

# CASE STUDIES REPORT



# Table of Contents

Table of Contents .....	i
Acronyms .....	ii
Executive Summary .....	1
<b>I. Introduction .....</b>	<b>3</b>
Malawi Country Overview: Public Health Service Provision.....	3
<b>II. Project Description .....</b>	<b>5</b>
<b>III. Purpose and Scope of Case Study Research.....</b>	<b>7</b>
Case Study Impact Questions .....	7
Conceptual Frameworks for the Research.....	8
Methodology and Fieldwork.....	9
Analysis.....	10
Limitations.....	11
<b>IV. Findings .....</b>	<b>11</b>
Consolidation of the Case Studies .....	12
Gains on Individual / Personal Level .....	12
Results at Interpersonal / Peers and Family Levels.....	14
Impact on Communities .....	14
Impact on Society / Health Sector and Systems.....	15
MSP Support.....	17
Challenges Facing Interviewed MSP Scholars .....	17
<b>V. Individual Stories.....</b>	<b>19</b>
Story: Better Services for the Community .....	19
Story: Reproductive Education and Health Services for More Communities .....	21
Story: Outreach to the Community Saves Lives.....	23
Story: A Passion for Nursing .....	24
Story: MSP Scholarship Opened a Window of Opportunities .....	25
Story: Change Comes with Education.....	27
<b>VI. Conclusions and Recommendations .....</b>	<b>27</b>
<b>References.....</b>	<b>29</b>
<b>Appendix A: Interview Guides .....</b>	<b>30</b>

# Acronyms

AfDB	African Development Bank
ANC	Antenatal Care
BLM	Banja La Mtsogolo
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COHSASA	Council for Health Services Accreditation of Southern Africa
DA	District Assembly
DfID	United Kingdom Department for International Development
DHO	District Health Officer
DNO	District Nursing Officer
DTC	Drug and Therapeutic Committees
EU	European Union
FY	Fiscal Year
GH Pro	Global Health Program Cycle Improvement Project
GIZ	German Agency for International Cooperation
GoM	Government of Malawi
HIV/AIDS	Human Immune Virus / Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
HSA	Health Surveillance Assistant
KCN	Kamuzu College of Nursing
LUANAR	Lilongwe University of Agriculture and Natural Resources
MDHS	Malawi Demographic and Health Survey
MERL	Monitoring, Evaluation, research, and Learning
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn, and Child Health
MoLG	Ministry of Local Government
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MSc	Master of Science
MSP	Malawi Scholarship Program

NGO	No Governmental Organization
NMR	Neonatal Mortality Rate
NMT	Nursing and Midwifery Technician
NORAD	Norwegian Agency for Development Cooperation
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSI	Population Services International
SMART	Monitoring and Assessment of Relief and Transitions
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
TBA	Traditional Birth Attendant
UNICEF	United Nations Children Emergency Fund
USAID	United States Agency for International Development
USCDC	United States Center for Disease Control and Prevention
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

# Executive Summary

The USAID Malawi Scholarship Program (MSP) has been a USAID intervention aiming to build the capacity of Malawi's health service providers and strengthen management systems of health services by providing scholarships and training support. Implemented by World Learning from 2012 to 2020, MSP has supported training for almost 800 Malawi health professionals in public health, human nutrition, and family planning and reproductive health.

This report explores the lived experiences of the six selected MSP participants to understand the impact the program has had in their lives. We explore the results of MSP at the individual, interpersonal, community and systems levels. We discuss the extent to which MSP contributed to building knowledge, skills, capacities, and attitudes, and discuss the ways that the participants used the knowledge and skills gained in their work empowering their colleagues and subordinates. We elaborate on the results achieved by the MSP participants in providing better services in their communities and strengthening of the health systems in general. This study seeks to contribute to the greater body of knowledge and learning to organizations implementing health programs in Malawi, and to other stakeholders in the international development community.

This study found that the scholars' academic programs under MSP provided them with the professional degrees, knowledge, expertise and education they needed to succeed in their current jobs. In addition to their specific areas of study, they also learned to conduct research and manage resources, and gained leadership skills, which helped them in securing promotions (all interviewed participants, except for one who is waiting for MoH approval, were promoted to higher level jobs), manage staff, and contribute to decision making. Their responsibilities now include overseeing the performance of their teams and units. Improved communication skills have resulted in a better approach to staff management and increased morale among staff of health facilities in remote rural areas.

The combination of promotions, improved salaries (which translates in better living standards), and recognition gained with the program is helping to address brain drain among healthcare providers. Additionally, the MSP participants are eager to share with their coworkers the knowledge and skills acquired. They are continuously providing formal and informal training and mentoring their colleagues and subordinates.

Upon completion of their academic programs the interviewed scholars eagerly undertook their assigned deployments and continued working in the health sector, providing and improving health services in rural

communities in Malawi. They are solving problems at a larger scale, often addressing the community as a whole, for example, with a cervical cancer screening, prevention messaging and other initiatives. At least half of the interviewed program participants shared that they are engaged in activities that may contribute towards systems-level improvements. These include conducting research on health issues, provision of needs-based health services in distant communities, increased efficiencies in spending within the health service provision institutions, improved collaboration among various partners in health service provision, increased understanding of cross-sectoral work, and others.

While scaled-up quantitative research would be necessary to demonstrate the larger impact of MSP, this small-scale study conducted by World Learning found strong signs that the impact of the program is far-reaching and may sustain many years to come.

# I. Introduction

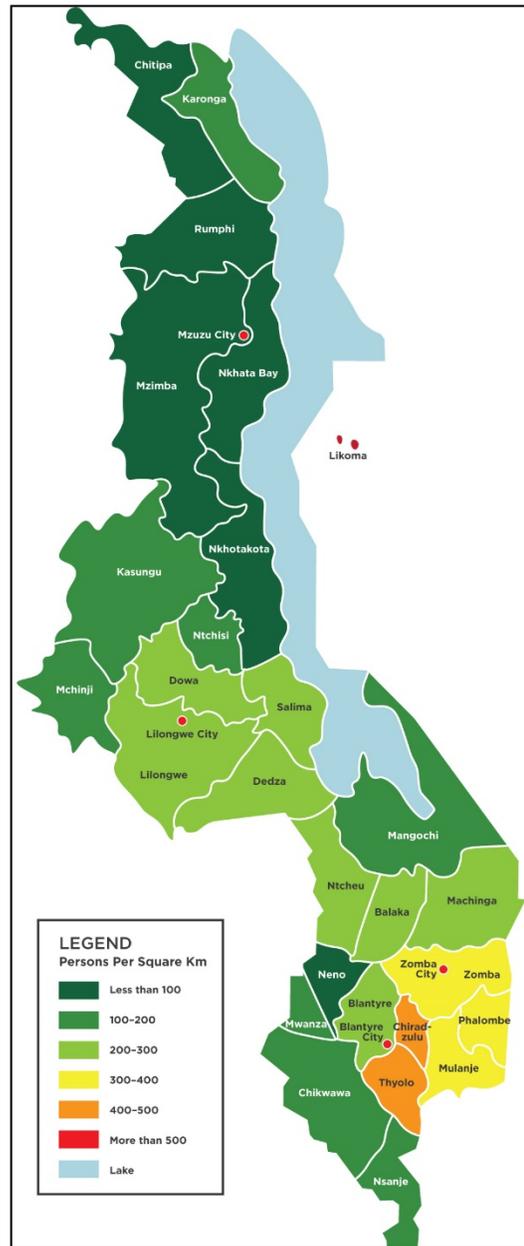
## Malawi Country Overview: Public Health Service Provision

Malawi is a densely populated landlocked country in Southeastern Africa. The country has 28 districts across three administrative regions: South (13 districts), Central (9 districts), and Northern (6 districts).

Malawi's population has been growing rapidly with an intercensal annual growth rate of 2.9% annum<sup>1</sup>. According to the World Bank<sup>2</sup> the estimated population of Malawi was 18.1 million in 2018. Males comprise 49% while 51% are females. The number of births per woman is high averaging 4.0 live children per woman of childbearing age. This indicates that the population will continue to grow rapidly, which puts pressure on Malawi's natural resources, especially in rural areas which resides 84% of the total population<sup>3</sup>. Increased population density will also increase the demand for social services like health, education, housing, in a country that is facing challenges in meeting those demands with its current population size.

