

MSF RURAL HUMAN RESOURCES FOR HEALTH (HRH) SCHOLARSHIP PROGRAMME



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TOOLKIT

March 2014



MEDECINS SANS FRONTIERES
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Acknowledgements

Our sincere gratitude goes to all our partners who have helped turning MSF's Rural Human Resources for Health Scholarship Programme from an idea into a reality. It is with the assistance from our partners that have been able to sponsor 49 young talented people to receive the training they need to support their communities in hard to reach rural areas of three districts in Southern Malawi.

Special thanks go to the Ministry of Health in Lilongwe – in particular to the officers in the Training as well as the Planning and Policy Departments. Further, we would like to thank the District Health Offices in Thyolo, Nsanje and Chikhwawa as well as their respective District Assembly Offices and all community members that were involved in supporting the Programme.

Finally, acknowledgement is due to the faculty at Malamulo College of Health Sciences, which have been strong partners in facilitating the scholarship and in giving the students the education they need. Last but not least, the programme would be nothing without the 49 young women and men, who endeavored to address the glaring HRH gap in Malawi by studying hard to assist their communities in underserved, hard to reach areas.

List of abbreviations

CHAM	<i>Christian Health Association Malawi</i>
DHMT	<i>District Health Management Team</i>
HRH	<i>Human Resources for Health</i>
MoH	<i>Ministry of Health</i>
MRHSP	<i>MSF Rural Human Resources for Health Scholarship Programme</i>
MSF	<i>Médecins Sans Frontières</i>
SO	<i>Sponsoring Organization</i>
T/A	<i>Traditional Authority</i>
TI	<i>Training Institution</i>



One day I went to a health centre due to some abdominal pains, but the place was congested. I asked myself: why doesn't government post more health workers here? Why do many people die before they receive treatment? Why am I here at this late hour? and haven't yet received treatment? My pregnant sister in-law also died while we were waiting for a nurse to help us. These things motivated me to want to become a health worker so I could save lives."

Felix Chisale, MSF Scholar

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Introduction

The human resource challenges remain both acute and complex and HR projections show that at current output levels it will take many years to come anywhere near the numbers of health staff needed to provide minimum standards of service delivery.

The above statement, quoted from Malawi's Health Sector Strategic Plan 2011-16, describes a dilemma faced by many developing countries, in which the lack of human resources for health (HRH) presents the biggest bottleneck to the provision of health services to the population. In Malawi, the HRH situation is particularly critical, with vacancy rates of up to 91% for medical specialists, 69% for nursing and 85% for all pharmacy staff. This already grave situation is exacerbated by a great rural-urban disparity: while rural Malawi is home to over 80% of the population, it is served by less than 30% of health workers.

One main reason for this shortage is the low output from national TIs (note, the Malawi College of Medicine only graduates an average of 60 doctors per year for a population of over 15 million people). Another important reason is the difficulty the Ministry of Health (MoH) has to retain this limited number of staff given that working and living conditions in the underserved rural areas are often extremely harsh, while the work load is disproportionately high.

Médecins Sans Frontières (MSF) has been running an HIV/TB programme in Thyolo, a rural district in the south of the country, since 1997 and has witnessed first-hand the dramatic impact of the health worker shortage on the population. This is particularly so at health centres in hard to reach rural areas, which are crucial to the accessibility of health care in general but also to the decentralization of HIV/TB services in a country in which 10.6 percent of the adult population (14% HIV prevalence in the southern region) are living with HIV.

Based on the 2010 WHO guidelines for retention of health workers in the rural, hard to reach areas, in 2010, MSF started a rural scholarship programme in collaboration with Malamulo College of Health Sciences in Thyolo and the Ministry of Health, to confront the critical shortage of healthcare workers and to support people's access to care in underserved areas. The idea is as simple as it is effective: together with the local authorities, MSF identifies the most underprivileged health centres in their project areas and recruits people directly from the underserved communities to become qualified health workers. The selected scholars get their tuition fees, accommodation costs, a monthly stipend and a kit of basic medical gear from MSF and, in turn, are required to sign a five-year bonding agreement to work for the MoH in the areas from which they were recruited. To-date, MSF has sponsored 49 scholars from three districts to train as mid-level health professionals at Malamulo College. The first students successfully completed their studies and practical rotation at Thyolo District Hospital and are about to being deployed to rural health facilities to serve their communities.

This documents is intended to serve as a Toolkit for other projects and other actors who find themselves facing similarly critical staff shortages and who are interested in innovative HRH approaches and long –term solutions.

A step-by-step description of the programme component as well as templates for key documents and other supporting materials are included in order to facilitate the creation of similar programmes in other districts or other settings. The guide profits from lessons learned over the first three years of the MSF Rural Human Resources for Health Scholarship Programme (MHRSP), in which the programme was adjusted and fine-tuned throughout, to better serve the needs of the scholars, as well as the communities ultimately benefiting from it.

