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**Lessons learnt from implementation of a donor funded retention scheme for selected health professionals in Zimbabwe**

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The Zimbabwe health care delivery system collapsed in 2008 amidst a socio-economic and political crisis. In 2009 the Ministry of Health and Child Welfare, donors and development partners under the guidance of UNICEF launched the Zimbabwe Health Investment Case creating a basket of donor funding called the Health Transition Fund (HTF) to revive the health sector. From 2012,the HTF supported three pillars of the health system namely, human resources retention, health financing through removal of users fees for pregnant and lactating women and children under 5 years, supply of essential medicines and commodities for primary care. We analyzed the human resources retention scheme that was implemented from a policy perspective.

The retention policy targeted three doctors per rural district, practicing midwives, midwife tutors, and critical management posts. The first challenge is the differences in the amounts that were allocated to the targeted beneficiaries. The critical management posts get $1261 each per month, the district doctors get $750 each per month and practicing midwives get $59 each per month whilst all others are excluded. This resulted in a strike by midwives and nurses. The Minister of Health called a stakeholders meeting to try and resolve the issue and the issue remains unresolved. The second challenge is that the donor budget for the retention scheme was cut by 40% from 1 April 2016 creating a need to review the allowances downwards.

Reducing the retention allowances could result in undesirable effects that can reverse the gains of the past 4 years. There was a 100% and a 128% increase in doctors working in rural districts from 82 to 164 and practicing midwives from 1747 to 3944 from 2012 to 2015 respectively. Skilled attendance at birth increased from 66% (ZDHS 2010/11) to 80% (MICs 2014). Cesarean Section rates increased from 4% (ZDHS 2010/11) to 6% (MICs 2014). Maternal Mortality Ratio decreased from 960/100,000 (ZDHS 2010/11) to 614/100,000 (MICS 2014).

Lessons Learnt

1. A donor funded retention scheme is a short-term intervention and unsustainable.

2. Targeting of health workers can improve some coverage indicators but demotivates excluded health workers.

3. The policy formulation process should include all actors and consider the context in coming up with the policy content.

4. Alternative mechanisms of paying financial incentives such as Performance Based Financing may be an alternative in Zimbabwe