In the recent years, the Government of Malawi (GoM) has made substantial progress on health indicators. According to the Malawi Demographic and Health Survey (MDHS 2015-2016) the MMR is 439/100,000 live births, down from 675/100,000 in 2010. In part because of an increase in the proportion of women who received Antenatal Care (ANC) from a skilled provider - from 90%

Figure 1: Map of Malawi Provinces and Districts



<sup>1</sup> 2018 Population and housing Census

<sup>2</sup> <https://data.worldbank.org/country/malawi>

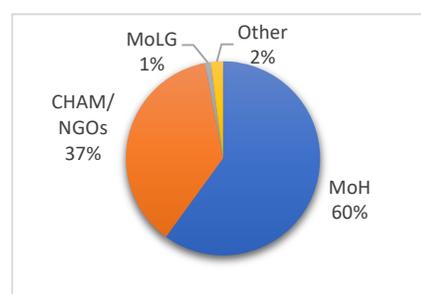
<sup>3</sup> 2018 Malawi Population & Housing Census

in 1992 to 95% in 2015-2016, and the high percentage of pregnant women making at least one ANC visit during pregnancy, at 95%, with only 24% starting ANC during the first trimester, and 51% completing four or more ANC visits.

The HIV/AIDS prevalence among women and men age 15-49 decreased from 10.6% to 8.8% between 2010 and 2015-16. The percentage of children aged 12-23 months that were fully immunized declined over the last years (from 81% in 2010 to 71.3% in 2016).

The gains in health outcomes could partially be attributed to increased utilization of some key health services. The Ministry of Health (MoH) in Malawi provides the bulk of health care services (60%). The Christian Health Association of Malawi (CHAM) and other private and non-governmental organizations (NGOs) provide about 37% of the health services. The Ministry of Local Government (MoLG) provides 1% and the others provide the remaining 2%. All health workers in both government and CHAM-owned health facilities are on the government's payroll. The health facilities owned by CHAM face a critical shortage of staff as they are in rural and remote areas, making them hard to reach.

Figure 2: Health Service Providers in Malawi



Malawi faces a human resource crisis at all levels of health services, hindering the provision of services due to an inadequate number of trained staff. According to the Human Resources for Health (HRH) Assessment (June 2016) the vacancy rate among clinical officers was 63% and 60% for nurse-midwives. Overall, about 33% of the established staffing positions are vacant<sup>4</sup>. Since HRH is central to improving the quality of health service provision and quality of life for all people, the MoH needs to improve availability, retention, performance and motivation of human resources for an effective, efficient and equitable health service delivery to everyone (MoH, 2017). Thus, Malawi needs to strengthen the health sector by improving the quality of training for staff, enforcing performance-based management, improving human resource planning, and creating systems with integrated monitoring tools. Some progress has been made, but much is still needed. During the its fiscal year (FY) 2014-15, the MoH promoted 2,438 staff to more senior positions across multiple cadres, although these promotions did not extend to health staff working in CHAM facilities, which has led to inequities across the workforce<sup>5</sup>.

<sup>4</sup> Health Sector Strategic Plan II (2017-2022).

<sup>5</sup> Health Sector Strategic Plan II (2017-2022).

The U.S. Agency for International Development (USAID), United Kingdom Department for International Development (DfID), German Agency for International Cooperation (GIZ), European Union (EU), Norwegian Agency for Development Cooperation (NORAD), African Development Bank (AfDB), US Center for Disease Control and Prevention (USCDC) are the main donor contributing substantial funding towards improving Malawi’s health sector.

## II. Project Description

USAID supports the health sector in Malawi through multiple programs. Through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), USAID invests in high-impact HIV/AIDS prevention, treatment, and care activities. USAID also invests in improving the quality of healthcare interventions to sustain and increase the gains achieved in Maternal, Newborn, and Child Health (MNCH), expand family planning, improve nutrition, reduce tuberculosis impact, malaria prevention and treatment, and health system strengthening.

As noted, MSP has sought to address capacity gaps in the health sector by providing scholarships and training support. World Learning began implementing MSP in October 2012. At its inception, MSP was planned as a five-year program supporting 33 participants to pursue master’s degrees in health fields in the U.S. and Africa. In 2013, a year after its inception, USAID expanded the scope of the program to include 400 in-country students pursuing a variety of degree programs, extending the program by an additional year, to complete in September 30, 2018. In August 2016, the program expanded further and added another 366 in-country students with an anticipated close-out of September 30, 2019. To accommodate the shifting end dates of some degree programs, MSP’s implementation was further extended until January 31, 2020.

**Table 1: MSP Scope and Modifications**

Performance Period	Scope and Modification	Cumulative Target
Oct 2012 – Sept 2017	Support 33 students to complete master’s degree in health fields in the U.S. and Africa	33
Oct 2012 – Sept 2018	Include 400 in-country students to pursue a variety of degree programs	433
Oct 2012 – Sept 2019	Include 366 additional in-country students to pursue a variety of degree programs	799
Oct 2019 – Jan 2020	Provided additional time for 188 MSP participants to complete their academic program	799

MSP directly contributes towards USAID's Country Development Cooperation Strategy (CDCS) Development Objective 1 (DO1)<sup>6</sup> on Improving Social Development. By providing opportunities for quality education to health service providers and increasing the number of qualified health service providers, the program has a direct impact on the CDCS's Intermediate Result (IR) 1.1 (Availability of essential social services expanded) and IR 1.2. (Quality of essential social services improved). The program also contributes to improved and efficient management of health service provision and resources since many MSP participants hold senior positions in MoH, health facilities and universities that train other health service providers, and institutionalize accountability in their respective influence areas.

The MSP goal is to enhance leadership of professionals in Malawi society to build capacity of private and public institutions and support reform agendas. Its specific objectives are to:

- 1) Improve the technical competencies of Malawi health professionals;
- 2) Improve engagement of health professionals in community development; and
- 3) Strengthen local and international alliances of Malawi health professionals for change and reform in various sectors.

MSP participants were selected by a competitive application process. Applicants were requested to provide academic transcripts and grades (some participants applied while they had already started their programs), a resume showing their experience as health service providers, and write an essay about their motivation to continue study and how that will benefit their community.

To increase the qualified staff in health facilities across Malawi, and to improve the engagement of those health professionals in their community, the MSP scholarships recipients were requested to return to their communities for two years. The participants interviewed for this study were glad to comply. There was only one respondent who was hesitant on this condition until the extend of the bond was clarified.

By the end of the program 74 out of the 643 participants who signed bonding agreements for serving MoH for a period of time have been deployed (12%). In addition, 155 of those 643 have completed coursework and taken final exams, but results are not available yet. The low rate of deployment is unfortunate given the high need for qualified health providers, but it is understandable considering the budget limitations and inadequate recruitment and placement processes of the GoM.

The MSP scholarship recipients interviewed for this research expressed gratitude to USAID for providing a comprehensive scholarship package and to World Learning for competently managing the program.

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<sup>6</sup> [https://www.usaid.gov/sites/default/files/documents/1860/CDCS\\_Malawi\\_September\\_2019\\_rev508comp.pdf](https://www.usaid.gov/sites/default/files/documents/1860/CDCS_Malawi_September_2019_rev508comp.pdf) (page 18)

Participation in MSP has helped them to bring their newly-acquired skillset and knowledge to improve conditions in their workplaces and surrounding communities.

### III. Purpose and Scope of Case Study Research

In 2019, during the last year of the program's implementation, World Learning received USAID approval to conduct case study research into changes experienced by a small group of participants as a result of their participation in MSP. The research explored the lived experiences of the case study subjects to understand the impact of MSP as a means to build their skills, capacities, and attitudes, and explore how they used the knowledge and skills that they gained through the program in their professional and personal lives. The case study research identified and documented the impact these MSP participants have had on their communities and improving healthcare in their areas of influence. This study also documents the challenges faced by the participants upon return to their communities.

Together with the collected primary data, this case study research uses the program's monitoring data from 2012 to 2019 to enrich and enhance readers' understanding of the program's and country's context. This research seeks to contribute to the greater body of knowledge and learning available for USAID, implementing organizations, and other stakeholders in the international development community.

