

CORRESPONDENCE from Abroad

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Building the Nursing Workforce in Malawi

Helping a developing African country solve its nursing shortage.

Chimwemwe Banda (not her real name) lives in the southern African country of Malawi, at the epicenter of the HIV and AIDS epidemic. Chimwemwe's parents were both dead by the time she was 10, when she went to live with a kindly, but poor, elderly aunt. Chimwemwe was determined to get a high school education and took in laundry to earn the money to pay her school fees. She walked to school each day and returned at night to the simple mud-brick, thatch-roofed dwelling that was her home. She studied hard and did well on the university entrance exams, but, she told us, when the letter of acceptance to Kamuzu College of Nursing (KCN) in Lilongwe, the nation's capital, arrived, "Instead of being happy, I was worried about where to get funds to attend. Men wanted to take advantage of my status [by offering money for sex], but I refused. I felt equally as important as anyone else. Then GAIA"—Global AIDS Interfaith Alliance—"came and shared the burden." Four years later Chimwemwe completed her bachelor's degree in nursing and is now a proud RN at a district hospital in central Malawi.

Chimwemwe's story illustrates the efforts of one nongovernmental organization (NGO) to improve the precarious health of the people of one of the world's poorest countries. The overwhelming lack of health care infrastructure, especially the inadequate number of nurses, makes delivering better care in Malawi a particular challenge.^{1,2} NGOs such as GAIA are acutely aware of the consequences of this health care workforce shortfall.

Malawi, which has a population of some 15 million,³ is a landlocked, deeply impoverished country the size of Pennsylvania. About 85% of its population are rural subsistence farmers. According to the United Nations (UN) Development Program's Human Development Index, Malawi ranks 153rd of 169 countries.³ It's estimated that only about 6% of its population are connected to the nation's power grid.⁴

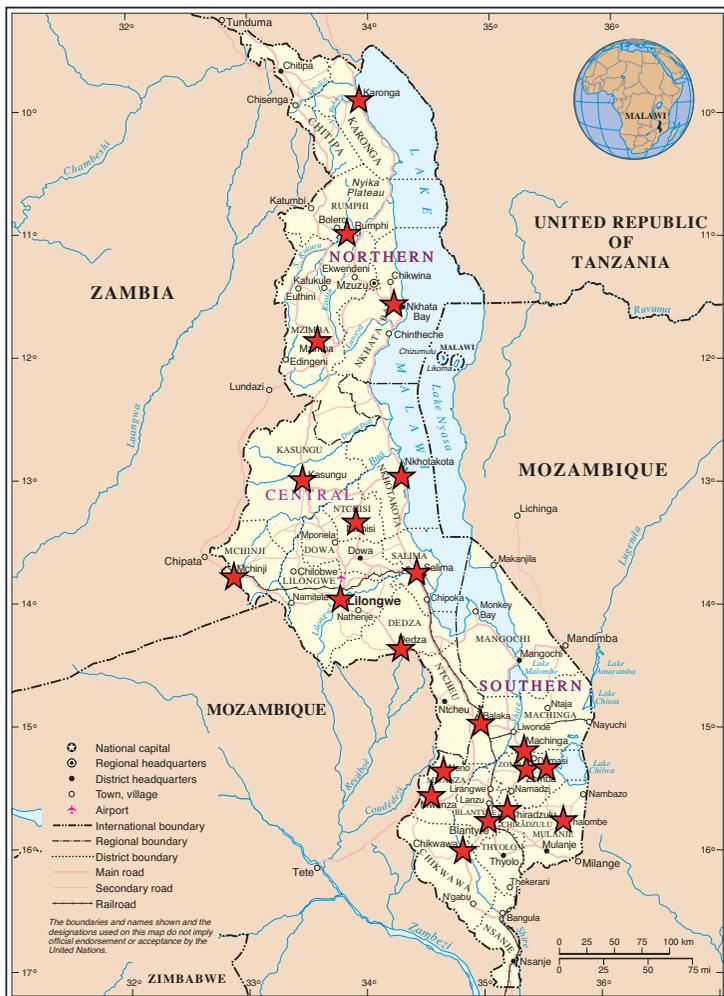
GAIA has been working with community and faith-based groups in Malawi since 2001. We chose to

work there because the country has been hard-hit by the AIDS epidemic; its adult HIV-infection prevalence rate was 12% in 2009.⁵ The need for our assistance was evident, and contacts and relationships we'd previously developed in the country facilitated the work.

Today, in addition to having funded nursing educations for 209 students like Chimwemwe, GAIA also trains village women in HIV prevention and patient care and gives them stipends to serve as community caregivers, runs three mobile clinics that provide HIV testing and other basic health care services in remote villages, funds a high school scholarship program for orphaned children, and runs a microlending service for women. All of our programs strongly emphasize empowering women because improving women's economic and social statuses results in important benefits for the entire society. Women invest more of their earnings in their families' well-being than men do, leading to better nutrition for children, better health, and greater productivity.⁶



The first group of GAIA nursing scholars is inducted at KCN in 2005. Photo by Sally Rankin.



Map of Malawi. Stars indicate where GAIA scholars have been deployed to provide care.

