quarterly meetings with scholars, school administrators and Dean of Students are planned for FY22 Q1.</li> </ul>
Strengthen Scholar Support Network functionality	All HRH scholars were added to the Scholar Support Network upon receiving scholarships. Ongoing strengthening of the Scholar Support Network is conducted throughout the reporting period through the WhatsApp group engagement and phone calls twice annually.
<b>Result 2. Improved quality of clinical teaching and practice</b>	
<b>IR 2.1 Improved access to educational opportunities for in-service health workers and nurse educators</b>	
Recruitment and deployment of 7 clinical mentors	Seven clinical mentors from 4 partner training colleges (1 - KUHeS; 2 - Nkhoma; 2 - St. Luke's; 2 - Trinity) were recruited and deployed to 7 teaching hospitals – Salima, Mchinji, Nsanje, Chiradzulu, Dedza, Mulanje (KUHeS) and Thyolo district hospitals.
Pay salaries for 7 clinical mentors	GAIA successfully paid monthly salaries for seven clinical mentors throughout the year.
Develop and review clinical mentorship training curriculum	Development and review of clinical mentorship training curriculum was conducted in Q1 FY22 in collaboration with Mzuzu University and UCSF's Global Action in Nursing (GAIN).

Conduct mentorship trainings for 9 Faculty and 7 Clinical Mentors at 4 training institutions	Clinical mentorship training was conducted in Q3 at Mzuzu University to accommodate all 7 newly recruited clinical mentors. Seven mentors and nine faculty participated in the training.
Follow-up and ongoing monitoring of Clinical and Faculty Mentors.	Clinical Mentor follow-up was completed in Q4 and was conducted by Mzuzu University in collaboration with GAIA.
Purchase supplies and equipment for Clinical Mentors and nursing training colleges.	Desktop Computers for nursing training colleges were procured in FY22. Projectors, printers, and laptops were donated by USAID as in-kind support and were distributed to colleges and to students at KUHeS in Q3.
IR 2.2 Strengthened capacity of MoHP, health regulatory bodies and district councils to regulate and improve clinical teaching, learning and practice	
Support revision of standards and guidelines for nursing midwifery education and practice	The NMCM will conduct this activity in Q2 FY23. It was deferred in FY22 due to the Consultant's busy schedule and other competing priorities.
Validation of developed standards and guidelines	As noted above, the NMCM will conduct this activity in Q3 FY23. as the validation is dependent on revision of standards.
Host monitoring and evaluation training for staff who will conduct monitoring visits to training institutions and teaching hospitals	<ul style="list-style-type: none"> <li>● In Q2, GAIA supported the NMCM to conduct an M&amp;E orientation for co-opted members from district hospitals, CHAM, private health facilities and training institutions on the new tools being used by the NMCM for monitoring activities in training institutions and teaching hospitals to ensure nursing education and practice is well regulated.</li> <li>● NMCM is understaffed, making it difficult to execute its mandate to monitor training institutions and hospitals. As such, it engages senior nurses and lecturers, referred to as <i>co-opted members</i>, to help in monitoring activities. These co-opted NMCM members are RNMs with no less than 5 years of practical experience working in public and CHAM reputable health and training institutions and they are required to have a specialty field of study in either Nursing or Midwifery. The NMCM communicates with hospitals and training institutions in Malawi, who recommend the best performing, hardworking, and disciplined (no poor behavior) nurses to serve in this role.</li> </ul>
Conduct 2 monitoring and supervisory site visits for 4 training institutions and 8 teaching hospitals	NMCM conducted M&E visits to all the 4 training institutions, 12 district hospitals and 2 central hospitals from Q1-Q4. Recommendations on identified gaps were made. Follow-up by the NMCM will be made in FY23, with support from the project, to ensure issues are addressed.
Conduct mentorship visits to NMCM to enhance capacity of ICT personnel - a gap	<ul style="list-style-type: none"> <li>● As a follow up to an initial assessment on the NMCM's current Information and Communications Technology (ICT) capacity conducted in Q1 by GAIA's IT/Database</li> </ul>

<p>identified through consultation meetings with the NMCM, who shared they do not have the technological expertise to maintain the health worker tracking database developed by an external consultant.</p>	<p>Officer (IT/DBO), continued remote IT support was provided from Q2 - Q4.</p> <ul style="list-style-type: none"> <li>GAIA's IT/DBO continues to work with NMCM in building their capacity to manage their database and e-Nurse system. Since the roll-out of E-Nurse, data cleaning has been a challenge with duplication of names. The capacity building is aimed at ensuring the system is functional.</li> </ul>
<p><b>Result 3. Improved and more equitable deployment and distribution of health worker</b></p>	
<p><b>IR 3.1. Improved deployment and retention of newly graduated health workers</b></p>	
<p>Hold meetings with District Councils and stakeholders.</p>	<ul style="list-style-type: none"> <li>In Q1 and Q2, GAIA held meetings with 4 district councils (Mzimba, Thyolo, Blantyre, Lilongwe), the MoH, and the Ministry of Local Government on fellow recruitment.</li> <li>The meeting followed a disagreement between the district council and health office over who could be recruited to become a nurse fellow. The district council wanted to recruit nurses who were not licensed to practice nursing. During the consultation meeting, selection criteria was reviewed and recommendations were made on how the process would be conducted.</li> <li>The subsequent recruitments of Blantyre, Thyolo, Chikwawa, Dowa, Kasungu, and Mzimba South were conducted successfully.</li> </ul>
<p>Advertise fellowship opportunities and conduct fellow recruitment across 7 remaining districts.</p>	<ul style="list-style-type: none"> <li>GAIA, in collaboration with the district councils, advertised, recruited, and deployed 95 fellows in 7 districts in Q1 and Q2. (Blantyre, Chikwawa, Lilongwe, Mangochi, Mulanje, Mzimba and Thyolo).</li> <li>Recruitment and deployment of 25 fellows across the remaining two districts, Dowa, and Kasungu, took place in Q3 of FY22.</li> </ul>
<p>Deploy 120 Fellows to high-priority districts</p>	<p>Deployment of 120 fellows was completed in Q3, totalling 132 fellows deployed since the project started in May 2021.</p>
<p>Pay settlement allowances to 120 deployed Fellows.</p>	<p>GAIA paid settlement allowances of about MK50,000 to enable fellows to travel and settle in their new deployment sites.</p>
<p>Pay salaries for 120 deployed Fellows.</p>	<p>GAIA paid all fellow salaries and other benefits in FY22.</p>
<p>Provide orientation to 120 deployed Fellows on Malawi Public Service Regulation (MPSR). Train 120 Fellows in two of the following topics: MNCH, ART and/or Integrated Management of Childhood Illness (IMCI),</p>	<ul style="list-style-type: none"> <li>In FY22, 115 fellows were oriented in MPSR, Covid-19 and Quality Improvement across 9 districts.</li> <li>1-week training sessions were conducted from Q2-Q4 by the following MoH departments: <ul style="list-style-type: none"> <li>MNCH: 4 sessions provided to 103 fellows by the MOH Reproductive Health Directorate.</li> <li>IMNCI: 4 sessions provided to 118 fellows by the MOH Integrated Management of Neonatal and Childhood Illnesses Unit.</li> </ul> </li> </ul>