#### Case Study Impact Questions

The questions that this research seeks to address are:

1. What are the most significant changes experienced by the selected participants as reported from their viewpoint? Why are those important?
2. What knowledge and skills have the participants gained that helped them reach the point at which they find themselves right now? How has this experience prepared them for their short- and long-term goals? In what ways has their daily work improved?
3. What impact have they had on their communities?
4. In what ways have they contributed towards improving healthcare in their areas of influence? What challenges do they face? What are their strategies of addressing the challenges?
5. What are their bigger dreams? How have they developed those dreams? How do they plan to achieve them?

## Conceptual Frameworks for the Research

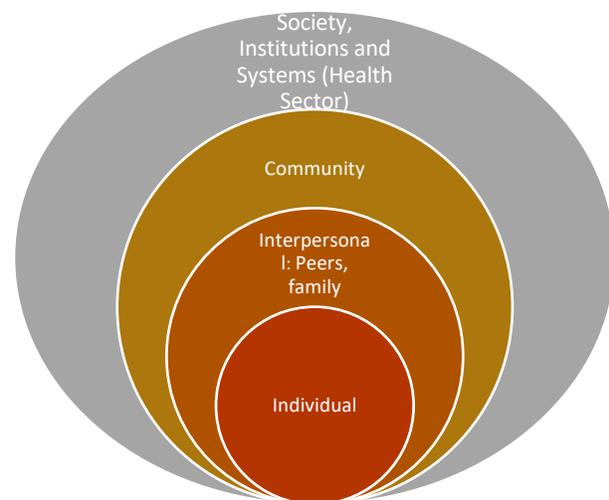
This case study research draws upon best practices in qualitative analysis. The results achieved and reported are structured following the socio-ecological model, which is used in many disciplines, including public health, to understand how change happens at different levels of social environment. Socio-ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that behaviors both shape and are shaped by the social environment<sup>7</sup>.

Hence, following the socio-ecological model in Figure 3, the case studies unpack and tell stories of six program participants exploring their gains at the following levels:

- *individual* (the extent to which the participants gained important skills and knowledge, deepened their expertise in their selected professional focus areas, acquired degrees, improved their quality of life and others),
- *interpersonal, peers and family* (the changes the program participants promoted among their peers, families, the way they used the knowledge and expertise gained during their scholarship to train others, increase their knowledge on best health practices, etc.),
- *community* (areas where using their expertise, skills and knowledge, how were they able to improve health service provision in their communities),
- *Society, institutions and the larger system/health sector* (if/how the program participants used those gains to improve systems and the institutions they are part of).

In this study, we document the participants' journey through the program from their first steps as an applicant to alumni. We aim to articulate the specific outcomes of the program from the participants' point of view and draw clear pathways of the changes led and stimulated by those outcomes. In terms of theory of change, this research was based on the assumption that increase in the knowledge and skills of the participants led to changes in their attitudes and behaviors towards providing quality health care services within their communities

Figure 3: Socio-ecological Model



<sup>7</sup> Adapted from Bronfenbrenner, U. (1977). Toward an experimental ecology of human development.

and improving the healthcare system overall. We documented the achievements, as well as the challenges faced by the participants from their own lived experiences, and interviewed others surrounding them to bring more objective and comprehensive understanding of the programs' achievements as seen by others impacted by the program.

With an understanding that improved health service provision impacts health education, HRH, nutrition, livelihoods and other systems, we used the Systems Framework to discover and describe those relationships in the context of the program participants (Patton, 2008). The systems approach allows a more holistic understanding of program benefits and how the program fits into the beneficiaries' life (Patton, 2008), as we will see in cases like Emily Gondwe, who improved coordination among different government officials, and Jonas Sagawa, who used his new lecturer position at Kamuzu College of Nursing (KCN) to implement health projects in rural communities.

## Methodology and Fieldwork

At the start of the study, World Learning identified an external consultant to collect data, interview study subjects and others, analyze and produce the first draft of the report. World Learning provided desk research, data analysis, technical and logistical support, supervision and quality assurance.

The participants selected for this study were identified by World Learning staff, using a purposive sampling. The selection criteria included participants who had at least six months working in their community after graduating from their program, had already shown an impact in their communities, expressed interest, and were available to be interviewed. Additionally, we aimed to demonstrate the full breadth of the diversity of participants by selecting individuals from different demographic backgrounds (including gender, ethnic belonging), geographic areas, different years and professions). The six subjects of the study were:

**Table 2: Participant Cases**

Name	Program	College	Duty Station	Position before MSP	Current Position
Mrs. Emily Gondwe	MPH-Family Planning and Reproductive Health	University of Ghana	Mzuzu DHO (North Region)	District Nursing Officer	Director of Social Services
Mr. Jonas Sagawa	MSc. Population & Reproductive Health	Makerere University	KCN Blantyre (South Region)	Nursing Officer	Lecturer
Mr. Ignasio Jowasi	University Certificate in Midwifery	Kamuzu College of Nursing	Monkey Bay Community Hospital (South Region)	Nursing Officer	Senior Nursing Officer

Mrs. Treazer Mnjale	Bachelor of Nursing and Midwifery	Mzuzu University	Ntcheu District Hospital (Central Region)	Nurse Midwife Technician	Nursing Officer
Mr. George Mtengowadula	MPH-Nutrition	Makerere University	Lilongwe District Council (Central Region)	Nutrition Officer	Principle Nutrition Officer
Mr. Arnold Kayira	MSc in Human Nutrition	LUANAR	Mzuzu Central Hospital (North Region)	Nutrition Officer	Nutrition Officer (acting Nutritionist Specialist)

Three of the identified subjects were studied using the case study method, and the remaining three – success story method. The scholars (study subjects) work in different institutions such as district councils, rural hospital, district hospitals, tertiary hospitals, district health offices and universities. Data for case studies were collected from the scholars, their colleagues, supervisors and subordinates. The data for the success stories were collected by interviewing the scholars only.

The data collection methods included observation, document review and key informant interviews. A total of 14 face-to-face interviews and one telephone interview were conducted. Prior to the interviews all interviewees signed a consent form. The informant interviewed by phone provided verbal approval for the consent form. The data was collected from defined case study subjects based in Mzuzu, Lilongwe, Mangochi and Blantyre during the month of November 2019.

The consultant used an interview guide and recorded the interviews using a voice recorder. The interviews followed the Most Significant Change<sup>8</sup> (MSC) approach and focused on exploring the most significant changes experienced as a result of the program, and the way they were applied to promote changes within their immediate spheres of influence of the program participants (Appendix A: Interview Guidelines). MSC was determined to be the most appropriate method inquiry since it helps to present the intended and unintended outcomes and impact of the program from the participants’ perspective, relevant to the participants’ context.

## Analysis

After transcribing the interviews into English, the data was analyzed twice: using an ethnographic approach in MS Word and a qualitative analysis software (Atlas.ti). The qualitative data was coded according to the evaluation questions. Codes were predetermined and agreed upon between World Learning and the independent consultant, and consistently followed throughout the analysis and synthesis. World Learning and the consultant consistently and systematically modified the codes and created new ones in

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<sup>8</sup> Most Significant Change Approach [https://www.betterevaluation.org/en/plan/approach/most\\_significant\\_change](https://www.betterevaluation.org/en/plan/approach/most_significant_change)

consultation, as new data and new observations emerged. Since World Learning conducted the literature review and desk research feeding into this study, the assumptions and conclusions emerging from the local consultant were triangulated using secondary and program monitoring data. There were no major differences in the findings generated by both researchers, which strengthens the quality of this study.

The analyses aimed to identify frequent patterns within the data to respond to the evaluation questions, and any other expected or unexpected impact from the program in the life of the subjects. It was not part of our approach to quantify the qualitative data.

## Limitations

This study used a purposive sample, which may present itself as a bias. The participants were selected following a set of selection criteria, but nevertheless, the selected sample reflects the experience of the group who successfully completed their programs and returned to work in their community. The findings from this study should not be generalized for the whole population of program participants.

Another limitation of the study is that the qualitative data used depends on the willingness of the interviewees to open up to the researcher. To maximize participants' willingness to discuss all positive and negative aspects of the program, the consultant used a friendly and candid approach, and made sure to encourage the individuals interviewed, when their answers were unclear or seemed hesitant, to provide honest feedback.