Nurses are the largest group of health care providers in Malawi, and they perform most of the health care for its citizens. Yet Malawi has just 37 nurses per 100,000 people, in contrast to 842 in the United States.^{7,8} There's an overwhelming need for well-trained nurses to cope with the devastating HIV and AIDS epidemic, as well as with the malaria, diarrheal illness, and lower respiratory infections that constitute Malawi's other leading causes of death.⁹ One study of eight hospitals in six Malawi districts found an average daytime ratio of one nurse to 38 patients and a nighttime ratio of one to 77.¹⁰ Among the factors accounting for this shortage are deaths from HIV and emigration for higher pay and better working conditions.¹¹

To remedy this situation, the Malawian government and the nursing profession targeted the nursing shortage. In 2004 the government, working with stakeholders such as the Nurses and Midwives Council

of Malawi, initiated a six-year Emergency Human Resources Program (EHRP). With assistance from international donors including the UN's Global Fund to Fight AIDS, Tuberculosis, and Malaria and the United Kingdom's Department for International Development, the program aimed to expand nursing school capacity to double the number of students by 2010.¹² Also part of the EHRP was a series of "salary top-ups" that resulted in a 52% pay increase for nurses. This has proved to be an important incentive in keeping practicing nurses at government health facilities.¹² A recent analysis of the EHRP found that the number of nurses who graduated in 2009 was 22% higher than in 2004.⁷ GAIA's efforts contributed to that increase.

GAIA'S RESPONSE TO THE NURSING SHORTAGE

In conjunction with faculty at KCN, GAIA developed a scholarship program in 2004 to assist in increasing Malawi's nursing workforce while also empowering women. Evidence indicates that providing opportunities for poor young women lifts their entire family out of poverty.¹³ Funding for the scholarships comes from individuals and foundations in the United States.

The program details were designed by GAIA's Malawi staff, including its Malawian technical manager and deputy chief, a Malawian RN midwife (GC, a coauthor of this article), who also oversees the operation. Three nursing schools participate in the program, two of them offering four-year baccalaureate programs—KCN, based in Lilongwe, and Mzuzu University in the north—and one, the Malawi College of Health Sciences in the southern city of Blantyre, offering a three-year diploma program.

Students who've been accepted to these schools can apply for GAIA scholarships. To evaluate the candidates, a committee is convened composed of nurses from all three schools as well as representatives from the Ministry of Health. On the sole basis of economic need—determined by reviewing financial information filed with the schools—the committee selects recipients, dubbed "GAIA Scholars," who otherwise wouldn't be able to afford tuition or living costs. More than half of the recipients are orphans, and many of them are responsible for younger siblings.

Although the Malawian government subsidizes nursing education for all students, students must still pay a portion of the tuition. The GAIA scholarship covers these fees in addition to providing each student with uniforms, books, two pairs of shoes, a nurse's watch, a blood pressure cuff, a thermometer, a stethoscope, and, most importantly, a daily living allowance. Most of the awardees use the living allowance to provide for their younger siblings. They sign bonds with the Ministry of Health agreeing to serve in government or mission hospitals for one year for each year of scholarship support received.

In 2009 we expanded our program to help graduates of two-year “technical” or “enrolled” nursing schools (similar to LVN programs in the United States) qualify to be RNs. In January 2010 we began funding our first three master’s students at KCN. And the U.S. Agency for International Development recently awarded GAIA funding for 40 additional nursing scholarships over the next five years.

RESULTS TO DATE

By mid-2010 we had funded the educations of 209 scholars, including 41 graduates, 29 of whom are serving in health care facilities throughout the country. Twenty-three GAIA scholar graduates are serving in government district hospitals in 19 of the country’s 28 districts, five others serve at central (tertiary care) hospitals, and one serves at a church-based hospital. Another graduate is teaching at KCN, her alma mater. The remaining 11 graduates are taking midwifery certification courses and will subsequently be deployed to their posts by the Ministry of Health.

GAIA scholars have done well academically. Nine (35%) of the 26 graduates from KCN received academic honors, and two won academic awards for travel to Europe for nursing specialty courses; one of these was awarded a Fulbright grant to obtain her master’s degree in the United States. Since the program’s inception, only four students (2%) have dropped out because of academic failure.

A highlight of recent travel to Malawi by some of us (ESS, WWR, and SR, who were met by GC) was visiting some of our graduate scholars. The shy young women we’d been introduced to four years earlier had become confident, engaged professionals. One told us how she’d convinced two villagers to allow her to administer oxygen to their infant, who was extremely ill with pneumonia, a major cause of death in Malawian children. The parents shared a commonly held belief that oxygen is poisonous, and at first they didn’t want their child to be treated. The nurse could see the baby was gravely ill and might not survive. She listened carefully to the parents and, with kindness and skill, allayed their fears and explained the importance of the treatment. They allowed her to administer oxygen and the child survived.

Another described how she persuaded a family to allow an ill young woman to be tested for HIV. They feared the stigma associated with the disease after having experienced it firsthand when other family members succumbed to AIDS. The nurse calmed their fears and convinced them of the importance of being tested. When the young woman was found to be HIV positive, the nurse helped her through the process of obtaining further evaluation and treatment.

The scholarship program costs GAIA, on average, \$1,200 per student per year. Our donors find this to be a wonderful investment in women and in the future

of a developing country struggling to meet the health care needs of its citizens. You can read more about our nursing scholarship program at www.thegaia.org. ▼

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