

Malawi German Health Programme

Human resource management and development

Background

Despite the introduction of the Sector Wide Approach (SWAp), Malawi continues to suffer from a severe shortage of skilled health personnel, with many cadres experiencing vacancy rates above 50%. This is particularly pronounced in the area of specialised clinical care. For example, of the 222 established positions for medical specialists, only 35 are filled, which represents a vacancy rate of 84%. These vacant positions are exclusively at the tertiary level.¹ As such, district-level health services predominantly rely on mid-level health workers (clinical officers) for the provision of health services, including specialised clinical care. However, when those delivering health care lack specific training, there is a risk that the specialised services they provide will fail to meet the required quality standards.

The number of women delivering with the support of a skilled birth attendant has risen from 56% in 2000 to 87% in 2014. Yet, in spite of this improvement, mortality has not been sufficiently reduced. The latest data from the Malawi Millennium Development Goals (MDG) Endline Survey 2014 reported an average of 574 maternal deaths per 100,000 live births in the seven-year period preceding the survey. The neonatal mortality rate stands at 29 neonatal deaths per 1,000 live births. Research shows that the majority of maternal and newborn deaths are preventable through timely interventions, which have been proved to be effective and affordable even in low-resource settings. However, many health care providers in Malawi lack the knowledge, skills and confidence to perform these life-saving interventions.

The Malawi German Health Programme has adopted a two-fold approach to respond to these challenges, comprising a bachelor's degree and a mentorship scheme that are described below.

Bachelor of Science Programme for Specialised Clinical Officers

A financing agreement has been signed with the College of Medicine (CoM) of the University of Malawi to support the qualification in specialised clinical care of 70 clinical officers. The Bachelor of Science (BSc) Programme for Specialised Clinical Officers, set up in 2013, is being implemented by CoM in close collaboration with the Ministry of Health.

The programme's objective is to enable district hospitals to deliver, in close collaboration with teaching hospitals, better-quality specialised clinical services using specialised clinical officers. This will be achieved by 2019 through the training and placement of a minimum of one specialised clinical officer for each of the six designated areas of care in each of Malawi's 28 public district hospitals. This requires the training and distribution of a minimum of 168 specialised clinical officers by 2019. Through its financing agreement with CoM, GIZ's contribution will have turned out 18% of this total cohort by 2016 and 42% by 2017.

Six areas of specialised care are taught in the BSc programme: anaesthesia and intensive care, internal medicine, paediatrics and child health, obstetrics and gynaecology, orthopaedics, and general surgery. For most of these areas, the programme takes three academic years to complete; however, the anaesthesia and orthopaedics courses complete within two academic years, due to the higher pre-qualifications that come with these disciplines.

During the first semester of the course, all BSc students, regardless of their chosen specialism, attend lectures in basic medical sciences at the College of Medicine in Blantyre. When they have successfully completed this first semester, students are then split into discipline-specific groups in order to undertake practical training in tertiary-level health facilities. For anaesthesia and orthopaedics, the tertiary-level training takes place exclusively in tertiary care facilities and lasts one and a half years, whereas



left: 80 % of clinical officers specialist training is delivered on-the-job, including the transfer of practical knowledge such as administering general anaesthetic.

right: A senior nurse-midwife teaches her mentees life-saving obstetric skills.

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the practical training for the other four disciplines takes two and a half years and is split into practical training at the tertiary care level and intermittent fieldwork at the district level. The training is delivered at Queen Elizabeth Central Hospital in Blantyre, except for the paediatrics and child health course, which is taught at Kamuzu Central Hospital in Lilongwe.

Furthermore, 10 integrated experts (CIM) have assumed positions at the CoM and in two tertiary hospitals: Queen Elizabeth Central Hospital in Blantyre and Kamuzu Central Hospital in Lilongwe. These experts play a central role in the teaching of medical personnel and are also in part responsible for coordinating and implementing the above-mentioned BSc programme and the training of medical registrars.

Mentorship project for emergency obstetric care

The Mentorship Project for Maternal and Neonatal Health is being implemented in close partnership with the Ministry of Health's Reproductive Health Directorate (RHD). Its objective is to enhance the knowledge and skills of nurses, midwives and clinicians in providing emergency obstetric and neonatal care services in four target districts: Balaka, Dedza, Mchinji and Ntcheu. This initiative, together with the wider, more structural support on quality management provided by the Malawi German Health Programme (MGHP), ensures that the quality of clinical services in maternal and neonatal health continues to improve.

In total, four district hospitals and 14 health centres are receiving support. Each district hospital chooses five senior nurse-midwives and clinicians as mentors. Each mentor is then assigned two or three mentees who work in either the district hospital or

one of the targeted health centres. During a pre-defined mentorship cycle, the mentor and their mentees work through a master plan consisting of teaching sessions in the skills labs, bedside teaching, case reviews, role plays and one-to-one consultations.

The main focus of the project is to teach the mentees life-saving obstetric skills. Cross-cutting issues like infection prevention and HIV are also incorporated. The mentee's learning outcomes are assessed through theoretical and practical tests at the beginning and end of the mentorship cycle.

A pool of maternal and neonatal health (MNH) motivators supports the institutionalisation of the mentorship approach. MNH motivators are well-respected senior midwives and clinicians coming from outside the target districts who are passionate about maternal and newborn health. They are assigned specific districts and are then tasked with encouraging mentors and mentees to prioritise their mentorship activities. Each month the MNHs spend one week on site at the district hospital they have been assigned to.

GIZ, in collaboration with EPOS Health Management, provides technical assistance (TA) to the project: the TA team prepares teaching materials and mentorship tools; each hospital benefits from the installation of a skills lab where mentors and mentees can practise advanced obstetric complications on rubber mannequins; and mentors receive training in interactive adult learning techniques to improve how they transmit knowledge to their mentees. Integral to the project is the detailed documentation of its implementation and lessons learned.

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