Finally, to increase validity, the research team triangulated the qualitative data captured from the MSP case study subjects, by also interviewing their colleagues and supervisors.

## IV. Findings

Malawi faces major challenges in ensuring quality and equitable health service delivery. These challenges include brain drain among health worker professionals to higher income countries (United Kingdom and Australia)<sup>9</sup>, inadequate output in health training institutions, lack of supportive supervision, inadequate resources, poor communication and inadequate referral system<sup>10</sup>. While this case study research did not intend to measure the impact of MSP on strengthening Malawi's health system, it certainly identified

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<sup>9</sup> African Capacity Building Foundation. Brain Drain in Africa: The Case of Tackling Capacity Issues in Malawi's Medical Migration. May 2018

<sup>10</sup> National SRHR Policy 2017-2022

numerous examples of how MSP participants help strengthen the health system through quality service provision, adequate resource management and capacity building.

The findings of this study are presented in two main sections: A) Consolidation of the Case Studies and B) Individual Stories. The Consolidation of the Case Studies follows the socio-ecological model, first presenting individual gains, and then moving the discussion towards peers, community and systems. It summarizes commonalities among the cases and demonstrates how the program contributes towards health outcomes. We close this section with conclusions drawn from the interviews and share recommendations for the way forward.

The Individual Stories section demonstrates a deeper analysis of each participant's experience of the program, showcases their successes and presents the challenges they are facing today.

## Consolidation of the Case Studies

### **Gains on Individual / Personal Level**

The participants interviewed for this study reported gaining new technical knowledge, expertise and leadership skills during their academic program, thanks to MSP scholarships. For some, MSP helped find new passion and career paths. For example, Ms. Treazer Mnjale discovered her passion for working with infants; Mr. Jonas Sagawa gained knowledge in demography, statistics, and data management, which empowered him to teach and conduct research in his community; Mr. George Mtengowadula studied nutrition and joined nutrition experts in Malawi to collect data to help resolve nutrition – related challenges in his catchment population; and Mr. Ignacio Jowasi gained skills to work and lead the Anti-natal Care Unit in the Maternity Ward.

The six MSP participants interviewed universally agreed that the program enhanced their leadership and resource management skills. None of them had supervised staff before completing their academic programs, but now all of them lead teams, manage financial and human resources, and are in positions of influence on matters concerning health service provision, resource allocation and health education. They are now responsible not only for their own immediate work, but also for the work of their team/s. The supervisors of the MSP scholars corroborated how reliable the MSP participants were and noted observable increase in the MSP participants' leadership in their workplaces resulting from the exposure during their academic studies. For example, Ms. Emily Gondwe used her improved communication skills to leverage collaboration among stakeholders in her area of influence, by bringing together community, government

and non-governmental actors to resolve issues of public health working together and sharing resources. Mr. Jowasi's supervisor, Mr. Kalolo, proudly acknowledged that Mr. Jowasi is instrumental in providing health services in their facility. Mr. Kalolo told us about an instance when Mr. Jowasi's (nursing officer) intervention was key to saving a young woman's life. Mr. Jowasi insisted on keeping the young woman at Monkey Bay Community Hospital instead of transferring her to a different facility. The young woman was experiencing a post-partum hemorrhage, and the travel could have endangered her life. While the provision of timely quality health care services is a day-to-day task, Mr. Kalolo highlighted that Mr. Jowasi's confidence and leadership skills had increased significantly as a result of his participation in MSP.

Technical knowledge, management/leadership skills and expertise developed during MSP resulted in promotions and better jobs for the subjects of this study. Mrs. Emily Gondwe Gama was promoted from District Nursing Officer (DNO) to District Health Officer (DHO). George Mtengowadula was promoted from Nutrition Officer to Principal Nutrition Officer. Mr. Ignasio Jowasi was promoted from Nursing Officer to Senior Nursing Officer (patron level), and Treazer Mnjale was promoted from Nurse Midwife Technician to Nursing Officer. Mr. Jonas Sagawa was a Nursing Officer at Mangochi District Hospital and after participating in the MSP he secured a job at Kamuzu College of Nursing as a lecturer in public health. While Arnold Kayira, Nutrition Officer at Mzuzu Central Hospital, has not been formally promoted yet (waiting for MoH approval), he now manages resources and acts as the Nutrition Specialist of the entire institution where he works.

MSP participants reported receiving increased salaries compared to salaries they had earned before participation in MSP. Treazer Mnjale mentioned a salary increase of 88%, which has changed her and her family's future. Two of the six scholars, Mr. Jonas Sagawa and Mr. George Mtengowadula, are supplementing their salary doing independent consultancies thanks to the research and statistics courses they took while completing programs supported by MSP. This has a significant impact in the quality of life for the healthcare professionals.

The combination of promotions, improved salaries, better living standards, and professional recognition gained as a result of MSP, helps to address the brain drain that affects Malawi's health sector. In fact, the participants interviewed expressed willingness to stay in Malawi and continue working in healthcare even after their bond time of two years.

## **Results at Interpersonal / Peers and Family Levels**

All participants of this study have a significant positive impact in their workplaces by applying the knowledge and skills acquired during the program. For example, earlier last year (2018), nursing officer Ignacio Jowasi provided care and supervision to two premature babies in the Ante-natal Care Unit. Thanks to his training in midwifery at KCN, Mr. Jowasi knew to pay attention to all the newborn's medical success factors such as drug administration, supervision of the staff and guardians, neo-natal practices, and monitoring health indicators. The conscientious patient care and the effective treatment procedure administered by Mr. Jowasi resulted in quick recovery of the patients, increasing the trust of parents and community towards the services of the health facility.

The MSP participants interviewed are eager to share with their coworkers what they learned in the program, and they are doing so. They consistently provide formal and informal training and mentoring to their colleagues and subordinates. Their coworkers benefit from gaining in-services training. For example, Mr. Arnold Kayira, Nutritionist at the Mzuzu Central Hospital, disseminates information and shares his technical knowledge with nurses and other staff on how to conduct counselling for hypertension patients, diabetic patients, etc. This, he says, ensures that there is no gap in needed counseling services in case he is on leave.

With personal growth and improved communication skills, the MSP alumni have positively adapted personnel management approaches in health facilities where they work. All the subordinates interviewed enjoyed open communication channels established by their managers (MSP alumni). They felt that their opinions were heard, considered, and everyone in their team had a voice. With improved morale and participation, effective management and teamwork, staff remained motivated to continue meeting the needs of their communities, thus contributing towards increase in retention rates in Malawi.

## **Impact on Communities**

Upon completion of their academic programs, MSP participants eagerly undertook their assigned deployments and continued working in the health sector, providing and improving health services in distant rural communities in Malawi. They used the knowledge and skills gained to benefit their communities in different ways. They improved access to quality health services by mobilizing resources, ensuring proper use of the available resources, consistent availability of services through provision of materials and quality trained healthcare staff. With available trustworthy health facilities and services within their communities, Malawians in distant villages not only benefit from immediate available healthcare, but also save their scarce financial resources, that they would have spent on travel to other health facilities.

The MSP scholars interviewed volunteer in their communities to provide or improve healthcare for those in need. For example, in February 2019, Mr. Jonas Sagawa leveraged resources from health providers and the KCN to implement a research program in Chempira village – Lunzu. Using his leadership skills, he first approached the community leaders and health providers and got approval and funding for his initiatives. Jonas’s motivation was to provide services and conduct action research while volunteering his time to implement health services. Jonas believes that community problems need to be addressed using scientific approaches informed by research and best practice. Jonas gained research skills while pursuing his Master of Science in Population and Reproductive Health at Makerere University in Uganda. His knowledge in statistics, population and reproductive health were key to successful implementation of his action research initiative. Upon approval, he commenced data collection for his action research to assess community needs, while simultaneously providing health services to distant villages. Jonas used his research findings to adapt the services he provided to meet the needs of the community. He also monitored and documented the impact of his work and made it available to other healthcare providers for replication in other communities. His investigation? showed that cervical cancer screening and reproductive health education were the main needs. After coordinating with stakeholders and securing resources, he organized a team and conducted a screening day in Chempira, as well as multiple education campaigns.