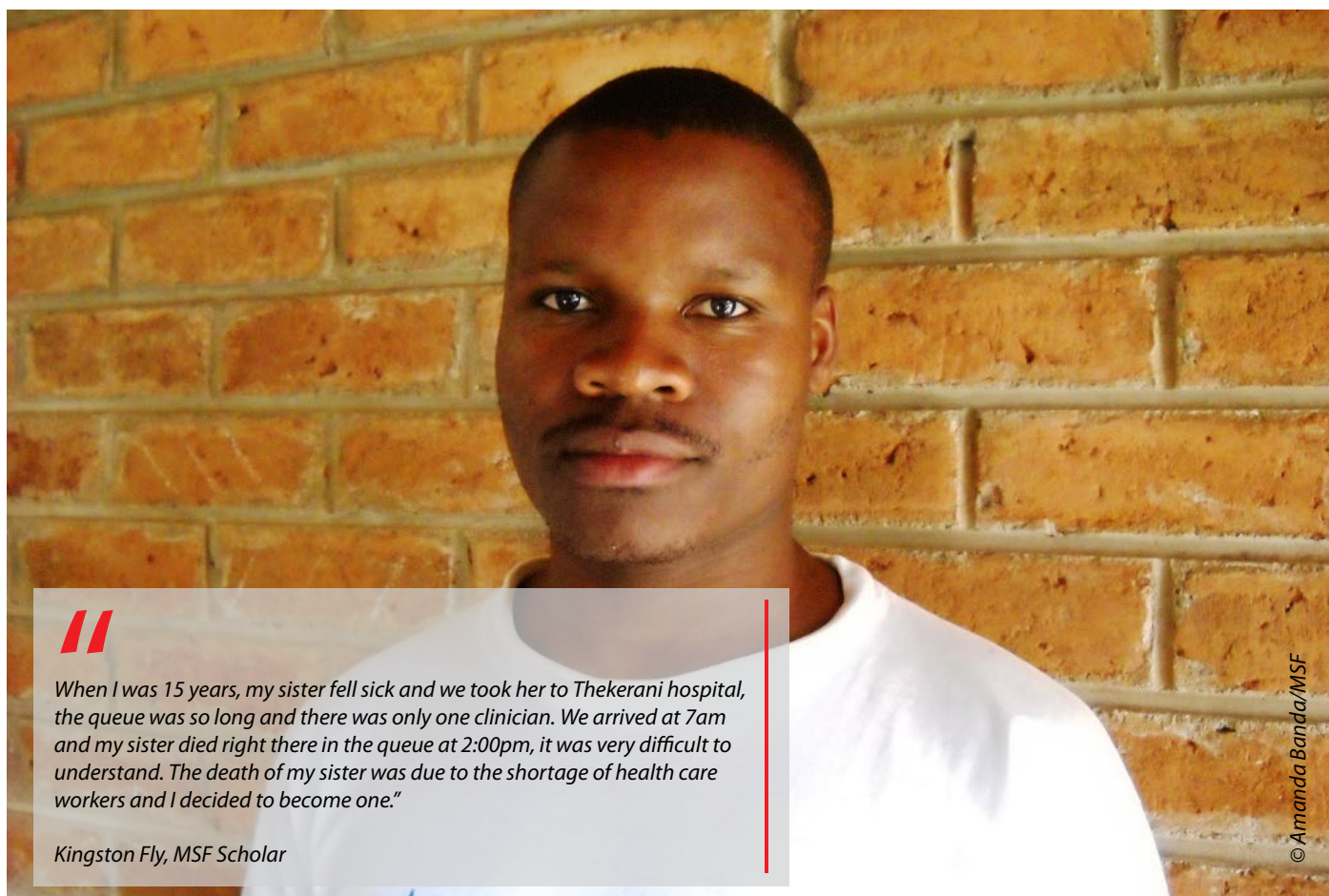


Patients waiting to see a health worker in rural Thyolo. © Marloes Sonke/KULA Creative

MSF Rural HRH Scholarship Programme: Key Elements

- 1 Establish a joint collaboration with the affected community leaders and local medical authorities, a suitable (rural) training institution (TI) and the national Ministry of Health from the inception of the sponsorship programme.
- 2 Identify rural health centres with acute HRH shortages, as well as priority health worker cadres required in these rural areas
- 3 Recruit and sponsor students from affected areas to train as health workers
- 4 Bond selected scholars to work in particular areas/health centres for the MoH for x years (typically 5 years) upon finalization of their studies
- 5 Monitor the progress of sponsored students whilst at TI on a quarterly basis and use student and TI feedback to improve the programme where necessary
- 6 Follow internship progress and deployment of sponsored students once they graduate from TI
- 7 Evaluate the programme annually in collaboration with the MoH, local medical authorities and TI (number of students recruited, graduated, successfully deployed in target rural areas etc.)

Collaborating closely with your respective partners in each of the steps is key to the success of the programme!



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“

When I was 15 years, my sister fell sick and we took her to Thekerani hospital, the queue was so long and there was only one clinician. We arrived at 7am and my sister died right there in the queue at 2:00pm, it was very difficult to understand. The death of my sister was due to the shortage of health care workers and I decided to become one.”

