THE EMIGRATION POTENTIAL OF SKILLED ZIMBABWEANS: PERCEPTIONS, CURRENT MIGRATION PATTERNS, TRENDS AND POLICY RESPONSES

By

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A THESIS SUBMITTED TO THE DEPARTMENT OF GEOGRAPHY AND ENVIRONMENTAL SCIENCE OF THE UNIVERSITY OF ZIMBABWE IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PHILOSOPHY

JULY 2004

Prologue

When human beings cease to wander they will cease to ascend in the scale of being.

(Whitehead, 1925: 297)

And what for I, with all my brains and talent, was I born in Russia?

(Alexander Pushkin, famous Russian Nineteenth Century Poet)

I feel frustrated when I want to do a piece of work but fail because of lack of basic facilities to do the job. Sometimes I look for a sabbatical leave to go and do research in a more sophisticated laboratory so that I can publish a standard paper.

(A Tanzanian Chemist, 1999)

Salaries of Third World countries continuously remain low, thus people are tempted to look for better salaries elsewhere, thus Africa will become a brain drained continent.

(A Geologist at University of Botswana, 1999)

(Above excerpts from Teferra, 2000a)

My employer is a comedian: the pay he gives me is a joke

A 1992 advert in a Nigerian print media

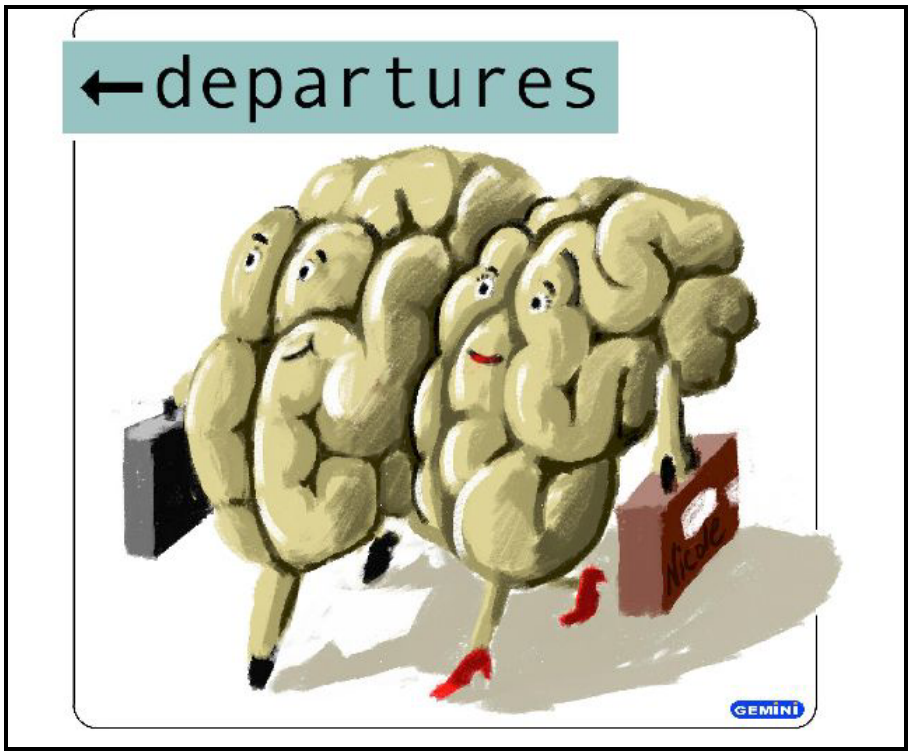
Africa remains a net loser in the migration of personnel and ideas, and the beginnings of economic recovery and democratic governance are the best hope for a permanent solution to brain drain.

Professor Narciso Mato, Secretary General Association of African Universities (AAU) – Accra, Ghana.

In today's world knowledge creates wealth. Therefore, we need people with brains, not muscles. Unfortunately, it is the best and brightest that can obtain visas to the United States. What is left behind is the weak and less imaginative. It means that Africa will be getting poorer while the United States gets more affluent.

Phillip Emeagwali (1997)

Africa is losing its "best and brightest" to the industrialised world and is losing a significant proportion of wealth needed to establish a foundation for economic growth (ECA/IDRC/IOM, 2000).



Source: Gemini News Service: 24-31 August 2001

Abstract

The movement of skilled professionals from developing countries like Zimbabwe to industrialised countries is taking place at an alarming rate, and there is little evidence that these flows will decrease in the near future. Serious concerns have been raised by developing countries as they argue that they are losing most of their skilled human resource base, which is a precondition for economic development. They further contend that they invest in the education of professionals whose knowledge and expertise are being tapped by developed countries while their economies continue to suffer from shortages of such personnel. These concerns form a sound basis for academic enquiry into the subject.

The thesis draws on research work that was conducted between January 2001 and September 2002. The study aimed to establish the emigration potential of skilled Zimbabweans and to examine the current migration patterns, trends and to analyse policy responses. Data collection for the study was divided into two phases. The first part of the study focussed on the emigration potential of skilled Zimbabweans while the second part focussed on the migration of health professionals from Zimbabwe. Qualitative methods were also used to provide additional information for the study.

The research findings highlight the causes, magnitude and effects of migration of skilled personnel to Zimbabwe's economy. The first survey provides evidence that skilled Zimbabwean professionals have a high emigration potential, with up to 86% of the surveyed population considering migrating to another country. The study established that the causes of emigration of professionals from Zimbabwe can be ranked as (a) cost of living; (b) level of taxation; (c) availability of quality affordable products; and (d) level of income. The second survey demonstrates the magnitude and the causes of migration of health professionals from the country. The number of registered health professionals either increased marginally (in the case of doctors) or fell significantly (in the case of nurses) during the period studied. The study documented the effects of migration on the workload of the remaining health professionals. Health institutions in disadvantaged rural areas are continuously losing staff to those located in urban areas which have a lesser workload and better working conditions. Consequently, this trend has made it necessary for less qualified staff to carry out specialised duties in rural areas. The research shows that the poor have been the worst affected by the migration of health professionals since they cannot afford the fees charged at private clinics.

Based on the research findings, the study recommends a speedy resolution to the current economic and political crisis as a long term solution to curb the migration of skilled professionals from Zimbabwe. The country can also adopt a brain export strategy in which it heavily supports investment in education to offset the losses through emigration whilst benefiting from the remittances sent back by the emigrants abroad. The results of the study are hoped to help policymakers in implementing effective human resource management strategies.

Dedication

In loving memory of my late father, may your soul rest in peace.

Declaration

I hereby declare that this thesis submitted for the degree of Master of Philosophy at the University of Zimbabwe is my own original work and has not been previously submitted to any other institution of higher education. I further declare that all sources cited or quoted are indicated and acknowledged by means of a comprehensive list of references.

Abel Chikanda

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Acknowledgements

My sincere thanks to my supervisors, Prof. D. S. Tevera and Dr. L. Zanamwe. Without your advice and guidance, this thesis would not have become a reality.

Many thanks and appreciation to the following individuals and organisations who contributed to the success of the research project: the Southern African Migration Project (SAMP) for facilitating the survey on emigration potential and the Canadian International Development Agency (CIDA) for funding the study. Mrs Magda Awases, World Health Organisation/AFRO (WHO/AFRO) for facilitating funding of the survey on skilled health professionals' migration, the Permanent Secretary for Health, Dr Xaba and the Ministry of Health and Child Welfare, for permission to carry out the research in the country's public health institutions, and Prof. J. Mutambirwa, Department of Psychiatry, University of Zimbabwe, for technical assistance in conducting the survey.

I want to sincerely thank the following for their participation: the Provincial Medical Directors (PMD), Hospital Superintendents, Health Professions Councils, Lecturers, Instructors in the selected health institutions, towns, communities and their staff and the migrant health personnel living outside the country, for taking the trouble to fill in and mailing questionnaires. Thanks go to the Epworth Community, for participating in the focus group discussions (FGD) and to Mrs Mangwende, Village Community Worker (VCW), for organizing the groups.

My appreciation also goes to the University of Zimbabwe and students who participated in the fieldwork exercise, namely Sithembile Chiware, Cliff Zinyemba, Susan Kutiwa, Jervas Chirevo, Sharon Matimbire, Average Chigwenya, Petros Chizumba, Sukai Govoh, Jealous Muradzvi, Rufaro Charamba, Fatima Muvazhi, Mhike Mapuranga, Namatayi Musundire, Kudakwashe Sibanda, Fideline Ndaramwi, Tendayi Dzeka and Charles Makuwerere. I would also want to thank Mrs Chitura, PNO of Parirenyatwa Hospital, Mrs P. Maramba and Angeline Paradzai of the Department of Psychiatry, WHO Collaborating Centre, for assistance in the fieldwork exercise.

My deep appreciation and very special thanks to Mhosisi Masocha and Samuel Kusangaya for assistance in data capture and management. I would also want to thank the technical staff at the Department of Geography and Environmental Science: Mr R. Maruziva, Mr. A. Banda, Mr. R. Nyambodza and Mr. C. Togarepi for their assistance and support.

My sincere thanks also go to my sweetheart, Abigail, for affording me time to compile this thesis with minimum disturbances. Thanks for the understanding.

Above all, I give praise to the Almighty God who gives me life, wisdom and strength.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BBC	British Broadcasting Corporation
CBD	Central Business District
CIDA	Canadian International Development Agency
CSO	Central Statistical Office
ECA	Economic Commission for Africa
ECLAC	Economic Commission for Latin America and the Caribbean
ESAP	Economic Structural Adjustment Programme
EU	European Union
FGD	Focus Group Discussion(s)
GHSM	Godfrey Huggins School of Medicine
GNI	Gross National Income
GNP	Gross National Product
HIV	Human Immuno Virus
IDRC	International Development Research Centre
ILO	International Labour Organisation
IMF	International Monetary Fund
IOM	International Organisation for Migration
MLD	Most Likely Destination
MoHCW	Ministry of Health and Child Welfare
NGO	Non-Governmental Organisation
ODA	Overseas Development Assistance
OECD	Organisation for Economic Co-operation and Development
PMD	Provincial Medical Director
PNO	Principal Nursing Officer
PRB	Population Reference Bureau
RQAN	Return of Qualified African Nationals
SADC	Southern African Development Community
SAMP	Southern African Migration Project
SANSA	South African Network of Skills Abroad
SAPs	Structural Adjustment Programmes
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organisation
US$	United States dollar
USA	United States of America
UZ	University of Zimbabwe
VCW	Village Community Worker
WHO	World Health Organisation
WHO/AFRO	World Health Organisation/Africa Regional Office
ZCTU	Zimbabwe Congress of Trade Unions

CHAPTER ONE

INTRODUCTION

1.1 Background

The international flow of workers between developing and developed countries has been widely reviewed in the literature (Adepoju, 1983; Zinyama, 1990; Crush *et al*, 1991; Paton, 1995; Haldenwang, 1996; ILO, 1998). Most of these studies have largely ignored the international flow of skilled personnel as their movement took place on a relatively small scale compared to unskilled labour migration. It is, however, becoming apparent that African countries are losing most of their skilled personnel not only to the more economically advanced countries, but also to other developing nations. Such movements are argued to be a source of major concern to the sending countries as they do not fully benefit from the investment made in the training of human resources (Patinkin, 1968; Mundende, 1989; Wadda, 2000).

The global movement of both skilled and unskilled workers has increased tremendously and it is estimated that nearly 150 million people (2.5% of the world's population) currently live outside their country of birth (Nyberg-Sorensen *et al*, 2002). What is particularly worrying for sub-Saharan African countries is that the movement of skilled professionals to industrial countries in the North has reached significant proportions, and there is little evidence to suggest that these flows will decrease in the near future (Appleyard, 1992; 1998). According to Reuben (1976), as many as 17 154 professionals and technical personnel migrated from developing countries to three developed countries (USA, Canada and United Kingdom) in 1963 and by 1972 this figure had risen to 44 843.

Furthermore, during the period 1961 to 1980, more than 500 000 scholars from developing countries moved to the United States, United Kingdom and Canada (Teferra, 2000b). By the late 1980s, Africa had lost nearly one-third of its skilled workers, with up to 60 000 middle and high-level managers migrating to Europe and North America between 1985 and 1990 (World Bank, 2000; Todaro, 2000; Darko, 2002). In the mid-1990s, Africa was losing about 23 000 professionals annually in search of better working conditions in the developed world (World Bank, 1995). The figures show a steady increase in the number of skilled professionals migrating from developing countries.

Even though the international movement of skilled professionals is still relatively small, its social and economic relevance outweighs its numerical significance. Human resources are crucial for the economic development of any country and past experiences have shown that a country has to possess a minimum critical level of skilled manpower if industrialisation is to succeed. As Wadda (2000) rightly notes, a country's human capital constitutes its most formidable asset and resource in the drive towards sustainable economic development in all its facets. Increasingly, in development circles, there is a realisation that sustainable economic development cannot occur without sound human capital.

Africa is losing most of its highly trained professionals to the industrialised world. These 'brains' constitute a significant proportion of wealth needed to establish a firm foundation for economic growth. As Emeagwali (1997) notes, it is usually the "best and brightest" professionals who are mostly likely to emigrate, largely leaving behind the "weak and

less imaginative". Thus, skilled labour migration essentially means a slow death for developing countries such as Zimbabwe. It is important to note that countries such as Japan and Singapore have excelled both economically and socially as a result of heavy and sustained investment in their human resources, despite a limited natural resource endowment. The challenge for developing countries, particularly those on the African continent, is the retention of human resources for purposes of development.

The World Bank (2000) cites the brain drain from developing to industrialised countries as one of the major forces shaping the landscape of the 21st century. In the African context, migration provides the only means to escape poverty or other forms of hardships at home (Oucho, 1995). However, in today's environment of globalisation, migration provides a ready means for the educated, skilled and qualified persons to expand their career potential abroad.

Recent research on skilled labour migration in Africa has shifted from theoretical issues of the brain drain (e.g., Appleyard, 1989; Lim, 1992; Mundende, 1989; Wilczynski, 1989; Adepoju, 1988, 1995a) to the prediction of future trends in skilled labour migration (Campbell, 2000; Mattes *et al*, 2000). This change in focus has been necessitated by the intellectual need for prediction of the direction, size of flows and the impact of the brain drain in the years ahead (Fadayomi, 1996). This study hopes to contribute towards this end by assessing the emigration potential of skilled Zimbabweans in general, and examining the migration of health workers from the country in particular.

1.2 Statement of the Problem

The migration of skilled professionals has historically been a subject of different interpretations. In Zimbabwe, recent political and economic changes have seen massive attention being accorded to the migration of skilled professionals. However, most of these studies have largely been descriptive and lack sound statistical backing (for example, Gaidzanwa, 1999; Mutizwa-Mangiza, 1996). Often, poorly researched media coverage of the issue has fuelled the debate (Koser and Salt, 1997). Thus, knowledge of the phenomenon in the country has at best been speculative. With the exception of Botswana (see Campbell, 2000) and South Africa (see Mattes *et al*, 2000), no further studies in southern Africa have attempted to simulate the future migration trends. Hence, in Zimbabwe, the emigration plans of professionals in most sectors of the economy remain largely unknown. The causes of migration, the current migration trends and the qualitative effects of such movements have also not yet received adequate scholarly attention. Furthermore, the effectiveness of current policies in addressing the problem has also not yet been fully assessed. The absence of such information poses serious developmental problems as policy makers operate without adequate knowledge necessary for the implementation of proper remedial solutions.

1.3 Justification of the Study

Zimbabwe is currently faced with a huge and growing problem of the loss of most of skilled professionals. However, no study to date has attempted to establish the magnitude of migration from the country. The absence of official data on professionals who migrate makes it difficult to quantify the country's loss of human resources. Given this background,

it is necessary to try to develop a methodology that attempts to forecast the probable future migration patterns based on the conditions currently prevailing in the country. Hence, the study will seek to solicit the views of professionals regarding their emigration plans as well as establishing the likely effects of their departure to other countries on the country's economy. By focusing on the emigration plans of the skilled personnel in particular, the study will contribute to the understanding of the current migration patterns and help in predicting likely future trends in skilled labour migration. Such information is vital to policy makers as it enables them to implement policies that will encourage staff retention in the country. Furthermore, the skills profile of the current as well as the future (potential) migrants is largely unknown. Crush and Williams (2001) have argued that the skills profile of potential emigrants is an important determinant of the likely impacts of the brain drain on a country's economy. An examination of the skills profile of the potential migrants will constitute an important aspect of this study.

Since the study will investigate the current migration patterns, insight will be provided on the destinations of professionals from Zimbabwe. Knowledge of the destinations of professionals can form a basis for bilateral negotiations relating to labour recruitment. Examples of such agreements which can be negotiated are provided in the section on recommendations.

Skilled professionals are known to migrate for a variety of reasons. Among the factors influencing their migration decisions are economic, political, social and professional factors. However, the relative weight of each of the factors is largely unknown and form

a subject of scholarly enquiry. Such knowledge is necessary for the implementation of workable remedial solutions.

Recognising the importance of the health sector, the research will pay special attention to this sector so as to establish the factors responsible for the migration of health professionals from the country. Since health care delivery is highly labour intensive, its quality, efficiency and accessibility are all dependent on the availability of skilled and competent health professionals. Available literature shows that many African health professionals are dissatisfied with their current situations (Mutizwa-Mangiza, 1996; Gaidzanwa, 1999). The common themes for dissatisfaction include delayed promotions, lack of recognition, and inability to afford the basic necessities of life. Consequently, health professionals often migrate in search of more profitable situations, both financially and professionally.

The qualitative effects of migration of professionals on service delivery (e.g. health) have not yet been intensively examined. Hence, the social and economic impacts of the migration of skilled professionals remain largely undocumented, yet they deserve special attention.

1.4 Research Questions

The study will attempt to find answers to the following questions:

a) What is the emigration potential of skilled Zimbabweans? How widespread is the desire to emigrate and who is likely to emigrate?;

b) What is the magnitude of the migration? What are the temporal and spatial patterns of migration among Zimbabwean professionals?;

c) What are the reasons why skilled professionals decide to migrate from their home countries?;

d) What are the effects of migration of skilled health personnel on health care delivery? What are the economic and social consequences of migration?; and

e) What can be done to retain skilled professionals, or to mitigate the effects of migration?

- What policies or strategies have been successfully applied?
- What strategies can be adopted to reduce the emigration of skilled professionals from the country?

1.5 Objectives of the Study

1.5.1 General objective

The study aims to establish the emigration potential of skilled Zimbabweans and to examine the current migration patterns, trends and to analyse policy responses.

1.5.2 Specific objectives

The specific objectives of the study are to:

- Establish the emigration potential of skilled Zimbabweans;
- Forecast the destinations of professionals intending to leave the country and estimate the duration of emigration;
- Investigate the social, political and economic factors which make skilled professionals want to migrate;

- Assess the magnitude of migration of skilled health professionals to act as an example of the impacts of the emigration of skilled professionals on service delivery;
- Examine the effectiveness of government policies meant to reduce the migration of skilled professionals; and
- Recommend ways to retain skilled professionals.

1.6 The Conceptual Framework

Figure 1.1 presents the main factors responsible for initiating and sustaining the migration of skilled professionals from the country. Generally, skilled labour migration from the country has been facilitated by a number of factors. These factors can broadly be grouped as spatial, economic, social, political, cultural, professional, organisational, motivational and system factors.

Spatial factors recognise the differences in levels of mobility of professionals according to their geographical location, for instance, the potential for migration of professionals in rural compared to urban areas. Demographic factors such as age, gender and marital status may also play an important role in the migration process.

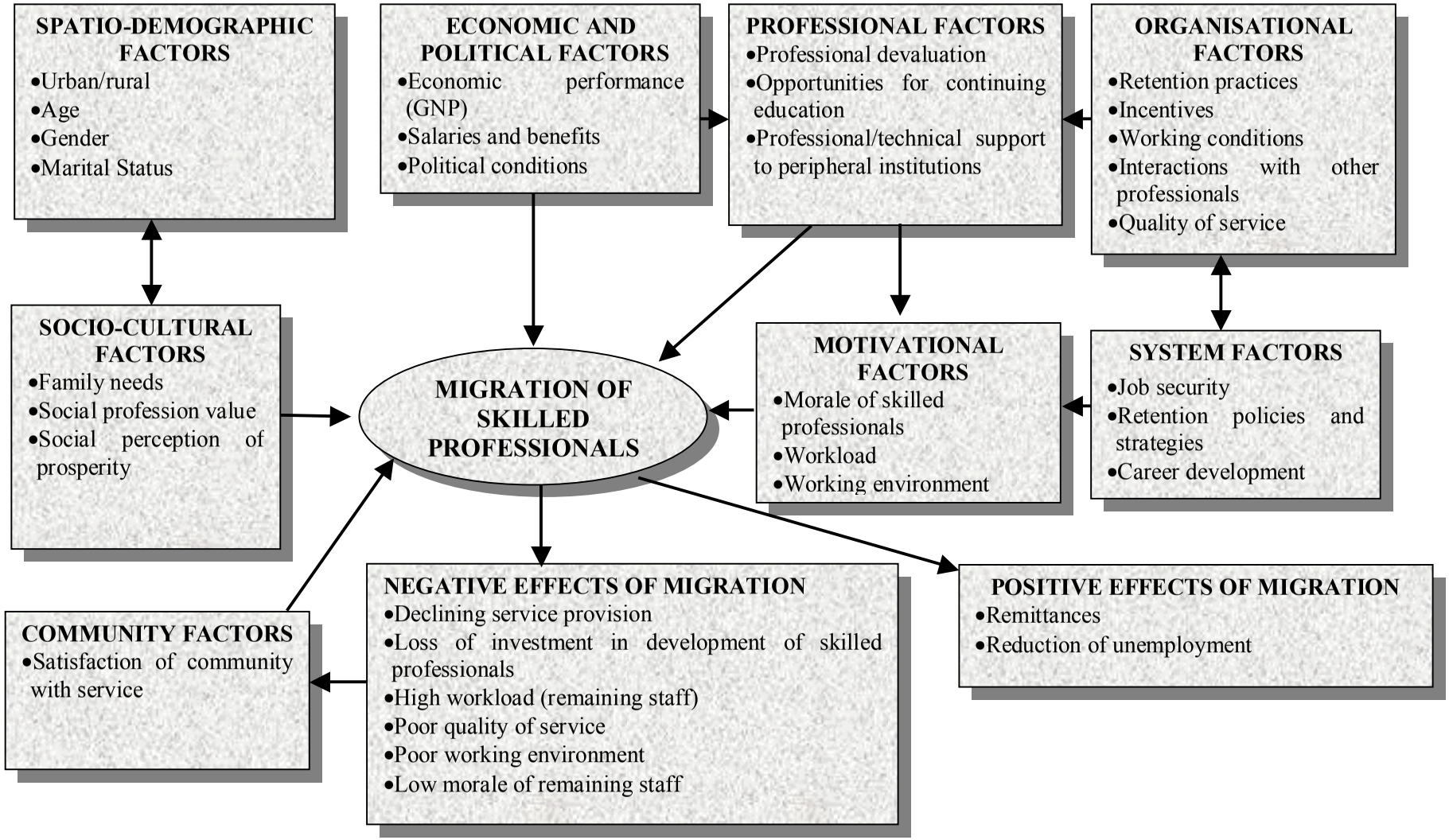
In addition, socio-cultural factors are important determinants of migration. The family social needs, the value that professionals are accorded in the society as well as the societal perception of prosperity strongly influence migration decisions. Professionals also value the appreciation of the service they offer to the community.

Economic and political factors are probably the most important factors influencing the migration of skilled professionals. The economic performance of a country (in terms of per capita income) broadly determines the standards of living of the professionals. It also determines the availability of quality and affordable products on the market. Likewise, lack of political stability can easily generate an outflow of professionals from a country.

Closely linked to the foregoing are professional factors. Emigration can be generated by professional devaluation, a situation which occurs when the value of professionals is not fully recognised, ultimately leading to poor remuneration and unacceptable working conditions. Furthermore, lack of opportunities for continuing education and professional advancement may lead to the migration of the professionals for reasons of furthering their careers abroad.

Motivational factors are also important in that they determine the morale of skilled professionals. Lack of such morale may trigger emigration. The workload of professionals as well as their working environment are additional factors which need closer examination. The organisational and system factors under which the professionals operate largely determine the retention policies (which may delay or reduce emigration), the incentives available, job security as well as the available opportunities for career development.

Figure 1.1: The conceptual framework - the brain drain from Zimbabwe



The foregoing factors can have varying effects at different levels of the social and economic sphere of a country. Firstly, it entails loss of investment made in educating the professionals who migrate. Secondly, social service provision can be severely affected in the absence of key professionals. Thirdly, the loss of professionals also means that the remaining staff have to endure heavy workloads, a factor which may reduce their morale and may lead to their eventual migration. Fourthly, the quality of service offered may be compromised.

On the positive side, it can be argued that the migration of skilled professionals can yield benefits to the sending countries. This is mostly in the form of remittances sent by the emigrants to their country of origin. Emigration can also be regarded as a 'safety valve' by which a country loses its excess professionals thereby alleviating unemployment. The applicability of the proposed conceptual framework will be analysed in subsequent chapters.

1.7 Organisation of the Study

The study is divided into six chapters. Chapter one has introduced the study and has provided an overview of the research topic as well as establishing a framework for analysis of the study. The research problem has been introduced and the research aims and objectives outlined.

Chapter two reviews the literature on skilled labour migration at both the continental scale (Africa) and country level (Zimbabwe). The main focus of the study, the

"emigration potential" is introduced and a cursory overview is provided on studies that have been conducted on the subject.

Chapter three describes the methods that were employed in collecting data for the study. Two main surveys were conducted and these focused on (a) the emigration potential of skilled Zimbabweans and (b) a specific case study on the migration of health workers from the country.

Chapter four provides the results of the questionnaire survey on the *Emigration Potential of Skilled Zimbabweans*. Various parameters were employed to describe the potential emigrants, why they want to leave, where do they want to go to and the duration of emigration.

Chapter five is a case study survey of the migration of health workers from Zimbabwe. The chapter examines the causes and magnitude of migration of health professionals from Zimbabwe as well as the associated impacts on the quality of health care. The policy responses of the government are also discussed and assessed.

Chapter six provides the conclusions and recommendations of the study. The study concludes by providing a reference list of the literature that was cited. Finally, an appendix section is provided which shows consolidated details of the research instruments used to gather field data.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The loss of skilled workers from developing to the more developed countries is a relatively new problem of political economy (Wilczynski, 1989). Previously the theory of political economy dealt with the international transfer of goods, financial capital, and in relation to labour, mainly with internal and international migration of unqualified workers. However, the loss of skilled manpower is being increasingly recognised as a factor that is indispensable in the process of development. Hence recent research on development has placed much emphasis on the role of human capital as a factor of production, and on increasing returns to knowledge (human capital) as a source of differences in income levels across countries (Romer, 1986, 1987; Lucas, 1988; Barro and Lee, 1993, 1994; Haque and Kim, 1995; Samuels, 1998). Consequently, low levels of education have been viewed as contributing to poverty (as in developing countries) while an increase in schooling opportunities in the developing countries leads to faster rates of growth and higher income levels.

The migration of skilled professionals from developing countries did not attract much scholarly attention until the early 1960s when it was realised that developing countries were losing vital human resources necessary for development. Gills *et al* (1987) provide two reasons why this phenomenon is not favourable to most developing countries. Firstly, those who migrate represent one of the scarcest resources in these developing countries. Secondly, the education of these people has been time-consuming, expensive and heavily

subsidised by the state. As Edokat (2000) rightly notes, such departures to foreign countries are costly to developing countries as they provide tertiary education at subsidised rates. Furthermore, the migration of skilled professionals is also causing skilled labour shortages in developing countries.

Salt (1987) has noted that migration is a response to the spatial diversity in the means of production, a factor resulting from the unevenness of economic development over space and time. Owing to globalisation and improvements in transport and communication networks, skilled professionals are increasingly becoming mobile and the distance between countries in relative terms has been shrinking. In addition, the potential for migration has been exacerbated in the 1980s both by much more widespread knowledge in poor countries of the extent of opportunities in rich countries (Gould and Findlay, 1994a; Castles, 1999). Potential migrants are now better informed than in the past through the world's media about living and working conditions in other countries (Gould and Findlay, 1994b). It can therefore be hypothesised that in the future potential migrants will be faced with more information to evaluate migration opportunities than in the past.

Lim (1992) has noted that in today's interconnected global economy, there is a relatively free flow of goods, capital, technology and knowledge, but not of labour. While states act to regulate and restrict unskilled labour flows, they are keen to maintain relatively open borders and easy access for flows of certain foreigners whose admission is considered to be in the national interest, such as persons entering for business, investment, tourism, technical assistance and educational purposes. Thus, as Raghuram (2000) notes, skilled

labour migration represents the only 'acceptable' face of migration today as the migrants are perceived to be beneficial to the recipient country's economy. Indeed, it is one of the greatest paradoxes of the contemporary world system that the potential for international migration has never been so great, yet at the same time the forces ordering, constraining, and channelling migration have never been so strong (Gould and Findlay, 1994b). Regulatory mechanisms at border controls in terms of residence and work permit requirements have never been so sophisticated or so fully enforced (Hugo and Stahl, 1997).

Recent studies on the dynamics of international migration place emphasis on the importance of kin and friendship networks in shaping and sustaining migration (Boyd, 1989; Fawcett, 1989; Lim, 1989; Simmons, 1989; Gurak and Caces, 1992; Vertovec, 2002). The literature of the 1980s views migration in Africa essentially as part of a family survival strategy (Simmons, 1989; Adepoju, 1995a; Oucho, 1995). It has been argued that kinship ties influence migration destinations as they provide essential information about job opportunities to potential migrants. They also provide shelter and other basic necessities during the period when the new immigrants are seeking employment up until they become self-reliant.

The chapter presents common themes in skilled labour migration literature. The debates associated with the brain migration phenomenon are discussed as well as the determinants of skilled labour migration. The chapter also examines the magnitude and trends in skilled labour migration from Zimbabwe, its causes and the associated impacts.

Lastly, the 'emigration potential' is introduced and examples of studies on this concept are provided.

2.2 Theoretical Perspectives on Skilled Labour Migration

African governments are concerned about the mass exodus of skilled workers in various occupations to other regions of the developed world (White, 1988; d'Oliveira e Sousa, 1989; IOM, 1997a; Campbell, 2000; Oucho, 2000). Hence the migration of skilled labour from Africa has been a subject of much scholarly and policy debate. Such studies have focused primarily on the factors underlying the decision to migrate (King, 1993; Gaidzanwa, 1999; Hardill and McDonald, 2000), the effects of the brain drain (Haque and Kim, 1995; Thomas-Hope, 1988; Choi *et al*, 2000) and the role of facilitating factors such as recruitment agencies and scholarship programmes (Gould, 1987; Salt, 1984). It has been argued that the migration of these professionals has deprived African countries of the scarce skills which they need to achieve sustained economic growth.