incorporating nutrition as a cross-cutting topic.	- ART: 3 sessions provided to 85 fellows by the MOH Department of HIV & AIDS.
Conduct ongoing Fellow monitoring and follow-up.	<ul style="list-style-type: none"> <li>● Fellowship baseline survey was conducted in all 9 priority districts in collaboration with health facilities and the Health Management Information System (HMIS) focal person, where health facility data is stored at the district level. A follow-up fellow baseline report will be shared with USAID in Q1 FY23 aimed to fill in data gaps like facility staffing levels before the project and to share fellow follow-up data (noted in the below bullets).</li> <li>● During fellow training, GAIA connected with fellows about their experience and reminded them that the goal of the fellowship is to secure permanent employment.</li> <li>● GAIA also gathered information around fellow successes, challenges, and expectations.</li> <li>● The follow-up strategy used was in-person visits to fellows' worksites. During visits, GAIA HRH staff held one-to-one discussions with fellows whereby they had the opportunity to share their views and experience at their respective worksites. Questionnaires were given to fellows to assess their views on the value, quality and impact of the fellowship and training. Follow-up was completed across all 9 districts and data analysis has been completed and will be shared with USAID in Q1 FY23.</li> </ul>
Award certificates of recognition to top performing nurses and midwives.	This indicator was revised and approved by USAID to begin in FY23. A total of 18 certificates of recognition will be provided during the year.
Promote Fellowship Support Network.	All fellows are added to the Fellowship Support Network WhatsApp group upon deployment. Ongoing strengthening of the Fellowship Support Network was conducted throughout the reporting period through WhatsApp group engagement, phone calls and during in-person follow-up visits.
IR 3.2 Strengthened regulation and availability of data for health workers through professional bodies	
Support the operationalization of iHRIS.	<ul style="list-style-type: none"> <li>● In Q1 and Q2, GAIA attended Technical Working Group (TWG) meetings, the national steering committee for the operationalization of iHRIS. During the meetings, the iHRIS Desk Office in the MoH invited the organizations to lobby for resources towards iHRIS. GAIA, with funding from USAID, committed to provide resources for buy-in meetings in the 9 priority districts, procurement of server parts and iHRIS systems upgrade and server establishment. The role of the National Task Force is to oversee the operationalization of iHRIS and also support the iHRIS Desk Office in the formation of the iHRIS Working group</li> </ul>

	<p>which include the ICT team and Planning Officers at Central level.</p> <ul style="list-style-type: none"> <li>• Upon completion of the buy-in meetings, the iHRIS server was upgraded and data was migrated from the server to the cloud. The system is up and running and ICT teams are finalizing allocating levels of user access, policy makers and managers.</li> </ul>
<b>GAIA Technical and Organizational Capacity building</b>	
Review of existing internal systems	Internal systems reviewed and assessed an ongoing basis.
Technical assistance	<p>GAIA Global Health (US) continued to provide TA to GAIA in Malawi throughout FY22, remotely and during in-person site visits by GAIA's US' program, finance and M&amp;E TA leads to support project implementation. The majority of TA was provided on finance, M&amp;E, GAIA's Scholar Connect Salesforce database, and the development and roll-out of templates and internal systems to track program data and project spending. See more details in the <i>Sub-Grant section</i> of this report.</p> <p>Additionally, USAID provided TA during a technical support visit that took place from 18-22 July. The team consisted of: The Agreement Officer Representative (AOR), M&amp;E Specialist, Local Capacity Development Specialist, Budget Specialist and Voucher Examiner. After the visit, the team provided feedback on areas that require strengthening such as fellowship and clinical mentor MOUs.</p>
<b>Scholarships provided through cost-share</b>	
Provide ongoing psychosocial support, upkeep, and follow-up for GAIA cost-share	<ul style="list-style-type: none"> <li>• In FY22, USAID approved GAIA's cost-share valuation and formally incorporated it into the cooperative agreement.</li> <li>• From Q2-Q4, GAIA continued to provide ongoing support and follow-up of all 60 scholars via phone, text or WhatsApp. Academic results for students were added to GAIA's Scholar Connect Salesforce database upon receipt from KUHeS. Fifteen (15) of the 60 cost-share scholars are expected to graduate and sit for licensure exams in November 2022. GAIA is awaiting academic results for these students from KUHeS and will report to USAID once they are available.</li> </ul>
Provide quality improvement awards to health facilities.	This activity is directly aligned with certificates of recognition and planned for early FY23.
<b>Monitoring and Evaluation</b>	
Ongoing M&E of all project activities	Planned activities have been monitored, evaluated and reported based on agreed program indicators.
	Below are key FY22 academic updates for HRH sponsored scholars:

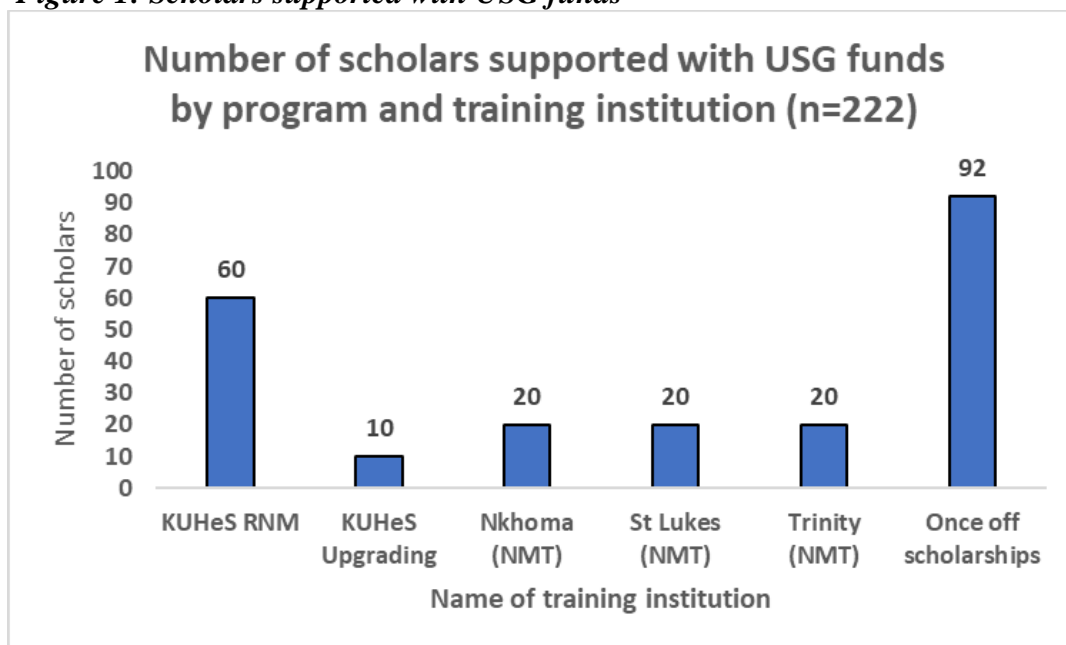
Monitoring of all scholarship and fellowship recipients	<ul style="list-style-type: none"> <li>• 30 scholars at KUHeS (cohort 1) are in the second semester of Y2.</li> <li>• 30 scholars at KUHeS (cohort 2) wrote Y1 first semester exams and passed. They are now in semester 2.</li> <li>• 10 upgrading scholars at KUHeS (cohort 3) wrote Y1 first semester exams and all passed. They are now in semester 2.</li> <li>• 60 NMTs at CHAM schools are currently in their first semester of Y2 after passing Y1 exams. One student at Trinity, William Mtete, was experiencing personal challenges and did not return with his cohort to start his second year. He is expected to re-start semester 1 Y2 in December (FY23). There are no budget implications to him repeating his second year.</li> <li>• GAIA will continue ongoing monitoring of all scholarship and fellowship recipients in FY23, tracking all updates in GAIA’s Scholar Connect database.</li> </ul>
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### III. RESULTS