Kingston Fly, MSF Scholar

Step by Step:

From Needs Assessment to Deployment

Step 1: Design

Conduct a needs assessment, establish links with your future partners and design your programme



Step 2: Recruit

Advertise your programme in collaboration with the targeted communities and recruit your scholars



Step 3: Follow

Prepare the scholars for their first day at school, support them throughout their studies and document their progress



Step 4: Evaluate

Monitor the programme continuously and evaluate its success and impact on the targeted communities



Step 1: Design



In the first step, you will need to design your programme. This includes making a needs assessment, as well as establishing the necessary links with the affected communities, medical authorities, the MoH and, last but not least, a suitable TI. This first step is crucial for the success of your programme – only if you make it a true collaboration with your counterparts in the communities will the real needs be addressed and the initiative thrive.

1.1 Needs Assessment: Go out there!

Conduct a needs analysis to identify:

- 1) the location(s) which will benefit most from increased HRH numbers (in terms of region/district/health centres and traditional authority level)
- 2) specifically which cadres (i.e. Nurse Midwife Technicians, Medical Assistants, Laboratory Technicians, etc.) are required per site.

Indicators

As the main purpose of the scholarship is to increase access to health care workers in rural communities, the main indicators we used to identify communities and health facilities most affected by the lack of health workers was “absence of staff” and “living conditions”. More specifically, we looked at health facilities where staff recruited have not stayed for longer than three months or to which health staff refused to be posted because of its hard to reach location and harsh living conditions, as this is often the main reason for the HR shortage.



Before visiting the health centres for the general assessment, there might be reports available that can give an indication of the living conditions, such as information on housing, the availability of water and electricity and the distance to the nearest road. This kind of information might determine other interventions the sponsoring organization might consider undertaking to complement the Scholarship Programme. MSF, for instance built and rehabilitated some staff houses in their project areas, as an enabler to attract and retain health staff.

It is essential to conduct this assessment jointly with the MoH and the local authorities (in Malawi: District Assembly). Also, do not forget to consult the communities as to which areas/facilities need to be staffed so the community leaders are aware of the programme and included in decision making (more details under Local Authorities). This is key for creating ownership among the affected communities and making the programme a true collaboration, rather than a donation.

1.2 Collaboration and Ownership: Make it a joint initiative

Ministry of Health (MoH)

Approach the MoH national level to outline intent to develop a scholarship programme. Write a letter to the relevant official (in Malawi: Principal Secretary), in which you explain the programmes ambition, objectives and design. It is advisable to include in copy the MoH HR Department and your local health authority scholarship partner (in Malawi: DHMT of the selected district).

Prepare a draft Memorandum of Understanding (MoU), outlining roles and responsibilities between the sponsoring organization (SO) and the MoH to attach the letter (see Annex 1 for MoU template).

Local Authorities

Once the needs assessment is done, share and verify the findings with local authorities (MoH, local government, local leaders) to agree on a concrete strategy for the scholarships for the projected lifetime of the project. Their “buy-in” from the start is needed to create a sense of ownership of the programme. This will be important when recruiting the scholars, when verifying applicants or when following up on students should you happen to lose contact with.

The Memorandum of Understanding with the MoH- Key Elements

- 1** Background and reason for the scholarship program
- 2** Purpose/objective of the scholarship programme
- 3** Districts/areas where the programme will be implemented
- 4** Number of students to be sponsored and which areas they will be selected from and later deployed to
- 5** Details of how students will be selected, i.e. general advertisement for scholarship, passing general competitive selection procedure of training college (and MoH), subsequent interview/short listing by SO/ training college/ MoH
- 6** Specification of sponsor's responsibility for students whilst being trained (i.e. payment of fees, board, additional allowances, provision of study materials, etc.)
- 7** Agreement by MoH to bond trained students to MoH service for x years, to be deployed as stipulated in MoU
- 8** Monitoring and evaluation arrangements of the programme with division of responsibility between SO, MoH and training college

Training Institution (TI)

Identify an appropriate training college, typically a mid-level health worker TI (in Malawi: likely CHAM college or Malawi College of Health Sciences branch) and approach them to investigate their capacity to conduct the scholarship program. It is advisable to only utilize certified TIs since the regulatory authority certification will ensure that the facility capacity and infrastructure is adequate. Also make sure that the school understands the need to give pro-active feedback to SO on student performance/needs, to ensure sound administration of programme and to facilitate monitoring and evaluation throughout the duration of the scholarships.

Meet with the College Principal and Registrar to discuss the scholarship initiative ideas and next steps, clarify expectations and roles, as well as who is responsible for what during the recruitment, selection and notification process



If possible, choose a TI which is located in a rural setting rather than an urban one in order to have scholars study in an environment similar to the one they will be practicing in upon graduation.

Sponsoring Organization (SO)

The SO should identify a staff member to act as key contact for students on all scholarship related issues, and should be available by phone for students to contact during working hours.

