Nursing Scholarship Program Logic Model

Program: GAIA USAID Nursing Scholars

Situation: Malawi has extreme shortages in its health care workforce, evident in all worker cadres, but the shortage of nurses, the largest group of health care workers who provide the majority of care, is particularly problematic. Malawi has 37 nurses per 100,000 people compared to 406 in South Africa and 982 in the USA. The nurse shortage has been exacerbated in the past 2 decades by the loss of nurses to the HIV/AIDS and by emigration of nurses to developed countries (particularly the United Kingdom) where wages and working conditions are better. In 2005, the Malawi Ministry of Health implemented a 52% top up of nurses salaries funded by the United Kingdom Department for International Development (DFID). This initiative has helped to slow emigration of nurses, and the advent of antiretroviral therapy (ART) has improved the productive working life of HIV+ nurses. Yet the shortage of nurses remains severe with 65% of government nursing positions vacant.

Partners: MoH, USAID, KCN, Mzuni, MCHS, and possibly CHAM schools

Nurses fulfill their bond
Capacity of nursing colleges increases as new Mature/Master’s graduates augment existing faculty
Non-GAIA employee Clinical Preceptors
Implement Clinical Preceptorship Program
Well-trained nurses become leaders in the profession

Inputs
Activities
Participation

Short
Outcomes
Medium
Long

Assumptions (Program Focused):
1. All Colleges continue operation.
2. Costs do not increase dramatically.
4. Demand for nursing scholarships continues.
5. Students agree to bonding requirement.
6. It remains possible to maintain contact with graduates.
7. Nursing colleges maintain working relationship with GAIA, and hire qualified and effective faculty members.

External Factors (Environment Focused):
2. Other governmental and nongovernmental partners maintain programs to sponsor scholars in nursing and other cadres.
3. Infrastructure and supply chain sufficient to support quality healthcare.
## Nursing Scholarship Program Logic Model

### Key Evaluation Questions

<table>
<thead>
<tr>
<th>L1.1/L2.2 - MoH deployment records</th>
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<tbody>
<tr>
<td>L1.2/L2.1/L2.2/L3.1/L3.2 - Semi-annual contact with graduates</td>
</tr>
<tr>
<td>M1.1 - Nurse/population ratio improve?</td>
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<tr>
<td>M2.2 - %/# graduates fulfilling bond agreement?</td>
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<td>M1.1 - Did graduate stay in-country past the bonding period?</td>
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<td>M2.2 - %/# of scholars working in private sector after fulfilling？</td>
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<td>M3.1 - Change in Socio-economic status?</td>
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<td>M3.2 - #/# of nurses providing care at health facilities post bond</td>
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<tr>
<td>M1.1 - $ spent</td>
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<tr>
<td>M2.1 - #/# staff hired and trained</td>
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<td>M3.1 - #/Quality of Partners</td>
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### Indicators

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<td>A2.3 - # of student clinical skills/preceptor abilities</td>
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<td>A3.1 - #/presence of MOUs</td>
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<tr>
<td>A4.1 - #/preceptors assisting students</td>
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<td>P2.3 - #/# of students checking in with GAIA biannually</td>
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<td>P2.4 - #/3 - #/4 checking in on time</td>
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### Impact

| I1.1 - Has access to care improved? |
| I1.2 - Quality of care improved? |
| I1.3 - Has mortality and mortality rates improved? |

### Participation

| 11/2/3 - #/presence of MOUs |
| 12.1 - #/staff hired and trained |
| 13.1 - #/Quality of Partners |

### Outputs

| I1.1 - Country-wide and district level health documentation/evaluations of nursing workforce from MoH and partners like NEPI and I-Tech |
| I1.2 - MOH Records (HRH documents) |
| I1.3 - Multinational data bases hosted by WHO, World Bank, UN, ICN |

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