Another similar activity was reported by Mr. Arnold Kayira, who completed a MSc. In Human Nutrition at Lilongwe University of Agriculture and Natural Resources (LUANAR). Now, as a Nutritionist at Mzuzu Central Hospital, his professional goal is to provide effective services leading to quick recovery of every patient that shows malnutrition signs. He uses his knowledge of nutrition with confidence and proven results, and conducts district outreach campaigns to disseminate nutrition messages as a measure of prevention.

There were many similar examples collected during the data collection process, which are further elaborated in the second section of this report, where we discuss the individual stories of the study subjects.

### **Impact on Society / Health Sector and Systems**

At least half of the interviewed program participants are engaged in activities that may contribute towards systems-level improvements. These include conducting research on health issues, provision of needs-based health services in distant communities, increased efficiencies in spending within the health service provision institutions, and others. For example, Mrs. Emily Gondwe, Mzuzu DHO, who is also Director of Health Social Services, has reached out to a number of local and international partners to help her improve health service provision in her community. While pursuing her Master's in Family Planning and

Reproductive Health at the University of Ghana, she enhanced her communication and negotiation skills, and learned about mapping networks and health value chains. With these techniques, she mapped the health partners working in Mzimba North, the type of health services provided by each and their catchment areas. Now, she effectively coordinates with partners like the Clinton Health Access Initiative (CHAI), Population Services International (PSI) and Banja La Mtsogolo (BLM) and hopes to achieve universal coverage of health services in the Northern District.

Mrs. Treazer Mnjale's (Nursing Officer at Ntcheu Hospital) work also contributes towards health systems strengthening. Mrs. Mnjale is a coordinator of infectious disease prevention at the Ntcheu Hospital and is a mentor at the Kamuzu Central Hospital mentoring program recently initiated. The latter is a pilot program for a few health facilities in Malawi, which promotes use of international standards from the Council for Health Services Accreditation of Southern Africa (COHSASA). It is expected that a successful outcome of the pilot will lead to a scale up and national level implementation in the country, contributing to Objective 2: "Reduce environmental and social risk factors that have a direct impact on health" of Malawi's Health Sector Strategic Plan II (2017-2022).

As can be seen below in the individual case descriptions, all of our interviewees conduct mentoring and improve the professionalism of the health service providers in Malawi. This leads to improved services and contributes towards increasing the supply of qualified health care providers. One of the major contributions of the MSP participants is creating linkages among various systems in Malawi and demonstrating that impact in one sector can promote positive outcomes in another. For example, by linking research funds, which are usually attributed to the education and higher education sector in Malawi, to healthcare, the MSP participant Jonas Sagawa filled significant gaps in data for remote communities in Malawi and helped channel funding and support to the greatest needs within the community.

We note a similar cross-pollination between sectors with Mrs. Emily Gondwe's work, who connected resource management and improved referral systems across various partners, thus meeting the needs of the community members more holistically. The partner networks she created and manages today are able to refer patients internally and to their extended networks by addressing needs of health and education livelihoods. Mrs. Treazer Mnjale was able to take education on nutrition to neighboring schools and communities, linking health and education sectors. Please refer to case studies for more details.

## MSP Support

The participants expressed gratitude to MSP for providing the opportunity to pursue an academic program in health. Besides the financial support, they praised the guidance and follow-up they received from World Learning staff, who were there since the beginning, guiding the participants through the pathway of the program. Jonas, when approved for MSP, was not sure which academic program to pursue. He remembers that without World Learning staff's advice and support, as well as research they provided to Jonas to make this important decision, he may have felt extremely overwhelmed. Emily, Ignasio, and Treazer warmly remembered that they received emails frequently from World Learning asking them how they had been adjusting to the academic challenges, their environments in a new country, and supported them through their journey. Arnold remembers the emails from World Learning encouraging him to work hard and not to give up. He says that made him feel good and cared for. He felt honored and compelled to succeed as he could not have let World Learning down. Due to World Learning's commitment to the program, its high touch management approach, all participants felt that they were important and that and their success was a priority both to the organization and to Malawi. Many of them remain in regular communication with World Learning and consider MSP a life changing opportunity.

## Challenges Facing Interviewed MSP Scholars

The MSP participants interviewed returned to their communities equipped with better education and skills. They were more confident in their expertise and had access to networks of experts they could reach out to for advance and clarification if they needed to. However, the facilities they work in genuinely lack resources and are severely understaffed, which often becomes an obstacle in providing adequate coverage of quality health services. Malawi is not alone in this challenge, and the World Health Organization's (WHO) 2016 report concludes that human resources have emerged as the most important factor in responding to what is widely regarded as a national health crisis in many low-income countries. The areas where MSP participants work are rural and distant. There is an uneven distribution of essential drugs and equipment among health facilities. Urban facilities are better equipped and staffed than rural ones<sup>11</sup>. With improved education and professional promotions, alumni reported increased workloads: today they manage teams, have more responsibilities, and have to provide health services and resolve issues related to resource availability. The staff they work with are sometimes not motivated to cover their shifts, and MSP alumni

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<sup>11</sup> National Sexual and Reproductive Health and Rights (SRHR) Policy (2017-2022)

often need to step into other roles to ensure consistency in health service provision. They had to come up with creative solutions to manage resources, and even advocate with stakeholders in the community to help leverage support.

For example, Mrs. Emily Gondwe advocated with government officials to appoint administrative staff, clinicians and medical assistants at the district clinics, thus reducing rate of unfilled health positions in her district. The majority of health facilities in Mzimba North had high vacancy rates due to unrealistic workloads, since most were managed only by nurses and had no clinic staff assigned. Mrs. Gondwe advocated with the MoH and MoLG to recruit and deploy clinicians and medical assistants. Within a year, by October 2019, all the health facilities within her jurisdiction had been staffed with additional clinicians and medical assistants. We learned from her colleagues that prior to her advocacy, none of the health facilities had doctors assigned, whereas now, most have. Empowered with leadership and management skills, increased confidence and agency, Mrs. Emily Gondwe was propelled to pursue the change needed.

Mrs. Mnjale's Bachelor of Nursing at Mzuzu College academic program, funded by MSP, offered her courses to improve her skills on resource management. Now, as the nursing officer in charge of the pediatric wards, she manages the unit's resources. When she arrived at this Ntcheu hospital, in March 2018, the pediatric ward urgently needed oxygen concentrators. Mrs. Mnjale wrote a proposal to the *Sacramentine Sisters of the Roman Catholic Church*, who connected Mrs. Mnjale with an Italian charity. Her proposal was approved by the Italian Charity, which provided funding the oxygen generators. In our interview, she mentioned that none of this would have been possible without the education she received due to the MSP.

While the interviewees are finding ways to address difficulties created by genuine lack of resources, they were concerned that the genuine lack of resources in health facilities leave many needs unmet. They were eager to continue working in their health facilities and hoped to see significant change over time, since now they had become part of the solution.

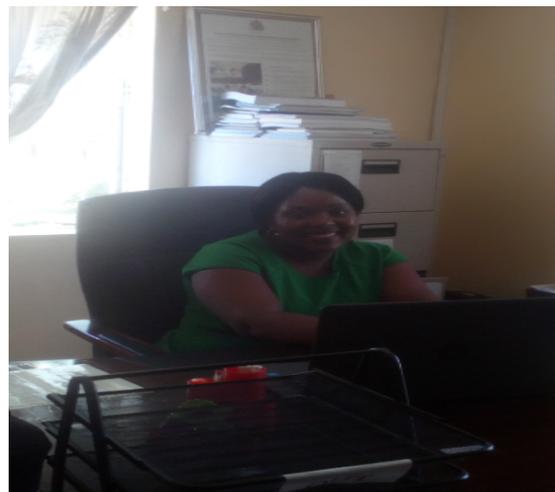
## V. Individual Stories

This section presents the personal stories of each individual interviewed for this study. These stories showcase the strides made by MSP participants as a result of their programs.

### Story: Better Services for the Community

Mrs. Emily Gondwe applied to the MSP program in 2014 and received a scholarship to complete her education. She graduated in 2015. We visited her office at the Mzuzu DHO facility, on November 13, 2019. Mrs. Gondwe was appointed as the Director of Health and Social Services in 2017 and has led the facility since then. Her passion for public health, particularly activities related to family planning, motivated her to pursue a MSc. in Public Health at the University of Ghana.