Lowell and Findlay (2001) have noted that despite three decades of discussion, there are no well-calibrated measures of determining whether a brain drain is occurring. Hence, six typologies of 'brain migration' can be identified in migration literature namely (a) brain overflow; (b) brain export; (c) brain waste, (d) brain circulation, (e) brain exchange; and (f) brain drain. Table 2.1 summarises the terminology on international mobility of skilled workers.

Table 2.1: Terminology on international mobility of skilled workers

Category	Characteristics	Potential Impacts*
Brain Overflow	Occurs when professionals who fail to secure employment in their home countries migrate to seek employment in other countries.	Positive
Brain Drain	Occurs when emigration of tertiary educated persons for permanent or long-stays abroad reaches significant levels and is not offset by the "feedback" effects of remittances, technology transfer, investments, or trade. Brain drain reduces economic growth through unrecompensed investments in education and depletion of a source country's human capital assets.	Negative
Brain Waste	Occurs when labour markets of a developing country cannot fully employ local-born workers and emigration poses little economic threat. This might be the case if, for example, there are few jobs for mathematicians. Likewise, emigrants may find themselves underemployed in receiving countries, as when scientists can only qualify as cab drivers.	Negative
Brain Circulation	Re-supplies the highly educated population in the sending country and, to the degree that returned migrants are more productive, boosts source country productivity.	Neutral
Brain Exchange	A given source country may exchange highly skilled migrants with one or many foreign countries. A "brain exchange" occurs when the loss of local-born workers is offset by an equivalent inflow of highly skilled foreign workers.	Neutral
Brain Export	In a few cases, developing countries choose to educate and export their highly skilled workers, either in bilateral contract programs or in free-agent emigration. The strategy is to improve the national balance sheet through return of earnings and the return of more experienced workers, or through remittances, technology transfer, and investment.	Positive

*Impacts given here as per view of the sending country
(Source: Adapted from Lowell and Findlay, 2001, p. 6)

Brain overflow results from the overproduction or low rate of utilisation of brain causing some of the brains to remain unused because of excess supply at home. Such brains will eventually spill over and get absorbed in a foreign market. The surplus or unutilised brain power may arise due to (i) overproduction, (ii) low employment generation, (iii) non-availability of suitable jobs where brain may be optimally utilised, (iv) existing brain power lacking in experience or competence for the available jobs requiring a fairly high standard of efficiency, excellence and training (Lowell and Findlay, 2001).

Brain migration may take the form of brain export in which the sending country receives in exchange for brain, remittances continuously over a number of years. For the maintenance of brain export, a country should strive to produce that brain power in which it has a comparative advantage over the receiving countries. In return, the sending country benefits from remittances that are periodically sent by the emigrants to their families. Remittances from foreign workers are one type of international flow that provides an important link between countries in the modern world and that is linked to other international flows, including those of people, goods, services and technology (Arnold, 1992). They represent an important source of foreign currency flows to developing countries such as Zimbabwe.

A further term, 'brain waste', describes the loss of skills that occurs when highly skilled workers migrate into forms of employment that do not require the application of skills and experience possessed by the concerned individuals. This phenomenon is currently being experienced in most developing countries, where professionals who migrate to more developed countries end up being employed in jobs which do not require the application of their professional skills. For instance, a qualified engineer from a developing country may move to a developed country but fail to find suitable employment and end up being employed in less noble professions, such as taxi driving. In this case, the professional who moves possesses skills needed by the developing country, but are not in demand in the host country. However, the migrant chooses to stay in the host society as the benefits from the menial job far outweighs those of their professional counterparts in their home country.

Recently, Johnson and Regets (1998) introduced a new concept into the debate, namely 'brain circulation', which refers to the cycle of moving abroad to study, then taking a job abroad, and later returning home to take advantage of a good opportunity. It is believed that this form of migration will increase in the future, especially as economic disparities between countries continue to diminish.

Brain migration may be in form of an exchange of scholars, researchers and students (brain exchange) between developing and developed countries or between developing countries themselves, for the purpose of mutual benefits in terms of knowledge, expertise and training. However, brain exchanges are most common among advanced economies, forming one component of the flow of goods, information, and finance that bind countries to one another. Brain exchange is essentially a phenomenon where brain loss is compensated by corresponding brain gain. It implies a two-way flow of expertise between the sending country and receiving country. However, where the net flow is heavily biased in one direction, the terms "brain gain" or "brain drain" are used (Lowell and Findlay, 2001).

Recent research on migration has focused on the brain drain (Gould, 1988; Gould and Findlay, 1994a, 1994b, 1994c, 1994d; IOM, 1997a; Hugo and Stahl, 1997; Weiss, 1998; Kaplan, *et al*, 1999; Crush *et al,* 2000; Oucho, 2000). The phrase 'brain drain' suggests a loss of vital human resources without compensation. According to the United Nations (1997), "brain drain" is a special kind of migration that occurs when a country that faces

shortages in the supply of certain critical skills experiences the emigration of professionals with such skills. It was coined to describe the loss of highly skilled personnel from developing to the more developed world and also encompasses the non-return of students from advanced studies abroad (Keely, 1986; Teferra, 2000b). According to Russell (1993) the phrase 'brain drain' implies the exploitation of poor countries by the rich ones. The poor countries labour to educate the professionals who will utilise their skills in another country. In essence, the brain drain is one of today's greatest paradoxes whereby developing nations, which have the greatest need to use professionals such as engineers, scientists and doctors to achieve economic and social development, are losing most of their best educated professionals to the more developed societies.

The UNESCO Sources (2001) notes that the migration of skilled professionals from poor countries to rich ones has been seen as one way of transferring technology to help countries of the South improve their education and health systems and give them an economic and technological boost. However, by the end of the 1970s, the huge flow of students from the South was not being balanced by enough of them returning to their home countries, it was seen as an exodus and the term "brain-drain" was coined. However, the term has not been applied to the emigration of skilled non-African (or expatriate) workers that occurred in many countries following independence, especially in the mid-1970s. In some cases these numbers were large: Angola lost 90% of its European immigrants with the exodus of at least 300 000 settlers to Portugal by March 1975, while 230 000 Portuguese left Mozambique between 1974 and 1976 (Russell *et al*,

1990). In either case, the emigration of the mostly skilled European settlers deprived the newly independent states of the human resources crucial for economic development.

Two main aspects have been examined intensively in the literature on brain drain migration. Firstly, there have been attempts to establish a theoretical background of the brain drain (Pernia, 1976; Portes, 1976; Salt, 1988; Salt and Findlay, 1989; Mundende, 1989; Oommen, 1989; King, 1993; Rhode, 1993; Oucho, 2000). These studies have concentrated on establishing the causes of the brain drain and its effects on the sending countries. Recruitment and relocation agencies have also been seen as active players in the migration process as they greatly facilitate the movement of professionals between countries (Gould, 1987). Secondly, literature also abounds on the measures that have been enacted to stem the brain drain or at least re-attracting emigrants to their country of origin (Keely, 1986; Lohrmann, 1988; Ardittis, 1991; IOM, 1997a; Weiss, 1998). Weiss (1998), for instance, examines ways in which returning migrants can be re-integrated into the community after their period of stay in a foreign country.

The phrase 'brain drain' can be misleading as it gives the impression that the skilled migrants will probably never return to their countries of origin. Surveys by the Southern African Migration Project (SAMP) in Africa (see McDonald *et al*, 1998; Mattes *et al*, 1999) and by Oommen (1989) in India have demonstrated that some of the migrants will eventually return to their home countries and bring back the capital resources acquired during their stay abroad which are invaluable to the economies of developing countries. In this way, the brain drain, though it is of major concern to policy-makers in the short

term, can be beneficial in the end as some professionals will return to their country of origin. Hence, in the end, they will make a positive contribution to the economic development of their home country. However, it is important for sending countries to create favourable conditions to ensure the return of professionals. Otherwise, the migrants may opt to become permanent residents in their adopted countries.

It is, however, not conclusive that emigrants will acquire more professional skills and experience which they will utilise upon returning to the country of origin. Previous research experience has shown that returning migrants do not necessarily benefit their home country. A study of return migration in Turkey showed that only half of the return migrants were economically active and some of them found little demand for their skills (Castles and Miller, 1998). Furthermore, Stahl (1982) has shown that some skilled professionals may be employed as general workers in the country of destination introducing the possibility that 'de-skilling' might take place. This adds up to the destruction of human capital resources.

There is considerable debate in the literature on whether the migration of skilled labour constitutes brain drain or not. One school of thought believes that there is no brain drain; rather there is a 'brain overflow'. This corresponds to the internationalist model as proposed by Johnson (1968) who views the transfer of talent as being advantageous for both the sending and recipient countries. Thus skilled labour migration leads to the maximisation of world production on the basis of optimum productivity (Johnson, 1967; Long, 1989; Fadayomi, 1996; Solimano, 2001). Internationalists argue that the brain

drain increases the welfare of migrants without reducing the welfare of those left behind. They also argue that developed countries provide an ideal environment for the advancement of skills of migrants while they pass on the end-products of their investment to all nations that want them as members of one big international community. In essence, the internationalists view the movement of skilled personnel as 'circulation' in an emerging interdependent global economy. However, Fadayomi (1996) points out that the model is flawed in that it assumes that the number of professionals involved in the brain drain is proportionately small.

Unlike the internationalist model, the nationalist model, as proposed by Patinkin (1968), regards human capital as an essential component of the production system whose loss to other countries will seriously impede a country's economic development. The nationalists argue that the brain drain benefits industrialised countries through the use of human capital resources that they did not help to develop at the expense of developing nations. They blame the brain drain for the increased global inequality whereby the rich countries become richer while the poor nations become poorer (Mundende, 1989).

Most migration decisions of skilled professionals are economically motivated. In this vein Detang-Dessendre and Mohlo (1999) distinguish between contracted and speculative migrants. Whereas contracted (mostly skilled) migrants move with a job already lined-up at the destination, speculative migrants (mostly unskilled) move without such a contract. Unemployed individuals are more likely to undertake contracted as opposed to speculative long distance migration, this is especially so among the less educated.

It is also worrying that most skilled professionals decide to migrate when they are young, and are in their most productive ages. Unlike in unskilled labour migration, most skilled workers tend to carry their dependants with them (White, 1988; Kendo, 1999). These dependants later become skilled aliens with permanent residence in the host country (Thomas-Hope, 1988; Choi *et al*, 2000).

The brain drain has not merely reduced the supply of skilled professionals available within developing countries but has also diverted the attention of the professionals who remain in the country from important local problems and goals (Todaro, 2000). These include the development of appropriate technology which can be adopted for use in an African setting. In most cases, such needs are often neglected as the highly educated professionals who do not physically migrate to the developed nations 'migrate intellectually' in terms of the orientation of their activities. Todaro (2000) refers to this as an "internal" brain drain and argues that the professionals who remain will not be relevant to the country's economic and social needs. Hence, in developing nations there can be found physicians specialising in heart diseases (which are common in the prosperous developed countries) while preventive tropical medicine is neglected. Engineers and scientists may concentrate on modern electronic equipment while simple machine tools, hand-or animal-operated farm equipment are relegated to the attention of "foreign experts." In all cases, as Todaro argues, performance criteria are based not on contributions to national development but rather on 'praise and recognition' from the international community. Hence, the publication of a developing country's paper in an

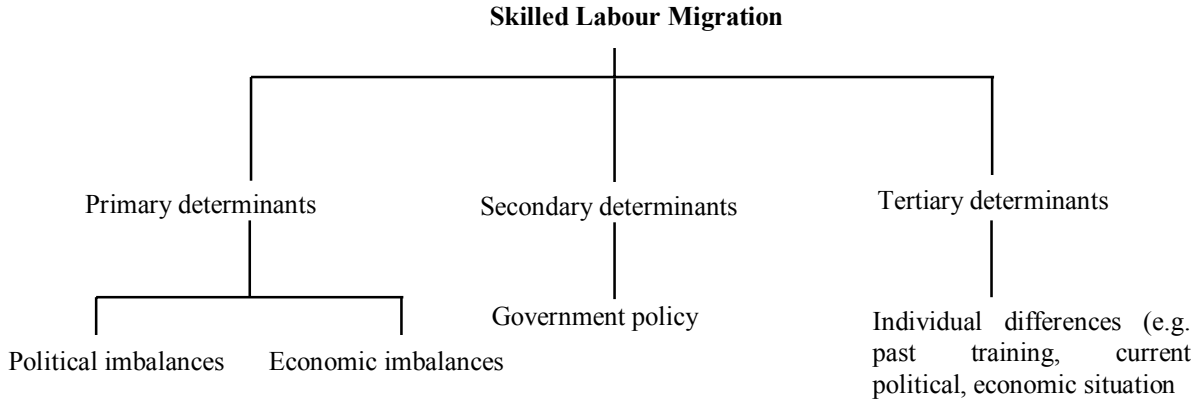
international professional journal (not accessible to local readers) or the receipt of an invitation to attend a professional meeting in London or New York is often deemed more important than finding a solution to a local technological, agricultural, medical or economic problem.

Commander *et al* (2002) have noted that there is a growing recognition that skilled labour migration may not be entirely negative for the sending country. They argue that the emigration of talent may motivate others in the sending country to acquire more education, thereby raising human capital and possibly promoting economic growth.

2.3 Determinants of Skilled Labour Migration

The migration of skilled labour is a result of an interplay of a host of factors. Portes (1976) has noted that the determinants of skilled labour migration can be grouped under three categories, which are primary, secondary and tertiary determinants. These determinants are shown below (Figure 2.1).

Figure 2.1: Determinants of skilled labour migration



(Source: Adapted from Portes, 1976)

The primary determinants view skilled labour migration as a product of imbalances observable in the world's economic and political situation today. As such, skilled labour migration is viewed as a process by which countries at the centre of the world's economic system extract surplus and resources from those in the periphery. Such countries are also able to offer migrants better salaries and living conditions. Since the principal cause of emigration is to improve one's well being (Stahl, 1982), skilled professionals may opt to move abroad in order to gain more, both economically and professionally.

The secondary determinants of skilled labour migration view the emigration of highly skilled professionals as a consequence of government policy. Countries may encourage the emigration of skilled professionals through their efforts to raise standards of education in science, engineering and medicine. Pernia (1976) describes a situation in the Philippines where the domestic supply of professionals in fields such as engineering and medicine was beyond the country's capacity to absorb them in the domestic economy. Hence a situation emerges whereby qualified personnel cannot be absorbed into productive employment leading to their migration to other countries to find employment (that is, brain overflow). In such a case, the redistribution of such unemployed but qualified manpower may be good for the sending country (Mundende, 1989).

The tertiary determinants state that skilled labour migration is a consequence of individual differences such as past training and achievements, current situation (for example, political and economic conditions) and the network of social relationships surrounding

the individual. To sum it all, the better-trained, less encumbered, and more encouraged to leave the person is, the greater the probability of emigration (Portes, 1976).

Martin and Widgren (2002) provide two categories of the determinants for migration. These are economic and non-economic (Table 2.2). Furthermore, they group the factors that encourage professionals to migrate into three categories: demand-pull, supply-push and network factors. For instance, a potential migrant might be encouraged to move by a labour recruitment company, while non-economic migrants might be motivated to move to join family members residing abroad.

Table 2.2: Determinants of migration

Type of Migrant	**Factors encouraging an individual to migrate**		
	Demand-pull	**Supply-push**	**Network factors**
Economic	Labour recruitment, better wages	Un- or under employed, low wages	Job and wage information flows
Non-economic	Family reunification	War and persecution	Communications, transportation, desire for new experiences

(Source: Martin and Widgren, 2002)

In addition to the above, non-economic factors are also significant determinants of skilled labour migration. These include fleeing war and persecution and family reunification. Developing countries have lost a substantial number of their skilled professionals through such avenues. Generally, demand-pull and supply- push factors are strongest at the beginnings of a migration flow, and network factors become more important as the migration stream matures (Martin and Widgren, 2002).

Besides the foregoing factors, there are also other factors promoting the migration of skilled labour. The flow of information, a product of the telecommunication revolution, has greatly facilitated the brain drain. Salt (1988) notes that the movement of skilled professionals has been accelerated by increased economic integration and improved flow of information so that potential migrants can easily be informed about opportunities elsewhere. Economic integration, which has been facilitated by the formation of trading blocs (e.g. EU and SADC) have, in many ways, liberalised the movement of people within such regions (Iredale, 1999; Iredale, 2001). In this case, the movement of labour (human capital) within a trading bloc is seen as a way of enhancing regional integration.

Recruiting and relocation agencies have also facilitated the movement of skilled professionals to other countries. Gould (1987) has noted that recruitment agencies act as conduits and filters in the migration process as they provide the necessary information about living conditions as well as available job opportunities in the desired country of destination to potential migrants. Furthermore, scholarship programmes have also been seen as agents facilitating the migration of skilled professionals. In fact, as noted by Martin (1999), immigrant selection in developed countries is often put in the hands of educational institutions and employers who select the "best and brightest" as students, and these foreigners settle in the country in which they study and work. It is estimated that 25 percent of Africans professionals have emigrated via foreign study. Mundende (1989) has also noted that the likelihood of students studying abroad returning to their country of origin diminishes with the length of stay abroad.

Peixoto (2001) has noted that skilled professionals from developing countries are normally well received in developed countries due to a variety of reasons. Firstly, they provide skills missing at the local level and are socially non-problematic. Secondly, they speak a common language, mostly English, an internationally recognised means of communication, which cushions their dislocations. Thirdly, the movement has institutional support, in the form of organisational careers, relocation packages and mobility incentives.

Salt and Findlay (1989) have noted a strong correlation between the career path of an individual, the nature of the job and migration demands imposed by the organisation and the internal structure of the employer. The growth of transnational corporations (TNCs) has impacted on the movement of skilled labour (Salt, 1984; Salt, 1988; Lim, 1989; Salt and Findlay, 1989; Gould and Findlay, 1994d). Mobility of skilled labour takes place within the TNCs and such migration presents possibilities for promotion and career advancement. Furthermore, Beaverstock (1990) has noted that an international secondment to a developing country is a route by which newly qualified professionals can accumulate wealth and experience quickly as cited by the accountants in New York.

It has been argued that most developing countries follow the educational system inherited from their former colonial masters which does not address their specific economic needs (Long, 1989). Such a system produces a preponderance of graduates who cannot be absorbed into the mainstream of the country's economy. Since the domestically trained professionals cannot apply their skills in addressing local needs and challenges, they find

it beneficial to migrate to developed countries where their skills are relevant and in demand. Oommen (1989) notes that colonial links not only result in similar educational systems but also equip the colony with the language of the former colonial master. The potential migrants will face relatively fewer problems of integrating into a society that speaks a familiar language than a migrant who does not understand the language that is spoken in the host country.

2.4 The Migration – Development Nexus

Modern theories of endogenous growth have renewed considerably the analysis of links between education, migration and growth. Since education has been identified as one of the major determinants of long term economic growth (Lucas, 1988; Stockey, 1991; Samuels, 1998), it is generally assumed that the migration of people endowed with high levels education is detrimental for the country of emigration (Haque and Kim, 1995; Miyagiwa, 1991), while beneficial for the country of immigration (Borjas, 1995; Greenwood *et a*l, 1996).

The link between migration and development has attracted scholarly research (see for example, Stahl, 1982; Salt, 1987; Oyowe, 1996; Ghosh, 1997; UN, 1997; IOM and ECLAC/CELADE, 1998; IOM, 2001). Samuels (1998) has noted that development and international migration are closely related. In fact, the relationships between the two are manifold, often involving reciprocal links of causality (IOM and ECLAC/CELADE, 1998). Economic theory confirms that many nations have achieved economic success through successive waves of immigration. However, the relationship between migration

and development has remained largely unclear and at best ambiguous because both are highly dynamic and complex processes, which vary across time and space and can be considered from different perspectives (Appleyard, 1989, 1992; Papademetriou, 1991).

Development affects migration in a variety of ways. The interaction between development and migration can be understood by analysing the types of flows and the pattern of development. Regarding the types of migration, a broad distinction can be made between "survival migration" and "opportunity-seeking migration". While survival migration involves the movement of people to other destinations in search of basic necessities of life (e.g., food and accommodation), opportunity seeking migrants are more concerned about the quality of life.

The receiving countries generally find it more difficult to ensure the social integration of survival migrants, who may not have residence and work permits (mostly illegal immigrants), and are likely to hold marginal jobs often in the underground economy. While further development may, in the long term, reduce the pressure of illegal migration, it tends to generate new streams of migration. However, these flows are essentially of a different nature. Development may fail to match immediately the new aspirations of people, while at the same time, increasing their financial ability to move. In such a situation, more people may be migrating in search of better opportunities outside the country's borders (that is, "opportunity-seeking" migration). For the opportunity-seeking migrants, the move is more a matter of choice than of economic compulsion.

While it has been argued that international migration is in the best interest of developing countries, the acceleration of globalisation has created new patterns of skill exchanges and challenges. Most researchers now agree that international migration increases with economic growth in developing countries over the short-to-medium term (OECD, 1992; Martin and Taylor, 2001). The possibility of emigrating to higher wage countries may stimulate persons to pursue higher education in anticipation of pursing higher paying work abroad.

Papademetriou (1991) has described the relationship between migration and development as an "unsettled one". The Ascencio Report gave birth to a new consensus in the migration debate that rather than stemming or containing migration pressure, development can stimulate migration in the short term by raising people's expectations by enhancing the resources that are needed to move (Ascencio, 1990; see also OECD, 1992; IOM, 1996). Some of the works known as the "new economics of migration" suggest that remittances from migrants, for example, increase investment opportunities thereby enhancing development, which in turn perpetuates migration. In essence, there is a "migration hump" which has to be overcome before people are encouraged to stay put by the development of their homelands and migration begins to decline (Martin, 1997; Martin and Taylor, 2001; Martin and Widgren, 2002). In fact, the importance of migrant remittances to national development in developing countries has received widespread attention (Kappagoda, 1998; Martin, 2001). Remittances sent back home by emigrants represent an important engine for development. In recent years, the remittances have

overtaken the official development assistance (ODA) flows to the developing countries. For instance, in 1970, ODA amounted to US$5.60 billion while total private flows was $5.80 billion. By 1996, the picture had changed drastically. While ODA rose to $40.80 billion, private flows were at $243.80 billion (nearly 6 times of ODA) (Kappagoda, 1998). To underline their importance for the developing world, 60% of remittances were thought to go to developing countries in the year 2000 (Martin, 2001).

While remittances can be cited as a positive aspect of migration to the sending country, research has established that these do not remain constant with time. According to Todisco (2000) the funds remitted to the home country by an emigrant follow a gradual downward trend. The savings are higher in the initial phase of migration when the links with the country of origin are still close and strong but decline with time as they become a more integrated part of the local society, the link with the home country begins to fade and consequently the remittances lessen.

2.5 Skilled Labour Migration in Africa

The brain drain from developing countries has recently been a subject of much policy discussion, but knowledge of the magnitude of the phenomenon is limited because of lack of reliable data sources (see, for example, Russell, 1993; Adepoju, 1995b; Carrington and Detragiache, 1999; Gaidzanwa, 1999; Meyer and Brown, 1999; Akokpari, 2000). Where statistics are available, they tend to be of poor quality and cannot be used as reliable data sources. Hence, it is difficult to determine who the migrants are and the flow of people is little understood (UNESCO Sources, 2001).

In Africa, discussions on the migration of labour tend to dwell on unskilled labour migrancy with little work focusing on skilled labour migration. Where available, studies on skilled labour have focussed on north-south migration at the expense of south-south migration (see for example, Gould and Findlay, 1994a, 1994b; IOM, 2001; Teferra, 2000b). Gaidzanwa (1999) has noted that the study of south-south skilled migration is a relatively new entrant to the field of migration studies. However, since the mid-1980s there has been increasing migration of skilled African professionals to destinations within Africa, although their aggregate numbers remain to be estimated. Gould (1988) has identified 3 main reasons for this change in trend: a) the economic opportunities for migration to developed countries declined; b) there has been increased economic differentiation among African countries; c) educational output expanded faster than the economies in many African countries, leading to disparities between the supply and demand for skilled workers and to the out-migration of those unable to find work at home.

International migration involves the transfer of human resources between countries, particularly in terms of skills and capital. It is problematic especially for the sending country if the people emigrating are creating shortages of skills and there are no equally trained and experienced people readily available to replace them. The current economic downturn in many African countries, linked to the implementation of Structural Adjustment Programmes (SAPs), has been associated with increasing unemployment, under-employment, inequality and poverty. The SAPs in particular, have taken their toll

through the brain drain on the African continent (Adepoju, 1995a; Gaidzanwa, 1999; Beine *et al*, 2001). Equally disturbing is the fact that the continent spends nearly $4 billion annually to replace the professionals lost through migration with expatriates from the West, a figure which represents nearly 35% of Africa's total ODA (BBC News, 17 October 2001; Oyowe, 1996). Expatriates are more expensive to hire than locally trained professionals and the fact that they are prepared to work in the host country for a limited period of time makes sustainable economic development even more difficult to achieve (see Box 1).

Box 1: Brain drain costs Africa billions

A new report says Africa has lost a third of its skilled professionals in recent decades and it is costing the continent $4 billion dollars a year to replace them with expatriates from the West. The report, by the Population Research Group at Natal University in South Africa, says the trend, known as brain-drain, has strangled growth on the continent. It says it has also nurtured poverty and delayed economic development. The report was presented to an African preparatory conference for next year's (2002) World Summit on Sustainable Development. According to the report, Africa lost an estimated 60,000 middle- and high-level managers between 1985 and 1990, and about 23,000 qualified academic professionals emigrate each year in search of better working conditions. But some professionals suggested that political persecution was often a factor driving the best brains away. Expatriate replacements for the departing Africans, the report said, are very often more expensive than African professionals. This situation makes sustainable economic and environmental development even harder.

Britain accused of poaching

Nearly 40 African ministers are attending the conference in Nairobi which is intended to shape Africa's agenda for the summit. The Natal University report is the latest contribution to the African brain drain debate. Last year President Thabo Mbeki of South Africa called for a reversal of the situation that regularly sees scientists and engineers emigrate to the west. South Africa's Education Minister Kadar Asmal early this year also accused British recruitment agencies of "raiding" the country of teachers it could ill afford to lose. A United Nations conference was also held in Ethiopia last year to consider the issue. Experts there had called for the improvement in working conditions and more value given to their work.

Source: BBC NEWS 17/10/01 http://news.bbc.co.uk/hi/english/world/africa/newsid_1605000/1605242.stm

It has been argued that Sub-Saharan African countries expanded their education and training systems since the 1960s with the expectation of creating an increased supply of highly skilled workers to occupy the growing number of jobs that were anticipated in their economies (Gould and Findlay, 1994a). However, training and scholarship policies

and changed immigration policies of developed countries in favour of skilled and qualified personnel created a demand that deprived African countries of many skilled personnel they could ill afford to lose. That pressure was reinforced by recruitment agencies, remittance offices, long queues for visa applications at the embassies of developed countries, local media with direct advertising job vacancies and indirect creation of a social climate of opinion that is often strongly sympathetic to emigration and emigrants. The freeing of African economies through globalisation and SAPs has increased the pressure for new and intensified emigration, especially of skilled workers, to the richer countries (Gould and Findlay, 1994c).

2.6 Skilled Labour Migration in Zimbabwe

2.6.1 Trends in internal migration

As with other countries in the developing world, internal migration in Zimbabwe is dominated by rural to urban migration. Owing to relatively low levels of development in the rural areas, the educated youths have been lured to the urban areas by numerous pull factors such as dreams of better infrastructure and a mirage of incomes much higher than those in the rural areas (Tevera and Chimhowu, 1998). However, on arrival in the cities many migrants are confronted with the harsh realities of urban life characterised by lack of jobs and accommodation (Stren and White, 1989). This has contributed to the rising trend of poverty in the urban centres of Zimbabwe.

Recent research on internal migration in Zimbabwe has revealed an increasing trend in return migration and decreasing urban migration rates over the past two decades (Simon,

1986; Potts and Mutambirwa, 1990; Potts, 1995). The Economic Structural Adjustment Programme (ESAP) has impacted negatively on the living standards of the urban poor as it resulted in a general increase in the cost of living. Many urban dwellers, unable to meet the high cost of living in urban areas, are going back to the rural areas where the cost of living is lower. This new trend, coined 'return migration' is likely to persist into the future, as the economic hardships are increasingly being felt by a widening group of people in the low-income category.

The reverse movement of people from the urban to rural areas has important policy implications. In the health sector, for instance, the poorly serviced rural health institutions are likely to become overburdened by the reverse movement of people from urban areas. Hence service delivery in these marginal areas will continue to decline unless urgent remedial solutions are taken. This is more urgent in the case of Zimbabwe, where the implementation of the agrarian reform, has resulted in people being moved to hitherto unpopulated areas.

Besides the rural to urban migration of professionals in Zimbabwe, public to private sector movement is fast gathering pace. In particular, the public health services sector has been hit by mass exodus of experienced and newly qualified health professionals who, disenchanted by the poor working conditions and the government's indifference response to their needs, have moved to the private sector and to foreign countries where their skills are rewarded better. This has resulted in skeleton staff servicing the overburdened public health service sector. A number of rural health centres have no

trained staff and are run by nurse aides whose competency is limited. Many nurses and doctors have left government service for the private sector in Zimbabwe whilst others have left Zimbabwe altogether. Given the government's hostility and aggressive responses to all strikes, employee groups have to express their dissatisfaction in a language that is politically acceptable to the state. While strikes in the health sector have been the most dramatic manifestations of the dissatisfaction amongst health professionals with their salaries and working conditions, less dramatic forms of dissatisfaction have been manifested through the rapidity of labour turnover (Gaidzanwa, 1999). In 1996, hundreds of junior doctors and nurses went on strike to press for better salaries and working conditions. The government took a hard-line stance against the strikers, dismissing about 200 junior doctors and more than 300 nurses. Although the majority of the junior doctors re-applied for their posts, the nurses did not. Most of these professionals either joined the private sector or engaged in long distance international migration. The recurring confrontations have contributed to a chronic sense of crisis amongst health workers and users.