He or she is also responsible for most interactions and formal exchanges with the local authorities, the MoH and the TI, which includes the preparation of key documents, such as the MoU and the Letter of Agreement the students are to sign in order to enter their scholarship/bond with the SO (see Annex 2 for MRHSP agreement). Especially during the recruitment period and at the start of the school year, this can mean a high work load so the dedicated person should be made available during this time to tend to whatever necessary.

Nevertheless, the SO should allocate specific elements of the MoU and overall programme to departments within the organization where possible, i.e. the Finance Department should be in charge of the budgets and disbursements, Administration can handle legal matters, etc.

All Parties

The SO's, MoH's and TI's lead contacts for the scholarship programme should meet once the MoU has been finalized to ensure clear understanding of respective roles and responsibilities, manage expectations, and to outline an annual road map for the programme so everyone knows what happens and when.

Step 2: Recruit



Once all necessary links have been established and the design of the programme is clear, suitable candidates for the scholarship have to be recruited. In this step, it is again key to collaborate with the affected communities and make sure the programme is effectively advertised in the places where the future health workers are supposed to work.

2.1 Advertise: Involve local leaders to get the word out

The SO drafts an advert for the scholarship programme, ideally with input from the local health authorities (in Malawi: the DHMT). The advert should specify all eligibility criteria, i.e. necessary school qualifications, the applicant's area of origin and desired cadre he or she is applying for, as well as other conditions, such as deadlines and further details of application timetable. Check with the TI on their application deadlines but advertisements should be out at least two months prior to the start of academic year and a minimum of two weeks should be given from the day of the advertisement to the application submission deadline. Ideally, both MoH and TI logos should be included to emphasize the partnership approach of the programme (see Annex 3 for sample advert).

Depending on the context, advertisements can be placed in the relevant local media by the SO. In the more rural places, however, the most effective advertisement, is done through community channels. The advert should be posted widely within the district, the targeted health centres and community venues, such as churches, public meeting places, schools and markets. The best way to do so is to visit the local leaders to inform them about the scholarship and have the traditional authorities share the ad with the respective local leaders or chiefs.

These leaders (in Malawi: Traditional Authorities) know best how to disseminate this information so that it reaches everyone in the community. The responsibility of placing the adverts is left to the local authorities (in Malawi: District Assembly, traditional leaders and chiefs). This might include youth groups, or representatives of faith-based institutions, depending on the context. Besides spreading the word and advertising the programme, local leaders will play a vital role in the verification of the origin of the students (**see 2.3**). Inform them of their crucial role in welcoming and retaining the health worker once they are eventually deployed to their area, to foster community involvement and ownership.



ONLY advertise in the affected communities! You want to make sure the applicants have an inherent motivation to serve the particular communities you have identified and thus can be expected to remain at said health centres for an extended amount of time. You want to avoid advertising in national media, which is typically more available to a financially better situated, more urban audience than to youth/residents of the hard to reach, underprivileged areas you want to target.

2.2 Application Process: Health centre staff might give you a hand

The SO may ask for applications to be made directly to the rural health centre the students are being recruited to work in post training. If you are aiming for a similar approach, the SO must meet with the health centre staff to explain the scholarship initiative in detail and to make them aware that application letters will come. Once again it is best to assign one person to be responsible for collecting the incoming applications and for communicating with the SO until the application closing date.

2.3 Selection, Verification and Notification: Make sure you get the right candidates!

The SO should regularly collect all letters from the agreed points candidates may apply to, open them and create a data sheet of applicants, including their school grades, areas and evidence of origin. The datasheet is then sent to the TI, together with the original applications. Photocopies should be kept at the SO.

The TI is responsible for the selection of qualified applicants. Based on their general recruitment criteria, the TI will select and invite those eligible for entry interviews together with the other students applying.



My most memorable day was when I heard that I was selected for the MSF scholarship because I dreamt of becoming a health worker, but with no father and a single poor mum living in the village, there was no way this was going to happen."

Davie Victor Kaduya, MSF Scholar

Aspiring students MUST meet all regular entry requirements to qualify –coming from one of the areas selected for the scholarship is not enough.

Generally, neither the SO nor any other body is involved in interview process. The TI recommends and selects the scholarship's recipients based on performance in the interviews. This process has to be highly transparent: only deserving students meeting all academic and programme criteria will be awarded a scholarship.



Reach an agreement with the TI that they should contact the SO BEFORE notifying the students of their successful application. This will allow the SO to take the names of the selected candidates to the targeted villages and VERIFY with the local authorities, that each selected applicant truly is from that geographical area and therefore meets that scholarship requirement. The SO might also want to verify that all selected recipients were among the original applicants and might organize a second round of interviews if deemed necessary. ONLY once the candidates have been verified by the SO, should the TI notify the future scholars.

2.4 Filing and Organization: Keep track of your students right from the start

Once students have been recruited and notified, their details should be entered in a Master Budget spread sheet for the programme and a Master Monitoring and Evaluation spread sheet which records their full personal and contact details, academic progress, details of quarterly follow up meetings, year of study, extenuating circumstances, etc. Refer to Annexes 4 and 5 for database templates.