Mrs. Gondwe was one of the first nurses in Malawi graduating with a Bachelor of Science in Nursing from Kamuzu College of Nursing<sup>12</sup>. She started her career in the health sector in 2001 as a nurse officer. She worked in various hospitals, moving up the ranks to take on more supervisory roles, from nursing officer to DHO. She was always eager to continue her education, and so she sought funding from different institutions to pursue a Masters' degree outside Malawi. She was particularly attracted to the idea of studying abroad to learn from



different cultures. She heard about MSP in the local newspaper and decided to apply to pursue her dream. Thanks to MSP, she was able to complete a Master of Public Health academic program at the University of Ghana. During her studies she took courses on health systems management and applied research. She also improved her abilities in management and leadership, which helped her achieve her professional goals. She attributes her improved decision-making, critical thinking, and leadership skills to her training in Ghana through MSP. Upon return, she was able to effectively use those competencies, combined with her knowledge of human and financial resource management, planning for the health sector, coordination and

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<sup>12</sup> Kamuzu College of Nursing was created in 1979. It later joined the University of Malawi. First, they only awarded diploma but later titles at bachelor level for nursing programs. To this day KCN remains the only institution to train nurses at bachelors' level.

collaboration, advocacy and lobbying to serve her community. Throughout the last few years, since she assumed her current position, Emily has been able to make multiple tangible improvements:

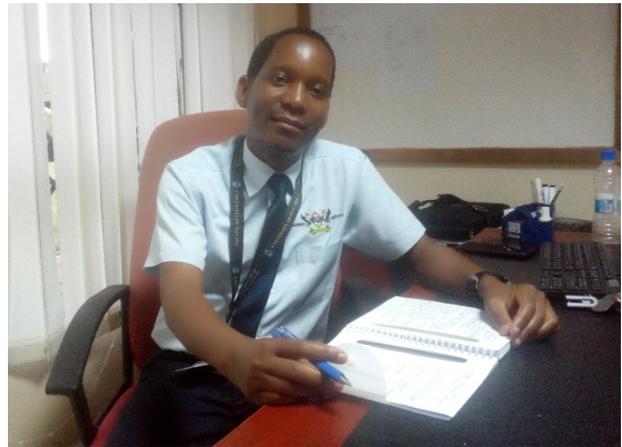
- 1) Distributed human resources to areas where there were reported shortages of health care providers;
- 2) Improved collaboration with Central Medical Stores (CMS), and changed the frequency of orders for medicine and supplies from annual to monthly – improving the availability, quality, and utilization of medicines;
- 3) Revamped the Drug and Therapeutic Committees (DTC) at the district level by enforcing use of the data generated through available databases such as DHIS2, to help the DTC better assess stock levels throughout the district and make informed decisions on what medicine and supplies are needed based on disease burden;
- 4) Using the knowledge of family planning gained through her master’s program, Mrs. Gondwe studied all the different demand and supply factors affecting family planning in her district. Using the data, she coordinated with the government, CHAM, and district partners, to map the available services in the area, identified gaps and collaboratively defined areas of improvement with her partners. She fostered open communication and consistent monitoring of the services. She proudly notes that she and her partners’ efforts resulted in an improvement in family planning uptake, based on the data that has gone into their DHIS2<sup>13</sup> system;
- 5) Finally, using her resource management skills, Emily imposed a system for fuel allocation. Using fuel cards to track fuel utilization, Emily was able to plan and forecast the resources available. The use of these cards resulted in a reduction of the facility’s fuel expenses, from MWK 5-6 million to around MWK 3 million per month, a nearly 50% decrease. These were saved resources that she was able to direct toward addressing the most prominent health needs that saved lives.

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<sup>13</sup> District Health Information System DHIS2 is a web-based open-source information system used to store, monitor and analyze health data. Used as the health management system in Malawi – Ministry of Health -Information infrastructure.

## Story: Reproductive Education and Health Services for More Communities

Mr. Jonas Sagawa graduated under the MSP program from Makerere University in Uganda with an MSc. in Population and Reproductive Health. We visited him at the Kamuzu College of Nursing Blantyre Campus. He works as a lecturer in epidemiology and demography. While we conducted the interviews in this clean and quiet office, we observed students arriving for the start of a new semester. The Community Nursing Faculty is short-staffed, but committed to providing quality education to its students. It is expected that upon completion, the students will engage in community outreach with provision of health activities informed by self-initiated research. The role of research-driven and contextualized health outreach services is recognized also by the WHO, and in its 2013 annual review, research providing a basis for the context-specific, evidence-informed decision-making is considered an important tool for achieving sustainable innovative solutions for health outcomes.



Mr. Sagawa gets along well with students, colleagues and supervisors. His supervisor described him as a young man eager to learn, who also takes initiative to innovate and engage others. Mr. Sagawa is passionate about conducting research and using that information to provide health services that benefit his catchment area.

The MSP scholarship empowered Mr. Sagawa to continue his education and work as a lecturer. He was thankful for the funding, consistent follow-up by World Learning staff, and support he received during the program. The MSc. in Science and Population at Makerere University in Kampala was hard work, according to the scholar. Part of the School of Economics and Applied Statistics, the program has a focus on statistics. Mr. Sagawa gained knowledge on managing and understanding demographic data, statistics, and computer management. When he returned to Kamuzu College, he became a lecturer in epidemiology and demography.

Thanks to his newly-acquired knowledge and qualifications, his interest in research, and commitment to his community, Mr. Sagawa is making an impact in Kamuzu College and in the Lunzu Community. When we interviewed him, he spoke passionately about his latest project in Chempira Village. Earlier this year, Mr. Sagawa

*“It was a very successful intervention. We achieved what we wanted and that brought confidence to the people to say that the partnership is fruitful [...] We educated them but also delivered the intervention. [...] People were so happy. It brought confidence between us and them. Yeah, so that’s another successful story that I can share with you.”*  
– Jonas Sagawa

advocated for the project first with his faculty, then with the Village Head and Health Surveillance Assistant (HSA) officials. He proposed that students from Kamuzu College visit the village to conduct research and implement health activities, such as an information campaign, prevention, screenings, and other types of health services needed. The village stakeholders accepted the proposal, and now they have a formalized partnership in place. After the approval, the scholar and his students made home visits to conduct an assessment of needed services by the community. Then, in close coordination with health officials, they identified the priorities for most prominent health services needed, and estimated the resources required for meeting those needs. The top priorities were family planning information, and cervical cancer screening. Using this data, he applied to the Banja La Mtsogolo support office requesting help to implement part of the intervention. Mr. Sagawa and his students conducted sensitization activities in the community, with a full day for cancer screening. The response from the community was overwhelmingly positive. He noted that, at first, community members were hesitant to participate, but once the first individuals went through the process, they told their family and neighbors, and by word of mouth the cancer screening service became highly requested. The community was very satisfied with the intervention. Now the partnership among the community and KCN is much stronger.

Understanding that all aspects of public health are interrelated, Mr. Sagawa plans to conduct a large-scale survey to assess the various health service needs among the villagers, such as sanitation, nutrition, family planning, mental health, gender dynamics, etc., and then coordinate with different agencies to implement programs that solve the issues identified, thereby improving the quality of life in his community. He is also planning research projects on nutrition among young children in different schools and socio-economic levels, as well as family planning practices in rural communities. Finally, he plans to develop manuals and provide training for elementary school teachers on first aid, health, and sanitation practices. In the long term, Mr. Sagawa would like to pursue a PhD program in Population and Health.

## Story: Outreach to the Community Saves Lives

Mr. Ignasio Matthews Jowasi graduated under MSP with a University Certificate in Midwifery from the Kamuzu College of Nursing, in Malawi. He works at Monkey Bay Community Hospital, located 50 km. from Mangochi city center. Monkey Bay is a tourist destination area in Malawi, just west of Lake Malawi and close to Lake Malawi National Park. Mr. Jowasi's dedication is especially important, since he works at a facility with limited resources and needs resourceful and creative managers to operate effectively.



Monkey Bay Community Hospital is considered a large health facility, with about 150 beds total, a pediatric ward, a general medicine ward, a radiology unit, a laboratory and a mortuary. On average, 220 women deliver their babies at the Hospital each month.