2.6.2 Trends in international migration

In Zimbabwe, most studies on migration have focused on internal migration at the expense of international migration (see, for example, Simon, 1986; Potts, 1995). Studies on international migration have been scanty and have largely focused on cross border migration (e.g. Moyo, 1996; Zinyama, 2000), undocumented/illegal migration (Davies, 1995), unskilled labour migration (e.g. Paton, 1995; Sachikonye, 1998a, 1998b). However, since the 1990s skilled labour migration has received increased academic interest and inquiry (Gaidzanwa, 1999; Logan, 1999; Ndlovu *et al*, 2001).

Skilled labour migration is not a new phenomenon in Zimbabwe. During the colonial era, Zimbabwe was a recipient of skilled labour, mainly from Britain, who came to take up key posts in the then colony. However, the advent of black majority rule in 1980 witnessed the flight of a considerable number of skilled whites who could not stand black rule (Zinyama, 2002). Gore *et al* (1992) estimate that about 50 000 to 60 000 mostly skilled whites left Zimbabwe between 1980 and 1984, heading mainly to South Africa. Their positions were taken over by the well educated but less experienced blacks (some of whom were returning residents) and by expatriate workers from other regions of the world such as the United Kingdom, India, East and West Africa (Zinyama, 1990). By the mid-1990s, the country had managed to replace most expatriates with local personnel reflecting the success of the new government's efforts in making education available to the majority of the country's population.

For a variety of reasons, black Zimbabweans, especially highly qualified professionals, have been leaving the country for work in South Africa and in Botswana where salaries are much higher and inflation is lower than at home (Tevera, 1999) (see Table 2.3). While there is circumstantial evidence that many of these professional people eventually return to Zimbabwe after a few years, they nonetheless represent a loss to the country during the time they are away, and often they have to be replaced temporarily with more expensive expatriate professionals.

Table 2.3: Gross national income (GNI) per capita of selected Southern African countries

Country	GNI per capita (in US$)*							
	1994	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
South Africa	3 040	3 160	3 520	3 700	2 880	3 170	3 060	2 820
Botswana	2 800	3 020	3020	3 260	3 600	3 240	3 300	3 420
Namibia	1 970	2 000	2 250	2 300	1 940	1 890	2 070	1 960
Zimbabwe	500	540	610	680	610	530	440	480
Zambia	350	400	360	370	330	330	310	320
Malawi	170	170	180	220	200	180	170	160
Mozambique	90	80	80	180	210	220	210	210

(Sources: World Bank, 1996; 1997; 1998; 1999a; 1999b; 2000; 2001; Heritage Foundation, 2003)
* GNI per capita – formerly GNP (Gross National Product) per capita is the gross national income, converted to US. dollars using the World Bank Atlas Method, divided by the midyear population.

As has been noted by the IOM (2001) a diminishing human resource base of skilled and active personnel due to emigration can seriously inhibit development. Many of the skilled migrants never return, representing a considerable loss for their home countries. The health sector of Zimbabwe in particular, has been negatively affected by the brain drain phenomenon. Owing to the good quality of education and training they receive, Zimbabwean health professionals are currently in high demand in European countries (mostly in the United Kingdom) as well as in other African countries such as South Africa and Botswana. According to the Business Tribune (5/12/02), a total of 2 297 health professionals had left the country by the end of September 2002. Out of these, 77 were doctors while 1 920 were nurses. Newspaper reports also alleged that 25 of the 87 doctors who graduated in 2001 had left the country a year later (The Telegraph, 16/10/02).

The relatively poor salaries that health professionals in the country are paid as compared to those offered to their counterparts in the developed world has hastened the process of emigration of health staff. For instance, in 2001, Australian bound nurses expected to get

between A$2 800 (Z$82 600 at a rate of 1:29.5) and A$3 750 (Z$110 625) a month, while US bound nurses expected to earn at least US$2 800 (Z$154 000 at a rate of 1:55) a month (Mavhunga, 2001). This compares unfavourably with the Z$18 000 a month they were getting from the Public Service Commission in Zimbabwe in the same year.

The United Kingdom in particular has been a popular destination for the emigrant Zimbabwean nurses. Opportunities for nursing jobs in the United Kingdom are being created due to the mass exodus of nurses into private business which yield better income and better working conditions (Hardill and McDonald, 2000). Kline (2003) has noted that a reduced number of young people are choosing nursing careers in the UK, so much that retiring nurses are not being replaced. Such a situation has reduced countries such as Zimbabwe to training grounds for professionals.

The migration of skilled professionals from the country's health sector has been fuelled by the activities of recruitment agencies. Mavhunga (2001) has noted an intensification of the drive by international medical organisations in recruiting the poorly paid Zimbabwean health professionals. For instance, more than 300 nurses submitted their applications in September 2001 to Global Meds LCC, a United States based health personnel recruiting company. An Australian nursing consultancy has recently joined the recruitment drive through newspaper advertisements. In fact, the recruitment of Zimbabwean nurses by British agencies has assumed political dimensions with the Zimbabwean government accusing Britain of 'stealing' Zimbabwean nurses 'in the dead of the night" (Box 2).

Box 2: Britain accused of stealing Zimbabwean nurses

Robert Mugabe has accused Britain of "stealing" doctors and nurses from Zimbabwe after hundreds of medical personnel went on strike for pay rises to make up for triple-digit inflation. Most government hospitals were paralysed yesterday, with hundreds of state-employed doctors staying away from work and describing their salaries as "pitiful". At nurses' conference at the weekend, Mr Mugabe said: "We have created the environment that allows that upliftment of nurses. That's why even Britain comes in the dead of night to steal our people. They are recruiting pharmacists, doctors and nurses."

Dr Howard Mutsando, 26, chairman of the Hospital Doctors' Association, said: "No one is stealing us. We don't want to leave home. We are forced to leave Zimbabwe to earn enough money to live. Many of us try to go to Britain because our studies were based on British standards." He said the strike had been called because a pay rise promised four months ago had not materialised. "Nothing will happen if we don't take drastic action. We are worried about our patients and want to return to work."

"You have to be really committed to work in a Zimbabwe government hospital because basic materials are missing, like gloves and nasal tubes." He began working for the state in January last year and said that of 87 graduates from his year at least 25 had already left for Britain or South Africa. "Another 10 are leaving in September and the rest of us are forced to make plans, although that is not what we want."

Junior doctors earn 53,000 Zimbabwe dollars a month, which at the official exchange rate is £595. At black market rates it equates to £53 a month. Dr Mutsando estimated that there were about 750 state-employed doctors in Zimbabwe, about half the minimum needed according to recent Health Ministry calculations. The state says about 170 Cuban doctors have been recruited to fill vacancies left by Zimbabweans. The public health service is collapsing fast and in rural areas many clinics have no medicines.

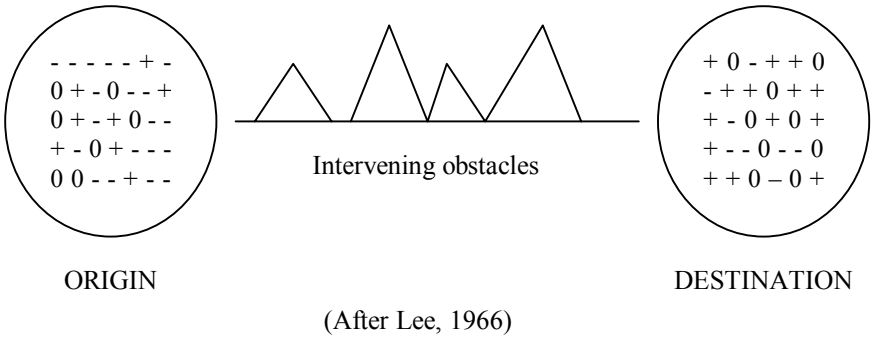
(Source: The Telegraph (UK) 16/10/2002)
http://www.telegraph.co.uk/news/main.jhtml?xml=%2Fnews%2F2002%2F07%2F30%2Fwzim30.xml

2.6.3 Factors promoting the migration of skilled professionals from Zimbabwe

2.6.3.1 Push factors

The international migration of skilled personnel is usually explained by the general push-pull model of labour mobility. In this framework, push factors combine with pull factors in a complex manner to determine who migrates. Migration decisions are often influenced by a combination of economic, social and political factors, with greater emphasis being placed on the economic factors of employment and higher material gains. The push-pull model, as modified by Lee (1966) views migration as a process involving various sets of factors relating to the area of origin and as well as destination, with a set of intervening obstacles between the two.

Figure 2.2: The push-pull model



(After Lee, 1966)

Above: Origin and destination factors and intervening obstacles in migration. Attracting factors are shown as +, repelling factors as -, and neutral factors as 0.

The sets of factors described above vary according to individuals in relation to life-cycle, socio-economic and personal characteristics (Jones, 1990). This is a refinement of the general push-pull model, which regards people as being driven from certain geographical locations by low wages and unemployment and being pulled to other areas by more attractive opportunities.

The push-pull model can be adapted to explain the migration of skilled professionals from Zimbabwe. Skilled professionals and health professionals in particular, are reportedly leaving the country in droves because of poor remuneration, working conditions and lack of medical equipment. In fact, health practitioners in Zimbabwe frequently go on strike (see Box 2, p.43) to press for higher salaries but the government has not been able to effect such salary hikes because of the current harsh economic climate. According to former Health Minister, Dr Timothy Stamps, Zimbabwe has been losing an average of 20% of its health care professionals every year to other countries (Ntuli, 2001). The minister pointed out that each of the country's five major hospitals loses about 24 senior nurses and three doctors every month, leaving them in a desperate

situation. Thus, most of the country's health institutions are being manned by skeleton staff who are failing to cope with the increased workloads in the face of a growing HIV/AIDS crisis in the country.

The decline of salaries in real terms and the inability of government to provide other incentives and allowances have led to low morale and productivity among the workforce and little desire to serve beyond their call for duty. According to a report by a commission tasked to review the country's health services, the salaries in the public sector were grossly uncompetitive (Republic of Zimbabwe, 1999). For example, the report points out that a newly qualified doctor in South Africa earns more than twice the salary of the most senior doctor in Zimbabwe (Republic of Zimbabwe, 1999). On the national scale, the World Bank in 1997 estimated that the private to public sector salary ratios were about 2:1 for nurses and at least 6:1 for doctors (cited in Republic of Zimbabwe, 1999).

Furthermore, the highly unstable and uncertain political climate in the country has acted as a further push factor for the migration of skilled professionals from the country. The 2000 parliamentary elections and the 2002 presidential election witnessed unprecedented levels of violence countrywide in post-independent Zimbabwe. A climate of fear has since then prevailed in the country particularly in the rural areas. Such insecurity has been one of the factors motivating the migration of skilled personnel from the country.

An added factor, which has resulted from the current economic problems facing Zimbabwe, has been the emergence of the informal foreign currency exchange market. Due to foreign currency scarcity in the country, the so-called "black market" has ensured the availability of foreign currency in the country, albeit at inflated rates. For instance, while the official exchange rate stood at 1 ZW$ to 55 US$, one US$ was fetching up to ZW$1 800 on the parallel (black) market in October 2002. Thus, professionals who have migrated to overseas destinations have found themselves becoming instant millionaires when they return back home with their hard earned cash and exchange it on the parallel market. Hence professionals who may be willing to stay in the country are forced to engage in migration by the "demonstration effect" as they see the welfare of other migrants improving in a short period of time.

2.6.3.2 Pull factors

The migration of skilled professionals from Zimbabwe has been linked to developments in other countries. The migration of skilled professionals to South Africa, for example, has been accelerated by the loss of skilled manpower from that country following the demise of apartheid in 1994. Over 233 000 South Africans emigrated permanently to five countries namely the United Kingdom, the USA, Canada, Australia and New Zealand between 1989 and 1997 (Kaplan *et al*, 1999). This created a gap in the South African labour market that had to be filled in by expatriate labour from neighbouring countries such as Zimbabwe. Botswana has also experienced huge skilled labour losses to South Africa where the migrants expect to receive relatively higher salaries. However, the robust economy of Botswana has continued to attract skilled personnel especially from Zimbabwe. This is reflected by the growth of the Zimbabwean population living in

Botswana. For example, while there were 2 375 Zimbabweans staying in Botswana in 1981 the figure had more than doubled to 5 308 in 1991 (Oucho, 2000). Botswana has instituted a 'promotional entry' programme meant to attract skilled personnel from other countries with a strong educational system such as Zimbabwe (Oucho, 2000) (see Table 2.4). The Director of Public Service Management (Botswana), for instance, has been sending recruitment missions all over the world to recruit skilled personnel.

Table 2.4: Literacy rates in selected African countries

	Male	Female	Average
Botswana	80	74	77
Malawi	75	47	61
Mozambique	60	29	45
Namibia	83	81	82
South Africa	86	85	86
Zambia	85	71	78
Zimbabwe	93	85	89
Africa	70	52	61

Source: PRB (2002)

In fact, Zimbabwe has the highest literacy rates of the population above 15 years in Southern Africa (Table 2.4). This reflects the success of the government's programmes of investing in education. Thus, countries such as Botswana and South Africa have become the major destinations of professionals from Zimbabwe.

2.6.3.3 Economic impacts of skilled labour migration from Zimbabwe

The migration of skilled professionals has resulted in serious consequences on the Zimbabwean economy. Human resources are expensive to develop and skilled labour migration entails another country benefiting from utilising a resource that it did not help produce. According to Carrington and Detragiache (1999), the Zimbabwean government

spends US$8 783.90 on tertiary education per student (1990 figures). Hence the services that could otherwise have been provided to Zimbabweans are being rendered elsewhere.

Furthermore, the emigration of skilled personnel from the country has resulted in shortages in certain sectors, for example, in the medical sector as well as in the academic field. To cater for these losses, the government has to hire expatriates to replace the professional emigrants, something which the government cannot afford to do due to foreign currency shortages (see Box 3).

Box 3: Expats nothing but a drain on meagre resources – MPs

By Columbus Mavhunga
Members of Parliament have said the government's hire of expatriate health personnel is causing more harm than good to the nation and its economy. The MPs spoke on Tuesday during debate after the presentation of the Report of the Portfolio Committee on Health and Child Welfare on Health Sector Reforms - Decentralisation. They said the government should provide incentives for local personnel instead of hiring foreigners who did not understand the system in the country. Their statements followed reports of Cuban doctors conducting hysterectomies (surgical removals of the uterus) at Bulawayo's Mpilo Central hospital without the patients' knowledge and consent.

"Sometimes their practices are very, very different from what we do here," said Trudy Stevenson (Harare North). "We need to be careful when hiring from abroad. There have been a host of adverts for our nurses and doctors being wanted in Australia, the United States and Britain. That is a pity. "We don't need to train our nurses and doctors so that they can be employed abroad. We need to pay our health personnel well. In this regard we must call for a higher vote for the health ministry so that we can have a decent health delivery system. Let's have a more realistic allocation of funds for the health sector," said Stevenson.

Over the past 10 years, Zimbabwe's health delivery system has deteriorated as budget allocations for the Ministry of Health and Child Welfare were reduced in favour of the Ministry of Defence. That has resulted in the country being hit by a massive exodus of nurses and doctors as they sought greener pastures in the region and abroad where they are paid handsomely. The Parliamentary Report said the brain drain was due to salary discrepancies, general economic hardships, the current grading system and the staff being overworked. "The brain drain of nurses, pharmacists and physiotherapists has reached alarming levels," said Blessing Chebundo, the chairman of the Portfolio committee and the MDC shadow minister of Health and Child Welfare. "The alternative has been to employ expatriates who are expensive. Their emoluments are about $2 million a month at the parallel exchange rate. These expatriates are also impeded by the language barrier to effectively diagnose and treat patients as most of them are from non-English speaking countries.

"A disturbing issue is that in the case of Cuban doctors, after one year, they are entitled to go back to their country on holiday at the expense of the government. This draws quite a substantial percentage from the Ministry's budget, taking into consideration that most airlines quote their fares in foreign currency, a scarce resource at the moment in this country." Chebundo was supported by Willias Madzimure (Kambuzuma) who said Zimbabwean doctors were by far better than expatriates.

Source: The Daily News, 17/10/02 www.dailynews.co.zw/daily/2002/ October/October17/8033.html

While emigration may reduce unemployment pressures in the sending countries, the benefits may be limited by the small percentage of the country's labour force involved and therefore does not significantly reduce unemployment problems (IOM, 1995). In addition, employers prefer and attract those who are already employed.

However, whilst the emigration of skilled workers is often portrayed negatively by developing countries, recent research has established the benefits of such a process. Southern African Migration Project (SAMP) surveys have demonstrated that the emigrants will eventually return to their home countries bringing capital resources acquired during their stay abroad (McDonald *et al*, 1998; Mattes *et al*, 1999). In this vein, Makina (2001) has argued that the human resources that Zimbabwe is sending to other countries could turn out to be a major source of export revenue for the country, thus turning the 'brain drain' into a 'brain bank'. However, the potential gains are dependent on three factors. Firstly, the migrants must have had the opportunity to enhance their skills while abroad. Secondly, the skills they will have developed must be relevant to the needs of their home country. Thirdly, they must be willing and able to use their skills upon return. Studies have shown that the emigrants most likely to return are those who acquired the least amount of skills abroad, while more successful and productive emigrants are likely to become permanent settlers (see for example, Lim, 1992).

2.7 The "Emigration Potential"

Current research on skilled labour migration has shifted from the study of its causes and effects to the prediction of future trends. Hence studies have been carried out to establish

the migration perceptions of the skilled professionals in a bid to measure their "emigration potential". These studies have been useful in providing data about the migration intentions of skilled professionals and help policy-makers to make informed policy decisions. The 'emigration potential' is a measure of an individual's likelihood to leave the country of birth after receipt of education and/or professional training. Studies of potential migration have been conducted world-wide by the United Nations sponsored International Organisation for Migration (IOM) and the Canadian International Development Agency (CIDA) sponsored SAMP.

A SAMP-sponsored study on emigration potential conducted by Mattes and Richmond (2000) in South Africa showed that as many as 68% have considered leaving the country. Nearly 90% indicated their desire to come back to South Africa, showing that the so called brain drain from South Africa could, in fact be, circulation as the skilled personnel would return home after working in the host country for a short period of time. Both economic and political factors were cited as the main push factors.

In Botswana, a SAMP-sponsored study conducted by Campbell (2000) showed that the majority of the sampled skilled personnel (58%) have not considered migrating from the country. The study confirmed that it is generally the young, single and less attached individuals who are more likely to migrate. The reasons for the intention to migrate ranged from economic factors to lack of opportunities for professionals advancement.

A study in Zimbabwe by the Mass Public Opinion survey showed that, given the opportunity, as many as 74% of the country's youths would leave Zimbabwe for greener pastures (Makina, 2001). The study was conducted soon after the Parliamentary elections which were preceded by a violent campaign. The study shows a strong correlation between political instability and the desire to emigrate. The survey was limited in scope as it focussed on a limited number of professional groups and had limited geographical spread. This situation makes it necessary to conduct an in-depth study of the Zimbabwean scenario.

Logan (1999) conducted another study on the emigration potential in Zimbabwe. The study attempted to measure the emigration potential of academics from the University of Zimbabwe, forecast their destinations and establish the causes of migration. While the study provides interesting facts about the likelihood to emigrate of Zimbabwean professionals, the study was limited in scope as it focused only on academics at the expense of other professional groups. Hence the migration perceptions of most professionals in Zimbabwe remain largely unknown.

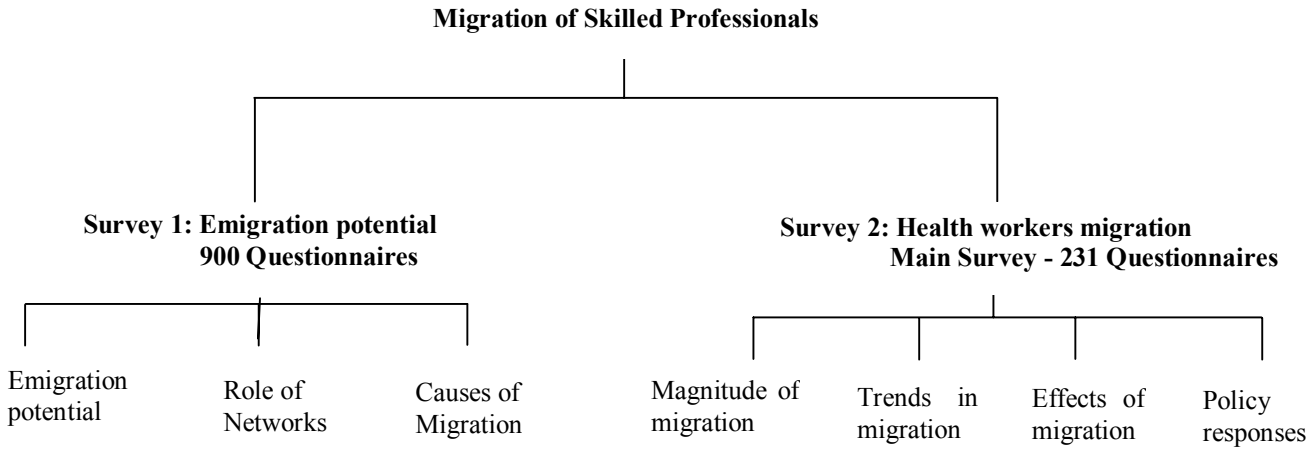
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Data Sources

A wide range of primary and secondary data sources were used in the study. Since the study aimed at achieving two broad goals, which are: (a) to determine the likelihood of skilled professionals emigrating from the country and (b) to identify factors influencing their decision to migrate, data collection was carried out in two phases (see Figure 3.1). The first part of the study was a general survey on the likelihood to migrate of skilled professionals. Besides examining the reasons for their intention to migrate, the study also sought to assess the role of networks in the migration process. The second part of the study was an in-depth analysis of the migration of skilled health professionals. This part sought to establish the magnitude of migration, the migration trends, the associated impacts on health delivery system, as well as to assess the government's response to the problem.

Figure 3.1: Aspects of the study



The study made use of a wide range of primary and secondary sources of data. However, primary sources of data, particularly the questionnaire provided the bulk of the data used in the study.

3.2 Survey One: The Emigration Potential of Skilled Zimbabweans

The first survey sought to establish the emigration potential of skilled Zimbabweans and therefore targeted the skilled population of the country. The 'skilled population' was defined to include individuals with at least a diploma from a reputable training institution as well as graduates who were qualified within and outside the country. As such, the sample was drawn from professions such as the medical sector (doctors, nurses and other medical specialists), engineers, lawyers, academics, managers and scientists. However, it should be noted that some people who have only completed their high school education have been absorbed into the public and private sectors where they have taken up posts such as accounting, managerial and clerical positions. They have gained hands on experience and therefore qualify to be labelled broadly as "skilled". These personnel were also included in the survey. Further qualifying criteria were that the respondents also had to be above the age of 16, be Zimbabwean citizens and be economically active (that is, employed or looking for work) or tertiary students in their final year of study.

3.2.1 Primary data sources

3.2.1.1 The questionnaire

The questionnaire was the chief tool for gathering field data. A total of 900 questionnaires were administered in selected urban centres of the country. The questionnaire sought to capture a wide range of issues ranging from socio-economic variables to perceptions towards migration. The tool was also key to providing answers to the research questions outlined earlier on in this study. The questionnaire was administered in the selected urban centres after pilot testing and further refinement.

3.2.1.2 Interviews

Interviews were conducted with individuals employed in the most affected sectors so as to establish the causes of migration. Interviews were also held with professional associations such as the Health Professional Council to determine the following; (a) the number of skilled workers who have left; (b) their likely destinations and (c) the impacts of their departure on their profession. The interviews also helped in establishing the exact causes of the migration of professionals in various sectors of the economy.

3.2.2 Secondary data sources

Secondary data sources were used to supplement data from the survey. Data from published and unpublished sources were used to determine the figures of people who have left the country.

3.2.3 Survey methodology

Questionnaire interviews were held with a wide range of professionals drawn from both the public and private sectors in Zimbabwe. In order to capture the diversity of views

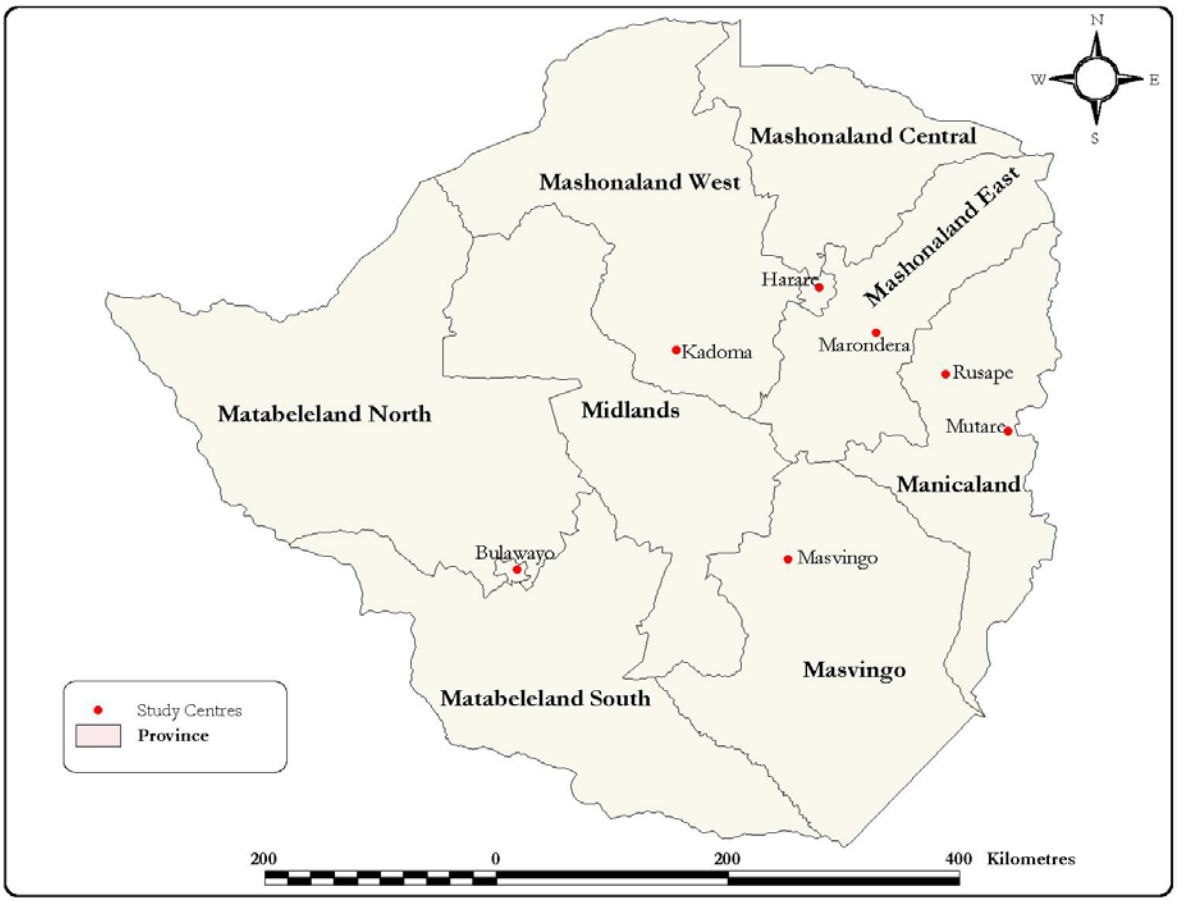
among professionals in different parts of the country, the survey was designed in such a way so as to ensure an even geographical spread of study centres across the country. Thus, key towns were selected in the country based on their population size, the size of functions provided and their spatial distribution. The selection of towns for interviews instead of rural centres was based on the premise that skilled personnel are mostly found in urban centres which demand their services. In rural areas, skilled professionals are less concentrated than in urban areas and their inclusion in the study would have substantially increased the research costs. However, this introduced a limited degree of bias especially against the largely rural agricultural sector which employs the majority of the country's population (most of whom are unskilled according to the definition of 'skilled' used in this research).

Stratified random sampling was used to select respondents from the selected urban centres. Ideally registers of professionals would have been used to facilitate the selection of the individual respondents. However, obtaining the registers proved to be a fruitless exercise as the professional associations demanded payment for the service. It was therefore difficult to establish the sampling frame, which in this case, is given by the total number of people employed in each sector of the economy.

Given the setbacks outlined above, an alternative sampling method had to be selected. The distribution of questionnaires for the study towns was decided on the basis of the 1992 census results. This information was used to stratify the sample. A total of 900

questionnaires were administered in seven selected urban centres, namely Harare, Bulawayo, Mutare, Kadoma, Marondera, Rusape and Masvingo (Figure 3.2).

Figure 3.2: Location of the study areas (survey one)



The majority of the interviews were conducted in Harare, the capital city, in which a total of 529 questionnaires were administered. Two hundred and forty three questionnaires were administered in Bulawayo, 51 in Mutare, 10 in Rusape, 25 in Kadoma, 16 in Marondera and 23 in Masvingo. The distribution of the respondents is shown in Table 3.1.

Table 3.1: Distribution of respondents by town of residence

Study town	Population (1992)		Sample	
	Size	% age urban population	No. of interviews	%
Harare	1 184 169	41.76	529	58.8
Bulawayo	621 472	21.83	243	27.0
Mutare/ Rusape	145 287	5.10	61	6.8
Kadoma	67 750	2.38	26	2.9
Marondera	39 384	1.38	18	2.0
Masvingo	51 743	1.82	23	2.5
Total	**2 109 805****	**74.00**	**900**	**100.0***

** Percentages may not add up to 100 in this and subsequent tables due to rounding*
***The seven towns constitute 74% of the country's urban population*
(Source: CSO, 1994)

Having established the number of questionnaires to be administered in the respective towns, it was also necessary to draw up the criteria for selecting respondents from the selected towns. The handicaps outlined above presented a major challenge in accomplishing this task. Hence the study had to rely on data from the 1992 census which gave a breakdown of the occupational classification of Zimbabweans by level of education. The information was processed into the following categories; education/research, heavy industry, service industry, professional practice, finance/banking, government/military and agriculture. Using these figures, as well as the totals computed for the individual towns, the respondents were then selected (Table 3.2).

Table 3.2: Distribution of the respondents by sector

Category	*Total skilled population	Percentage of sample selected	Total no. of questionnaires administered
Government/ Education/ Research	9 016	29	263
Heavy Industry	3 856	12	112
Service Industry	7 060	23	206
Professional Practice	4 086	13	119
Finance/Banking	6 268	20	183
Agriculture	584	2	17
Total	**30 870***	**100**	**900**

* Adapted from CSO (1994)

Having obtained information relating to the distribution of the samples according to their spatial as well as their sectoral distribution, it was necessary to devise the sampling procedure for selecting individual respondents. To facilitate this process, the physical locations of the categories of professionals identified above were noted {e.g. heavy industry is mainly located in the heavy industrial site, while finance and banking are heavily concentrated in the Central Business District (CBD)}. A telephone directory was used to expedite this process. Random stratified sampling was used to select the firms or business entities to be interviewed. In all cases, the number of interviews that were conducted per firm was proportional to the number of skilled people employed.