#### 1.1.1 Number of individuals attending higher education institutions with USG scholarship and financial assistance

In FY21, a total of 30 RNMs and 60 NMTs were awarded scholarships at KUHeS and 3 CHAM colleges respectively. In FY22, the second and third cohorts comprised 30 RNMs and 10 upgrading scholars. In addition, GAIA offered 92 once-off scholarships to the four colleges in September 2022 and details about these new students will be provided in Q1 FY23 following in-person follow-up and collection of demographic data. Cumulatively, 222 students are under scholarship with funding from the US Government (USG).

*Figure 1: Scholars supported with USG funds*





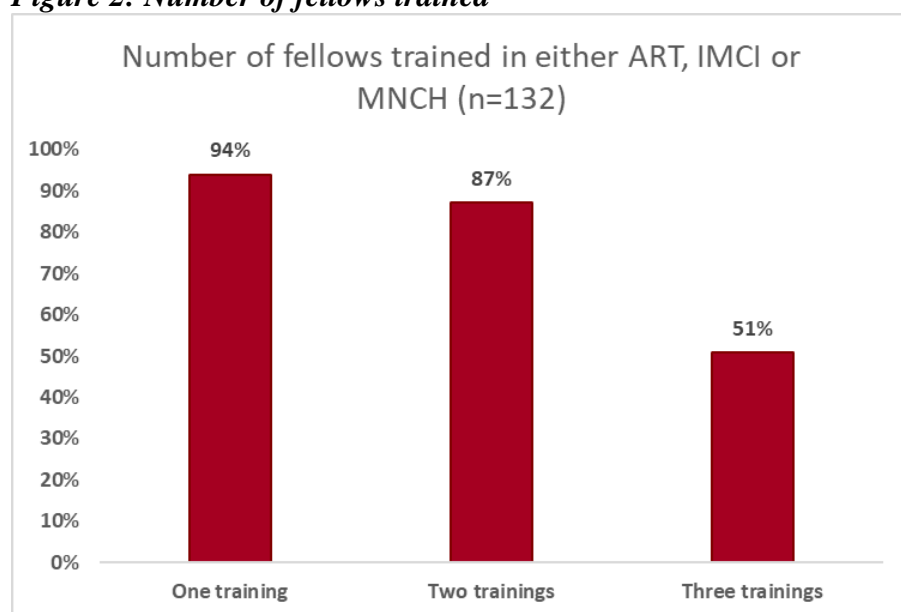
**1.1.2 Number of new health workers who graduate from a pre-service training institution or program as a result of US Government (USG)-supported strengthening efforts, within the reporting period, by cadre**

The first cohort of 30 RNMS are expected to graduate in 2024 whilst the second cohort will graduate in 2025. The 60 NMTs are expected to graduate in 2024 whilst the upgrading in 2024.

**2.1.1 Number of newly graduated RNMs and NMTs who accessed in service educational opportunities in ART, MNCH and IMCI**

During the year, fellow training on ART, MNCH and IMCI were conducted. Out of the total 132 deployed fellows, 124 (94%) attended at least one training (ART, IMCI, MNCH), 115 (87%) attended at least 2 trainings and 67 (51%) attended all 3. Those 8 fellows who did not attend training resigned before they were offered.

**Figure 2: Number of fellows trained**



**2.1.2 Number of nursing faculty and clinical mentors who accessed in- service clinical educational training**

In FY22, a training for 7 clinical mentors and 9 faculty members was conducted. Following that training, the 7 mentors were deployed to teaching hospitals (as shown in table below) whilst the 9 faculty members are from KUHeS Blantyre and Lilongwe campuses. Additionally, the 7 clinical mentors were also trained in ART to enhance their skills. The 9 faculty members were from KUHeS and all females.

Institution	Number of mentors	Site of deployment	Mentor Sex
<i>KUHeS</i>	1	Mulanje District Hospital	F
<i>Nkhoma</i>	2	Dedza district hospital	M
		Mchinji district hospital	F
<i>Trinity</i>	2	Thyolo district hospital	F

		Chiradzulu district hospital	F
		Nsanje district hospital	F
<i>St Lukes</i>	2	Salima district hospital	F
<b>Total</b>	<b>7</b>		

**2.2.1 Number of training institutions with improved capacity to provide quality healthcare education and clinical training**

As presented above, 7 Clinical Mentors hired at 4 training institutions were deployed to teaching hospitals where students do in-service clinical training. Additionally, GAIA has planned to conduct an internal evaluation commencing in Q1 FY23 that will focus on answering the following evaluation question: *“Has improved theoretical and clinical instruction at training institutions and mentorship at teaching hospitals improved the quality of student teaching and learning care provided by nursing graduates and clinical expertise of newly graduated and deployed health workers?”*

