



THE ROLE OF PRIVATE SECTOR TRAINING INSTITUTIONS IN ADDRESSING NURSE SHORTAGES IN KENYA

Key points

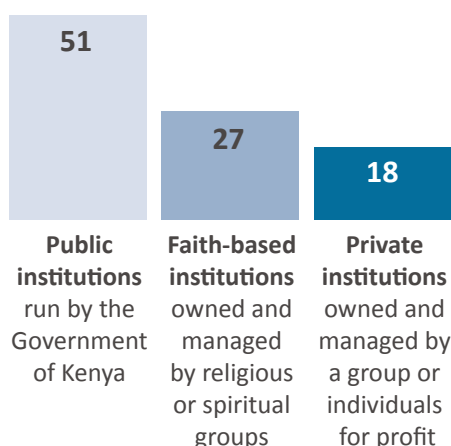
- Private and faith-based training institutions currently make up 30% of admissions for nursing courses in Kenya, and are increasingly being considered an important way of increasing nurse production.
- Students from private nursing institutions are much more likely to graduate than public sector students; of which up to 40% do not successfully complete their training.
- The curriculum of private institutions, however, is more limited with less focus on public health issues such as health equity and the social determinants of health.
- Whilst Kenya has increased capacity to train nurses in recent years, severe blockages remain in the system, including in nurses' employment prospects upon graduation.

Background

Kenya faces severe health workforce shortages, especially at the primary health care level. Currently, the density of nurses per 100,000 of the population is 103.4, far below the World Health Organization minimum target threshold of 500 nurses per 100,000 required to provide sufficient coverage for essential interventions.

In Kenya, just over half of all nursing schools are publicly funded, with the rest constituting private and faith-based institutions (see Figure 1).

Figure 1: Number of nursing schools in Kenya, by type



The number of private institutions in particular, has increased rapidly in recent years, and the government has identified these institutions as an important way of increasing the production of nurses and bridging the gap between supply and growing demand.

RESYST researchers have compared the main characteristics of public, private and faith-based nursing schools in Kenya (see figure 2), and assessed the extent to which they contribute to nursing production. Research is based on data collected from 84 of a possible 96 institutions.

Figure 2: Comparison of characteristics of public, private and faith-based training institutions in Kenya

	Public institutions	Faith-based institutions	Private institutions
Staff education	32% of staff hold a masters degree or above	31% hold a masters degree or above	44% of staff hold a masters degree or above
Tuition fees	117,000 Kenyan Shillings	134,000 Kenyan Shillings	151,000 Kenyan Shillings
Curriculum	87% updated since 2011;	70% updated since 2011; relatively high focus on equity	93% updated since 2011; relatively low focus on equity
Curriculum content			
Public mindedness and volunteerism	59%	35%	54%
Social determinants of health and diseases	91%	93%	100%
Humanities and social justice	76%	43%	79%
Health equity	76%	86%	92%

Research findings

Trends in the production of nurses

- Since 2006, there has been a year on year increase in the total number of students enrolled on nursing courses (See Figure 3).
- The number of students in private and faith-based schools has increased significantly, and in 2014 they constituted 30% of all admissions.
- However, public sector nursing schools have high attrition rates, with only 60% of students passing their final examinations.
- By comparison, 98% of students in private institutions and 85% of students in faith-based institutions passed their examinations.

- Figure 4 shows trends in the number of students who graduate from their nursing studies. Whilst there has been a general increase in the number of students graduating, since 2011, production appears to have stabilised at 1,500 students per year.

Autonomy and affiliations

- Despite being owned by the government, almost 20% of public nursing institutions are autonomous, which means that they have the authority to make policy and regulatory decisions to suit the needs of the institution.
- 71% of private institutions and 83% of faith-based organisations are autonomous, with the remaining institutions affiliated to universities.

Conclusion and policy recommendations

There is growing capacity in the Kenyan education system to produce nurses and respond to increases in demand, although this is yet to translate into a higher number of graduates. Further, there is substantial wastage in public sector training institutions. This is due to inadequate support to students from their clinical instructors, and poor training infrastructure.

It is not clear how many graduates choose, or are able, to find relevant employment. There is some evidence to suggest that the number of jobs available in the public health care system is limited due to government budget constraints (Kenya Nursing Workforce Report, 2012).

Recommendations for public institutions

- Increase investments in nurse clinical placement sites and alternative forms of skills training.
- Hire more faculty and clinical instructors to improve quality of training.
- Prioritise review of training curricular in line with health sector needs.

Recommendations for private institutions

- Increase content of curriculum to focus more on public health issues such as public mindedness and social justice.

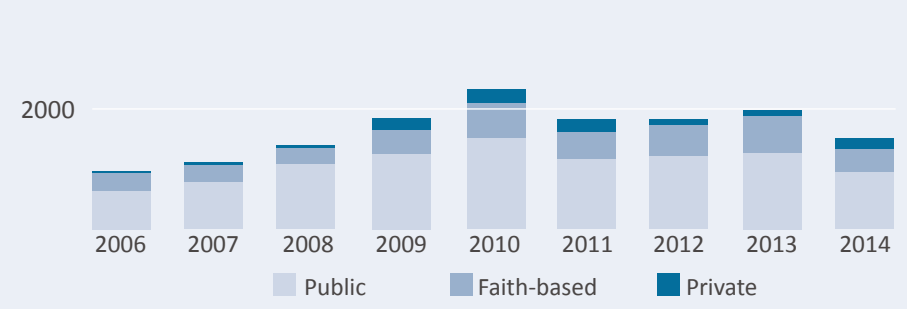
Recommendations for government/regulation

- Encourage creation of more private schools by creating a single regulatory body to approve and accredit training institutions, and reduce the cost of setting up nursing courses.
- Increase scholarship funding to middle level nursing students through Higher Education Loans Board.
- Improve health sector planning and budgeting processes so that there are employment opportunities for newly qualified nurses.
- Advocate to the treasury for increased spending on health workforce.

Figure 3: Trends in number of students admitted to nurse training institutions



Figure 4: Trends in number of students graduating from their nursing schools



About the brief

This policy brief is based on research carried out as part of the RESYST health workforce theme, which looks at the role of the private sector in addressing human resource constraints in Thailand, India and Kenya.

Further resources

Reynolds J et al (2013) The role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand: a review of the literature. Human Resources for Health 2013;11:14

More information

- Dr Nzomo Mwita, Email: nzomo.mwita@amref.org
- Christine Ngwawe, Email: Christine.ngwawe@amref.org
- Samuel Okaro, Email: Samuel.okaro@amref.org



<http://resyst.lshtm.ac.uk>

RESYST is funded by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department's official policies. Photo in banner © 2007 Paul Jeffrey, Courtesy of Photoshare.