These spread sheets should be constantly updated as new information presents itself. For example, the budget spread sheet is ideally updated with each piece of new information regarding each student, tuition fee increases, extension or reduction of semesters for each person. It can be applied as an annual budget and becomes the core resource document when authorising payments to the TI.

In addition, a paper file should be created for each and every student, where originals and copies of key documents will be kept.



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I am a second born in a family of 7. I like singing, writing and watching movies. I also do HIV peer Counseling. It has always been my wish to become a Nurse but never would have I afforded due to the high costs of tuition as I come from a very poor family. I have nothing to give back to MSF and the Ministry of health except my service to the people in areas difficult to access health services thereby promoting the health of the people in Malawi."

Dorothy Kasiya, MSF Scholar

Step 3: Follow

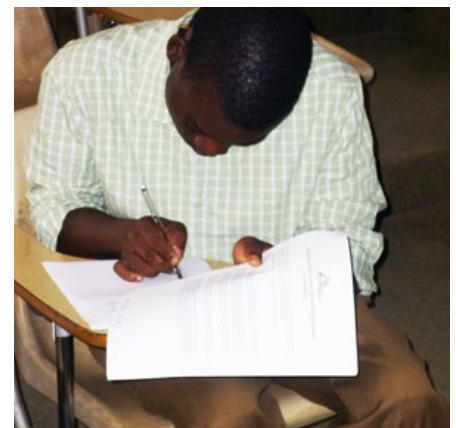


The recruitment is finished, the selection has been made and the scholars are notified. The next steps are to ensure the new scholars are prepared for their first day at school and the commitment they make for years to come and to support them through their studies.

3.1 Award and Bonding Ceremony for Successful Applicants: Put your name on the dotted line

A ceremony should be held for all the selected candidates in which they are awarded the sponsor's scholarship (signing a formal agreement, see Annex 2) and in which they are also bonded to the MoH for their x years of post-graduation service (signing an MoH bonding agreement). It is essential that the SO, the TI and the MoH responsible (in Malawi: Training Unit Officer for national and DHO for district level) are present at the ceremony. It is optional, but worth considering, to invite parents and local authorities of the targeted districts, to foster the community bond and ownership. Media may as well be invited to the award ceremony to raise some attention for the scholarship programme but mainly for the issue of health worker shortages.

During the ceremony, the scholars (and community members, if present) are reminded of the essence of the scholarship initiative and both bonds (MoH's and SO's) are read out and explained in detail. Here scholars have the opportunity to ask questions and are given the chance to step back from the award, if they are not comfortable with the conditions. If any of them should be in doubt, they are given one week to think about the agreement and accept or refuse, before the spot is offered to someone else.



A new scholar signing the MSF Agreement
© Yasmin Rabiyan/MSF



Advise the TI to keep a waiting list of eligible students who have not made it to the final selections. This will be useful in case students have not been verified in the verification process and have to be withdrawn before the award, but also in case some might not accept the offer for any reason - they might not agree with certain conditions or they might have been selected for scholarships with other Colleges or Universities which they prefer to attend.

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Bonding ceremony – Key Elements

- 1** The final list of selected students should be shared with the relevant offices at MoH on national level (in Malawi: HR and Training Unit), and a date set for the MoH representatives (training officers) to come to the TI and bond the students.
- 2** The set date is ideally scheduled in the first week of reporting to school before classes begin; scholars, TI representatives, community leaders and other guests (media, former students, etc.) are invited.
- 3** At the ceremony, the scholars are taken through the bonding documents word by word and are given the chance to ask for clarifications or questions before they sign.
- 4** The SO keeps their letters of agreements and the MoH keep the bonding documents to collect relevant signatures on national level, if necessary. Once all relevant stakeholder have signed, photocopies are made and shared with all relevant stakeholder: the scholars, the TI's Registrar, the relevant district authorities (in Malawi: DHO) and the SO.



Students, community members and MoH officials at ceremony in Thekerani, Thyolo in 2011. © Rodd Gerstenhaber/MSF

3.2 Starter Kit, Monthly Allowance and other Expenses: A good education does not come for free

It may be that students, upon entering the TI, will be required to have a set of basic medical items needed for their courses. This starter pack typically consists of items such as stethoscopes, thermometers, uniforms and lab coats. As they will be in contact with patients, they might also be required to get a Hepatitis B vaccination. Upon graduation, note that examination and graduation fees may apply.

Besides these expenses, the SO should also consider paying a monthly allowance to the students, allowing them to concentrate on their studies during the school term without having to worry too much about earning a living at the same time. It was one of the lessons learnt for MSF after the first year of the programme and adjusted since. On the same note, some of the health cadres (in Malawi: Clinical Officers and Medical Assistants) will have to undergo one year of clinical attachment at a district level health facility before being fully recognized and deployed to a rural health centre. The stipend received during this might be very small, sometimes non-existent. The sponsoring organisation may consider continuing the monthly allowance for the students to help them through this period.