The research assistants were drawn from students enrolled at the University of Zimbabwe. Before going into the field, the research assistants were trained for two days so as to familiarise them with the questionnaire and the selection procedure. The research assistants would deliver the questionnaires to selected professionals, for collection at a convenient time after allowing them adequate time to complete the questionnaire. Where the respondents had the time, the research assistants would interview them.

3.3 Survey Two: The Migration of Skilled Health Workers from Zimbabwe

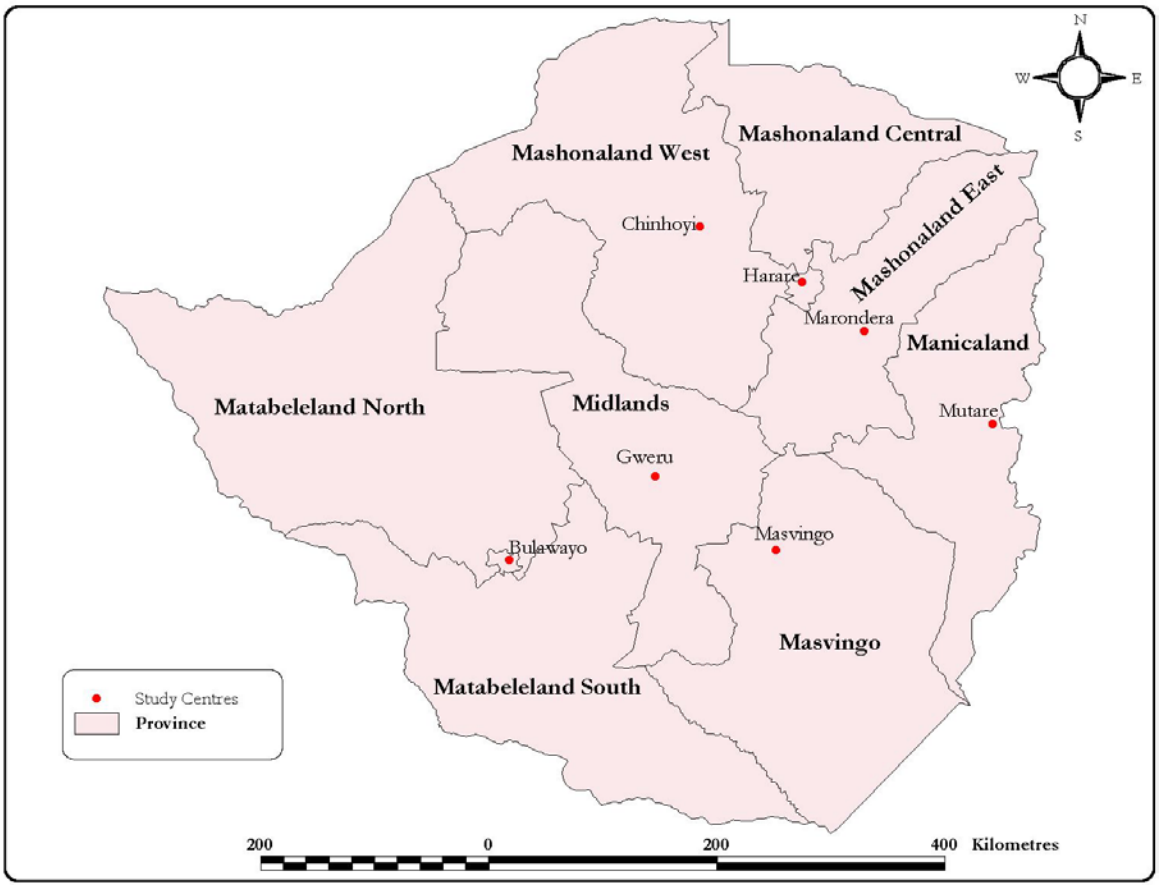
The second survey focused on the migration of skilled health workers from the country. The techniques that were employed in selecting the study areas as well as the respondents varied with the research instruments. Five sets of research instruments were used in the

survey. The first research instrument, Annex 1 (A1) questionnaire, was administered to hospital authorities as well as to the Ministry of Health and Child Welfare (MoHCW) and sought to establish the staffing patterns at health institutions over the past decade (see Appendix 2). In addition, it also sought to establish the workload of the different health worker categories per given health institution. The A2 questionnaire was an interview guide for use in the discussions with informants in key positions in the health delivery system (Appendix 3). The A3 questionnaire was administered to individual health workers from selected health institutions (Appendix 4). The A4 questionnaire was a guide for FGD with key community stakeholders (Appendix 5). The A5 questionnaire was administered to emigrant health staff residing abroad (Appendix 6). The methodologies that were employed in selecting respondents for each of the annexes are outlined below.

3.3.1 Questionnaire for health institution survey

Random sampling was employed in selecting health care facilities. The selection criteria was based on the provinces of the country. Zimbabwe is classified into ten provinces (8 proper and two cities) and seven of these were randomly selected. For each of the selected provinces, the main provincial town or city was selected as well as one district health institution and one health centre. One questionnaire was distributed for each of the health institution for completion by the hospital superintendent. The provincial hospitals which were selected for the study based on the classification are shown in Figure. 3.3.

Figure 3.3: Location of main study centres (survey two)



The selection of health centres was guided by authorities interviewed at district centres. One health centre was targeted for each district hospital. However, only three health centres could provide data relating to the staffing patterns and these are Waverly Clinic, Epworth Poly Clinic and Rimuka Maternity Clinic. Two schools of Nursing and Midwifery were also selected and these are located at Harare and Mpilo Central Hospitals.

3.3.2 Interview guide for professional informants in the health system

Interviews were held with professional informants in key positions in the health system, other sectors, and relevant partners. The professional informants who were interviewed include personnel from the MoHCW; members of professional councils/associations; representatives of partner organisations/donors/NGOs and representatives of the private health sector.

3.3.3 Questionnaire for individual health workers

Sampling of health care facilities for the Annex 3 questionnaire was similar to that employed in the sampling procedure for the Annex 1 questionnaire. It was not possible to obtain the figures of health professionals employed in each of the targeted health institutions from the MoHCW and this presented problems in determining the sample size from each of these institutions. Thus the study had to rely on informal figures presented by individuals who have been involved in the health delivery system for a long time and who have expert knowledge on staffing patterns in the country's hospitals. Hence the sample sizes which were calculated for the respective health institutions are as follows:

Table 3.3: Breakdown of health professionals interviewed by health institutions

Hospital	Doctors	Pharmacists	Nurses	Dentists	Total
Parirenyatwa	11	5	62	2	80
Harare Central	5	2	32	1	40
Mpilo	5	2	32	1	40
Mutare	3	1	7	1	12
Chinhoyi	5	2	7	1	15
Kadoma	3	1	7	1	12
Kariba	2	1	6	1	10
Gweru	5	2	7	1	15
Marondera	2	1	6	1	10
Masvingo	5	2	7	1	15
Nyanga	2	1	6	1	10
Bonda	2	1	6	1	10
UZ Medical School	9	2	2	2	15
Nursing and Midwifery schools	-	-	4	-	4
Health Centres	-	-	24	-	24
Total	**59**	**23**	**215**	**15**	**312**

3.3.4 Guidelines for focus group discussions with key community stakeholders

Focus group discussions (FGD) were held in Epworth, a suburb located just outside the administrative boundary of Harare, the capital. Three FGD were held and the participants were distributed as follows:

Table 3.4: Breakdown of participants in FGD

Group	Composition
1 (n = 12)	• Religious leaders (2) • Senior teacher/teacher in charge (1) • Traditional healer/practitioner (1) • Community representatives/clubs (2) • Home based care givers (3) • Traditional midwives (2) • Village community worker (1)
2 (n = 12)	• Adolescent users of health services (6 females, 6 males, ages 15-19 years)
3 (n = 12)	• Adult users of health services {6 women of child bearing age (30^{+} years); 6 men ($30\text{-}50^{+}$ years)}
N = 36	

3.3.5 Questionnaire for economic refugees

Data were collected for inter-country migration using the A5 research instrument, which was administered to selected skilled health professionals residing outside the country. Twenty-five complete questionnaires were collected during the fieldwork exercise. Sixty four percent of the respondents were male while thirty six percent were female. The strategies that were employed in identifying and selecting the potential respondents for the instrument are as follows:

(i) Doctors - The questionnaire was sent to Zimbabwean trained doctors in South Africa (where most of them have migrated) with a stamped return envelope. Questionnaires were sent after pilot testing and minor revisions.

(ii) Nurses – Most nurses who have emigrated from Zimbabwe have gone to the United Kingdom and to some extent, the United States. However, all the attempts to contact the emigrant nurses were in vain since it was reported that there was suspicion on the intended use of the data.

(iii) Pharmacists – the questionnaire was sent by email to the Association of Zimbabwean Doctors, Dentists and Pharmacists through the *GHSM* (a discussion group on the Internet listed under Yahoo Groups) via Australia. However, no responses were made to the initiative.

3.4 Analysis of Primary Data

Field data gathered using questionnaires was first cleaned and checked for completeness. Data from the complete questionnaires were entered into the computer using the Statistical Package for Social Scientists (SPSS). Microsoft Excel was also used to enter

certain numerical data. The same software were used to analyse the data, that is, in generating frequencies, cross tabulations and running statistical analysis (significance tests) as well as to generate graphs, pie charts and tables. Analyse-it, a software that runs in Excel, was also used in data analysis and for testing relationships between variables.

Qualitative data collected during focus group discussions (using tape recorder) was transcribed and the views ordered according to various criteria (e.g., age). The most important quotes were noted for direct citation in the study.

3.5 Limitations and Problems of the Research

Many problems were encountered during the research process. Sampling selection, for instance, was affected by lack of data on staffing numbers in the selected health institutions. Hence the research had to rely on expert information from key personnel on the likely staffing figures in the health institutions that were investigated. This compromises the quality of the sample as it opens the process to human error.

Funding problems also affected the research process. With the hyper-inflation (359% in June 2003) currently being experienced in the country, research costs have gone up significantly. Chief among the costs to rise substantially were transport costs, printing and production costs. Other areas could not be accessed due to budgetary constraints.

The A1 questionnaire was perhaps the most poorly answered due to lack of, or in some cases, complete absence of staffing records in most health institutions. Computerisation

has been recently introduced in most of Zimbabwe's health institutions, hence most hospitals do not have records which go back to more than four years. Even the staffing department in the MoHCW also failed to supply up to date staffing figures at the national scale. Where available, such information sometimes was incomplete, making it difficult to establish trends in staffing patterns.

The A3 questionnaire posed the greatest challenges of all the research instruments. Due to the comprehensive nature of the research instrument, most respondents complained of its length. It was not possible to conduct face to face interviews and some questionnaires were lost in this way as some research assistants failed to locate the concerned health professionals.

The A5 survey instrument for economic migrants living outside the country was largely administered through the post. As such, the instrument was subject to the problems associated with postal questionnaires, such as low return rates and the relatively long time needed to obtain the completed questionnaires. A sizeable number of the questionnaires that were mailed to the doctors residing in South Africa were returned (20%). All the efforts to contact the emigrant nurses were in vain and this proved to be an additional obstacle to the study. Another obstacle was presented in identifying pharmacists and dentists residing abroad. Few Zimbabwe dentists are practising abroad because the programme is in infancy as it was introduced a few years ago in the country. In fact, the Medical School produced its first graduates in dentistry in 2001 and identifying these professionals proved to be a futile exercise. Pharmacists also proved to be difficult to

identify in their immigrant countries as only a few graduates have been trained in recent years.

It can be observed that a number of problems were experienced during the course of the research process. Whilst it can be admitted that some of these problems affected the quality of data that was collected during the research exercise, due care was taken to minimise their impact on the final product. It is hoped that the results of this survey will go a long way in contributing to the understanding of the causes of the migration of skilled professionals from Zimbabwe.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF RESULTS: THE EMIGRATION POTENTIAL

4.1 Introduction

The prediction of likely future emigration patterns of skilled professionals from any country is a difficult task. Firstly, the factors shaping and influencing migration intentions of individuals are not static but change in response to dynamic variables such as the state of the country's economy and political conditions. Secondly, the measurement of intentions is not a firm indicator of the likely future plans of individuals since other factors may have an important role in determining the actual decisions. Thus, economic, social and political factors may prevent the realisation of an individuals' migration intentions.

Nonetheless, an examination of the migration intentions of skilled professionals currently residing in the country gives an insight into probable future emigration trends. This provides the emigration potential, which measures the likelihood of the skilled professionals leaving the country. Various parameters were employed in predicting the emigration potential of the skilled Zimbabweans. These include the extent to which they have considered emigration, the factors affecting their decision to move, their most likely destinations and the perceived length of stay in the most likely destination.

4.2 Profile of the Potential Migrants

An examination of the profile of potential migrants provides an insight into the characteristics of Zimbabwe's skilled population. Table 4.1 shows the distribution of the respondents by town of residence. The majority (59%) were drawn from Harare, which has nearly half the urban population of Zimbabwe. Ninety four percent of the respondents are black or of African origin, 2% are white, 3% are of mixed race and 1% are of Indian or Asian origin. This distribution nearly matches the distribution of the Zimbabwean population by race (according to the Zimbabwe 1992 Population Census) in which the black population dominates.

Table 4.1: Distribution of respondents by town of residence

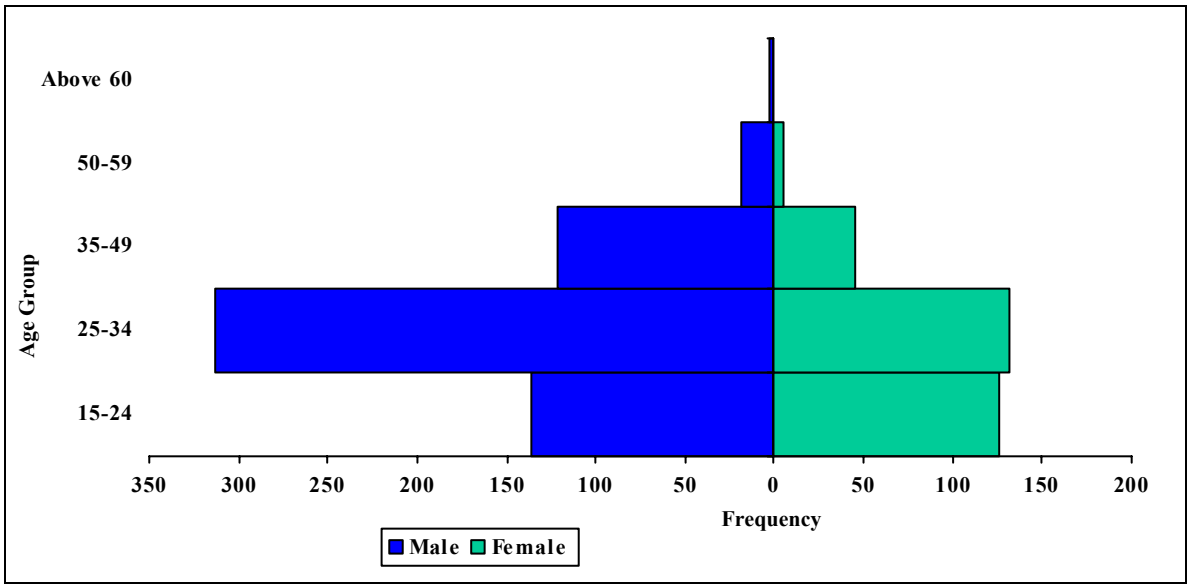
	Frequency	**Percentage**
Harare	529	58.8
Bulawayo	243	27.0
Mutare/ Rusape	61	6.8
Kadoma	26	2.9
Marondera	18	2.0
Masvingo	23	2.5
Total	**900**	**100.0**

(Source: Survey Results, 2001)

Of the 900 respondents, 592 (66%) are male while only 308 (34%) are female. The results also show that the skilled population of Zimbabwe is quite youthful, with 79% of the respondents aged between 18 and 35 years (Figure 4.1). Eighty four percent of the females are aged below 35 years, which probably reveals the effectiveness of the efforts of the post-colonial government in redressing gender imbalances in the educational system. Only a few of the respondents (3%) are aged above 50 years which probably reflects the limited opportunities that were available to the black population at the height

of the colonial period. In addition, the age group is likely to be more settled and therefore less mobile.

Figure 4.1: Age profile of skilled Zimbabweans by age group and gender



(Source: Survey Results, 2001)

About half of the respondents are married, 44% are single and 2% are divorced (Table 4.2). The high frequency of respondents who are not married can be attributed to the general youthful nature of the Zimbabwean skilled population. Only a few of the respondents are separated (1%) or divorced (1%), while 2% are co-habitating or living together. Forty-two percent of the respondents are household heads in their families, 21% are children of household heads and 17% are spouses of household heads. In addition to this, 46% of the respondents reported having no children, 21% have only one child and 17% have two children. This reflects the youthfulness of the skilled population in the country and the general inclination towards small families that comes along with high levels of education. It also reflects the demographic transition that has been observed

recently. Furthermore, nearly 24% had no dependants, while 52% supported 1 to 4 dependants. The profile of the skilled respondents also showed the dominance in the use of the Shona language (75%) in most households, followed by Ndebele (13%) and English (10%).

Table 4.2: Profile of the respondents

	Total	
	Frequency	**%**
Marital status		
Married	453	50.3
Single	395	43.9
Divorced	18	2.0
Co-habitating/living together	14	1.6
Separated	10	1.1
Widowed	10	1.1
Status in the household		
Head of household	378	42.0
Child of head of household	191	21.2
Spouse of head of household	154	17.1
Lodger	110	12.2
Other	67	7.5
No. of children		
None	414	46.0
1-2	347	38.5
3-4	101	11.2
More than 4	38	4.2
No. of dependants		
None	214	23.8
1-2	240	26.7
3-4	228	25.3
More than 4	218	24.1
Language spoken at home		
Shona	672	74.7
Ndebele	121	13.4
English	88	9.8
Other	19	2.0
N = 900		

(Source: Survey Results, 2001)

The respondents showed high levels of education with about 30% having attained a minimum educational qualification of a bachelor's degree (Table 4.3). It is interesting to

note the dominance of the black population among the highest qualified professionals. This situation might probably be explained by the policies of the post-colonial government, which made tertiary education accessible to the majority of the country's population. Furthermore, Zimbabwe does not have a large proportion of whites hence their low representation in both the sample and also among the most educated group.

Table 4.3: Educational qualifications of skilled Zimbabweans

	Frequency	**% Total**
High school certificate	216	24
Professional diploma/ certificate	414	46
Bachelors Degree	223	25
Masters Degree	43	5
Doctorate Degree	4	0.4
N = 900		

(Source: Survey Results, 2001)

The majority of respondents (73%) are employed on a full-time basis, 12% are employed on a part-time basis and 3% are employed in the informal sector (Table 4.4). Four percent are final year students while another four percent are unemployed. It is also interesting to note the employment status of the different racial groups represented in the sample. Out of the 33 persons who are unemployed, 32 are blacks while one is of mixed race. This distribution shows the difficulties that are encountered by disadvantaged racial groups such as blacks and people of mixed races in accessing jobs on the formal labour market. The other racial groups such as whites and Indians, who have the capital to start their own enterprises, are self-employed in the formal sector.

Table 4.4: Economic profile of the respondents

	Frequency	Percentage
Employment Status		
Employed (full-time)	656	73
Employed (part-time)	145	16
Final year students	37	4
Unemployed	37	4
Employed in informal sector	25	3
Gross monthly income		
Less than Z$11 000	200	22.2
Z$11 001- Z$ 17 000	163	18.1
Z$17 001- Z$ 23 000	100	11.1
Z$23 001- Z$ 29 000	84	9.3
Z$29 001- Z$ 35 000	86	9.6
Z$35 001- Z$41 000	56	6.2
Above $41 000	204	22.7
Refused	1	0.1
None	6	0.7
N=900		

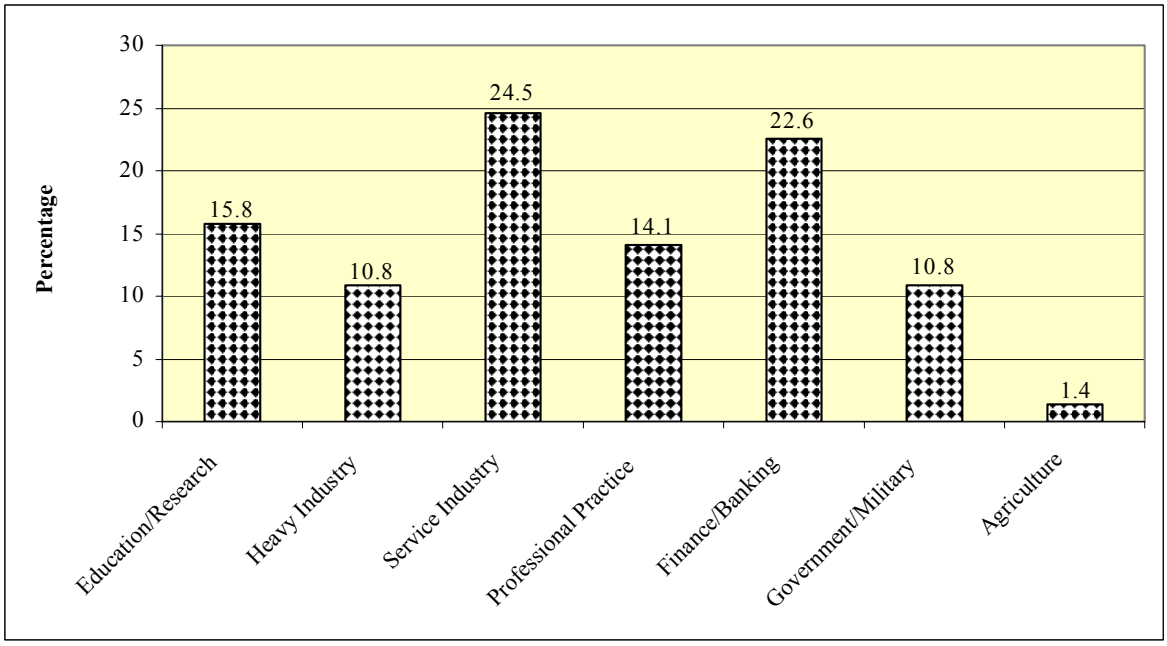
(Source: Survey Results, 2001)

Generally, the skilled professionals earn relatively higher salaries compared to other working groups. However, about 22% of the respondents earn below Z$11 000, a further 18% earn between Z$11 000 and Z$17 000 while 23% earn above Z$41 000 (Table 4.4). Considering that the poverty datum line for a family of six was pegged at Z$17 000 in early 2001 (ZCTU, 2000), it can be observed that 40% of the skilled population in the sample had incomes below the country's poverty datum line. Hence the incomes of the skilled personnel of Zimbabwe are far from being modest. It is also interesting to note the distribution of salaries across racial lines. Five out of the twenty-two whites (20%) earn less than Z$17 001 compared to 38% of blacks earn an equivalent amount. While 45% of the whites earn salaries above Z$41 000, only 21% of blacks earn an equivalent amount. Furthermore, the survey also revealed that people of mixed races are the most

severely disadvantaged group in terms of their earnings with 52% in the sample earning below Z$17 001 while only 15% earn salaries above Z$41 000.

The service (24.5%) and finance/banking sectors (22.6%) dominate in the employment sectors of the skilled professionals (Figure 4.2). A large proportion of the respondents who are employed in the service industry are engaged in retail as well as transport and communication.

Figure 4.2: Employment sectors of the skilled respondents



(Source: Survey Results, 2001)

The education/research field accounts for 15.8% of the respondents while 14% are employed in professional practices such as medicine, engineering and information technology. Nearly 11% of the respondents are engaged in heavy industries such as manufacturing and construction. The government or military establishments employ a

further 10.8% of the respondents while agriculture accounted for 1.4% of the respondents.

4.3 The Intention to Migrate

It is difficult to predict exactly how many skilled people will emigrate from Zimbabwe in the future. The declaration of the intention to move by an individual is by no means a certain measure that they actually will. Hence, reference is made to the emigration potential, which measures the intention to emigrate. This section examines the different elements of the emigration potential, which according to Mattes and Richmond (2000) include:

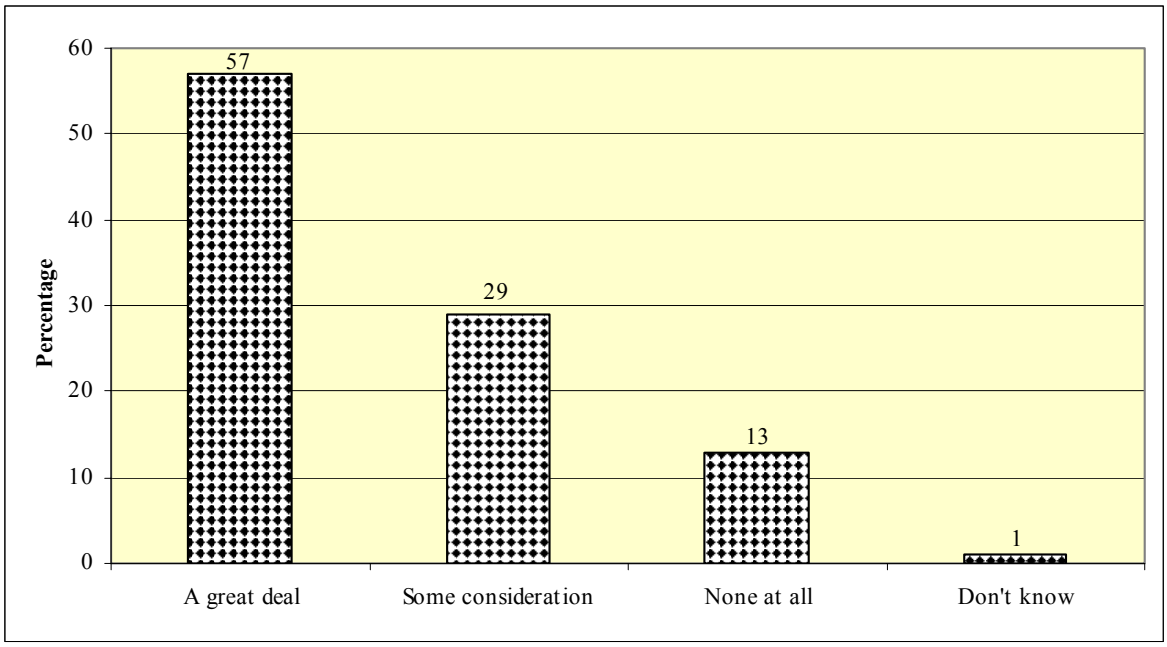
- Firstly, the extent to which the skilled person has considered the idea;
- Secondly, the extent to which they actually want to migrate;
- Thirdly, the extent to which factors outside the person's direct control (such as financial costs) affect their likelihood of leaving;
- Fourthly, when exactly do they intend to leave; and
- Lastly, whether the potential emigrants would like to engage in temporary or permanent movement (emigration). While the temporary movement of professionals from the country is relatively less harmful, permanent emigration is clearly indicative of the brain drain.

It is only when all these elements are considered in their entirety that the emigration potential of skilled professionals from the country can be made with a fair degree of

accuracy. It needs to be pointed out that failure to adequately recognise these complexities can lead to inaccurate predictions and gross misinformation.

Firstly, the survey sought to establish the degree of thought given to leaving Zimbabwe by the skilled professionals. It can safely be assumed that those who have not thought about leaving the country have a low potential to move. The research results showed that 57% of the respondents have considered migrating from the country "a great deal" while 29% have given some consideration to the idea of leaving the country (Figure 4.3). It can thus be inferred that 86% of the skilled labour force of Zimbabwe has the potential to leave the country in the near future. Only 13% of the respondents indicated that they have never considered emigrating from the country and these are treated as having a low potential of leaving the country.

Figure 4.3: Consideration of emigration of skilled Zimbabweans



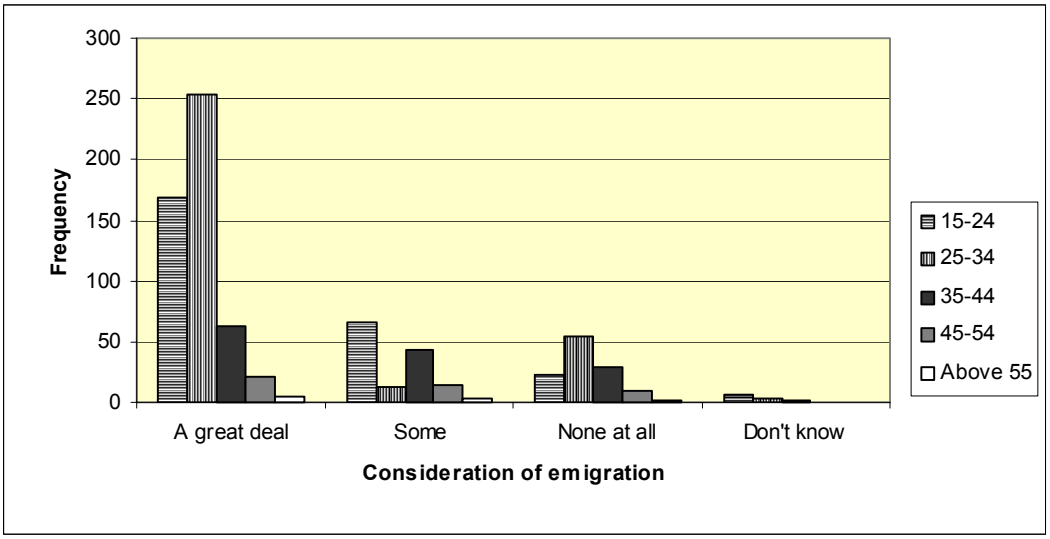
(Source: Survey Results, 2001)

Five parameters were employed in further probing the extent of desire to leave the country, namely gender, age, employment status, sector of employment and town of residence. Surprisingly, the survey results reveal that a large proportion of females have considered emigrating from the country "a great deal" (62%) compared to males (54%). Furthermore, more males than females had not considered the possibility of leaving the country (14% compared to 12% for females). Statistical tests at 5% significance level showed that females were more likely to migrate than men [Z (tables, one tailed at 5% significance level) = 1.645; Z (test statistic) = 2.064]. The results clearly show that international migration is no longer a male dominated phenomenon, but now cuts across the divides of gender. While the marginally higher emigration potential of females might be a reflection of the narrowing of the gap between males and females in terms of independence of migration decisions, this state of affairs may also show the latter's lack of confidence in the country's labour market which is largely male dominated. These results also contradict the basic neo-classical migration theories (see Ravenstein, 1889), which consider males as being more migratory than females over long distances. Future research should also investigate the factors making women more likely to emigrate than men over long distances, contrary to popular opinion.