In 2015, Mr. Jowasi applied to pursue a University Certificate in Midwifery, but had no money for the course and couldn't imagine how to afford his studies. Then, a registrar officer who had heard about MSP encouraged him to apply for the scholarship. Prior to MSP, Mr. Jowasi had a general nursing degree, but lacked skills and competencies in midwifery. He had worked in all departments of the hospital for four years, except the maternity, antenatal and postnatal wards. MSP provided him with an opportunity to advance his studies at the Kamuzu College of Nursing. He graduated in 2016 and acquired his midwifery certificate gaining all the necessary skills and competencies for his dream job. He was deployed to work in the maternity ward in 2018 and had been working there for a year at the time of our interview.

Malawi's MMR is 439/100,000 live births (MDHS 2015-2016). These maternal deaths are caused by multiple factors, such as lack of a good referral system, poor documentation of care, incomplete assessment of pregnant women, inadequate follow-up with high-risk mothers, inadequate community sensitization, and inconsistent supply of medicines and reagents. According to the MDHS 2015-2016, about 9% of deliveries happen at the home of a Traditional Birth Attendant (TBA), increasing MMR and NMR. Thus, to reduce home deliveries and related maternal and newborn deaths, community leaders enacted by-laws that

require practicing TBAs to incur a fine of MK10,000 (MK5,000 for the TBA facility, and MK5,000 for the village headman).

While working at the maternity ward, Mr. Jowasi improved health service provision at the hospital by taking a leading role in conducting community outreach programs aimed at sensitizing the communities, and by conducting community-based ANC clinics. The outreach visits benefited the prospective patients and others in the community who were unable to visit the hospital due to access, lack of funding, transportation or other issues. The community-based clinics are conducted every Wednesday. These outreach services and the by-laws enacted in the community have increased the number of women attending the health facilities to deliver under the supervision of skilled health workers.

As part of the midwifery training, Mr. Jowasi was trained in management and leadership. According to his supervisor, his management style and his relationship with both clients and subordinates improved after the trainings. Ignasio enjoys the trust of his supervisor to the degree that when his supervisor goes on leave, Ignasio manages the unit. In the long-term, Mr. Jowasi would like to pursue a master's degree in Reproductive Health to enhance skills in reproductive health services, thereby helping to improve maternal health in Malawi and Mangochi, specifically.

## Story: A Passion for Nursing

Mrs. Treazer Mnjale, from Chibweza Village, Dowa District, is one of eight siblings in her family. From a very young age, she dreamed of attending Nursing School. She worked hard and completed a Nursing and Midwifery Technician (NMT) program at St Luke's College of Nursing and Midwifery. After working for six years as a Nurse Midwife Technician at the Ntcheu District hospital, she decided to pursue the BSc. Program in Nursing and Midwifery at the Mzuzu University. While she was in her second semester, Mrs. Mnjale was awarded one of the 10 MSP scholarships in her cohort (out of 58 applicants). Thanks to this financial support, she graduated with BSc. in Nursing and Midwifery in June 2018.

During her studies at Mzuzu University, Mrs. Mnjale not only gained knowledge and skills in nursing and research, she also enhanced her management and communication skills. These skills allowed her to make significant contributions in her workplace and community. In her new current role as Nursing Officer at the Ntcheu District Hospital, Mrs. Mnjale oversees the Pediatric Ward and is part of the Infection Prevention

*"Now I am back to Ntcheu District Hospital, working as In-Charge, Pediatric ward. Before this qualification I was working as junior nurse but now I have acquired managerial skills. Ever since, I have worked in Pediatric ward. Now I have developed passion for children. If I go back to school, I will do master's degree in Child Health because now I want to do more with children."*

group for the hospital. She is also an advocate for improving the quality of health services by mentoring her colleagues in Ntcheu District Hospital and Kamuzu Central Hospital in Lilongwe. Mrs. Mnjale conducted research on breast cancer at Ntcheu District Hospital in the family planning clinic, and educated women on self-examining and breast cancer prevention. She is currently finalizing her research findings with a plan to use them to improve services.

She uses her management skills to run an organized department focusing on providing quality patient care within the local communities. Treazer spoke of her desire to improve the quality of health the services at Ntcheu District hospital by adopting international standards for health services and better coordination for infection prevention. Treazer's most celebrated success was the procurement of oxygen concentrators for the



pediatric ward. With the education she received thanks to the MSP scholarship, Mrs. Mnjale identified this urgent need and wrote a proposal to the Sacramentine Sisters of the Roman Catholic Church, who connected her with the Association Pierte in Italy for funding. She noted in our interview that her proposal was strong due to resource management and writing skills gained during her studies. This effort resulted in securing the funding needed.

She is the only one in her family who has graduated from College. MSP allowed Treazer to fulfil her dream of being a nurse. She is a positive role model to her siblings and other girls who hope to pursue similar careers.

## Story: MSP Scholarship Opened a Window of Opportunities

Mr. George Mtengowadula was born in 1981 in Simon Village, Mzimba District. His rather tumultuous childhood and the adversities it brought, motivated him to work hard, advance in his studies, and become financially and personally independent at a young age. He finished his undergraduate education at LUANAR and immediately started working at the Ministry of Health as a Nutrition Officer at Ntcheu District Hospital. In 2014, he was awarded an MSP scholarship to study for a master's degree in Public Health/Nutrition at Makerere University, Uganda. There he learned to conduct research, enhanced his management skills, and

developed greater technical expertise in public and clinical nutrition. His academic program equipped him with the research and management tools he needed to deal with malnutrition, including analysis and control of malnutrition at a macro scale. Following completion of his degree, Mr. Mtengowadula was promoted from nutrition officer to Principal Nutrition/HIV&AIDS Specialist for the Lilongwe District under the District Planning & Development Unit.



In his new position, Mr. Mtengowadula demonstrated improved management and organizational skills. He contributed to the implementation of UNICEF<sup>14</sup>'s Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys<sup>15</sup>, and submitted a proposal on Nutrition and Water, Sanitation and Hygiene (WASH) programs to Water Aid (still pending resolution). In addition, he is actively

involved in fighting HIV/AIDS prevalence through hotspot HIV testing targeting youth under 18, as well as testing HIV vaccines.

Mr. Mtengowadula is grateful to USAID and World Learning for the opportunity to complete this degree, which has energized his passion for his work and opened doors for him. In the long term, he would like to obtain a PhD in Nutrition and work at the policy level. He is proud to use a management approach that focuses on results. He has established structures to monitor levels of malnutrition in the district, by enabling nutrition committees across the district and data collection on nutrition indicators in each catchment area. He expects to see the positive results in nutrition indicators in his community a year from now. And with that, to have the opportunity to replicate successful practices and improve health services in more communities in Malawi.

*"I am indebted to USAID and World Learning for offering me a full scholarship to do my MSc. in Public Health/Nutrition. The scholarship catered for many pertinent things including flights, tuition fees, accommodation, insurance, upkeep, book allowances, and laptops." - George Mtengowadula.*

<sup>14</sup> United Nations Children's Fund, formerly (1946–53) United Nations International Children's Emergency Fund

<sup>15</sup> SMART is an inter-agency initiative launched in 2002 by a network of organizations and humanitarian practitioners. SMART advocates a multi-partner, systematized approach to provide critical, reliable information for decision-making, and to establish shared systems and resources for host government partners and humanitarian organizations.

## Story: Change Comes with Education

Mr. Arnold Kayira, from Kasitu Village in Chitipa District, is a Nutrition Officer at Mzuzu Central Hospital. Mr. Kayira discovered his passion for nutrition while working as a clinical officer for the Ministry of Health over 12 years ago. This passion motivated him to obtain a bachelor's degree in Food Science and Nutrition at LUANAR in 2013, but he didn't want his education to end there. Mr. Kayira was determined to pursue his education, and, despite his modest financial resources, he applied and was admitted to the MSc. Nutrition program at LUANAR in 2015. His salary, however, was not enough to support his family and pay the tuition of the post-graduate program. He was only able to afford the registration fees. He was on the verge of dropping out of the program when he learned, from staff at the university's registrar office, about the MSP scholarship opportunity. The scholarship provided him with the financial resources to complete his education. After graduating from LUANAR, he resumed his work as Nutrition Officer at Mzuzu Central Hospital. He now manages resources and acts as the Nutrition Specialist for the entire institution. He conducts ward rounds for malnourished patients at Mzuzu central hospital and organizes nutrition clinics. Furthermore, Mr. Kayira shared with us that in the near future, he plans to implement preventive work through nutrition outreach programs in his community to promote better nutrition practices. As a proud recipient of the MSP scholarship, he thinks its major success is to provide highly qualified professionals with the resources to complete their studies, who might otherwise drop out of their academic programs. This creates motivated leaders in the health sector, who are knowledgeable and committed to achieving universal coverage and improved health outcomes for Malawi.