It is up to the SO to determine what support they feel is appropriate to provide for these kind of expenses. For a rough orientation, find a list of what MSF currently provides for students in Malawi in Annex 6. For the monthly allowance, MSF chose to pay 50% of the lowest MoH cadre salary.



All payments are made- straight to the TI, including fees and accommodation. Only the monthly allowance goes directly into the students' bank accounts every month. No payments are made directly to the MoH.

3.3 Staying in Touch: Keep an eye on the students and support them through their studies

The SO's focal point should organize quarterly meetings with the students to follow up on their progress, answer questions they might have and support them when they encounter challenges affecting their studies. These informal meetings are the main forum to raise any issues on the progress/impediments of the programme but also to motivate them and invite other stakeholders, such as TI representatives, district health authorities or practicing medical staff from rural, hard to reach areas who can share their motivation for not leaving despite the challenges they face.

District health officials should attempt to come quarterly but at least be present on an annual or bi-annual basis, as to forge the bond between the scholars and their future employer. It is advisable that they also involve their Human Resource (HR) Officer in those meetings. In order to strengthen their ownership of the programme, the district health officials and HR department should know the students by name and thus be aware of who is following which course, expected to graduate when, etc. This will not only forge the bond but also minimise the risk of a student abandoning the programme or the district to consider the programme an SO initiative, which they consider themselves recipients, rather than active partners.

Students should also be visited in the midst of their internship, usually done upon graduation from the TI, to review their experience of working as a health worker, and expectations of being deployed to a rural health centre. These informal visits should continue after their deployment, see 3.6.



In order to facilitate the quarterly meetings and other events, it is beneficial to have scholars elect a representative, who will be the main contact for the focal point. The student representative will serve as a link between the SO and the scholars, consolidate individual students concerns, organize meetings, relay information etc.



Students at lunch meeting with MSF Scholarship Focal Point. ©Yasmin Rabiyan/MSF

3.4 Documentation: Institutional memory is a requirement

The quarterly meetings are also a good forum to help document the programme in different ways. MSF has been requesting students fill in a short questionnaire in the first meeting; the questionnaire includes some demographic questions, but also questions their motivation to apply for the scholarships, their interests, what challenges they have experienced in accessing health care services in remote areas due to shortages of staff etc. (see Annex 7 for sample student questionnaire). Some of the answers may serve as testimonies that can be used to further advocate on HRH issues or as starting points for student profiles that can be used in public communications around the programme and the health worker gap (anonymous or with scholars consent). The meetings are also a good opportunity to take portraits and other pictures of the students for the same purpose and for your own reference. See 2012 scholarship photo film as well as 2014 calendar (Annexes 8 and 9) as examples of how these kinds of testimonies and student profiles might be used in advocacy and communication materials.

Other data, such as demographic information or grades, might be collected and regularly entered into the master sheet for monitoring and evaluation purposes. Good links should be maintained with the Registrar's Office at the TI to ensure student registration and examination records are in order.

A brief bi-annual report of the programme should be compiled detailing the number of students recruited, students graduated with course details, students origin and planned deployment details. It is a good opportunity to update the master sheet and can be shared with partners as the organization sees fit.