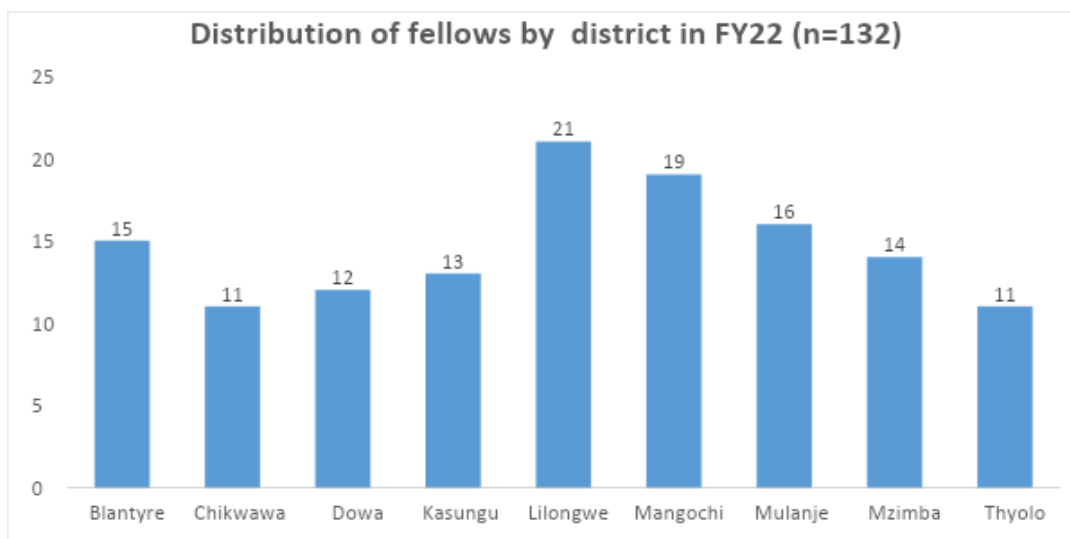
**2.2.2 Number of teaching hospitals with improved capacity to provide quality healthcare education and clinical training**

Same as above. The capacity of 7 teaching hospitals has improved due to mentor deployment, the impact of which will be assessed during an internal evaluation conducted in Q1 FY23.

**3.1.1 Number of newly graduated RNMs and NMTs who received paid fellowships**

Cumulatively, a total of 132 fellows have been deployed to 50 health facilities across 9 districts. GAIA continued to pay monthly fellow salaries, as well as settlement allowances. The first cohort of fellows deployed in October 2021 from Mangochi completed their one-year fellowship on Sept 30th and Mulanje fellows completed their one-year fellowship on Oct 10th. Exit strategy meetings were held for both districts in September. Figures 3 and 4 show the total number of fellows deployed by district.

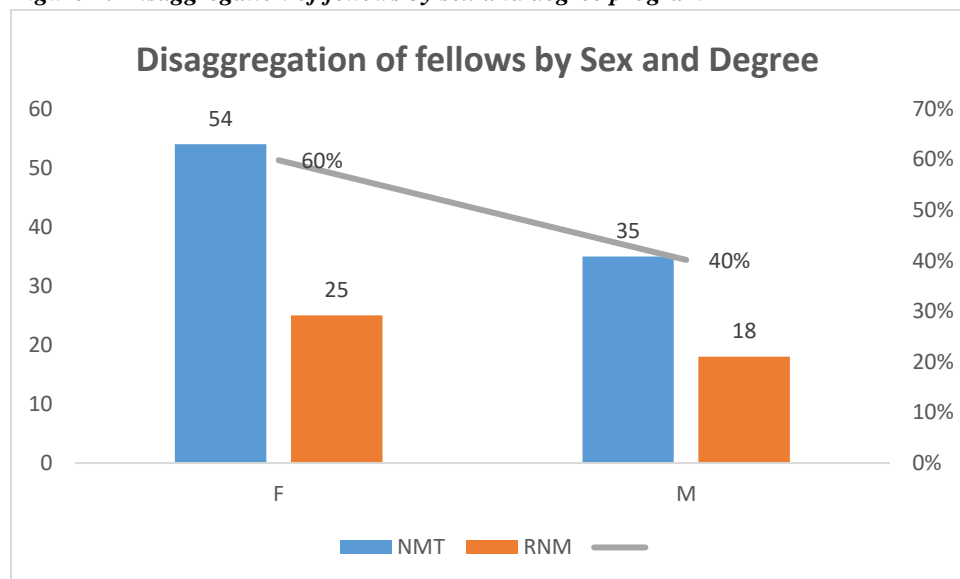
*Figure 3: Distribution of fellows per district*





Of the 132 ever deployed fellows, 60% (n=79) are females whilst 40% (n=53) are males. A disaggregation of their degree program shows that 89 (67%) are NMTs and 43 (33%) are RNMs.

**Figure 4: Disaggregation of fellows by sex and degree program**



**3.1.2 Number of nurses and midwives rewarded with certificate of recognition**

Due to competing tasks, this activity was not conducted in FY22 and has been planned for FY23. FY22 target was revised from 9 to 0 and the FY23 target increased to 18 (9 in Q1 & 9 in Q2/Q3). This change was included in the revised AMELP and approved by USAID.

**3.1.3 Percentage of fellows who secure permanent employment by end of the fellowship period or within 12 months of fellowship completion**

To date, a total of 16 fellows out of 132 (12%) secured employment both in government and private institutions. An additional fellow resigned to pursue additional education at KUHeS. Based on limited MoH funding to permanently absorb fellows into the public sector – and the overall pace at which fellows are securing permanent employment more generally – GAIA reduced this indicator target from 80% to 50% and this has been approved by USAID for FY23.

**3.1.4 Percentage of fellows who secure permanent employment by end of the fellowship period or after fellowship completion (cumulatively)**

Same progress to date and comment as above. GAIA reduced this cumulative target from 90% to 75%.

**3.2.1 Percentage of expected monitoring visits made to teaching hospitals**

In FY22, the NCMCM conducted M&E visits to 14 teaching hospitals (12 district hospitals and 2 central hospitals). This included visits to:

- Central (2): Queen Elizabeth (Blantyre) & Kamuzu Central (Lilongwe)

- District (12): Bwaila, Chikwawa, Chiradzulu, Dowa, Kasungu, Machinga, Mangochi, Mulanje, Mangochi, Mzimba, Thyolo and Zomba.

In FY23, with guidance from USAID, GAIA changed this indicator *from a percentage to number and reduced the overall target from two visits per teaching hospital per year to one visit per hospital per year*. This was approved by USAID in the AMELP revision.

### **3.2.2 Percentage of expected monitoring visits made to training institutions**

The NMCM conducted a total of 4 monitoring visits to the 4 training institutions (1 visit per institution). In FY23, as noted above, GAIA changed this indicator *from percentage to number*, and reduced the overall target *from two visits per college per year to one visit per year*.