When the extent of desire to leave the country was examined according to age, it emerged that generally the youthful population between 25 and 34 years had considered leaving the country "a great deal" (Figure 4.4). In fact, 50% of those who have given much consideration to leaving the country are in the 25-34 age group. Thus, age has an important bearing in making migration decisions. For example, only 8% of the

respondents aged between 15-24 have not considered leaving the country (i.e. those unwilling to migrate); and the proportion rises to 12.1% for the 25-34 age group, 21% for the 35-44 age group and to 22% for the 45-54 age group. Hence, it can generally be concluded that the propensity to emigrate declines with age.

Figure 4.4: Consideration to emigrate by age of respondents

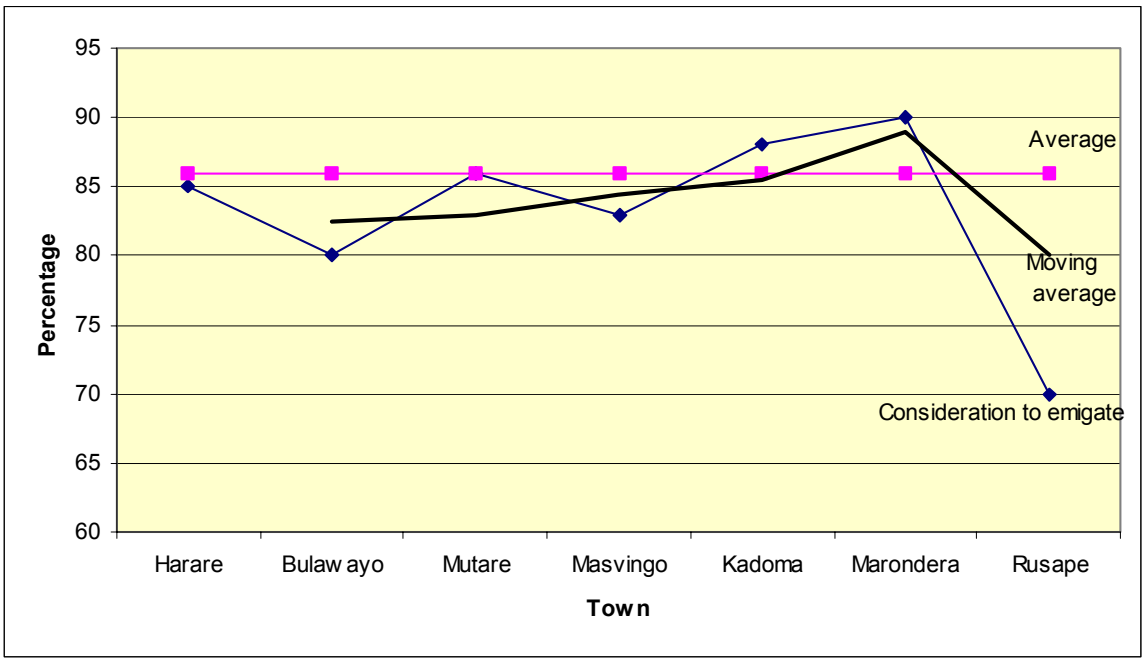


(Source: Survey Results, 2001)

Furthermore, the consideration of emigration varied with the perceptions of respondents in obtaining employment in the host country. Thus, most respondents who have given much consideration to leaving the country believe that it will be easy for them to obtain employment in the country of destination. Furthermore, migrant networks abroad tended to influence the consideration to leaving Zimbabwe. Generally the respondents who have emigrant networks have the greatest likelihood of leaving the country. About 70% of the respondents who have considered emigration know of at least one emigrant in the desired country of destination.

The extent of desire to leave the country was also examined according to the spatial distribution of the respondents. The survey results showed surprising results as the respondents in the three major cities studied, namely Harare, Bulawayo and Mutare showed a lower propensity to emigrate compared to respondents in smaller cities such as Kadoma and Marondera (Figure 4.5). The trend line or moving average in Figure 4.5 shows that the propensity to migrate is inversely related to population size of a town. This could be attributed to the limited opportunities available for both professional and career advancement in the smaller cities, a factor which contributes towards their desire to emigrate. It could not, however, be ascertained why the skilled respondents in Rusape have a significantly lower emigration potential compared to respondents in other towns.

Figure 4.5: Consideration to emigrate according to spatial distribution of respondents



(Source: Survey Results, 2001)

The likelihood to emigrate also showed significant variations according to the sector of employment (Table 4.5). Generally, professionals in professional practice (e.g. law and

medicine) (92%), heavy industry (90%) and finance/banking (88%) showed a higher propensity to migrate than those in education/research (85%), agriculture (85%), services industry (81%) and government/military (79%). A closer examination of the professionals with a high emigration potential shows that these individuals possess internationally recognised qualifications and are likely to face fewer problems than other professionals whose qualifications are only recognised within the country.

Table 4.5: Likelihood to migrate by sector of employment

Sector of employment	Likelihood to emigrate (%)
Professional practice	92
Heavy industry	90
Finance/Banking	88
Education/Research	85
Agriculture	85
Service Industry	81
Government/Military	79
N=900	

(Source: Survey Results, 2001)

The employment status of professionals strongly influenced the likelihood to emigrate (Table 4.6). Students (92%) showed the greatest likelihood to emigrate, followed by the unemployed (91%) and those in the informal sector (87%). To note though, is that the likelihood to migrate was lower for the professionals in full time employment (85%), than those in the self employed (82%), military (75%) and pensioners (75%).

Table 4.6: Emigration potential by employment status

Employment status	Likelihood to emigrate (%)
Student	92
Unemployed	91
Employed (part-time)	90
Informal sector	87
Employed (full-time)	85
Self-employed	82
Military	75
Pensioner	75
N=900	

(Source: Survey Results, 2001)

The research findings demonstrate the importance of employment security in the making of migration decisions. From the above, it can be observed that professionals lacking employment security are more likely to migrate than those whose employment is secure. Furthermore, age also determines the likelihood to migrate, as can be observed from the low numbers of pensioners likely to migrate. It is interesting to note the low emigration potential of military personnel. It should be noted that the research was undertaken at the height of the country's armed forces' intervention in the Democratic Republic of Congo (DRC) conflict. The government invested heavily in the war and the soldiers who took part in the campaign were rewarded handsomely. This could partly explain the low emigration potential of military personnel.

The survey also sought to establish the time frame that might be involved in the emigration process. The respondents were asked to indicate whether they would want to leave the country either on a temporary or permanent basis. For the purposes of this study, a temporary move covers a period not exceeding two years. It is normally assumed that most emigrants from Zimbabwe would only want to work outside the

country for a limited period of time and return once they have acquired sufficient wealth for their future sustenance. However, there are also cases whereby skilled professionals leave the country on a permanent basis or may spend the better part of their lives abroad and return after having reached retirement age. This constitutes a loss to the country since these professionals will not be able to apply the skills and experience acquired from abroad to national development.

The survey results revealed that 78% of the respondents would like to emigrate to their most likely destinations (MLD) for at least two years (Table 4.7). It is worrying to note that most of the respondents who expressed the desire to move to another country and work for more than two years tend to be young (in the 15-39 age group), single, and have few dependants (less than four). Should their emigration plans be realised, the country is set to lose significant human capital necessary for economic development.

Table 4.7: Extent of desire to leave Zimbabwe

Extent of desire to leave Zimbabwe temporarily to another country to leave and work (more than two years)	
	% Total
Great extent	51
Some extent	27
Hardly at all	8
Not at all	8
Don't know	6
N=900	

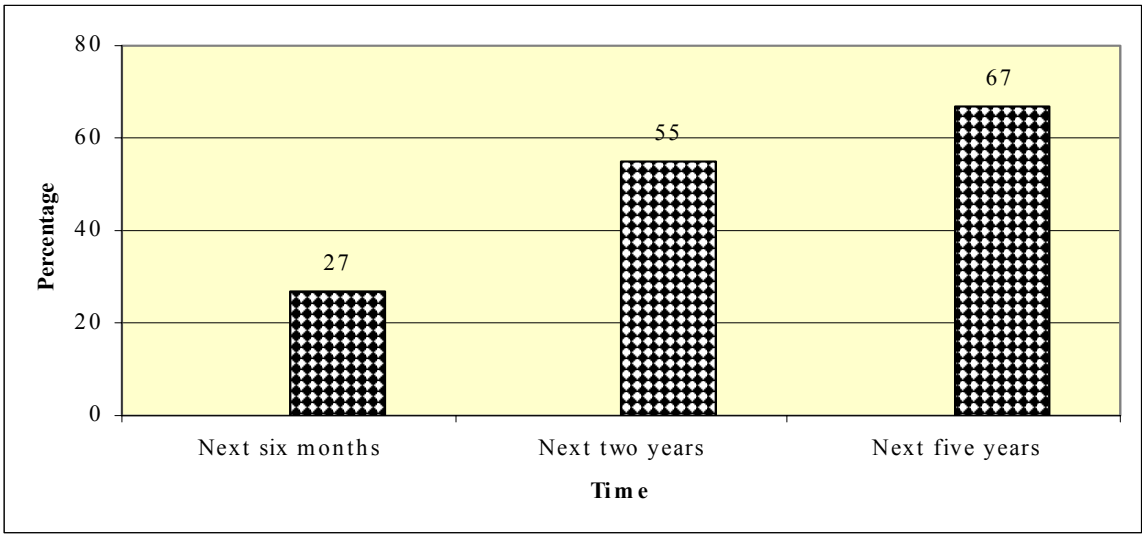
(Source: Survey Results, 2001)

Many formalities have to be observed before emigration can be realised. The procedures that have to be followed include organising employment opportunities and getting official documentation (such as obtaining a visa). Professionals who have at least set a specific

date or time frame for leaving are far more likely to realise their desires than those who have not yet done so. It follows that the extent to which such preparatory measures have been taken is indicative of the time when the actual movement will take place.

Figure 4.6 illustrates the extent to which the sampled population has made a mental commitment to emigrate within different time frames. It is evident that a low proportion of the respondents (27%) considered it likely/very likely that they will emigrate within the next six months. When the responses were examined according to race, it emerged that people of mixed races and Indians/Asians (44% and 58% respectively) were more likely than the other racial groups to emigrate within the next six months. The relationship was statistically significant at 5% significance level (Z (critical value = 1.645; Z (test statistic = 1.945). These results show that only a few respondents had relatively short-term plans of emigrating from the country.

Figure 4.6: Commitment to emigrate



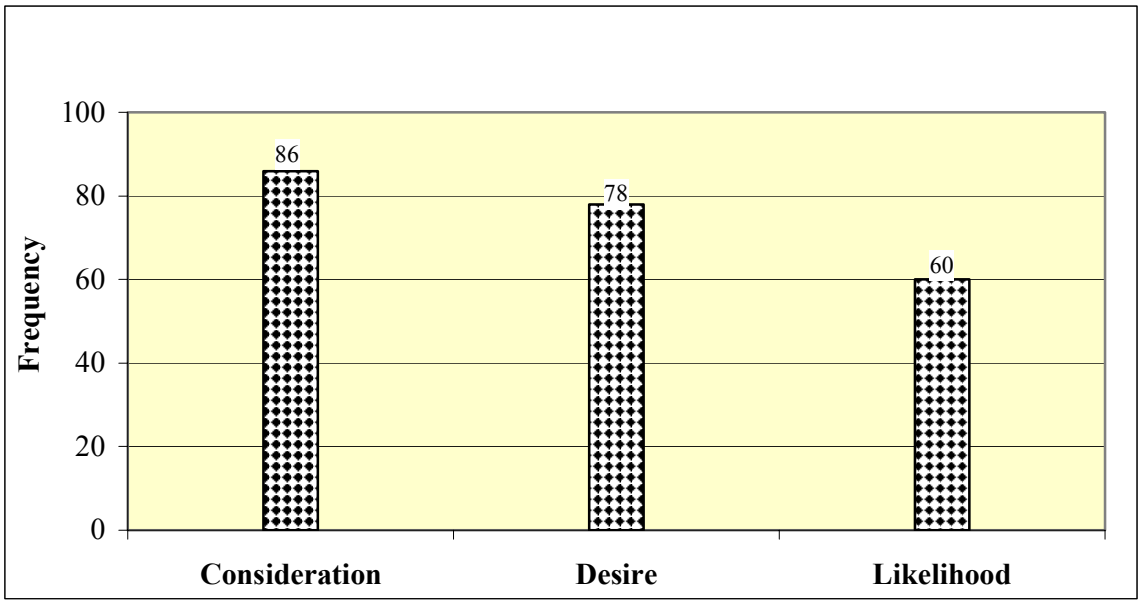
(Source: Survey Results, 2001)

Slightly more than half (55%) of the respondents considered it likely/very likely that they will emigrate within the next two years (Figure 4.6). This represents an increase in the number of people likely to emigrate from the country over the respondents who indicated the desire to leave the country within the next six months. Furthermore, a substantial number of professionals (67%) indicated that they are likely to leave the country within the next five years. However, this figure was lower for the minor three racial groups varying from 59% for the whites to 57% for the Indians/Asians.

Thus, while 27% are likely to emigrate within the next six months, 55% and 67% are likely to emigrate within the next 2 and 5 years respectively. Considering that as many as 67% of the respondents indicated their desire to leave the country within the next five years, there is a strong need to urgently address the factors behind such considerations. It is difficult to explain why the number of professionals likely to migrate rises with time. A probable explanation could be that financial considerations have an important bearing on international migration. Hence, the professionals hope to have raised sufficient money for travelling during the specified time period.

Figure 4.7 shows the potential for migration of skilled Zimbabweans. While the consideration for migration has been shown to be high (86%) the desire of the respondents to stay in the country of destination for more than 2 years is marginally lower (78%). More importantly, the likelihood (as opposed to the desire) that they will spend more than 2 years in the intended country of destination is even lower (60%).

Figure 4.7: Emigration potential of respondents (%)



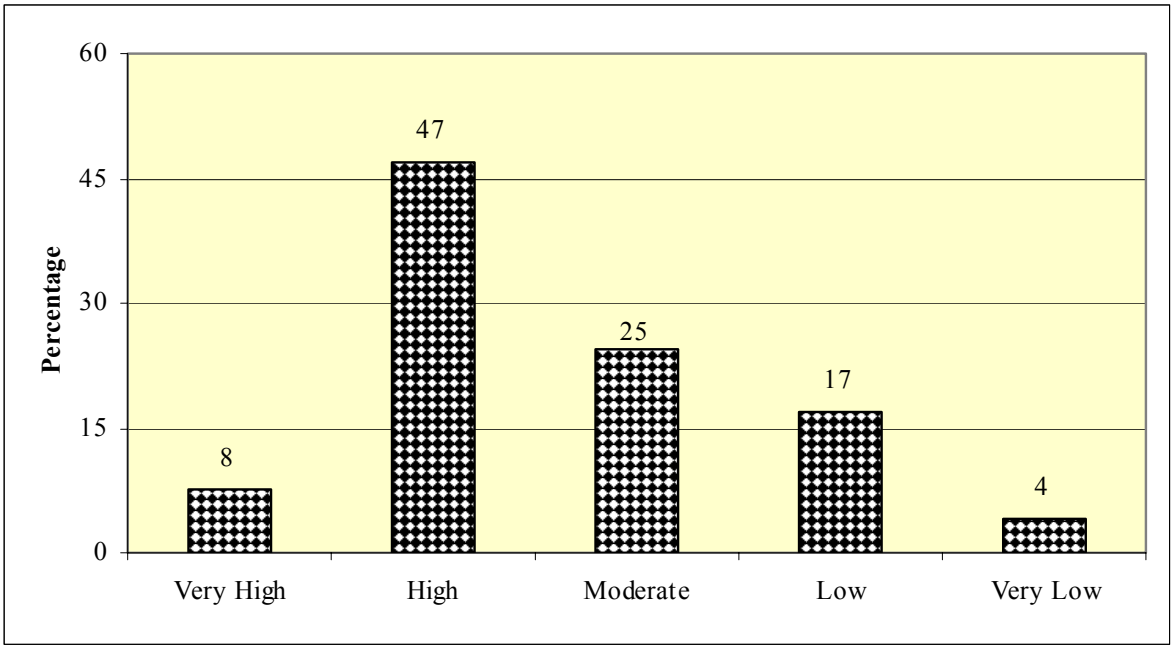
(Source: Survey Results, 2001)

In order to further examine the emigration potential of skilled Zimbabweans, an analysis was made of four key questions namely, (a) desire to move for 2 years or more, (b) the likelihood of moving for two years or more, (c) likelihood of moving within two years, and (d) likelihood of moving within five years. A statistical procedure, known as Factor Analysis, confirmed the similarity of the responses to the above questions so much that they formed a strong basis and reliable index for measuring the emigration potential of a skilled individual. Index scores for each respondent were calculated by examining their average score across the four key questions and the scores ranged from 1-4. Thus, those who score "4" (that is, they said "very willing" or "very likely" to all four questions) were classified as having a very high emigration potential. Similarly, those who scored between 3.2 and 2.5 were classified as having a high emigration potential. An analysis of the data (Figure 4.8) revealed that:

- 8% have a very high emigration potential

- 47% have a high emigration potential
- 25% have a moderate emigration potential
- 17% have a low emigration potential
- 4% have a very low emigration potential

Figure 4.8: Emigration potential of skilled Zimbabweans



(Source: Survey Results, 2001)

It can be observed that 80% of the respondents have moderate to high emigration potential. Since the emigration potential is a measure of probable future migration trends, policy makers should move in to provide appropriate remedial solutions.

The foregoing discussion has shown that the skilled population of Zimbabwe has a high emigration potential. These results are derived entirely from the intentions to migrate as declared by the respondents. According to Mattes and Richmond (2000), the firmest

indicator of a person's emigration potential is whether they have actually begun the process of application for emigration documentation necessary for the intended move to take place. The survey results revealed that only 6% have actually applied for a work permit in another country while 13% are in the process of applying for work permits (Table 4.8). Thus, in all a potential loss of 19% of skilled personnel can be expected in the short term. Respondents of mixed race are top of the list with 15% indicating having ever applied for a work permit in another country. Most of the respondents (57%) who have applied for a work permit in another country are married. Furthermore, 89% of the respondents who have applied for a work permit in another country are generally young and between the ages of 20-39 years. Eighty four percent of the respondents who have applied for a work permit have less than five people who are totally economically dependent on them.

Table 4.8: Application for emigration documentation (%)

	Frequency	**Percentage**
Application for a work permit in another country		
Yes	54	6
No	729	81
In the process of applying	117	13
Application for permanent residence in another country		
Yes	18	2
No	828	92
In the process of applying	54	6
Application for citizenship in another country		
Yes	18	2
No	828	92
In the process of applying	54	6
N=900		

(Source: Survey Results, 2001)

Only 2% of the respondents indicated having ever applied for permanent residence in another country. Furthermore, 6% indicated being in the process of applying for permanent residence, which might translate into a total loss of skills for the country (Table 4.8). Fewer blacks (2%) compared to whites (5%) have applied for permanent residence in another country. The proportion though is higher among the respondents of mixed race, with 7% indicating having applied for permanent residence in another country. An analysis of the respondents who have applied for permanent residence in another country shows that 55% are single, 89% are aged between 20 and 39 years and 94% have less than five dependants. This generally shows that most emigrants Zimbabwean professionals are young, single and have few dependants.

The survey results also showed that few of the respondents (2%) have applied for citizenship in another country. Ninety two percent of the respondents have never applied for citizenship in another country, while 6% are in the process of applying for citizenship. It is quite interesting to note the dominance of respondents of mixed race and Indians in the categories that have applied for citizenship and those who are in the process of applying for citizenship. All the respondents who have applied for citizenship in another country are below 35 years. About 73% of the respondents who have applied for citizenship in another country have less than five dependants.

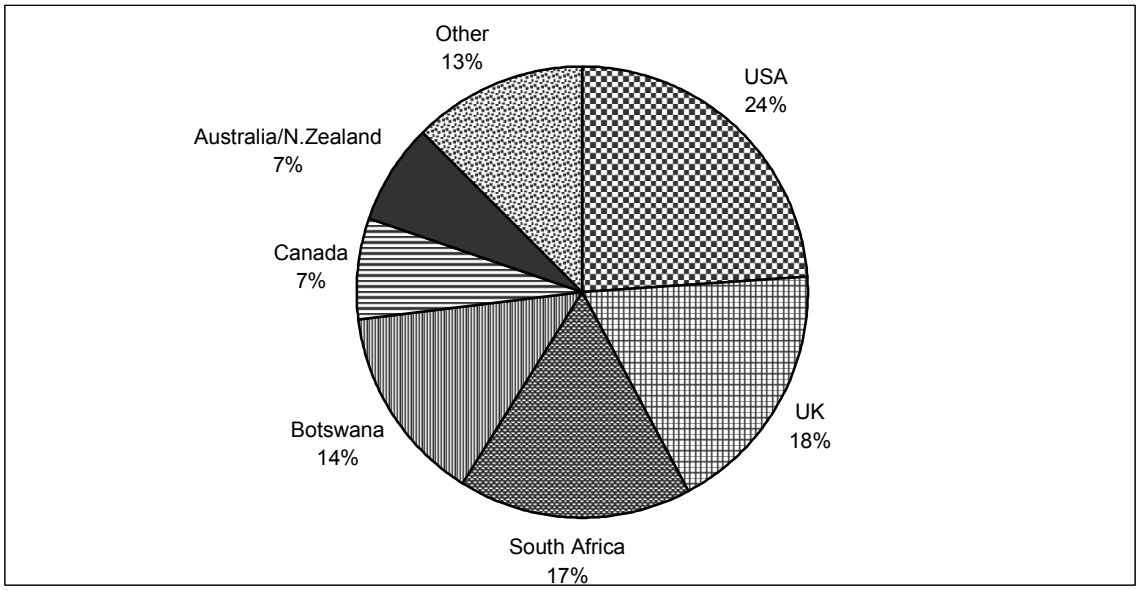
4.4 The Nature of Skilled Emigration from Zimbabwe

4.4.1 The most likely destinations

The foregoing section has shown the skilled respondents as having a high emigration potential. However, it is necessary to identify the likely destination countries of potential migrants as well as to forecast the likely duration of emigration. For purposes of this study, the intended country of emigration is known as the most likely destination (MLD). The top four MLDs identified by the respondents are the United States of America (24%), United Kingdom (18.2%), South Africa (16.7%) and Botswana (14.2%) (Figure 4.9). The findings contradict the assertion by Ravenstein (1889) who states that the greatest body of migrants travel short distances. On the contrary, the most skilled professionals intend to travel to overseas destinations, rather than to neighbouring countries. The advent of the Internet has greatly reduced the frictional effect of distance on migration. In addition, the presence of recruitment agencies in the country has greatly facilitated the movement of professionals to overseas destinations.

It is important to note that skilled personnel from Zimbabwe also favour to go to other destinations within Africa. Such destinations are popular with some professionals who cannot afford the high travel costs associated with movement to overseas destinations. In addition, the potential emigrants are less likely to face problems of integration when they migrate to another country within the region than they would encounter in overseas destinations which have completely different cultures.

Figure 4.9: The most likely destinations of emigrants from Zimbabwe



(Source: Survey Results, 2001)

The destinations cited above have become popular with skilled professionals for a variety of reasons. The USA has been the most favoured destination because of the relative strength of its currency compared to the local one. The emigrant professionals obtain a windfall when they come back and change their earnings on the unofficial black (or parallel) market. The UK has been a favoured destination for most Zimbabwean migrants, both skilled and unskilled. Various factors facilitate the movement of professionals to the UK. Firstly, colonial ties have greatly facilitated movement (visa requirements for Zimbabwean nationals travelling to the UK were only introduced late in 2002). Secondly, the strength of the British currency relative to the Zimbabwean dollar (that is, the "lure of the Pound"). Thirdly, the creation of more opportunities, especially in nursing and education due to the low profile accorded to the professions in the country. Zimbabwean professionals are moving to the UK to fill up such vacancies.

South Africa has been the principal destination for Zimbabwean migrants on the African continent. Its attractiveness has been due to: (a) its close proximity to Zimbabwe (therefore, low travel costs); (b) its stronger economy and currency; and (c) more opportunities for professional advancement than what are available locally. Botswana is another significant African destination of professionals from Zimbabwe. The critical shortage of professionals in that country (especially nurses) has attracted Zimbabwean professionals. It is close to Zimbabwe and has a vibrant economy. In addition, there are visa requirements and the country is close to Zimbabwe.

4.4.2 Duration of emigration

The migration of skilled professionals implies a significant reduction of a country's skilled labour force. However, some professionals may leave their home country for a short period of time for varying reasons such as gaining experience or to acquire wealth and return at a later stage to contribute to a country's development. Still, others do not necessarily cut ties with their home countries but may occasionally remit cash and goods to their families left behind. Table 4.9 reveals that 46% of the respondents would like to stay in the most likely destination (MLD) for a period not exceeding five years whereas 44% of the respondents would like to stay in the MLD for more than five years. This contradicts the popular perception that most emigrants from Zimbabwe would like to seek permanent residence in the country of emigration. It is significant to note that 87% of the respondents who are likely to stay out of the country for more than 5 years are between 20-39 years of age. Since these professionals are generally young, they are likely to gain experience and other skills which they can apply to their country at a later

stage in their life when they eventually return home. Whereas 44% of the males would stay out of the country for more than five years, 43% of the females are likely to stay in the MLD for more than five years, showing that the desire to stay out of the country for long periods of time is not related to gender.

Table 4.9: Duration of emigration

	Frequency	Percentage
Length of stay at the most likely destination		
Less than 6 months	37	4
6 months to 1 year	34	4
1 to 2 years	112	12
2 to 5 years	237	26
More than 5 years	394	44
Don't know	86	10
Frequency of return		
Weekly	11	1
Monthly	42	5
Once every few months	185	21
Yearly	404	45
Once every few years	175	19
Never	49	5
Don't know	34	4
N=900		

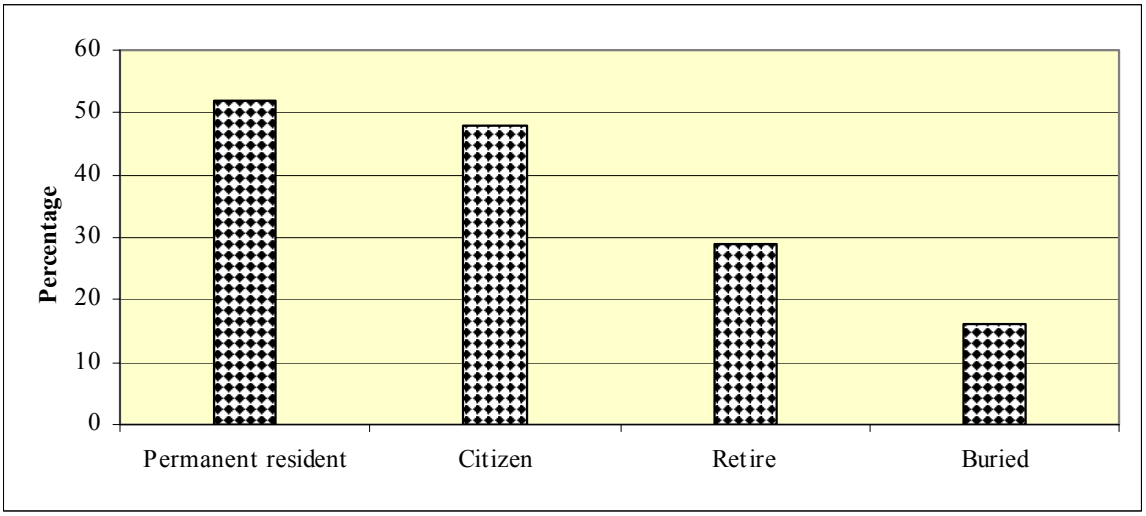
(Source: Survey Results, 2001)

More than 72% of the respondents indicated that they would return home at least once every year. Only 5% indicated that they would never return home which represents a total loss to the country. It is interesting to note that 5% of the males reported that they would never return to Zimbabwe while 6% of the females reported that they would never return to the country. The likelihood of not returning to the country from the MLD was also closely related to race. Five percent of blacks will never return from the MLD, 14% of whites will never return and 11% of the respondents of mixed race will never return. It

should also be noted that 65% of the respondents who indicated that they would never return to Zimbabwe are highly critical of the incumbent government. Thus, the research results show that most skilled emigrants from Zimbabwe intend to migrate to the host country for a limited period of time and will return home for visits almost on a yearly basis.

In a bid to establish the exact period of stay of the respondents in the MLD, a set of questions were asked. Firstly, the respondents were asked to indicate the extent of their desire to become permanent residents in the MLDs. Figure 4.10 shows that about half of the respondents (52%) would like to become permanent residents in their MLDs. Whites and Indians are more likely to become permanent residents in their MLDs than blacks and those of mixed race. Eighty nine percent of the respondents who would like to become permanent residents in the MLD are between 20-39 years, which represents the economically active population. While 51% of the sampled black population would like to become permanent residents in their MLD, 68% of the whites and 59% of the respondents of mixed race expressed similar views.

Figure 4.10: Extent of desire to become permanent resident, citizen, retire and be buried in MLD



(Source: Survey Results, 2001)

Secondly, less than half of the respondents (48%) indicated their willingness to become citizens of their MLDs. The extent of desire to become citizens in the MLD was closely related to race. The research results showed that more whites (68%) than blacks (47%) are likely to become citizens of their MLDs. Eighty eight percent of the respondents who would like to become citizens in their MLD are between 20-39 years. Whereas 45% of males would like to become citizens in their MLD, 54% of females expressed similar interests. It is important to note that 47% of the respondents who are married would like to become citizens in the MLD compared to 56% of those who are single.

Thirdly, only 29% of the respondents indicated the desire to retire in their MLD. Eighty seven percent of the respondents who would like to retire in their MLD are between 20-39 years. The loss of such young professionals to other countries could have negative economic impacts on Zimbabwe, which benefits little in terms of its investment in human resources.

Fourthly, only 16% of the respondents indicated that they would like to be buried in their MLD and the figure was higher for whites (55%) compared to blacks (14%). This can be attributed to the traditional African culture which places emphasis on one being buried in his/her homeland.