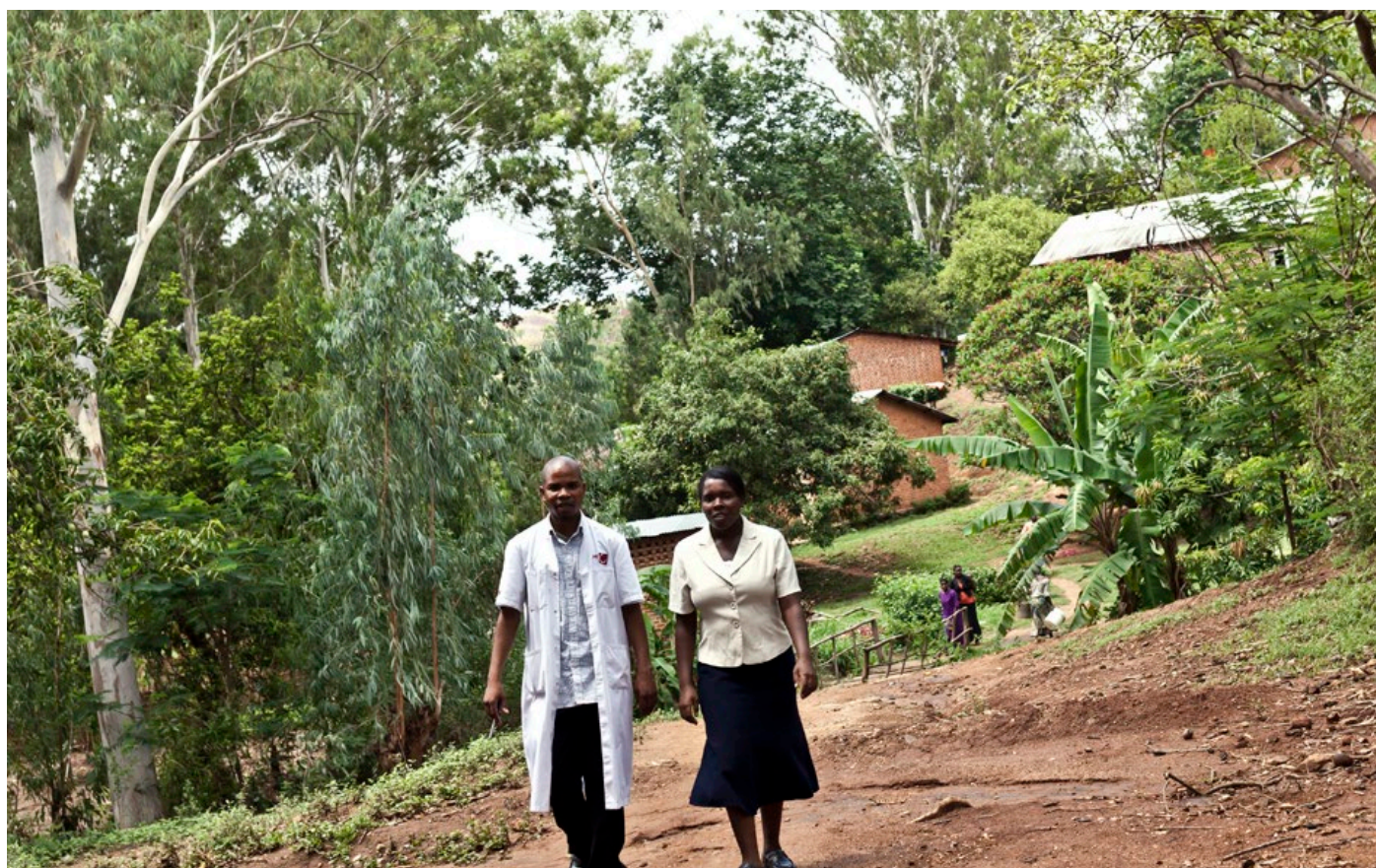
3.5 Examination Phase and Graduation: You're almost there!

If there has been a good collaboration between all parties, the district health officials (in Malawi: DHO's Office) should be aware of the number of students expected to start their internships following completion of exams. However, when students start writing exams, it does not harm if the SO checks in with the district health officials to make sure everything is on track. In this period, examination and graduation fees may apply prior to sitting exams or graduating. It's up to the SO to support the students in covering these or not.

The SO, as well as the district and other relevant officials involved in the scholarship programme, should attend the graduation ceremony of the sponsored students. This is an important day for the scholars and the programme. It is also an ideal opportunity to present students with a basic work kit if they haven't received a starter kit upon entry into the TI.

3.6 Deployment: Closing the circle, back to the community

Once the students have completed their practical rotation, often required upon graduation (in Malawi: at District Hospital level), the student should be deployed to their assigned location as soon as possible, ideally within a two week period as should be stipulated in the bonding agreement. The SO may need to follow up that the deployment is being done on time, as qualified scholars may conveniently be utilized to fill gaps at hospital level, which should be avoided. If possible, the health workers should be followed up and visited at least once after the first two-three months of their deployment to ensure they are working in the assigned facilities and have settled into their new positions. From that point on, you may consider to keep following up quarterly. Depending on distance and capacity, you can work out the best way to do it, a quarterly phone call might be sufficient.



MSF sponsored Medical Assistant taking a walk with his wife back in the rural area. © Jason Larkin

Step 4: Evaluate



A short but important step is the regular monitoring and evaluation of the programme itself: How many of the sponsored students graduated? How many of the graduates are actually deployed and working in the assigned areas? What are the stumbling blocks that keep scholars from finalizing their studies? How can the programme be adapted to help students overcome them? These and other questions are important to evaluate the success of the project and ultimately, its impact on the affected communities.

Monitoring and evaluation : Show The Programme Works!