### **3.2.3 Number of districts reporting health worker data into centralized tracking system annually**

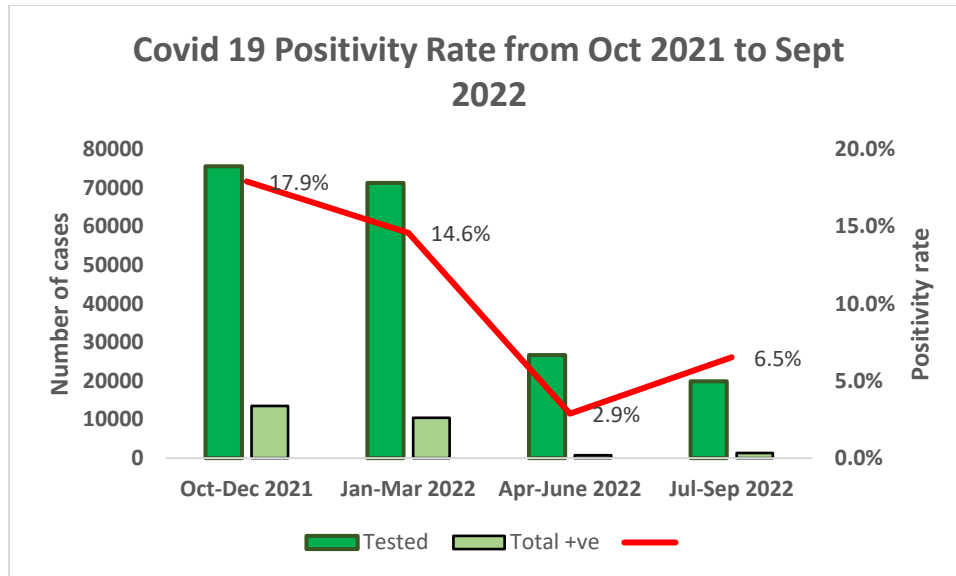
As this indicator is dependent on MoH implementation timelines and external donor funding to complement GAIA/USAID support, overall targets were revised and approved by USAID in the updated AMELP. *Overall, the target was reduced from 26/28 districts to 9/9 to reflect 9 priority districts where the bulk of support will be provided through the project.*

While progress toward this indicator is not expected until FY23, GAIA made progress toward this indicator through participation in a national TWG responsible for the implementation of iRHIS. GAIA, with USAID support, supported a series of iHRIS buy-in meetings throughout the year as well as procurement of server repair items to revive the iHRIS server. Desktops for GAIA's 9 priority districts will be procured in Q1 FY23 to further support iHRIS activities.

### **4.1 COVID-19 percent positivity**

The Covid-19 positivity rate was at its highest in the months of October to December 2021 and declining over the next couple of months. There was a notable drop from Q1 to Q3. GAIA continued to reinforce the use of face masks and hand sanitizers during meetings with stakeholders as per national recommendation.

*Figure 5: Covid-19 positivity rate in Malawi*



#### 4.2 Number of student applicants to partner nurse training institutions & 4.3 Government funding allocated to HRH

This year, data for these two indicators has been challenging to collect. In view of this, during the FY23 work planning process, *these two indicators were removed* (approved by USAID in the revised AMELP).

### IV. CROSS-CUTTING ISSUES

#### Limited government funding

During HRH project planning, GAIA engaged key stakeholders at central level, such as the Department of Human Resources and Development, Directorate of Nursing and Midwifery and the Department of Local Government and Rural Development, to lobby for the absorption of fellows once they complete the one-year contract with the district councils. By the mid of October 2022, the first cohort of fellows deployed in Mangochi and Mulanje will complete the one-year fellowship. GAIA and representatives of the district councils have engaged the Local Government at central level, the Health Service Commission to lobby for absorption of fellows once they have completed a one year or when the government is recruiting whichever comes first. In response, the Local Government and Health Service Commission requested the district councils to submit a list of fellows alongside recruitment plans for consideration. Despite the names being presented, limited funding for human resources is delaying the absorption of the fellows. Follow-up meetings with the Local Health Service Commission reveal that the process will take long as it depends on release of funding by the Treasury in the Ministry of Finance. The delays to absorb the fellows will result in attrition and subsequently loss of knowledge and practical skills in service delivery gained over the time of fellowship. GAIA will continue to follow up with the fellows and update their status, at the same time continue to lobby with the Ministry of Local Government to ensure that the fellows are permanently recruited.

#### Delays in offering scholarships to the second cohort of NMTs in the three CHAM colleges

GAIA offered the scholarships to the first cohort of 60 NMT scholarships and expected to support the second cohort by this period of the year. However, there are delays taking up the new cohort

following the monitoring results conducted by the NMCM, which observed that colleges have more students enrolled in the programs than can be accommodated by schools' limited infrastructure, such as library facilities and classrooms, which has a direct impact on students' performance. The NMCM advised the nursing colleges to slow down on recruitment until one class has graduated to enable adequate space for the incoming students. Overall, this would have repercussions on completion of the program for the second cohort of NMT scholarship recipients.

## V. CHALLENGES & LESSONS LEARNED

**Devaluation & Rising Living Costs:** Increased cost of living as a result of local currency devaluation has presented challenges toward the end of FY22, especially for students due to higher prices of commodities such as food and rent. For example, students at KUHeS who are accommodated off campus have struggled to pay for their accommodations as a result of devaluation. To address this, GAIA conducted follow-up of students to find out how they are surviving following the increase of prices. It was evident that the majority of students were struggling to pay for house rent and food. In response, GAIA, in consultation with USAID, increased the living stipends from MK125,000 per semester to MK175,000 per semester to help students at KUHeS meet their daily livelihoods. Similarly, The Higher Loans Student Board also revised the loan upkeep for students from MK100,000 per semester to MK175,000 per semester citing a rising cost of living.

**Supervision of Clinical Mentors & Fellows:** In FY22, GAIA experienced challenges in managing the clinical mentors and nurse fellows as the majority of them thought they were employees of and reported to GAIA. This was necessitated by the understanding of GAIA's role in offering contracts. Secondly, there was a role conflict between GAIA and district councils on what would happen if the nurse is injured while on duty. All these factors led to a discussion which resolved that recruitment and offer letters for employment should be written by the district councils (fellows) and training institutions (mentors) respectively. GAIA's role would be paying salaries into the fellows' bank accounts. The councils stated that the District Council's account is complex to be used for depositing fellow salaries and hence they cannot commit to GAIA to deposit monthly salaries for the fellows. Related to mentors, GAIA successfully negotiated with CHAM colleges to manage the clinical mentors' salary by sending a monthly invoice to GAIA who, in turn, will deposit into the College's account to pay salaries. GAIA has finalized the review of the MoU with the training colleges and district councils to manage the partnerships, which will be shared with USAID in Q1 FY23.

**Scholar Empowerment Data:** In FY22, GAIA conducted empowerment surveying of new scholars enrolled with USAID funding under the HRH project. GAIA conducts scholar surveying to learn about the impact of the scholarship program on participants, including on socioeconomic status and several measures of women's empowerment, such as participation in decision making, control over earnings, and attitudes toward inequalities in gender roles.

In FY22, of 130 HRH scholars supported, 129 completed the survey at scholar inaugurations held for the first and second cohort of 60 RNMs at KUHeS, the first upgrading cohort of 10 students at KUHeS, and 60 NMTs enrolled across 3 partner CHAM schools.

GAIA is working to build out a comprehensive scholar empowerment baseline report to be submitted in the FY23 Q1 report. Below is a high-level analysis of preliminary findings.

**Sex:** Of 129 scholars surveyed, 61% (79) are female and 39% (50) are male. The remaining scholar that was not surveyed is female, making 80 female (62%) and 50 male (38%) total across these cohorts.

**Age:** Of scholars enrolled in 4-year RNM programs and 3-year NMT programs, the average age of students is 22 (21 for females and 23 for males), with an overall age range across schools of 17-30 (17-29 for females / 18-30 for males). For the 10 upgrading scholars, who have been in the nursing workforce before starting their programs (upgrading from diploma-level nurses to bachelor's degrees), the average age is 40, with a range of 28-54.