The picture that emerges from the data is that the potential migrants from Zimbabwe would like to work in another country on a temporary basis but may opt to acquire permanent residence in the MLDs so as to guard themselves against their possible deportation. After accumulating enough wealth, most emigrants will then come back to Zimbabwe to start a new life. This fits into the target income theory in which migrants travel to their intended destination with a view of accumulating wealth which they will invest in their home country (Camerer *et al*, 1997).

4.4.3 Maintenance of links with Zimbabwe

Migrants are known to maintain strong links with their area of origin and the maintenance of such links increases their possibility of returning to the home country at a later stage in their life. Table 4.10 summarises the extent to which the potential emigrants will maintain links with Zimbabwe.

Table 4.10: Maintenance of links with Zimbabwe

	Frequency	Percentage
Willingness to sell house in Zimbabwe		
Very willing	61	7
Willing	44	5
Total	105	12
Willingness to take savings out of Zimbabwe		
Very willing	95	11
Willing	103	11
Total	198	22
Willingness to take all investments out of Zimbabwe		
Very willing	84	9
Willing	103	11
Total	187	20
Willingness to give up Zimbabwean citizenship		
Very willing	81	9
Willing	74	8
Total	155	17
N=900		

(Source: Survey Results, 2001)

The research results demonstrate that most potential emigrants intend to maintain strong links with Zimbabwe. Only 12% of the respondents are "willing/very willing" to sell their houses in Zimbabwe, 22% are likely to take out their savings from Zimbabwe, 20% are "willing/very willing" to take all their investments out of Zimbabwe while 17% are "willing/very willing" to give up their Zimbabwean citizenship. These results have a number of implications. Firstly, they reveal that the emigrants from Zimbabwe are not prepared to give up everything they possess in the country which probably reflects their desire to return to the country. However, this can also show that the potential migrants would like to take a cautious approach so as avoid losing all their savings due to the risks involved in emigration. Secondly, the migrants from Zimbabwe would like to maintain

their Zimbabwean citizenship which shows that the emigrants would like to come back to the country at a certain stage of their lives.

4.5 The quality of life in Zimbabwe

The 1990s were characterised by declining quality of life in Zimbabwe. The introduction of the Economic Structural Adjustment Programme (ESAP) in 1991 resulted in economic hardships which affected the quality of life for both skilled and unskilled workers. Such hardships have continued till then and are, in fact, worsening. The conceptual framework (Figure 1.1) has presented a generalised overview of the different factors affecting the migration of skilled professionals from the country. In view of the foregoing, the respondents were asked to indicate their perceptions regarding the quality of life in Zimbabwe.

The study established that the causes of emigration of skilled professionals from Zimbabwe are varied. Generally, these can be broadly classified as economic factors (77%), social services (64%), political factors (56%) and professional factors (46%) (Table 4.11). Among the economic factors, the most commonly cited were (a) cost of living (89%); (b) level of taxation (83%); (c) availability of quality affordable products (75%); and (d) level of income (72%). In addition, the cost of living has been affected by rising inflation, which stood above 175% in December 2002 (before escalating to 359% in June 2003). The level of taxes in Zimbabwe still remains high compared to other countries. Skilled workers are taxed up to 50% of their gross monthly earnings. Furthermore, the availability of basic commodities in the country has been affected by government's decision to institute price controls. Most companies have closed down in

protest as they claim that the set prices are below the costs of production. Hence, only a few manufacturers remain to serve an under-supplied market. The end result has been the emergence of black market trade of commodities whereby goods are sold at 2-5 times their normal price. Where the goods are available on the formal market, they tend to be imports which are outside the governments' list of gazetted brands and are sold at exorbitant prices. In some cases, when the gazetted brands of basic goods are available in shops, long queues form, a factor which may entail them waiting for hours in a queue, which lowers labour productivity. This obviously affects the livelihoods and productivity of the skilled professionals. Social factors cited include the upkeep of public amenities (74%) and the availability of suitable accommodation (69%). Notable political factors cited include personal (56%) and family security (56%). Professional factors identified by the respondents are prospects for professional advancement (46%) and job security (45%). These findings are consistent with the earlier assertions made in the conceptual model (see Figure 1.1).

Table 4.11: Satisfaction with the quality of life in Zimbabwe

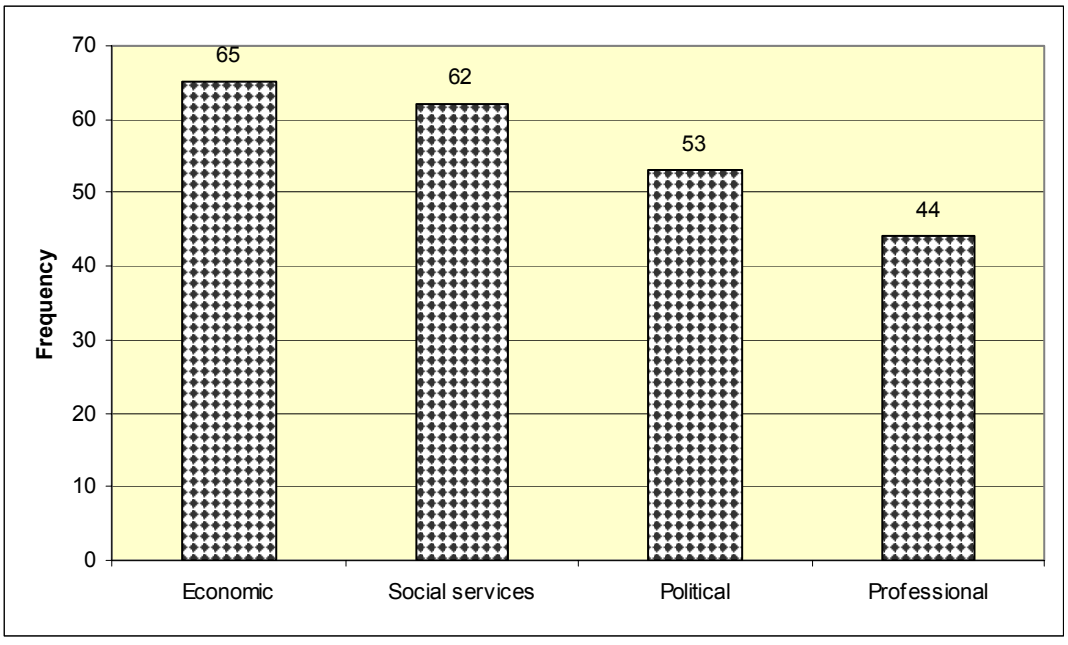
	Percentage
Dissatisfied or very dissatisfied with:	
Economic factors	77
Social services	64
Political factors	56
Professional factors	46
N=900	

(Source: Survey Results, 2001)

The skilled professionals were also asked to indicate whether they expect the factors listed above to improve in the next five years. Figure 4.10 shows that skilled Zimbabweans believe that the future conditions in the country will only worsen than at present. In order of importance, these factors can be summarised as economic (65%),

social (65%), political (53%) and professional factors (44%). The pessimism about the future economic conditions emanates from the present economic hardships currently being faced in the country, which have seen real wages of workers being eroded by the high inflation levels. They believe that the high inflation levels (359% in June 2003) will persist and the level of taxation will also remain high. The respondents, in view of the government's need to raise its financial resources from a dwindling supply base, do not anticipate an immediate end to the high tax regimes. Thus, the upkeep of public amenities will also suffer since the government will allocate money to sectors which are deemed crucial for the development of the country's economy. In short, they see a bleak future for themselves and their children in the country.

Figure 4.11: Perceptions of future conditions in Zimbabwe (get worse/much worse)



(Source: Survey Results, 2001)

4.5.1 The skilled personnel and politics in Zimbabwe

International migration can never be divorced from the country's political situation. Since the government of the day has a major input into the way the economy of a country is run, the state of the country's labour force is dependent on government policy. Unlike unskilled migrants, skilled personnel are highly mobile and may express their disappointment or disagreement with the incumbent government by emigrating. Hence, the skilled professionals may 'vote with their feet' in making a statement of their dissatisfaction with the economic and political climate prevailing in the country.

Several political issues were raised with the respondents so as to determine the relative levels of the impact of government policies upon their lives. Table 4.12 shows that only 11% of the respondents "approved/strongly approved" of the way the government performed its job in the year 2000. It is also quite interesting to note that whereas 12% of blacks "approved/strongly approved" of the way the national government performed its job over the past year, not even a single white person in the sample was in favour of the government's actions over the past year. This could be due to the farm invasions that took place soon after the rejection of the government sponsored draft constitution which saw many white commercial farmers losing their most prized assets in the country, their farms. Since then, a deep feeling of animosity has prevailed between the two parties.

Only 12% of the respondents can always trust the government to do what is right most of the time while 15% believe that the people in government are "very interested/quite interested" to hear what they think. Over 80% of skilled Zimbabweans sampled believe

that they are being treated unfairly by the government in terms of their race, language group and economic class, with skilled whites giving the government low ratings in all these aspects. The skilled black population gave a low rating of the work of the government on themselves, their racial group and people in their economic class whereas none of the skilled whites in the sample indicated that the actions of government made a positive impact on their lives (Table 4.12).

Table 4.12: Perception of government by skilled Zimbabweans

	Frequency	Percentage
Approval Rating		
Do you approve of the way the national government has performed its job over the last year? (% approve/strongly approve)	100	11
How much of the time can you trust the government to do what is right? (% of the time)	107	12
How interested do you think the government is in hearing what people like you think? (very interested/quite interested)	136	15
Responsiveness of Government		
Interest of government in the opinions of (% yes):		
People of your race group	152	17
People of your economic class	123	14
People who share your home language	137	15
Impact of government		
Impact of the actions of the government over the last year (% positive or very positive):		
Personally	90	10
On people of same race	123	14
On people who share same language	121	14
On people in same economic class	75	8
On Zimbabwe	84	9
Discrimination by Government		
Extent to which the following are unfairly treated by government (% always or to a large extent)		
People of same your group	340	37.8
People who share your home language	340	37.8
People of your economic class	358	39.7
You personally	345	38.4
N=900		

(Source: Survey Results, 2001)

4.5.2 Conditions in the MLD

The respondents were asked to compare the conditions in the country against those in the MLD. The results indicate that most respondents are of the opinion that conditions in their MLDs are better than in Zimbabwe (Table 4.13). The conditions that are most attractive to the potential emigrants in the MLDs include the cost of living (88%), level of income (87%), availability of quality affordable products (86%), and prospects for professional advancement (79%). It is also interesting to note that most whites (68%) consider their personal safety to better or much better in the MLD compared to blacks (49%).

Table 4.13: Comparison between Zimbabwe and overseas destinations

	% Total
Better or much better overseas	
Cost of living	88
Your level of income	87
Availability of quality affordable products	86
Prospects for professional advancement	79
Ability to find medical services for family and children	74
Upkeep of public amenities	74
Your level of taxation	73
Customer service	71
The future of your children in Zimbabwe	66
Relative share of taxes paid in comparison to others	65
Ability to find a good school for your children	60
Ability to find a house you want to live in	59
The security of your job	59
Your personal safety	49
Your family's safety	49
N=900	

(Source: Survey Results, 2001)

4.5.3 Migrants' networks abroad

The survey also sought to establish the influence of travel experiences on the likelihood to emigrate. Globalisation has enhanced the free flow of information around the world

and has also enhanced the movement of skilled professionals. Generally, people who have had wider travel experiences are likely to be conversant with the conditions prevailing in the desired destinations and tend to be familiar with career opportunities as well as constraints to movement and settlement in the intended host society.

Table 4.14 shows that skilled Zimbabweans are generally poorly travelled and have had limited contact with both people and firms in the intended country of destination. It is important to note that most of the professionals who have travelled outside the country have ended up in African destinations particularly those in Southern Africa. This is logical since travel costs are lower for destinations within the region compared to those overseas. The proportion of skilled professionals who have been to African countries is higher among whites than blacks. This may probably be a result of the high travel costs involved in international travel and since whites in Zimbabwe generally have more funds to spare for leisure and travelling purposes, they are also likely to travel more than their black counterparts. Table 4.14 also shows a strong correlation between frequency of travel and the intention to migrate. Most of the potential migrants would like to migrate to a country where they have been before.

Table 4.14: Experience of regular travel abroad

	Frequency	% of total*	Consideration to emigrate (%)
Travel once a year or more to:			
Southern Africa	227	63	88
Elsewhere in Africa	72	20	82
Europe	37	10	76
North America	9	2	77
Australia/New Zealand	8	2	63
Asia	9	2	44
****n = 362**			

*Figure does not add up to 100 due to rounding
**n represents professionals with frequent travel experiences
(Source: Survey Results, 2001)

Since international migration depends on the flow of information between the potential migrant and the desired country, the survey also sought to establish the main sources of information about job opportunities in other countries available to the potential migrants. With the acceleration of emigration of skilled personnel in recent years, it is not surprising that most of the respondents' friends now reside abroad. Todaro (2000) has shown the importance of social networks (family and friends) in influencing the decision to move as they provide both information about job opportunities and also act as an initial base from which the new migrant begins a new life. With the world increasingly becoming globalised and information and communication networks improving, the potential for migration has been improved.

The survey results revealed that the most common sources of information about job opportunities in other countries are friends (81%), professional associations (76%) and newspapers (73%) (Table 4.15). In fact, the respondents with some friends who have migrated have the highest potential to migrate. Furthermore, respondents who know of some people in their profession who have migrated also have a high emigration potential.

The results demonstrate the importance of network links in providing credible sources of information about job opportunities. In addition, kinship ties in particular, provide the much-needed security to emigrants during the period of job searching and also provide security against deportation. Thus, the research findings are consistent with Todaro's (2000) assertion that networks play an important role in influencing migration decisions.

Table 4.15: Sources of information about job opportunities in other countries

Source	% of Total	Likelihood to emigrate
Friends	81	47
Professional associations	76	28
Newspapers	73	38
Family	69	31
Professional journals/newsletters	52	34
N = 900		

(Source: Survey Results, 2001)

The knowledge of successful emigrants abroad can trigger the migration of professionals that might have initially chosen to stay in the country. In Zimbabwe, the current economic and political downturn has seen many professionals leaving the country. Hence, the study also sought to document the potential migrants' knowledge of other professionals who have emigrated. Firstly, 81% know of a close friend who has emigrated to another country. (Table 4.16). Secondly, 76% know of at least one person in their profession who has emigrated to another country. Thirdly, 73% know of at least one emigrant amongst members of their extended family. Fourthly, 69% indicated that they know of a co-worker who has left for greener pastures abroad. Finally, 52% of the respondents know of at least one emigrant amongst members of their immediate family. The results also show a strong correlation between knowledge of emigrants abroad and the intention to migrate. These results have serious implications on the likelihood of the

skilled professionals in Zimbabwe leaving the country. Firstly, knowledge of members of immediate family and friends living abroad can in itself trigger migration as the potential migrants are assured of the security they require before they can obtain employment. Secondly, knowledge of other people within the profession who have left also provides a psychological push to the potential emigrants since they become aware of the demand for their professional skills abroad.

Table 4.16: Knowledge of other emigrants abroad

Knows at least one emigrant amongst	% of Total	Likelihood to emigrate (%)
Close friends	81	70
People in profession known personally	76	67
Members of extended family	73	65
Co-workers	69	60
Members of immediate family	52	46
N = 900		

(Source: Survey Results, 2001)

Even though the skilled population of Zimbabwe has been shown to have a high emigration potential, travel costs can present a major obstacle to their movement and settlement in their desired countries. This is more critical for professionals intending to migrate to overseas destinations as most airlines (including Air Zimbabwe) now peg their fares in foreign currency, which is only available at exorbitant rates at the black market. Only 31% of the respondents indicated that the travel costs to their MLD are "affordable/very affordable". It is also interesting to note that more blacks (31%) than whites (27%) can afford the travel costs to their MLD.

The brain drain from African countries has forced African governments to implement policies to redress the situation. The survey also sought the opinions of the respondents

about the effectiveness of certain policies in controlling emigration. Firstly, the respondents were asked to indicate whether it would make any difference in their plans to emigrate if the government were to introduce measures that would make it more difficult for them to emigrate. Sixty seven percent of the respondents were of the opinion that this policy would make no difference for them to emigrate (Table 4.17).

Table 4.17: Emigration policy and likelihood to emigrate

Makes no difference to emigrate from the country	Frequency	Percentage
If the government was going to allow people to hold only one passport	657	73
If the government increase fees for emigration	622	69
If the government took steps to make it more difficult to emigrate	601	67
If the government required people leaving professional schools to do one year national service in their area of expertise	603	67
N= 900		

(Source: Survey Results, 2001)

Secondly, the majority of respondents indicated that it would make no difference for them to emigrate if the government were to require people leaving professional schools to do one year national service in their area of expertise. Thirdly, making Zimbabweans to be holders only of one passport will not affect the emigration plans of skilled Zimbabweans. Fourthly, increasing fees for emigration will also not have an impact on the emigration plans of the respondents. These findings have important implications for policy as they reveal the ineffectiveness of coercive measures in trying to reduce the migration of skilled professionals.

4.6 Conclusions

The study has attempted to predict the likely future trends of skilled labour emigration for the country. The skilled professionals of Zimbabwe have been shown to have a high

emigration potential. The most important factors identified in this research as the major driving forces of the migration of skilled professionals from the country are the high cost of living currently prevailing in the country as well as the high level of taxation. Additional push factors were the availability of quality affordable products, upkeep of public amenities, level of income, the future of children in Zimbabwe and the ability to find a house to live in. Inability to meet the basic necessities of life has resulted in discontent among the skilled population resulting in their intention to move to other countries.

The majority of the people who have a high emigration potential are the youthful population in the 25-35 age group which represents the bulk of the economically active group in Zimbabwe. The effect of the emigration of skilled professionals from the country is likely to significantly reduce the population of skilled labour in the country. Thus, the loss of the economically active skilled professionals to other countries represents a crippling loss to Zimbabwe. It has also been observed that the people who want to emigrate from the country intend to stay outside the country's borders for at least two years. It is also disturbing to note that nearly 70% of the people interviewed in this research are likely to emigrate within the next five years. Equally disturbing is the fact that nearly 20% of the people interviewed have already applied for work permits in their intended countries of destination or are in the process of applying.

The study has taken a new approach to the study of international migration in Zimbabwe in that it attempted to simulate the future migration trends of skilled personnel from the

country. The conditions promoting the migration of skilled labour in the country have been highlighted as well as the pull factors in the countries where the skilled personnel are likely to end up living in. The majority of the skilled population in the country have been shown to have a high emigration potential, and should their plans be realised, the country stands to lose one major prerequisite for sustainable economic development, human capital.

CHAPTER FIVE

PRESENTATION AND ANALYSIS OF RESULTS: THE MIGRATION OF SKILLED HEALTH WORKERS FROM ZIMBABWE

5.1 Introduction

The migration of skilled professionals from Zimbabwe has affected service delivery at varying levels. Chapter four has shown that the migration potential of skilled professionals in the country is high. The survey was general and sought to establish the future migration trends. However, there is also need to show how the high emigration potential is being turned into reality. The study adopts a case study of the migration of health professionals to highlight a number of issues. These include the magnitude of migration, the effects on the quality of care, as well as assessing policy responses to the problem.

The health sector of Zimbabwe best exemplifies the scale of skilled labour migration from a typical developing country. Due to a range of economic, social, political and professional factors, skilled health personnel are leaving the country for greener pastures within the region and abroad. The effects of such movements have been many and varied. Therefore, it is necessary to examine the causes of migration of health professionals, the trends in migration and the associated impacts on health care delivery. Before examining these issues in depth, it is necessary to describe the characteristics of the surveyed population.

5.2 Profile of Respondents

Three hundred and ten questionnaires were administered to skilled health personnel working in selected health institutions. Due to the problems encountered in the course of the research, only 231 complete questionnaires were obtained and were used in data analysis. Out of these, 66.2% were female and 33.8% were male (Table 5.1). Furthermore, 64.1% are married, 25.1% are single, 5.2% are divorced and 5.6% are widowed. As many as 74.5% of the respondents have children while 25.5% have none. The respondents have few dependants, with 35.5% having no dependants, while 43.4% have one or two dependants. The respondents are mostly Zimbabwean (98.3%), with one British, one Australian, one professional from another African country as well as one Iranian.

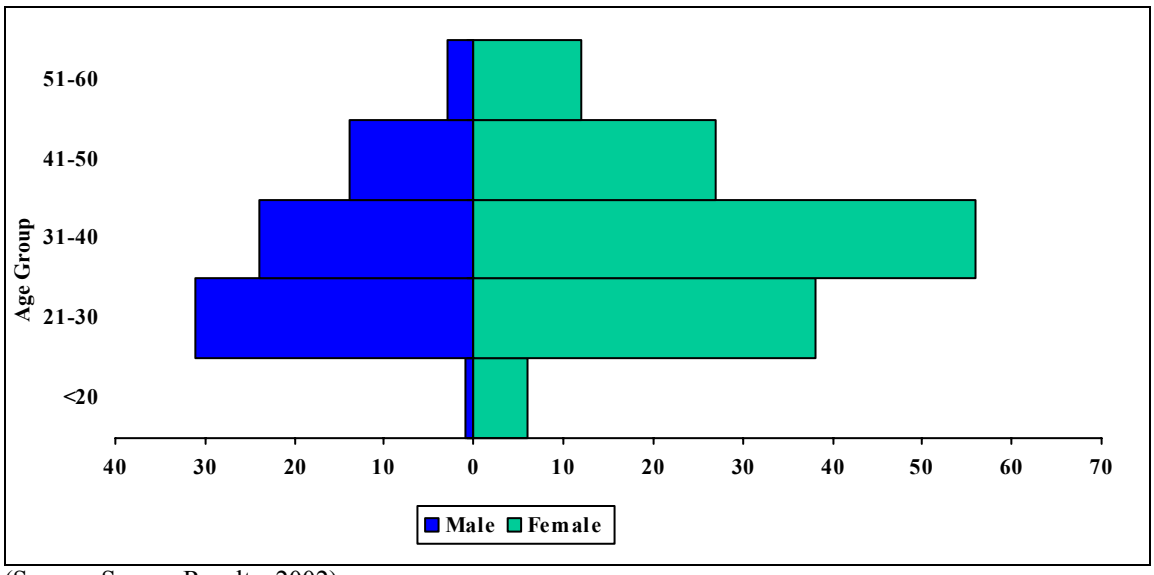
Table 5.1: Profile of respondents

	Frequency	Percentage
Gender of respondents		
Male	78	33.8
Female	153	66.2
Marital status		
Married	148	64.1
Divorced	12	5.2
Single	58	25.1
Widowed	13	5.6
Nationality		
Zimbabwean	227	98.3
Another African country	1	0.4
British	1	0.4
Australian	1	0.4
Any other country	1	0.4
N = 231		

(Source: Survey Results, 2002)

Most respondents are in the middle age category, with 64.5% aged between 21 and 40 years (Figure 5.1). Only a few respondents are below the age of 20, owing to the relatively long period of time required to train health professionals. The structure of the age-sex pyramid for the health professionals interviewed lends credence to the claim that the health sector is heavily feminised.

Figure 5.1: Age profile of respondents



(Source: Survey Results, 2002)

Nurses and midwives comprise the largest group of health professionals interviewed and comprised almost 70% of the respondents (Table 5.2). A sizeable number of doctors (13%) were also interviewed. Nearly 4% were pharmacists, 2.2% were dentists and 7.4% were tutors/lecturers. Most of the tutors/lecturers are employed at nursing schools while others teach at the medical school.

Table 5.2: Employment profile of the respondents

	Frequency	Percentage
Category of health team		
Nurse	137	59.3
Midwife	20	8.7
Medical doctor	30	13.0
Pharmacist	10	4.3
Tutor/lecturer	17	7.4
Dentist	5	2.2
Any other category	12	5.2
Sector of employment		
Public sector	221	95.7
Private sector	10	4.3
Type of facility employed in		
District hospital	39	16.9
Provincial or regional hospital	117	50.6
Tertiary hospital	41	17.7
Rural health centre	9	3.9
Nursing school in a university	2	0.9
Nursing school not in a university	13	5.6
Medical school	10	4.3
N = 231		

(Source: Survey Results, 2002)

Nearly half of the respondents (50.6%) were drawn from provincial hospitals, while others were drawn from district (16.9%) and tertiary hospitals (17.7%). The rest were drawn from rural health centres (3.9%), nursing schools (6.5%) and from the medical school (4.3%). Furthermore, the research results showed that the health professionals interviewed are highly qualified. The majority hold tertiary diplomas (65.8%), while 19.9% hold bachelors' degrees. Noteworthy though, are the 5.2% who possess Masters' degrees while 1.7% possess doctorate degrees. Some 6.1% possess tertiary certificates while 1.3% possess other qualifications.

5.3 Magnitude of Migration

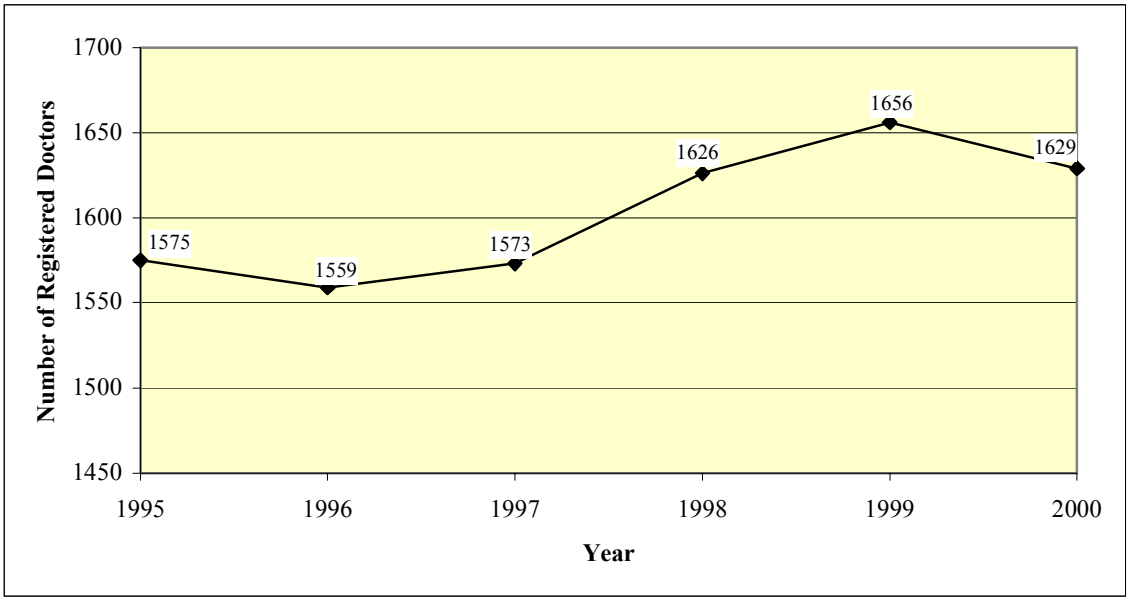
In order to raise an appreciation of the migration situation of health workers from the country, it is necessary to examine the trends at various levels in the health system. The levels examined are (a) national level, and (b) health institution level. It was assumed that migration has impacted differently at various levels of health care delivery. Data on the magnitude of health workers' migration was collected using the *Questionnaire for Health Institution Survey* (A1) (Appendix 2).

5.3.1 National level

In order to examine trends in health professionals migration at the national level, data on staffing patterns in public health institutions was collected from the Ministry of Health and Child Welfare (MoHCW) and the Central Statistical Office (CSO). However, the MoHCW could only provide information relating to staffing patterns for nurses and doctors, while that for dentists and pharmacists was not available.

The CSO supplied the most complete data on health personnel registered in the country covering the period 1995-2000 (Figures 5.2 and 5.3). The data provided related to the number of registered health professionals employed both in the private and public sectors. The number of registered medical doctors and specialists countrywide increased slightly from 1 575 in 1995 to 1 629 in 2000 (a 3% increase) (Figure 5.2). However, the Medical School of the University of Zimbabwe trains about 80-90 doctors every year. There was an overall increase of only 54 doctors (rather than an expected 360 or so) over the four-year period which suggests that emigration is at least partially responsible.

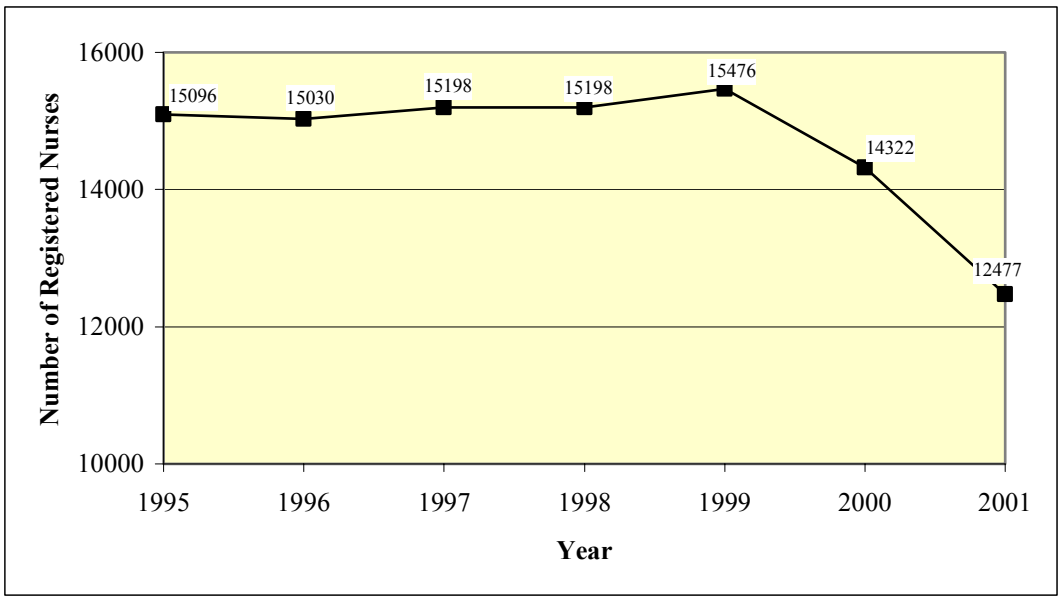
Figure 5.2: Registered medical practitioners in Zimbabwe, 1995-2000



(Source: CSO, 1999)

Figure 5.3 shows that the number of registered nursing professionals in the country was stable up to the late 1990s, when a significant decline was experienced. While there were 15 476 registered nurses in Zimbabwe in 1998, only 12 477 remained by 2001. Such a sudden decline is a cause for concern and is clearly a result of the emigration of nurses from the country.