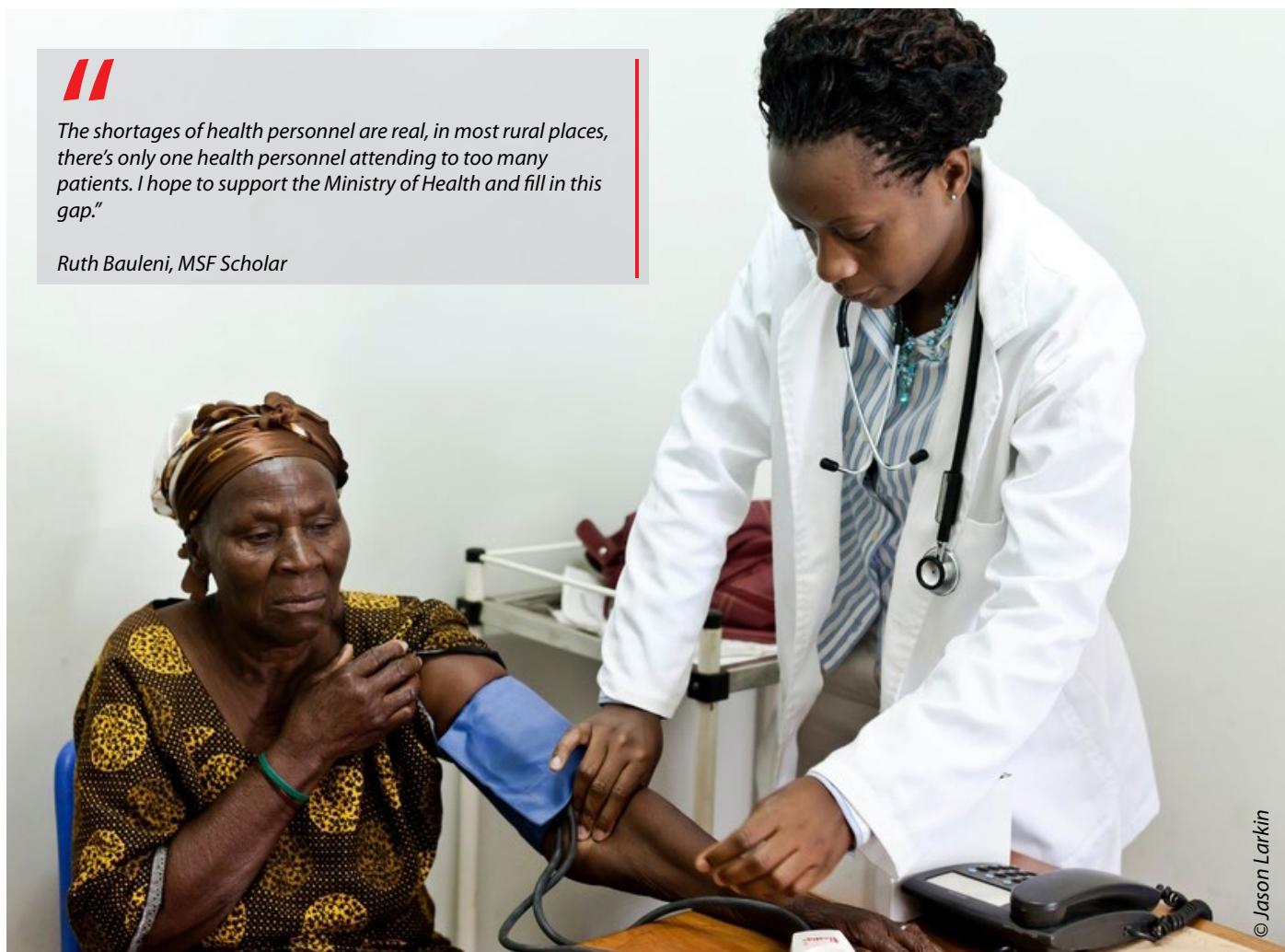
All feedback and lessons learned should be incorporated regularly and applied to the next round of candidate selection, as it can be used to improve the programme for the new academic year.

The brief annual report, in conjunction with the quarterly meetings at the TI, student feedback (during internship and at the start of actual deployment), annual planning meetings, Master Budget and Master spread sheet as well as any other relevant information should be used to compile a comprehensive evaluation of the impact of the programme with respect to improving the HRH situation in the rural areas you targeted. This can include scientific evaluations or publications in local or international forums (see Annex 10 for sample of academic poster abstract). As there is still a research gap on this topic, this kind of documentation and dissemination is dearly needed. See also Power Point presentation of Step by Step Guide that can be used to present the programme at various platforms (Annex 10).



The shortages of health personnel are real, in most rural places, there's only one health personnel attending to too many patients. I hope to support the Ministry of Health and fill in this gap."

Ruth Bauleni, MSF Scholar



© Jason Larkin

Supporting Documents

Supporting documents that cover the main areas of scholarship administration and monitoring and evaluation are listed below and enclosed with this pack. MSF encourages any interested parties to freely use or adapt them.

Annex 1: Template MOU based on MSF Rural HRH Scholarship Programme

Annex 2: Sample MSF HRH Rural Scholarship Programme Agreement (2013)

Annex 3: Sample Scholarship advert (Chikhwawa, 2012)

Annex 4: Template Master Budget

Annex 5: Template M&E spread sheet

Annex 6: MSF Rural HRH Scholarship Programme: Cost per person per course (2014)

Annex 7: Sample Questionnaire for MSF Scholars

Annex 8: Sample MSF Scholarship Desk Calendar (2014)

Annex 9: Sample MSF Rural HRH Scholarship Programme photo film (2013)

Annex 10: Sample Poster Abstract: "Investing in the workforce: The Malamulo Scholarship Initiative to improve retention of health workers in Thyolo District, a rural district in Malawi" (2012)

Annex 11: PP Presentation: MSF Rural HRH Scholarship Programme Step by Step

MSF RURAL HUMAN RESOURCES FOR HEALTH (HRH) SCHOLARSHIP PROGRAMME



Let more people be sponsored into health professional courses, let more people be employed in the civil service to beef up the workforce, mostly in the rural areas. Life would change for the better."

Brown Chiwandira, MSF scholar

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