**Home Districts:** Of all 129 scholars, 128 provided responses for their home districts. Across GAIA's partner schools (KUHeS - Blantyre/Lilongwe, Nkhoma, St. Luke's and Trinity), scholars come from a total of 24 of Malawi's 28 districts, with the largest percentage coming from Lilongwe (16%), Blantyre (13%) and Zomba (7%). Across cohorts, of 124 respondents, 65% (80) are from rural areas. The percentage coming from rural areas at the training institution-level is as follows: 61% (KUHeS), 65% (Nkhoma), 68% (St. Luke's) and 74% (Trinity).

**School Living Situation:** Among 60 RNM students at KUHeS, 37% (22) live off campus and 63% (38) have on-campus accommodations. Across three partner CHAM schools, only 3 of 59 students reported living off campus. These 3 students are studying at Nkhoma. For 10 upgrading scholars, 8 live off campus while 2 reported living on campus.

**Marital Status, Children & Financial Support:** Of 114 RNM and NMT scholars who responded to this question, 96% (110) have never been married, 2% (2) are married, 1% (1) is separated and 1% (1) is divorced. Only 7% (8) scholars out of 119 surveyed reported having children.

Overall, 94% (112) of scholars reported that they did not have formal employment. The other 7 did not respond. However, 17% (20) reported a primary income source, including small businesses, farming, and piecework. Only 3% (3) of scholars reported being the chief wage earner of their household and 18% (21) reported providing financial support to others.

Of 10 upgrading scholars, 60% are married and the remaining have never been married (1), are divorced (1), separated (1) or widowed (1). Eight of the 10 scholars have children. Overall, 9 of 10 scholars reported having formal employment working as nurses and 80% reported being the chief wage earners of their household. Overall, 100% provide financial support to others, whereby 40% reported providing financial support to 5 or more people.

**Emails & Bank Accounts:** Of 119 RNM and NMT scholars, 52% (62) reported having a personal bank account that *they themselves used*. Of these, 79% (49) did not have a bank account before starting their training programs. As upgrading scholars have been in the workforce, it was assumed they had bank accounts so they were not surveyed on this question.

Of 119 RNM and NMT scholars, 91% (108) reported having email addresses. Of these, 75% (81) reported not having email addresses before starting their training programs. All upgrading scholars have active email addresses.

**Household Decision Making:** GAIA surveyed 119 RNM and NMT scholars on household decision making; the 10 upgrading students were not surveyed on these topics.

*In your household, who makes decisions about how to use the money you earn?*

- You only: 22% (26)
- Primary guardian: 54% (64)
- You & your spouse jointly: 4% (5)
- Other / No response: 20% (14 other / 10 no response)

*In your household, who makes decisions about major household purchases?*

- You only: 6% (7)
- Primary guardian: 67% (80)
- You & your spouse jointly: 3% (4)
- Other / No response: 24% (23 other / 5 no response)

*In your household, who makes decisions about your healthcare?*

- You only: 52% (62)
- Primary guardian: 31% (37)
- Spouse only: 1% (1)
- You & your spouse jointly: 3% (4)
- Other / No response: 13% (6 other / 9 no response)

**Scholarship support:** When asked whether RNM and NMT scholars could continue their education without GAIA/USAID scholarships, 87% (104) said no, demonstrating the true impact of the program. When students were asked how they would continue without support from the project, 31% said *they didn't know, it would be very difficult or they would have to drop out*. Twenty-nine percent (34) said they would try to take out a loan, requiring pay back of funds, unlike the GAIA scholarship which only requires a service commitment. Eight percent (8%) said they would seek support from family or well-wishers, 3% said they would cover tuition through work or small businesses and 29% (35) did not respond.

When asked how GAIA could better support RNM, NMT and upgrading students:

- 40% of students mentioned *upkeep or upkeep increases*
- 31% mentioned *laptops, computers or smartphones*
- 13% mentioned *psychosocial support, counseling, mentorship or words of encouragement*

Of note, toward the end of FY22, GAIA increased upkeep payments for RNM and upgrading scholars at KUHeS. For NMTs, funds for food and accommodations are included in tuition so GAIA does not provide separate upkeep to these students as part of the scholarship package.

GAIA has already distributed tablets and will continue distribution through Q1 FY23. This will be complemented by GAIA's support of internet costs to partner schools.

A core part of GAIA programming is scholar follow-up and provision of psychosocial support. However, some students specifically mentioned career talks and mentorship as a need, which will help to inform program activities in FY23.

When RNM, NMT and upgrading GAIA scholars were asked to “Describe any ways in which your life is different from the lives of women (if you are a woman) or men (if you are a man) in your family/ village in the generation that came before you,” 60% (77) mentioned education. Of these, 12% (15) mentioned being the first in their family or village to go to university or reach tertiary education and many noted gender equity in their pursuit of education and not being deterred by marriage or pregnancy. Included below are example responses from scholars highlighting these key points:

- *I'm the first to do nursing and obtain a scholarship... the first to pursue the dream.*
- *I'm better off because I'm the first woman to reach university level.*
- *I'm the first in my family to reach university and to be granted a scholarship.*
- *In my village, I am the first one to go to university.*
- *In the past, women believed that when they start menstruation, they are supposed to get married and there is no need for education.*
- *I am more educated than most, because in those days, they did not encourage girls' education.*
- *I have made it to university which has never been done in my family.*
- *In the past, women were not given the right to education as compared to this generation.*
- *It's different in that women of the past generation were not educated. They had less privilege to education.*
- *I am the only one to study nursing in my family and the first amongst women to do a degree.*

## **VI. SUB-GRANT - GAIA GLOBAL HEALTH**

The goal of GAIA's sub-award with GAIA Global Health is to provide TA and capacity building to GAIA to build local Malawian implementation capacity and ensure all desired outcomes are achieved, including a more sustainable HRH program under the USAID cooperative agreement. Through FY22, GAIA Global Health provided remote and in-person TA to GAIA in Malawi to ensure successful project coordination and development and utilization of systems and tools to execute the project. Key TA activities are detailed below:

During a two-week site visit in November of Q1, GAIA's Global Health's Finance, Program and M&E TA leads provided TA support on finance, procurement, Salesforce and M&E systems and tools. Visits were also conducted to partner sites to meet with stakeholders and beneficiaries to solicit feedback from scholars, fellows and partners to improve programming.

In Q3, TA provided by GAIA Global Health focused on: Finance, excel, standardizing fellow and scholar processes, and GAIA's Scholar Connect Salesforce database. TA was provided remotely and in person in May and June during visits to Malawi by GAIA's Global Health's Program and Finance TA leads.