Figure 5.3: Registered nurses in Zimbabwe, 1995-2001

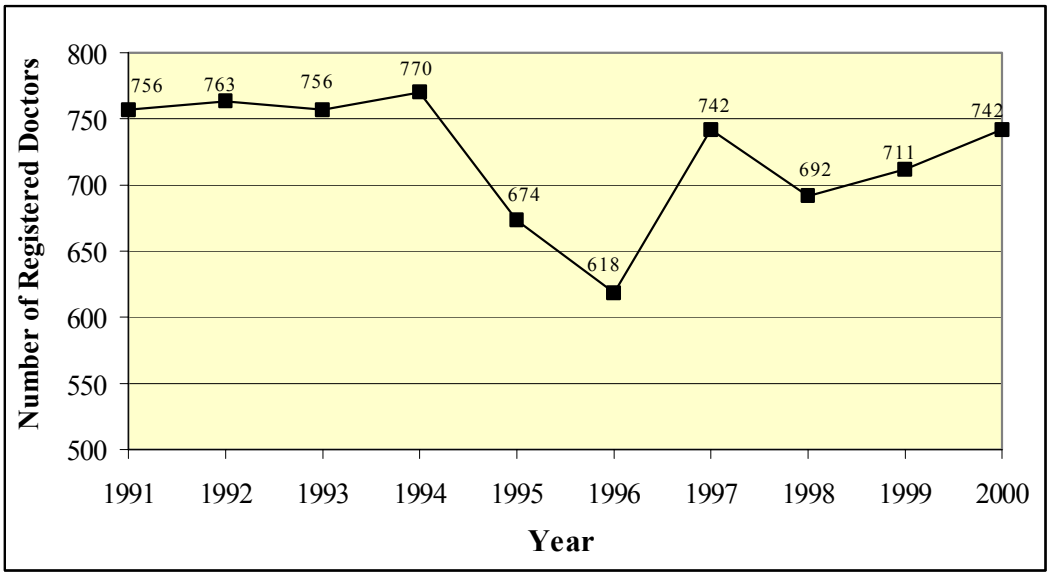


(Source: CSO, 1999)

The public sector has been identified as the principal provider of health care system in most African countries. It is therefore important to establish what has been taking place in this important sector over the past decade in terms of available human resources. Information gathered from the MoHCW on the staffing situation in the country's public health institutions shows a general decline in the number of nurses and doctors employed in that sector (Figures 5.4.a and b). For instance, the number of doctors employed countrywide in public health institutions fell from 756 in 1991 to a low of 618 in 1996. The staffing figures oscillated around 700 between 1976 and 1999 and rose to 742 in 2000.

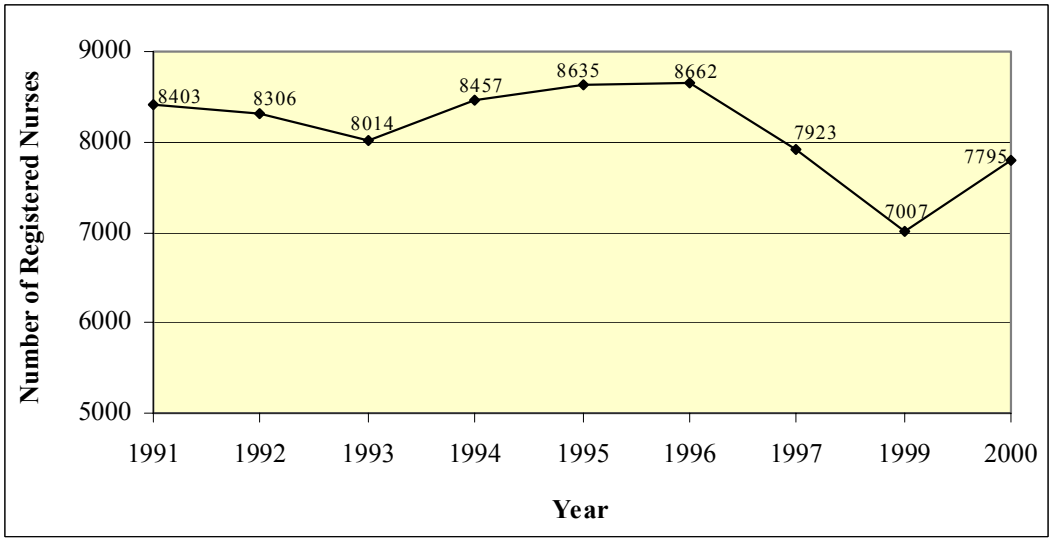
Figure 5.4: National staffing patterns in the public health sector, 1991-2000

(a) Doctors



(Source: Survey Results, 2002)

(b) Nurses

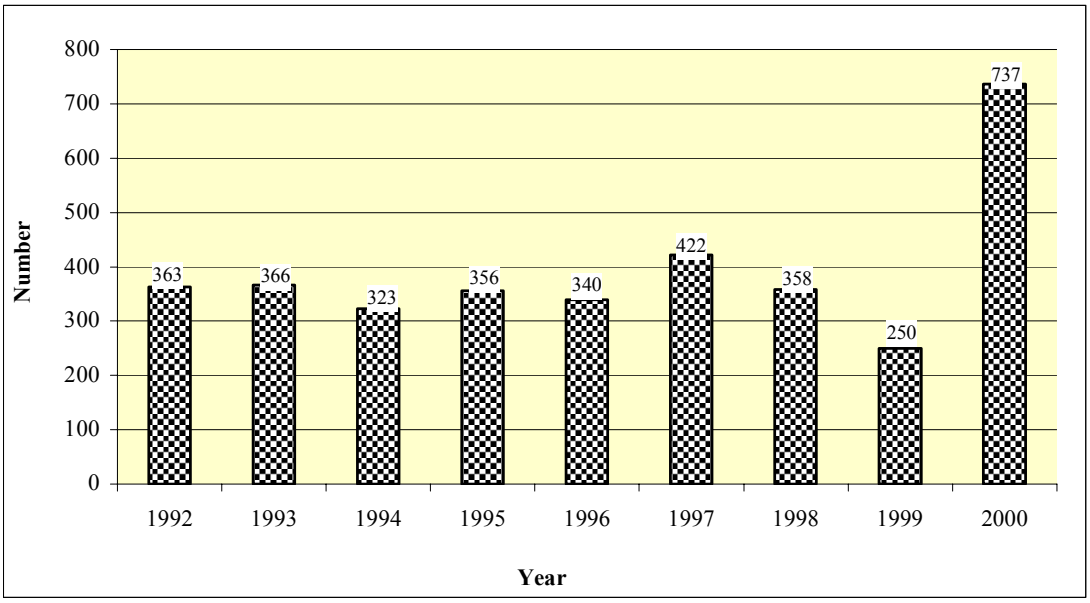


Data for 1998 was missing
(Source: Survey Results, 2002)

Figure 5.4b shows that nursing has been the worst affected profession by the migration of skilled health professionals. The number of nurses employed in the public health sector fell by over 1 000, from 8 662 in 1996 to 7 007 in 1999. This decline occurred at a time when the country's public training institutions produced over 1 300 newly trained nurses

(Figure 5.5). While a significant number left for the private sector, many nurses have been leaving for overseas destinations such as the UK where salaries are much higher than those offered locally.

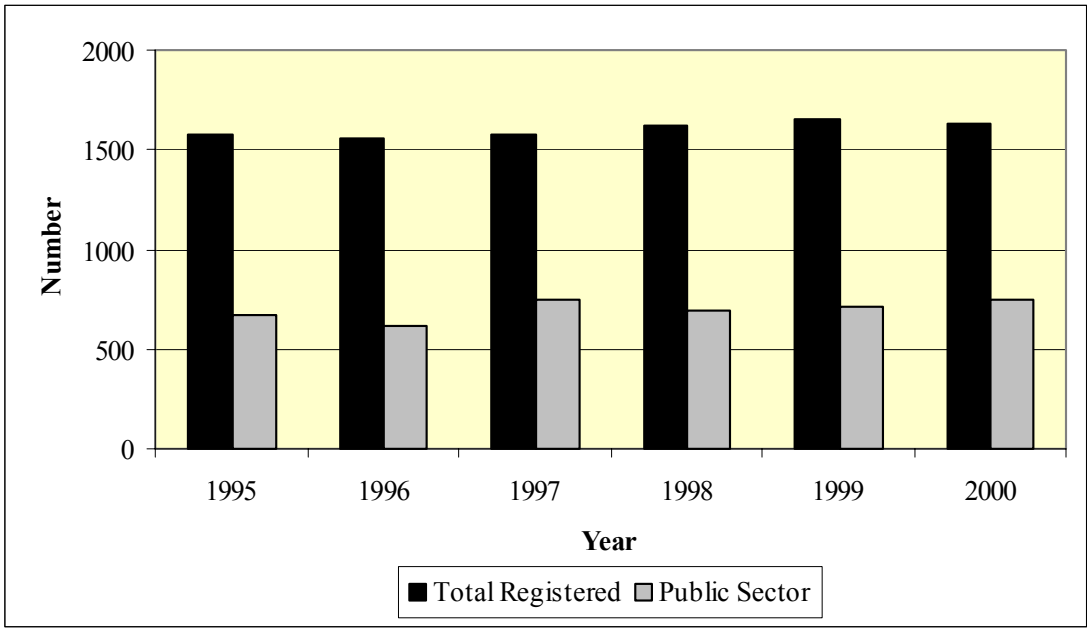
Figure 5.5: Nurses trained in Zimbabwe: 1992-2000



(Source: Survey Results, 2002)

A comparison of the number of registered professionals in the country and those employed in public health institutions shows that the public sector is also in crisis because of its failure to retain staff, leading to an internal "brain drain" to the private sector. In 1997, for example, there were 831 private and 745 public sector doctors. Two years later, in 1999, the figures were 945 and 711, a situation which suggests that the private sector has been growing at the expense of the public sector (Figure 5.6).

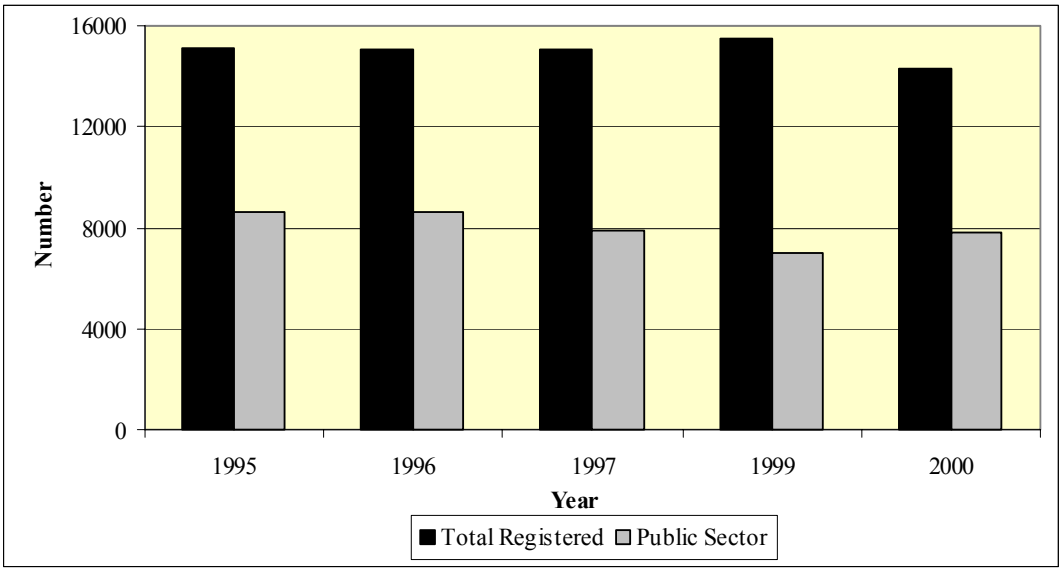
Figure 5.6: Public v private sector share of doctors



(Source: Survey Results, 2002)

The public sector share of nurses in Zimbabwe also fell significantly during the mid-1990s. As shown in Figure 5.7, the number of nurses registered nationally rose marginally from 15 096 in 1995 to 15 476 in 1999 (an increase of 2.5%), while the number of nurses employed in the public health institutions declined from 8 635 in 1995 to 7 007 in 1999 (a decline of 19%).

Figure 5.7: Public v private sector share of nurses



(Source: Survey Results, 2002)

Evidence that nurses have been moving to the private sector is also provided by the number of nurses registered nationally, which rose marginally from 15 096 in 1995 to 15 476 in 1998 (an increase of 2.5%), while the number of nurses employed in the public health institutions declined from 8 635 in 1995 to 7 007 in 1999 (a decline of 19%).

The staffing crisis in Zimbabwe's public health sector is highlighted by the fact that the sector employed only 28.7% of its national requirements in 1997. Out of the 1 634 doctors registered in the country in 1997, only 551 doctors (33.7%) were employed in the public sector with most of the remaining registered doctors employed in the private sector (Table 5.3). Similarly, the public health sector only had 32.6% of the national requirements for dentists.

Table 5.3: Health professionals employed in the public sector, 1997

	No. registered in the country	MoHCW requirement	Approved Posts	Filled Posts	% of requirement filled
Doctors	1 634	1 851	676	551	28.7
Nurses	16 407	14 251	7 923	7 923	55.6
Pharmacists	524	198	59	37	18.7
Dentists	148	43	14	14	32.6

(Source: Republic of Zimbabwe, 1999)
Note: Data from the source varied marginally with field data

The problem was more severe for pharmacists, as only 18.7% of the posts were filled in the same year. Currently the Department of Pharmacy at the University of Zimbabwe's Medical School produces between 40 to 60 graduates per year, albeit with a reduction in financial and human resources (it currently has a staff complement of about eight). The shortage of pharmacists, in particular, has been worsened by strong recruitment drives of developed countries notably the United Kingdom. During the past two years, Zimbabwe lost between 60 and 80 pharmacists to other countries, with the United Kingdom being the main destination. For a country with just over 600 pharmacists in total and which produced an average of 25 pharmacists a year over the past decade (1990-1999), this is over 10 per cent of the total pharmacist population and equivalent to a turnout of four years (Anon, 2002). In early 2002, there were reports of nearly sixty Zimbabwean trained pharmacists on the same plane destined for the UK (Sunday Mail, 10/06/02; Anon, 2002). A similar number of pharmacists were expected to leave the country for the same destination later that year.

5.3.2 Health institution level

At the health institution level, the migration of skilled health professionals has led to staff shortages. The study shows that health institutions located in urban areas are better

staffed with health professionals compared to those located in disadvantaged (rural) areas (Table 5.4). Rural areas in Zimbabwe fail to attract and retain staff because they generally lack basic infrastructure such as all-weather roads, electricity and clean water supplies. Furthermore, professionals posted in such locations (especially doctors) have limited opportunities for private practice compared to their counterparts working in urban areas. Such factors partly explain why rural health institutions are grossly understaffed and have high vacancy rates. Similarly, provincial hospitals are better staffed as compared to district hospitals. To note also is the fact that health institutions located in urban areas are better staffed compared to those located in rural areas. Thus, Harare Central Hospital employed 71 excess doctors in 2000, compared to Kadoma District Hospital which had one vacant post in the same year. Both internal (mainly public to private sector) and international migration can be blamed for the loss of health professionals from the public sector. However, what is even more worrying is that the number of unfilled posts is increasing for certain categories such as nurses. For instance, the number of unfilled posts at Harare Central Hospital increased from 118 in 1998 to 340 in 2000.

Table 5.4: Staffing patterns at selected public health institutions

		Variable	1995	1996	1997	1998	1999	2000
Doctors	Harare Central Hospital	Established Posts	-	-	-	108	122	122
		Number at Post	-	-	-	94	118	193
		Vacant Posts	-	-	-	14	4	+71*
	Gweru Provincial Hospital	Established Posts	8	8	8	8	8	8
		Number at Post	5	4	7	7	8	8
		Vacant Posts	3	4	1	1	0	0
	Kadoma District Hospital	Established Posts	-	6	6	7	6	7
		Number at Post	-	5	6	7	6	6
		Vacant Posts	-	1	0	0	0	1
Nurses	Harare Central Hospital	Established Posts	-	-	-	794	794	934
		Number at Post	-	-	-	676	606	594
		Vacant Posts	-	-	-	118	188	340
	Gweru Provincial Hospital	Established Posts	236	242	242	242	242	242
		Number at Post	231	230	237	238	232	235
		Vacant Posts	5	12	5	4	10	7
	Kadoma District Hospital	Established Posts	-	108	112	116	119	119
		Number at Post	-	105	90	105	113	112
		Vacant Posts	-	3	22	11	6	7
	Epworth Poly Clinic	Established Posts	-	-	-	7	7	7
		Number at Post	-	-	-	5	5	4
		Vacant Posts	-	-	-	2	2	3
Midwives	Harare Central Hospital	Established Posts	-	-	-	60	60	60
		Number at Post	-	-	-	60	60	55
		Vacant Posts	-	-	-	0	0	5
	Epworth Poly Clinic	Established Posts	-	-	-	12	12	12
		Number at Post	-	-	-	10	8	9
		Vacant Posts	-	-	-	2	4	3
Pharmacists	Harare Central Hospital	Established Posts	-	-	-	8	8	10
		Number at Post	-	-	-	5	6	6
		Vacant Posts	-	-	-	3	2	4
	Gweru Provincial Hospital	Established Posts	2	2	2	2	2	2
		Number at Post	2	2	1	1	1	1
		Vacant Posts	0	0	1	1	1	1
	Kadoma District Hospital	Established Posts	-	1	1	1	1	1
		Number at Post	-	1	1	1	1	1
		Vacant Posts	-	0	0	0	0	0

* Positive sign shows that the health institution employs excess staff.
(Source: Survey Results, 2002)

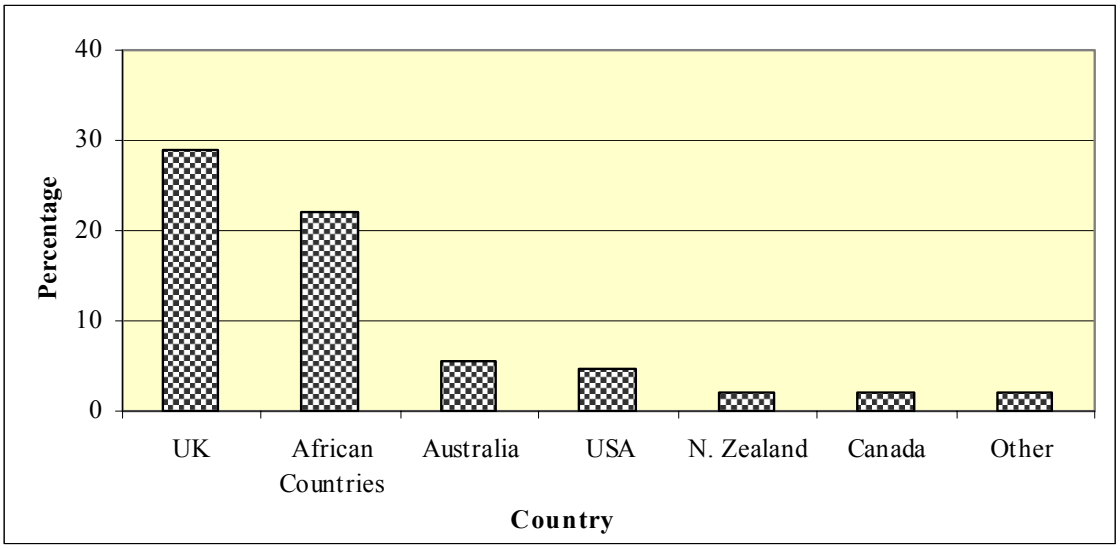
The foregoing discussion has shown that the public sector is failing to retain health professionals. Hence as many as 67% are considering moving to the private sector which offers better salaries. The private sector was also argued to offer better fringe benefits

(78%) compared to the public sector. The health professionals working in the public sector concurred that it is necessary for them to do two or more jobs to make ends meet. On a positive note, almost 90% would prefer to stay in the public sector if their salaries are improved.

5.3.3 Migration intentions

The study also sought to establish the migration intentions of the health professionals. The survey results indicate that most respondents (68.0%) are considering leaving the country in the immediate future. This compares to the 57% of the skilled professionals interviewed in the first survey who have considered emigrating from the country 'a great deal'. On the basis of these findings, it can be argued that health professionals have a higher emigration potential than other skilled professionals in the country. The most likely destination (MLD) of health professionals is the United Kingdom (29.0%) [In the first survey, the top MLD was the United States of America (24%), the United Kingdom was second (18.2%)]. However, a sizeable number of the respondents prefer destinations within Africa (mostly South Africa followed by Botswana). Other fairly popular destinations cited by the respondents include Australia (5.6%), the United States of America (4.8%), New Zealand (2.2%) and Canada (2.2%) (see Figure 5.8).

Figure 5.8: Most likely destinations of Zimbabwean health professionals



(Source: Survey Results, 2002)

The findings have important implications for Zimbabwe. Even though intentions do not always translate to actions, it is alarming to note that the country could lose as much as 68% of its health professionals in the immediate future. This also makes it imperative for policy makers to implement policies that address the welfare and other concerns of health professionals.

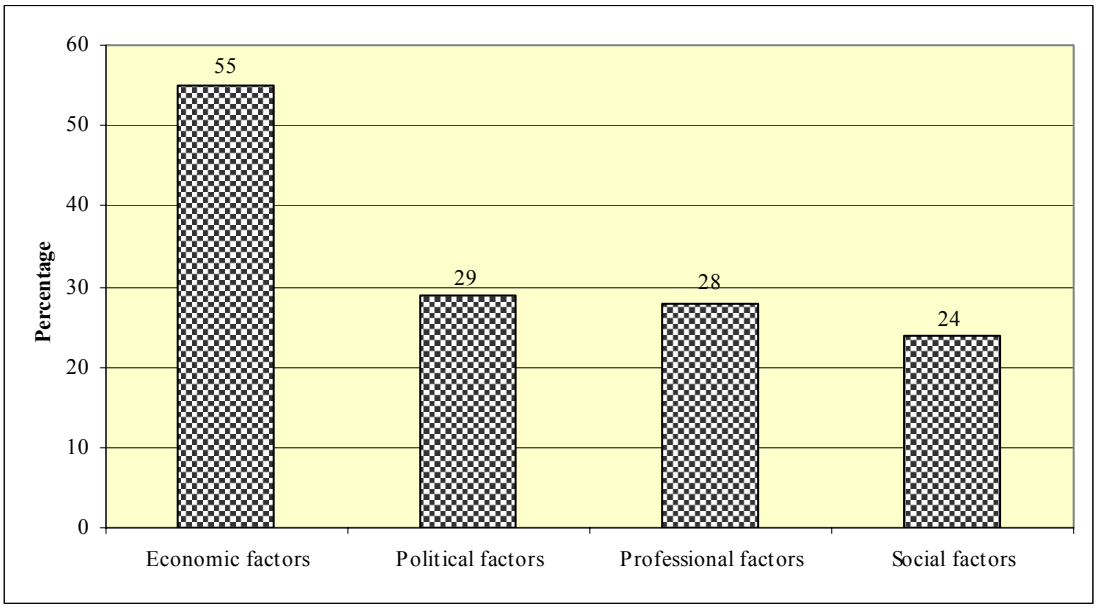
5.4 Factors Leading to the Migration of Skilled Health Professionals

5.4.1 Reasons for migration

The preceding section has shown that health institutions in Zimbabwe are currently understaffed owing to migration. The section that follows examines the causes of health workers' migration from the country.

Firstly, the survey sought to establish from the in-country health professionals the reasons for their intention to migrate. The study results reveal that the reasons for the intention to migrate by the health professionals are varied and can be broadly grouped as economic, political, professional and social factors (Figure 5.9).

Figure 5.9: Reason for intention to move



Note: question is multiple response
(Source: Survey Results, 2002)

Generally, economic factors are largely behind the desire to migrate. Some of the economic factors cited include the desire to receive better remuneration in the intended country of destination (55%) or the desire to save money quickly in order to buy a car, pay off a home loan, or for a similar reason (54%). Political factors were also cited as contributing to the migration of health professionals from the country. Some of these political factors cited include the need to ensure a safer environment for children (25%) and the high levels of crime and violence in the country (23%). Other respondents cited professional factors as being a major factor influencing the migration of health

professionals from the country. These include heavy workload (39%) and insufficient opportunities for promotion and self-improvement (34%). Lastly, social factors cited include the desire to find better living conditions (47%) and family related reasons (10%).

Interviews which were held with emigrant health professionals confirmed that economic and political factors were the main causes of health workers' migration from the country (Table 5.5). It is evident that economic and political factors are exerting the greatest influence on the migration of health professionals from the country. Economic factors which were cited by emigrant professionals include low remuneration (56%) and the general decline of the economic situation in home country (40%).

Table 5.5: Reasons for leaving the home country

Reason	Yes (%)
Economic factors	40
Political factors	36
Professional factors	28
Social factors	16
N = 25	

Note: question is multiple response
(Source: Survey Results, 2002)

Political factors that were cited include the high levels of crime and violence (politically related) in the country (48%) and that they saw no future in the country (48%). Among the professional factors, the dominant ones cited were general decline in the health services of the country (44%), poor management of health services in home country (36%) and the need to gain experience abroad (24%). Lastly, social factors which played a significant role in influencing the migration of (emigrant) health professionals include the need to find better living conditions (48%) and family related matters (12%).

The preceding discussion has painted a clear picture of the causes of migration, not only of health professionals, but also of other skilled professionals, from Zimbabwe. Without question, economic factors have exerted the greatest influence on the migration decisions of the health professionals. This is in line with the general decline in the country's economic conditions since the late 1990s. Political factors have also gained greater prominence, as the country's major political parties fought gruesome battles, first in the 2000 parliamentary elections, and second in the 2002 presidential elections. The campaigns were associated with widespread violence, which was more severe in rural areas. This saw many professionals fleeing the country for their safety and that of their children. Still, other health professionals are migrating because of professional factors. Most of these factors are related to the poor economic conditions prevailing in the country (e.g. general decline of health care services in the country). The ways in which these factors can be addressed will be discussed later on in this study.

The working conditions of health professionals are critical in the making of migration decisions. A study by Gaidzanwa (1999) revealed that health professionals in Zimbabwe are disgruntled by their current working conditions. Hence, information was sought regarding indicators of working conditions, such as working hours, client attendance, and quality of services offered at the health institutions.

Most health professionals in Zimbabwe are officially supposed to be on duty for between 31 and 40 hours a week (that is, nearly 8 hours a day). However, due to staffing

problems, some health professionals end up working up to 4 extra hours a day. Hence, some respondents (1.3%) indicated that they are sometimes on duty for more than 50 hours weekly. Such heavy workloads may consequently lead to their desire to migrate.

The shortage of suitably qualified health professionals in the country's public health institutions has increased the workload of those who remain (Table 5.6). For instance, half of the respondents indicated that they attend to more than 20 clients per shift while only 9.5% attend to less than 5 clients per shift. As many as 78% of the health professionals interviewed expressed dissatisfaction over the number of clients they attend to per day which they regard as extremely high. They blamed emigration for the increase in the number of clients they are attending to. In this case, the migration of health staff is seen as both a cause of ongoing migration (by increasing workload of remaining health professionals) and its effect (due to the reduction of available health professionals).

Table 5.6: Client attendance (by in country health staff)

Number of clients attended to per shift	**Frequency**	**Percentage**
Less than 5	22	9.5
6 – 10	21	9.1
11 – 15	37	16.0
16 – 20	35	15.2
More than 20	116	50.2
Satisfaction with number of clients attended to		
Yes	51	22.1
No	180	77.9
N = 231		

(Source: Survey Results, 2002)

The shortage of foreign currency in Zimbabwe has affected service delivery in most health institutions which rely on drugs and equipment that are mostly imported from

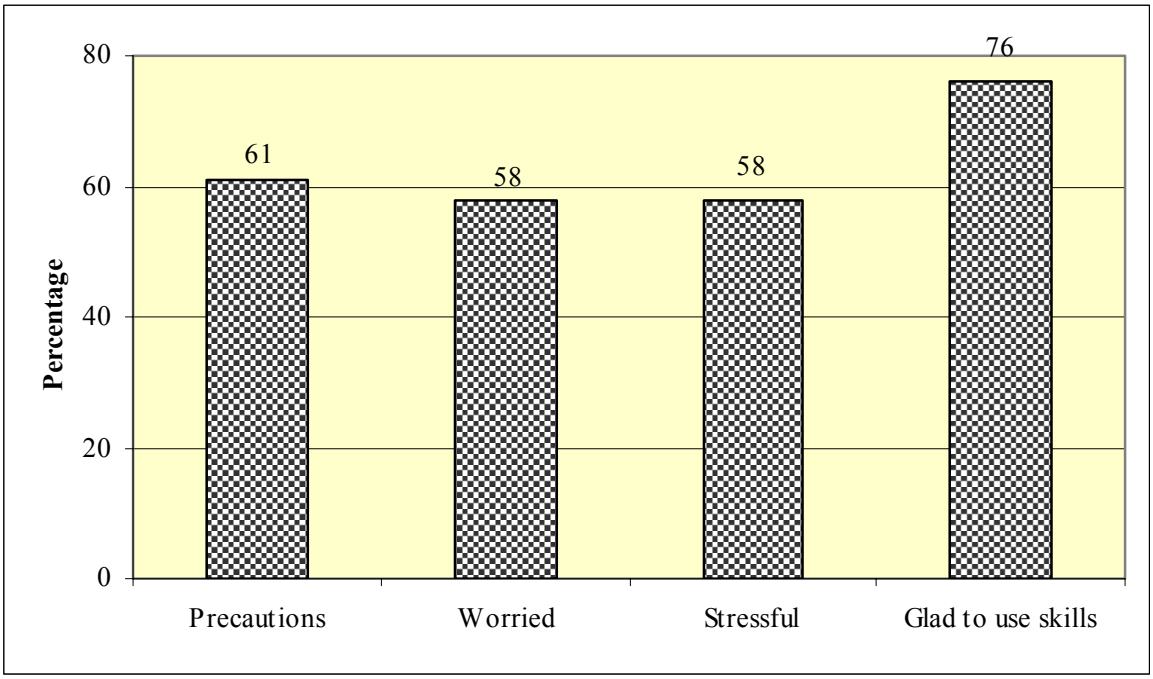
other countries. Nearly 80% of the respondents indicated that they lack basic equipment at their health institutions. The shortage of such basic equipment seriously hinders the provision of services at the health institutions. Examples of such equipment that are lacking at the health institutions are instruments (e.g. surgical blades, injections, trolleys, thermometers, nebulisers and stethoscopes), bandages, gloves, stationery, computers and wheelchairs. The absence of such basic equipment makes it difficult for health professionals to conduct their duties efficiently and consequently affects their morale. This may also be a further motivational factor to migrate.