## VI. Conclusions and Recommendations

The Government of Malawi's Human Resources Development Policy for the Public Sector aims to increase the pool of skilled health service providers and implement more equitable and efficient deployment of available qualified staff. As of 2016, 17,298 health positions had been filled. With nearly 800 graduates, MSP contributed to achieving this result by 4.6% through facilitating professional training and education for that many healthcare workers from 2012 to 2020 in health programs such as public nutrition, clinical nutrition, nursing, midwifery and population.

The Government of Malawi is seeking to improve the availability and retention, as well as the performance and motivation of human resources for health in its Health Sector Strategic Plan 2017-2022. MSP has

contributed towards some of its targets by helping the program participants to receive promotions on the merits of their education, expertise and knowledge, after the completion of the program.

In MSP's end -of-program and 9-month post-training surveys, more than 85% respondents report that they are applying at least one skill (other than their professional knowledge) learned as a result of their MSP training. They don't take their training for granted and see themselves as part of the solution by eagerly sharing their training and knowledge with coworkers. They are keen to mobilize resources in order to offer high quality health services to their communities. They are also contributing to improve health systems by ensuring prudent use of available resources and materials, sustaining the availability of adequate health services for the targeted communities, using research skills and knowledge to conduct needs assessments and community-based research, and promoting the use that data to bring health interventions to the communities based on their specific needs. Programs like MSP have far-reaching impact and address brain drain, which is a significant risk to Malawi's future.

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# Appendix A: Interview Guides

## Guideline for Data Collection

### Observation

Please focus on each level or area where the MSP subject interacts. For example, start by the health center or workplace. What can you say about the facility? Is there anything that calls your attention? Why or why not? Then look closely at the interaction between the MSP subject and colleagues or people attending the center (I am referring to other people besides the ones that you will interview). Finally, what can you see in the community? Is there anything particular in this community? Is there anything different to other communities in Malawi?

### Performance Document Revision

Review existing materials on MSP beneficiary performance such as performance appraisal records, time sheets, Health Management Records, etc.

### Interviews

Please obtain written confirmation/permission

Follow the questionnaire developed in the guideline but make sure you probe the interviewee if he/she is not responding. We need to collect their impression of the MSP beneficiary, what changed in their knowledge, skills and even behavior.

### Pictures

Please take pictures of the community, the health service center, and people (only with their consent)

# Informant Consent Form

Dear Sir/Madam,

I am Mabvuto Mndau, working for World Learning. World Learning is an international NGO implementing the Malawi Scholarship Program (MSP) since October 2012. We are currently conducting a study to assess the impact of the program in the participants communities. We are reaching out to you to inquire about the performance of an alumni from the program.

The MSP program wants to document case studies. The case studies are important to further understand the impact of the MSP program in the program participant’s immediate life, their families, community and the society where they work. Specifically, the case studies used to: demonstrating the individual journey of a participant from applicant to alumni, and document the ways the program has affected them individually and as professionals, to supplement the final report of the program, and serve as an enrichment tool for the program’s final third-party evaluation and to be abbreviated and used as promotional materials to communicate the impact of the program both by World Learning and the donor.

You have been selected to participate in the interview in order to achieve the above objective. Your participation in the interview is free and you can opt out in the course of the interview. However, considering the importance of the process, you are asked to participate. Your contribution will contribute to the knowledge about the program successes as well as failures.

The information gathered during this interview will be summarized and included in a research report for USAID, our donor, and used to identify the ways the program made a change on participants’ life and their communities. In all cases, your identity will *not* be made public *without your permission*.

ETHICS AND CONFIDENTIALITY: World Learning cares about your safety and privacy. To protect your identity, all names will be removed from the data once it arrives in our office in Washington D.C. and will not be identified in the report. Our researchers are carefully trained in the proper way to collect data and respect your rights.

YOUR RIGHTS: It is important to know that you have the right to decline to participate in this study. If you decline, there will be no negative consequences for you. If you decide to participate and later change your mind, you have the right to leave at any time. You also have the right to ask that the discussion not be audio recorded, that your photo not be taken or that researchers not take notes. It is also important to note that you will not gain any special benefit or compensation if you participate.

Please indicate how you permit your data, perceptions, and opinions to be used:

- I allow the researcher to use the information collected during this interview
- I Allow the researcher/interviewer to quote my words in the report/study
- I allow the interviewer to take photos during this session

Signature: \_\_\_\_\_

Name:

Date:

Interviewer signature: \_\_\_\_\_

## Malawi Scholarship Program (MSP) Case Studies

### DRAFT Semi-structure Questionnaire Guideline

Dear Sir/Madam,

World Learning is an international NGO implementing the Malawi Scholarship Program (MSP) since October 2012. We are currently conducting a study to assess the impact of the program in the participants' communities. We are reaching out to you to inquire about the performance of an alumni from the program.

The information gathered during this interview will be summarized and included in a research report for USAID, our donor, and used to identify the ways the program made a change on participants life and their communities. In all cases, your identity will *not* be made public *without your permission*.

Name of respondent:

Name of district

Sex: Female, Male, Other, prefers not to Answer

Region:

Age of the respondent

Job Title:

Name of place of work

Relationship with MSP Alumni: Supervisor, colleague, family member, patient/client

#### Questions:

Do you know Ms. / Mr. / Mrs. .... who is an alumnus for the MSP? Yes / No (Please think about Mr.(s). *MSP Alumni* when you answer the following questions

1. After his / her participation in the MSP program, have you notice any changes in him / her?
2. What changes have you noticed?
3. What do you think is the most significant change in *MSP Alumni* after her/his participation in the MSP program?
4. Why is this important?
5. What knowledge and skills have the *MSP alumni* gained that helped her/him reach the professional position at which she/he is right now?
6. How has this experience prepared her/him for hers/his short -term goals?
7. Have you noted any changes in the way his / her daily work?
8. In what ways has her/his daily work improved?
9. What could be the main factors behind the daily work improvement?
10. In what ways have she/he contributed towards improving healthcare services in her/his community?
11. What challenges do you think she/he faces at work?
12. How does she/he address those challenges?

## Interview Guide for Study Cases

Name of respondent:

Job Title:

Sex: Female, Male, Other, prefers not to Answer

Name of place of work:

Age of the respondent

Name of district

Region:

1. Having participated in MSP, what are the most significant changes that you have experienced at home, workplace and the surrounding areas?
2. Why are those important?
3. What knowledge and skills have you gained that helped you reach the point at which you find yourself right now?
4. How has this experience prepared you for your short- and long-term goals?
5. What challenges do you face in your daily work?
6. Do you think you are better at managing your daily workload? How?
7. What are your short-term goals? Could you share those with us?
8. How do the knowledge and skills gained from MSP prepare you to achieve your short-term goals?
9. What are your long-term goals? Could you share those with us?
10. How does the knowledge and skills gained from MSP prepare you to achieve your long-term goals?
11. What impact have you made the communities?
12. In what ways have you contributed towards improving healthcare in your catchment area?
13. What challenges do you face at work?
14. What strategies do you use to address those challenges?
15. As an individual, have you developed bigger dreams? (if yes what are your bigger dreams? if no, why have you failed to develop those dreams?)
16. As an MSP scholar, have you developed those dreams? (if no, why have MSP scholars failed to develop those dreams?)
17. As an MSP scholar, how do you plan to achieve them?
18. As an institution, what are your bigger dreams?
19. How do you like most about the Malawi scholarship Program?
20. What is the least liked thing about the MSP? If there was an opportunity to continue with the program, what should continue as part of the program? What should not be included in the new program?