### **Overall, FY22 TA activities focused on the following:**

## **Finance**

- Development of an HRH expense tracker and automated completion of monthly tracker spending updates.
- Development of projections for the May 2022 - March 2024 time period as well as project life cycle projects for the May 2022 - May 2026 time period.
- Creation of a template that can be used monthly to produce financial statements for the Board and introduced control tools to ensure accuracy of reports
- Development of system specification requirements for the future multi-currency accounting system. This included a discussion on the structure of a new chart of accounts and projecting accounting.

## **Scholar & Fellow processes**

- Development of Scholar and Fellow Standard Operating Procedures to standardize program processes and follow-up procedures.
- Development of a Fellow Expectation Form to be signed by fellows at the start of the program to outline GAIA program expectations, including reporting resignations and new permanent deployment sites.
- Development of a fellow resignation tracker.
- Development of fellow questionnaires to collect feedback on the fellowship program and ART, IMCI, MNCH and MPSR training.
- Revision of scholar empowerment surveys, data collection tools and analysis.
- Development of revised fellow timesheets and internal review processes to ensure on-time submission.

## **Systems**

- Individually tailored excel training sessions to HRH staff to streamline program and finance related data entry, analysis and reporting.
- Individual and group training on Google Drive, Google Forms, Salesforce, CoMCare, Microsoft Office Suite and Zoom.

## **GAIA Scholar Connect Salesforce Database**

- Provided ongoing Salesforce training to GAIA's IT/DBO, including adding and editing scholar and fellow records, developing reports, conducting mass data uploads, and identifying scholar and fellow data gaps.
- Identified Salesforce process issues and participated in calls with TA team, Dryad Consulting (project timeline: June - November 2022).

## **VII. SUCCESS STORIES**

See links below for the success stories:

- [\*\*NURSE FELLOWS REVIVES CHINYAMA HEALTH CENTRE\*\*](#)
- [\*\*LIGHT AT THE END OF THE TUNNEL\*\*](#)
- [\*\*BURDEN LIFTED FOR UPGRADING SCHOLAR\*\*](#)



## VIII. FINANCIAL PERFORMANCE

[A summary of FY21 spending and FY22 spending by month is linked here.](#)

## IX. PLANNED ACTIVITIES FOR NEXT QUARTER FY23

Ref #	Key Activities	FY23 Q1		
		Oct	Nov	Dec
<b>Project Management</b>				
1	Prepare and submit reports (monthly, quarterly, financial) and FY24 work plan. Make revisions to AMELP as needed.			
2	Conduct planning and progress meetings with project staff.			
3	Conduct biannual progress partner review meetings to conduct project planning and provide partner feedback(Local Government, MOH, District Hospitals, CHAM, NMCM & Training Institutions)			
1	<b>Increased availability of trained personnel and qualified health workers working in priority areas</b>			
IR 1.1	Increased # of skilled health professionals graduating and entering health workforce			
1.1.1	<i># of individuals attending higher education institutions with USG scholarships or financial assistance</i>			
1.1.2	<i># of health workers who graduate from a pre-service training institution/program with USG-support</i>			
<b>RNM Scholar Cohorts (RNM Cohorts 1 &amp; 2)</b>				
1	Pay Y3 tuition for 30 RNM students (RNM cohort 1)			
2	Pay upkeep for 30 RNM students (RNM cohort 1)			
3	Pay Y2 tuition for 30 RNM students (RNM cohort 2)			
4	Pay upkeep for 30 RNM students (RNM cohort 2)			
<b>Upgrading Scholar Cohorts (RNM Cohorts 3 &amp; 4)</b>				
1	Pay Y2 tuition for 10 upgrading students (RNM cohort 3).			
2	Pay Y2 tuition for 10 upgrading students (RNM cohort 3).			
3	Advertisement & selection for 10 new upgrading students (RNM cohort 4)			
4	Pay Y1 tuition for 10 upgrading scholars (RNM cohort 4).			
5	Pay upkeep for 10 upgrading scholars (RNM cohort 4).			
6	Procure supplies for 10 upgrading scholars (RNM cohort 4).			
7	Host event to induct and survey 10 upgrading scholars (RNM cohort 4).			
<b>NMT Scholar Cohorts (NMT Cohort 1 &amp; 2)</b>				
1	Pay Y3 tuition for 60 scholars (NMT cohort 1).			
2	Advertisement & scholar selection for 60 new NMT scholars (NMT cohort 2)			
3	Pay Y1 tuition for 60 scholars (NMT cohort 2).			
4	Pay indexing for 60 scholars (NMT cohort 2).			
5	Procure supplies for 60 NMT scholars (NMT cohort 2).			
6	Host inauguration event for 60 scholars (NMT cohort 2).			
<b>NEW ACTIVITY: 65 additional students at-risk of dropout</b>				

1	Students' financial status verified and limited scholarship supports awarded to 65 new students across 4 partner schools.			
2	Tuition payments made for 65 additional students across 4 partner schools who at-risk of dropout due to inability to pay school fees			
<b>Cross-cutting</b>				
1	Conduct scholar follow-up to ensure academic progression			
2	Host Regional Scholar Get Togethers			
2	<b>Improved quality of clinical teaching and practice</b>			
IR 2.1	Improved access to educational opportunities for in-service health workers and nurse educators			
2.1.1	<i># of RNMs and NMTs who accessed in-service educational opportunities in MPSR, ART, MNCH &amp; IMCI</i>			
1	Train 60 fellows on ART (2 sessions)			
2	Train 60 fellows on MNCH (2 sessions)			
3	Train 30 fellows on IMNCH (2 sessions)			
4	Train 60 fellows on MPSR (sessions TBD)			
2.1.2	<i># of nursing faculty and clinical mentors who accessed in-service clinical educational training</i>			
1	Support MNCH training for 7 Clinical Mentors			
IR 2.2	Strengthened capacity of MoHP, health regulatory bodies and district councils to regulate and improve clinical teaching, learning and practice			
2.2.1-2	<i># of training institutions AND teaching hospitals with improved capacity to provide quality healthcare education and clinical training</i>			
1	Pay salaries for 7 Clinical Mentors.			
2	Support training institutions to conduct monitoring and supervision of Clinical Mentors.			
3	Conduct quarterly meetings with training institutions, NMCM and CHAM to strengthen partner training capacity of students.			
4	Evaluate the impact of clinical mentorship at partner schools and teaching hospitals			
5	Support revision of standards and guidelines for nursing midwifery education and practice			
6	Validation of developed standards and guidelines			
7	Provide internet service fees for CHAM schools			
3	<b>Improved and more equitable deployment and distribution of health workers</b>			
IR 3.1	Improved deployment and retention of health workers			
3.1.1	<i>Number of RNMs and NMTs who received paid fellowships</i>			
<b>Pay salaries, leave grant and gratuity for 95 fellows deployed in FY22 (30 RNM / 65 NMT)</b>				
1	Pay salaries for 30 RNM fellows deployed in FY22 through fellowship completion			
2	Pay salaries for 65 NMT fellows deployed in FY22 through fellowship completion			
3	Pay leave for RNM/NMT fellows deployed in FY22 that complete more than 6 months of work			
4	Pay gratuity for 30 RNM fellows deployed in FY22 upon completion of one-year			

5	Pay gratuity for 65 NMT fellows deployed in FY22 upon completion of one-year			
<b>Deploy new fellow cohort (20 RNM / 40 NMT)</b>				
1	Advertise fellowship opportunities and conduct fellow recruitment across nine priority districts			
2	Deploy 60 fellows to fill HRH gaps at hospitals and health facilities			
3	Pay settlement allowances to 20 newly deployed RNMs			
4	Pay settlement allowances to 40 newly deployed NMTs			
5	Pay salaries for 20 RNM fellows			
6	Pay leave grant for RNM fellows deployed in FY23 that complete more than 6 months of work			
7	Pay salaries for 40 NMT fellows			
8	Pay leave grant for NMT fellows deployed in FY23 that complete more than 6 months of work			
9	Pay gratuity for RNM fellows deployed in FY23 upon completion of one-year			
10	Pay gratuity for NMT fellows deployed in FY23 upon completion of one-year			
3.1.2	<i># of fellows awarded with certificate or recognition</i>			
1	Award certificates of recognition to top performing fellows			
3.1.3	<i>% of Fellows who secure permanent employment by the end of the fellowship period or within 12 months of fellowship completion</i>			
3.1.4	<i>% of Fellows who secure permanent employment by the end of the fellowship period or after fellowship completion</i>			
1	Conduct quarterly engagement meetings with District Stakeholders			
2	Conduct fellow follow-up, monitoring and surveying			
3	Host fellow engagement event			
IR 3.2	Strengthened regulation and availability of data for health workers through professional bodies			
3.2.1	<i># of expected monitoring visits made to teaching hospitals</i>			
1	Support NMCM to conduct monitoring and supervisory site visits for 9 teaching hospitals			
2	Support 9 teaching hospitals to address gaps identified through NMCM monitoring visits			
3.2.2	<i># of expected monitoring visits made to training institutions</i>			
1	Support NMCM to conduct monitoring and supervisory site visits for 4 training institutions			
3.2.3	<i># of districts reporting health worker data into centralized tracking system annually</i>			
1	Support iHRIS operationalization and rollout through support of buy-in meetings and end user training.			
2	Support iHRIS rollout through procurement of IT equipment and desktops for district stakeholders.			
3	Provide electronic database IT support to NMCM			
<b>GAIA Technical and Organizational Capacity building</b>				
1	Technical assistance provided by GAIA Global Health (sub-grant)			
2	Organizational strengthening, technical support and systems upgrades			
<b>COST-SHARE: Scholarships &amp; Quality Improvement Awards provided through cost-share</b>				

1	Provide ongoing psychosocial support, upkeep, and follow-up for 44 enrolled scholars & licensure preparation and fee payment for 16 graduated scholars			
2	Provide impact awards to fellows / health facilities to improve health outcomes in priority health areas			

## APPENDIX I. INDICATORS

Indicator		Baseline	FY22 Target	FY22 Achievement
Objective 1: Increased availability of trained personnel and qualified health workers working in priority health areas of priority health areas of MNCH and HIV/ART				
IR 1.1: Increase number of skilled health professionals graduating from training institutions and entering health workforce				
1.1.1	Number of individuals attending higher education institutions with USG scholarship and financial assistance	0	130	<b>222</b> <i>While total is reported here, 92 one-off scholarships will be reported in DIS in Q1 FY23</i>
1.1.2	Number of new health workers who graduate from a pre-service training institution or program as a result of USG-supported strengthening efforts, within the reporting period, by cadre	0	0	<b>0</b> <i>Scholars expected to graduate from 2024 onwards.</i>
Objective 2: Improved quality of health education and clinical practice				
IR 2.1: Improve access to educational opportunities for in-service health workers and nurse educators				
2.1.1	Number of newly graduated RNMs and NMTs who accessed in service educational opportunities in ART, MNCH, IMCI	0	120	<b>124</b>
2.1.2	Number of nursing faculty and clinical mentors who accessed in- service clinical educational training	0	16	<b>16</b>
IR 2.2: Strengthened capacity of MoHP, health regulatory bodies and district councils to regulate and improve health education and practice				
2.2.1	Number of training institutions with improved capacity to provide quality healthcare education and clinical training	0	4	<b>4</b>
2.2.2	Number of teaching hospitals with improved capacity to provide quality healthcare education and clinical training	0	8 <i>Target revised to 7</i>	<b>7</b> <i>KUHeS hired only one clinical mentor as opposed to 2 per training institution, due to financial constraints</i>
Objective 3: Improved program performance/ results in priority sites				

Indicator		Baseline	FY22 Target	FY22 Achievement
<b>IR 3.1: Improved deployment and distribution of health workers</b>				
3.1.1	Number of newly graduated RNMs and NMTs who received paid fellowships	TBD	120	<b>132</b> <i>Cumulative figure, representing all fellows deployed</i>
3.1.2	Number of nurses and midwives rewarded with certificate of recognition	N/A	9 <i>FY22 target revised to 0</i>	<b>0</b> <i>Planned for Q1 FY23</i>
3.1.3	Percentage of Fellows who secure permanent employment by end of the fellowship period or within 12 months of fellowship completion	0	80% <i>Target revised to 50%</i>	12% (16/132)
3.1.4	Percentage of Fellows who secure permanent employment by end of the fellowship period or after fellowship completion (measured cumulatively)	0	90% <i>Target revised to 75%</i>	12% (16/132)
<b>IR 3.2: Strengthened regulation of and availability of data for health workers through professional bodies</b>				
3.2.1	Percentage of expected monitoring visits made to teaching hospitals	TBD	100% <i>Target revised to number and reduced to 1 visit per year per teaching hospital</i>	14 <i>Machinga, Zomba District, Mangochi, Chikwawa, Mulanje, Thyolo, Bwaila, Dowa, Kamuzu Central, Kasungu, Mzimba, Chiradzulu, Queen Elizabeth, Nsanje</i>
3.2.2	Percentage of expected monitoring visits made to training institutions	TBD	100% <i>Target revised to number and reduced to 1 visit per year per training institution</i>	4 <i>KUHeS, Nkhoma, Trinity, St Lukes</i>
3.2.3	Number of districts reporting health worker data into centralized tracking system annually	TBD	9 <i>Target revised to 0 in FY22</i>	0 <i>FY22 focused on operationalizing iHRIS, districts will</i>

Indicator		Baseline	FY22 Target	FY22 Achievement
				<i>start reporting in FY23</i>
Cross-cutting context indicators				
4.1	COVID-19 percent positivity	4.4%	N/A	13.5% (high rates were from Oct 2021 to Mar 2022)
4.2	Number of student applicants to partner nurse training institutions	TBD	N/A <i>Target removed</i>	N/A Challenging indicator, excluded in FY23 AMELP and approved
4.3	Government funding allocated to HRH	TBD	N/A <i>Target removed</i>	N/A Challenging indicator, excluded in FY23 AMELP and approved