5.4.2 HIV/AIDS and migration

Zimbabwe is one of several sub-Saharan African countries that are badly affected by the HIV/AIDS pandemic, with 25-30 percent of the sexually active population estimated to be affected by the virus (UNAIDS, 2002). However, the impact of HIV/AIDS on migration of health professionals remains largely unknown and at best speculative. It should be highlighted that health professionals have not been spared either, and many of them are dying of the disease too and are not being replaced. Hence the study also sought to establish the extent to which HIV/AIDS has influenced the migration of health professionals. Specifically, the influence of HIV/AIDS on migration of health professionals has been minimal as very few have migrated for this reason. HIV/AIDS has increased the workload of the few remaining health staff, and others are said to have migrated from the country due to lack of preventive measures which exposed them to the risk of contracting HIV/AIDS. The exposure to the disease has created a stressful environment as health professionals work in constant fear of contracting the virus.

The interviews that were held with individual health professionals revealed that a sizeable number of health institutions were not taking adequate measures to protect health professionals from contracting the virus (Figure 5.10). It is alarming to note that only 61% of the health professionals interviewed indicated that their health institutions are taking adequate precautions against HIV/AIDS infection. The absence of adequate measures to protect them against HIV/AIDS creates an unsafe environment for professionals which can be an additional factor motivating them to migrate. Not surprisingly, 58% are constantly worried that they will get infected through an injury at work. Health workers, particularly nurses and midwives, at some public health sector institutions reported a shortage of gloves which increases their risk of contracting the virus, especially when conducting deliveries. Thus, some nurses suggested that a risk allowance be introduced and paid to the health professionals. Furthermore, the disease has increased the workload of health professionals, with 58% indicating that they find caring for HIV/AIDS patients stressful, a factor which might result in the patients getting poor quality care. On a positive note, 76% are glad to use their professional skills even though they find caring for patients with HIV/AIDS demanding.

Figure 5.10: Effect of HIV/AIDS on health workers' motivation/ reasons to leave the country



(Source: Survey Results, 2002)

Even though the health professionals interviewed complained of heavy workloads, most of them (74.9%) are able to handle more responsibility in their work (Table 5.7). Seventy nine percent of the nurses and 63% of the doctors are able to handle more responsibility in their work. The respondents also indicated that their skills and knowledge are being fully utilised (61%). It should be noted that while 63% of the nurses are satisfied that their skills and knowledge are being fully utilised, only 46% of the doctors are satisfied. A probable reason for the widespread sense of dissatisfaction on the utilisation of skills and knowledge among the doctors may be a result of the shortage of equipment in the country's health institutions. This finding has important policy implications as the individuals who feel that their skills are not being fully utilised may migrate to other destinations which they feel require their services.

Table 5.7: Working conditions

	Frequency	Percentage
Ability to handle more responsibility in your work		
Yes	173	74.9
No	47	20.3
No Response	11	4.8
Are your skills and knowledge fully utilised in your work		
Yes	141	61.0
No	78	33.8
No Response	12	5.2
Instances of illegal payment/bribes within the health care facility where you work		
Yes	13	5.6
No	181	78.4
Don't know	37	16.0
N = 231		

(Source: Survey Results, 2002)

The study also established the occurrence of isolated instances of illegal payments/bribes (5.6%) within the country's health care system. This related mainly to the provision of drugs and the practice of 'jumping the queue'. This is a significant finding and policy makers should take appropriate action before it takes root in the public health system.

5.4.3 Employment benefits

The benefits that are derived from the place of employment are important in determining migration decisions of professionals, including health professionals. It has been established that economic and professional factors are amongst the major causes of migration of health professionals from the country. While some professionals are engaging in long distance (international) migration, some local level movements can also be observed. In Zimbabwe's health sector, public-private sector migration is common and is fast gathering pace. Hence comparisons were made between public and private sector benefits.

There was widespread disgruntlement among the health professionals about the benefits offered by the public sector. The professionals argued that the sector does not offer competitive salaries (87%) (Table 5.8). They find it difficult to live on the salary which they are receiving (68%) and they concurred that it is necessary for public health sector professionals to do two or more jobs to make ends meet. They would prefer to stay in the public sector if they are offered better salaries (87%), but are considering moving to the private sector which offers better salaries (68%).

Table 5.8: Employment benefits

Do you agree with the following statements?	**Yes (%)**
The public health sector does not offer competitive salaries to health workers in this country	87
If I received a better salary, I would be happy to stay in my present position	87
If you work in the public health service, it is necessary to do two (or more) jobs to make ends meet	79
The private sector offer better fringe benefits to health workers in this country than the public sector	78
I belong to a pension scheme provided by my place of employment	71
I find it difficult to live on the salary I receive	68
I am considering moving to the private sector because I will receive a better salary	68
Do you agree with the following statements?	
I worry that I will have not be adequately provided for when I retire	81
Working in a rural area means that I will have to live in poor housing	54
There are positive incentives for working in a rural area in my country	16
N = 231	

(Source: Survey Results, 2002)

In comparison to the foregoing, the private sector offers better fringe benefits compared to the public sector (77.9%). Most professionals (71%) belong to a pension scheme provided by their place of employment. However, the respondents expressed fears over their social security in old age, with 81% indicating that they fear that they will not be adequately provided for when they retire.

The working environment under which health professionals operate is also another determining factor in the migration decision making process. Hence, questions were asked relating to the work environment of the health professionals and also on their team relationships. While 63.6% of the respondents agreed that their management is easy to approach when there are difficult issues to discuss, 36.4% indicated that their management is strict and domineering (Table 5.9). Nearly 70% reported that the manager of their unit often comes to them to find out how they are doing.

Table 5.9: Working environment / team relationships

Team relationships	**Yes (%)**
The manager of my unit often comes to talk to me to find out how I am doing	70.1
Management at my place of work is easy to approach when there are difficult issues to discuss	63.6
The management style at the place where I work is strict and domineering	36.4
Respect to health professionals	
Medical doctors are valued members of society	81.8
Pharmacists are valued members of society	74.5
Dentists are valued members of society	74.5
Nurses are valued members of society	73.2
Leadership is considered an important quality where I work	69.4
N = 231	

(Source: Survey Results, 2002)

The esteem to which health professionals are held in the society also influences migration decisions. As suggested in the conceptual framework (Figure 1.1), when professionals feel that the society does not value their skills, they may migrate to other destinations where their skills are in demand. Thus, questions were also asked relating to whether the different professionals are highly valued by the society. The survey results show that doctors are mostly valued by society (81.8%), followed by pharmacists and dentists (74.5% each) and lastly nurses (73.2%). The respondents also pointed out that leadership is considered an important quality at the places where they work (69.4%). Hence,

community education needs to focus on the importance of health professionals, particularly nurses, whose contribution to community healthcare is immeasurable.

5.5 Effects of Migration of Skilled Health Professionals

5.5.1 Effect on workload

The shortage of skilled health professionals has negatively impacted on the workloads of the staff who choose not to migrate (Republic of Zimbabwe, 1999). This section assesses the effects of migration of health professionals on the quality of health care.

The shortage of doctors nationally in public health institutions has impacted negatively on the workloads of medical practitioners. The MoHCW estimates the current doctor/patient ratio as one doctor to 6 000 patients, but the research established that this is not common at all levels of health care. Data on workloads of doctors showed that doctors employed in district hospitals have more workload than those in provincial and central hospitals (Table 5.10). This is related to the number of doctors employed at the health institutions. For instance, while the out-patient attendance per doctor at Gweru Provincial Hospital was 1: 8 650 in 2000, the attendance per doctor at Kadoma District Hospital was 1: 25 910 (that is, nearly 3 times higher than at provincial hospitals). Based on these figures, it can be argued that doctors posted in areas with lower levels of development have a much heavier workload compared to those employed in more developed city areas.

In Zimbabwe, nurses form the backbone of the country's health delivery system and they run most health centres situated in disadvantaged areas. Chasokela (2001) has noted that nurses working in rural areas have over the years functioned in an increasingly expanded role, taking on the role of pharmacist, doctor, physiotherapist and so forth. This has negatively impacted on the workloads of nurses stationed particularly in less attractive regions. According to the MoHCW estimates, the current nurse/patient ratio is one nurse to 700 patients (Republic of Zimbabwe, 1999), but the study established that nurses employed at provincial health institutions investigated have nurse to patient ratios lower than the national average (Table 5.10). For instance, in 2000 the nurse to patient ratio for Gweru Provincial Hospital was 1:100 (less than the national average). This compares to nurse to patient ratio of 1: 1 388 at Kadoma District Hospital. The situation is worse for nurses employed at the health centres where doctor visits are rare. For instance, the nurse to patient attendance ratio in 2000 at Waverly Clinic (a health centre in Kadoma) stood at 1: 7 500 and at 1: 10 500 for Epworth Poly Clinic (a health centre at the outskirts of Harare). The pattern that emerges from these data is that nurses employed at health centres endure very heavy workloads and the situation improves significantly as one moves to the district and provincial health institutions. The study also established that less qualified staff (namely nurse aides) are carrying out nursing duties at health centres owing to shortage of health professionals.

Table 5.10: Client attendance in selected health institutions in Zimbabwe

		Variable	1995	1996	1997	1998	1999	2000
Doctors	**Gweru Provincial Hospital**	No. of in-patients	15058	13046	16437	17393	17642	18201
		No. of out-patients	128138	113323	150424	145220	149221	51001
		No. at Post	5	4	7	7	8	8
		Out-patient Attendance/Doctor	***25628***	***28331***	***21489***	***20746***	***18653***	***8650***
	Kadoma District Hospital	No. of in-patients	8984	8249	11793	11383	11565	10793
		No. of out-patients	183723	125260	169392	171372	168522	155462
		No. at Post	7	5	6	7	6	6
		Out-patient Attendance/Doctor	***26246***	***25052***	***28232***	***24482***	***28087***	***25910***
Nurses	**Gweru Provincial Hospital**	No. of in-patients	15058	13046	16437	17393	17642	18201
		No. of out-patients	128138	113323	22991	23110	23177	23428
		No. at Post	231	230	237	238	232	235
		Out-patient Attendance/Nurse	***555***	***493***	***97***	***97***	***100***	***100***
	Kadoma District Hospital	No. of in-patients	8984	8249	11793	11383	11565	10793
		No. of out-patients	183723	125260	169392	171372	168522	155462
		No. at Post	112	105	90	105	113	112
		Out-patient Attendance/Nurse	***1640***	***1193***	***1882***	***1632***	***1491***	***1388***
	Epworth Poly Clinic	No. of in-patients	-	-	-	-	-	-
		No. of out-patients	-	-	-	22440	38000	42000
		No. at Post	-	-	-	5	5	4
		Out-patient Attendance/Nurse	***-***	***-***	***-***	***4488***	***7600***	***10500***
Midwives	**Gweru Provincial Hospital**	No. of in-patients	-	-	-	3600	5362	8565
		No. of out-patients	22417	23110	22991	23110	23177	23428
		No. at Post	20	22	22	20	18	18
		Out-patient Attendance/Nurse	***1121***	***1050***	***1045***	***1156***	***1288***	***1302***
	Epworth Poly Clinic	No. of in-patients	-	-	-	3600	5362	8565
		No. of out-patients	-	-	-	7200	9000	12500
		No. at Post	-	-	-	10	8	9
		Out-patient Attendance/Nurse	***-***	***-***	***-***	***720***	***1125***	***1389***
Pharmacists	**Gweru Provincial Hospital**	No. of in-patients	19107	17247	21164	11303	22142	23191
		No. of out-patients	150555	156433	173415	168330	172398	174429
		No. at Post	2	2	1	1	1	1
		Out-patient Attendance /Pharmacist	***75278***	***78217***	***173415***	***168330***	***172398***	***174429***
	Kadoma District Hospital	No. of in-patients	-	-	-	-	-	-
		No. of out-patients	-	-	20099	21394	46422	35308
		No. at Post	-	1	1	1	1	1
		Out-patient Attendance/ Pharmacist	***-***	***-***	***20099***	***21394***	***46422***	***35308***

(Source: Survey Results, 2002)

5.5.2 Effects on quality of care

Poor job satisfaction and low morale are endemic among health professionals in Southern Africa (Bloom and Standing, 2001). The research established that health professionals who remain in public employment increasingly augment their salaries by legal and illegal means. These include moonlighting in private facilities, attending to non-medical

businesses, and requesting informal payments for services. The effects of such activities on the quality of care were not intensively investigated and should be a subject for future research.

While doctors have been able to establish private surgeries, nurses in Zimbabwe have been hampered from doing so because of the current legal framework. Hence, for most nurses, migrating to the private sector remains the only viable option. However, some public sector health nurses who choose not to migrate to the private sector are engaged in part time work in the private sector to augment their salaries. In the FGD, it was alleged that:

> *"Nurses in the public sector are engaging in a lot of part time work in private clinics. By the time they come for their normal duties, they will be too tired to work. That is why we get poor service when we visit the clinic."*

Hence, it can be observed that the public sector is largely left with individuals who are less dedicated and poorly motivated to perform their work.

However, some decide to remain in the public sector for various reasons. Mutizwa-Mangiza (1998) and Cohen and Wheeler (1997) point out that job security, career advancement, and opportunities for further training are better in the public health sector. Particularly with regard to older workers, these factors can be a motivation for them to stay in their countries. There may also be social and cultural factors that could motivate health personnel to migrate, but no specific research has been conducted in this area.

The migration of skilled health professionals from the country has adversely affected the quality of care offered in the health institutions. This confirms the findings of Mutizwa-Mangiza (1998) who reported of falling standards of care, which include 'uncaring and abusive' attitudes towards patients. This can generally be attributed to a low morale resulting from excessive workload associated with the stress of dealing with so many dying patients. Consequently, the quality of care has been significantly affected, a factor arising directly from the shortage of health professionals due to emigration.

The loss of health professionals through migration has led to a reduction in the consultation time available to patients due to the heavy workload of the former. Consequently, diagnosis and prescription of treatment are done hurriedly. This obviously affects the quality of care available to patients. Furthermore, the reduction in consultation may lead to a wrong diagnosis, a factor which may endanger the lives of patients. Interviews with health professionals revealed that more than half (55%) took less than 10 minutes to attend to a client while only 16.5% took more than 20 minutes to attend to an individual client (Table 5.11).

Table 5.11: Service to clients

Average time spent on an individual client	Frequency	Percentage
Less than 5 minutes	43	18.6
6 – 10 minutes	87	37.7
11 – 15 minutes	35	15.2
16 – 20 minutes	28	12.1
Longer than 20 minutes	38	16.5
Satisfaction with the time spent per client		
Yes	65	28.1
No	166	71.9
Do you personally offer services that should ideally be attended to by another member of the team?		
Yes	143	61.9
No	88	38.1
N = 231		

(Source: Survey Results, 2002)

The FGD confirmed the reduction in the consultation time available to patients as a result of shortage of staff. One FGD participant pointed out that:

> *"The shortage of nurses at the clinic means that patients have to wait for a long time before receiving medical treatment. In fact, some patients even die whilst they are queuing to receive treatment. When a patient eventually receives treatment, consultation is usually done hurriedly as the nurses work at a fast pace so as attend to a 'multitude' of other patients waiting to receive the same service."*

The health professionals expressed dissatisfaction on the average time they spend on an individual client (71.9%), a factor resulting from the understaffing of the country's health institutions. Hence they spend little time on an individual client, a factor which compromises the quality of care given to the patients. More than half of the respondents (61.9%) are sometimes forced to offer some services that should ideally be offered by another member of the health team. In this category, 66% of the doctors and 55% of the nurses indicated that they sometimes offer services that they are not supposed to render, but do so because of the absence of such specialised personnel. This has two

consequences: (a) it increases the workload of health professionals and (b) the lives of patients may be endangered as general practitioners may end up performing more specialised duties.

5.6 Policy Responses and Implications on Retention of Health Professionals

5.6.1 Factors motivating retention of health professionals

The study also sought to establish the factors that would influence the retention of health professionals in the country. From the point of view of health professionals, the most important factors that would influence them to remain in their home country are better salaries (76.6%) and better fringe benefits (71.4%) (Table 5.12). Other notable factors cited include a more pleasant and caring working environment (69.3%), improved facilities and resources in the health services of the country (63.6%) and a more reasonable workload (59.7%). Other factors of note include the presence of a more peaceful social environment in the country (51.5%), and more accessible education and training opportunities (50.6%).

Table 5.12: Factors motivating the retention of health care workers in the country

Factor	Percentage (%)
Better salaries	76.6
Better fringe benefits	71.4
A more pleasant and caring working environment	69.3
Improved facilities and resources in the health services of the country	63.6
A more reasonable work load	59.7
A more peaceful social environment in the country	51.5
More accessible education and training opportunities	50.6
Better working relationships in the public health sector	48.9
Better quality education and training in my professional field	45.9
The provision of adequate day care facilities for children of employees	43.7
Better leadership in the health sector	43.3
The appointment of more competent health service managers	42.4
Innovative training opportunities such as Distance Education	34.6
N = 231	

(Source: Survey Results, 2002)

The informants in key positions were also asked to indicate the most important factors that can assist in retaining health professionals. Most of the key informants (83.3%) were agreed that better salaries are the best incentives to retain skilled health professionals in the country (Table 5.13). A substantial proportion of the informants in key positions (58.3%) believed that offering better incentives could reduce their outward migration. Other notable factors that can influence the retention of health professionals in the country are a stable political climate (41.7%), good working conditions (33.3%), prospects for further education (16.7%), redress of macro-economic environment (16.7%) and a well developed human resources policy (16.7%).

Table 5.13: Factors influencing the retention of health professionals (by informants in key positions)

Factor	Frequency	Percentage
Better salaries	10	83.3
Better incentives	7	58.3
Stable political climate	5	41.7
Good working conditions	4	33.3
Provision of equipment and drugs	3	25.0
Prospects for further education	2	16.7
Redress of macro economic environment	2	16.7
Well developed human resources policy	2	16.7
N = 12		

(Source: Survey Results, 2002)

From the foregoing, it can be observed that good salaries, better incentives and good working conditions are crucial in retaining as well as re-attracting skilled health personnel. Policy makers need to take into consideration the factors raised above in order to reduce the outward flow of skilled professionals from the country.

5.6.2 Government policies on retaining health professionals

Addressing the migration of skilled professionals remains a serious challenge facing African governments. Even the New Partnership for Africa's Development (NEPAD) policy document makes reference to the importance of retaining skilled professionals as being critical to the continent's development (NEPAD, 2000). The magnitude of migration of health professionals has necessitated the institution of various policies by the Zimbabwean government to retain health professionals in the country as well as in certain (disadvantaged) parts of the country. According to the key informants, these policies include the provision of housing and transport allowance, call and standby allowances,

performance management system, salary reviews, fellowship and scholarship programmes, advanced training programmes and bonding of newly trained graduates. All these measures have been met with varying levels of success and are discussed below.

Firstly, the government has introduced bonding of newly qualified health professionals. All the nurses and doctors that started training in 1997 are bonded by the government for three years. In the case of doctors, they are given their academic certificates while their practising certificates are withheld. It has been reported that some newly qualified doctors once armed with their academic certificates are moving to countries such as South Africa where practising certificates are not mandatory (Gaidzanwa, 1999). Other health professionals may serve the duration of the bonding period, after which they are free to make their own decisions regarding where they want to work. In this case, it can be observed that bonding only acts as a delaying mechanism to migration and does not address the root causes of migration. The health professionals may dutifully serve the period of bonding and migrate to other countries if their conditions of service are not favourable.

Secondly, fellowship and scholarship programmes, as well as advanced training programmes have been introduced to enhance the capacity of the health professionals in the discharge of their services. They are also meant to reduce the migration of health professionals for reasons of furthering their studies. An Institute of Continuing Health Education (ICHE) was established to cater for the specialist postgraduate training and

continuing education needs of those in the medical field at the UZ School of Medicine. It was realised that the country was losing its scarce foreign currency by sending health professionals overseas to receive specialist training. ICHE was established in the late 70s and now provides all forms of continuing medical education not only for doctors, but for all categories of health professionals: certificated education, skills advancement, update as well as skills renewal. ICHE has achieved tremendous success in spite of budgetary constraints.

Thirdly, salary reviews were introduced to cushion the health professionals from the harmful effects of the country's high cost of living. However, with the current hyper-inflation prevailing in the country, the salary reviews are constantly lagging behind thereby negatively affecting the livelihoods of the health professionals.

Fourthly, call allowances were introduced to allow the professionals to work extra hours due to staff shortage. There are better call allowances in rural than urban areas. Call allowances have, to a certain extent, aided in retaining staff, but lately there have been complaints and junior doctors have gone on strike over unpaid allowances (The Daily News, 02/08/02). Government's policy that call allowances should not exceed the salary of the health professionals has led to clashes with members of the health team whose overtime working hours exceeded their normal working hours. However, as has been noted before, the country's high rate of inflation continue to erode any gains that might have been made in as far as readjustments of the salaries of health professionals are

concerned. While these measure may achieve commendable results in the short term they cannot be adopted as a permanent solution to the crisis.

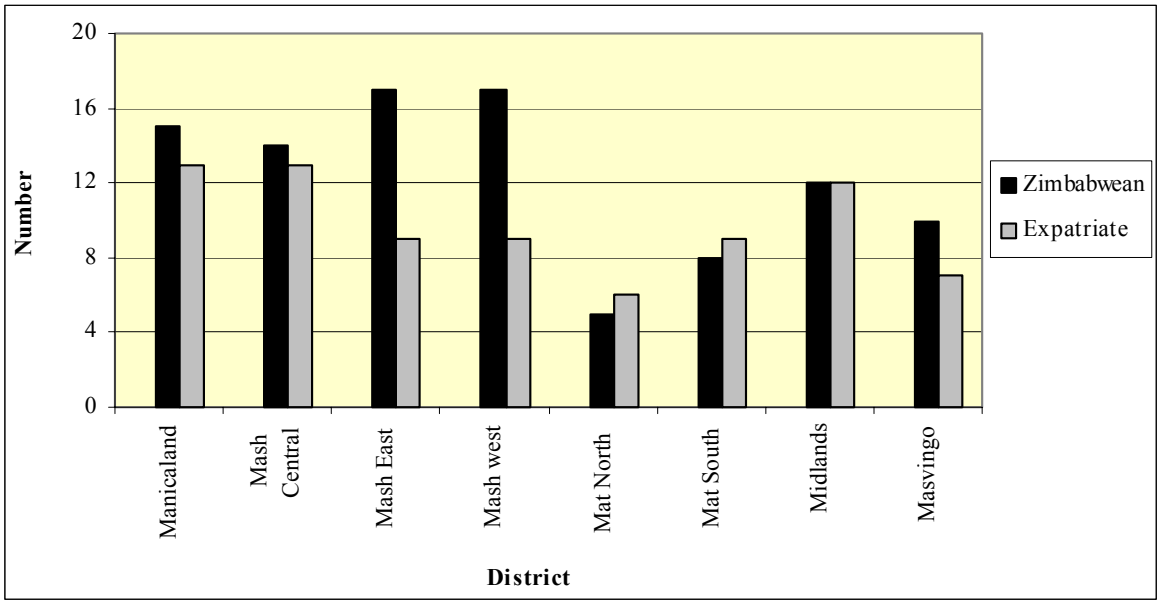
Fifthly, performance management has been introduced in the health sector. According to the informants in key positions interviewed, performance management has led to professional acknowledgement. However, other informants were of the opinion that the system had largely failed because the results are not being implemented because of stiff resistance to the policy within the system over its implementation. Hence, it was argued that the implementation of policies aimed at retaining staff would not achieve the desired results as long as the question of low remuneration is not addressed.

5.6.3 Recruitment of foreign health professionals

The shortage of health professionals, particularly in disadvantaged rural areas has forced the government to recruit foreign health professionals. The Zimbabwean government has an agreement with Cuba and in 2002 there were 117 Cuban doctors practising in the country. Media reports also indicate that the government is looking to other countries such as the Democratic Republic of Congo for hiring of health professionals, particularly doctors and pharmacists.

Figure 5.11 shows that the country employed a sizeable number of expatriate doctors in 1998. Forty-four percent of the doctors employed at provincial and district level in 1998 were expatriates, showing that the country is heavily relying on the services of foreign doctors.

Figure 5.11: Doctors distribution by nationality at district and province, 1998



Note: The doctors working in missionary, mine and army hospitals as well as in private surgeries are not considered.
Source: Ministry of Health and Child Welfare (2001)

Most informants in key positions interviewed were, however, sceptical about the role played by foreign health professionals. While some argued that such foreign skilled health staff help to ease staffing shortages (16.7%), and improve the quality of care (8.3%), others argued that teamwork becomes difficult due to language barriers (66.7%) and only leads to temporary relief as the workers come on short contracts (16.7%). This is particularly true for the Spanish speaking Cuban doctors who are posted to rural health institutions in the country where they face problems with the local communities who are mainly Shona/or Ndebele speaking. Consequently, they are hindered from discharging their duties fully because of communication problems. The French speaking health professionals from the DRC are also likely to face similar problems. Furthermore, the fact that the Cuban doctors have to return annually to their home country at the

government's expense presents a significant drain on the scarce foreign currency resources.

5.6.4 Community efforts at retaining health staff

The respondents indicated that they had not made any concerted efforts as a community to try and retain health staff at their local health institution. They believe that it is only the government that can make lasting efforts in retaining skilled health staff in marginal areas as theirs. They also lamented the lack of consultation between them and the government, a factor which has sidelined them from making meaningful contributions in the planning and implementation of developmental activities at the clinics. These views are typical of many rural communities in Zimbabwe, who through time, have developed a high level of dependency on the government. However, some communities are active in carrying out duties that improve the welfare of health professionals posted in their area. These include construction of decent accommodation for health professionals and carrying out maintenance work around the hospitals/clinics.

The community respondents were further probed on how best to retain skilled health workers in their community. It was indicated that one way to retain health staff in the community would be the provision of good quality accommodation and transport. In this regard, some of the respondents called upon the government to offer health workers loans to buy cars and houses (Table 5.14). The respondents also agreed that the community had a duty to carry out initiatives meant to raise the salaries of the health workers. They believe that the extra cash will go a long way in motivating the health personnel and

consequently lead to their retention at the health centre. Thus, community involvement in health care planning is strongly advocated as a strategy in improving health care delivery. A further suggestion provided was to ensure the availability of drugs and equipment at the health centre which will reduce frustration among the health workers and their subsequent migration.

Table 5.14: Suggestions on retaining health workers in your community

	Frequency
Offer good quality accommodation and transport	10
Improve salaries of health workers	6
More community involvement in initiatives to raise salaries of health workers	5
Involve community in health care planning	1
Make drugs and equipment available	1
N = 12	

(Source: Survey Results, 2002)

The FGD participants gave numerous suggestions on how skilled health professionals can be retained in their community and in Zimbabwe as a whole. Some of the suggestions include giving them better salaries and other incentives such as better accommodation, improved working conditions. Some participants added that the government should bond all newly qualified health professionals and should not issue certificates to newly qualified health workers. Others pointed out that the community could contribute meaningfully by respecting health staff posted in their community and refrain from despising them.

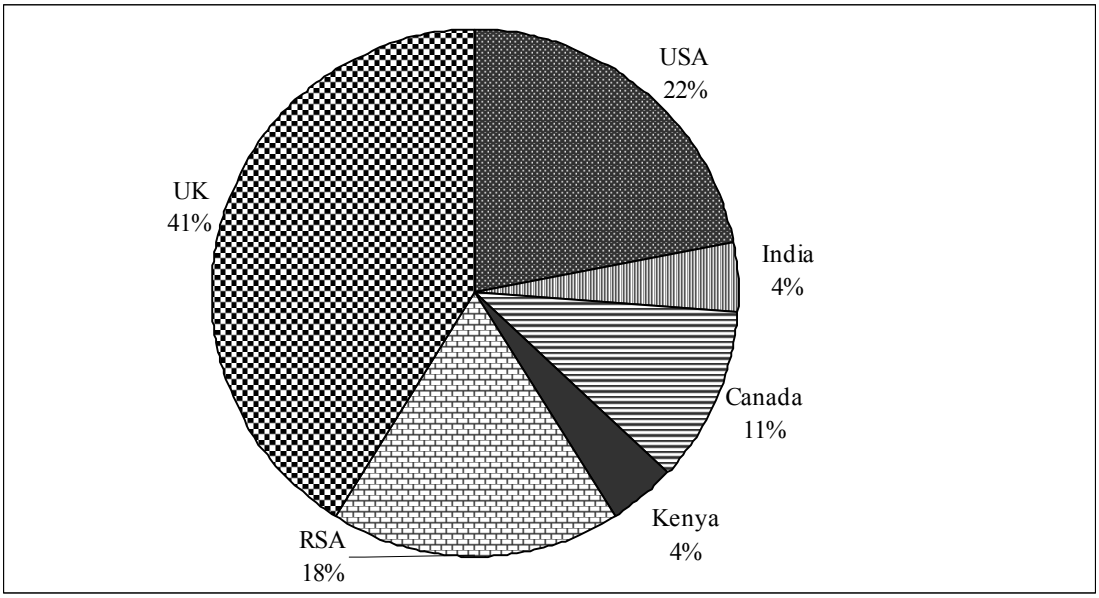
5.6.5 Return of qualified professionals from abroad

It has been recognised that with some incentives and persuasion, the foreign-based professionals can be enticed back to Zimbabwe. It was with this idea in mind that the

International Organisation for Migration (IOM) instituted the Return of Qualified African Nationals Programme (RQAN) in the 1980s. The programme seeks to address the loss of vital human resources through emigration by encouraging the return and reintegration of qualified African professionals (IOM, 1997b). By acting this way, the programme strengthens the direct contribution that trained and experienced African nationals can make towards developing the African continent. The RQAN programme assists African nationals residing abroad in their return to or relocation within Africa to take up key positions of employment. The programme has also encouraged the returning professionals to enter into self-employment. This follows the realisation that the African governments do not have enough resources to pay the professionals and hence the need to enter into self-employment.

In Zimbabwe, the RQAN programme began in 1983. Up to 1997, a total of 427 Zimbabwean professionals residing abroad had been assisted to relocate to Zimbabwe. They have also been assisted to enter into self-employment. The IOM recognises the importance of self-employment in developing countries like Zimbabwe facing structural adjustment as well as high unemployment. It provides individuals with options and opportunities to initiate self-help ventures which have immediate and long lasting benefit for the returnee and the recipient country. In order to raise an appreciation of the role of the IOM, it is necessary to examine the latest phase of the RQAN programme in Zimbabwe. Phase three of the RQAN ran from 1995 to 1998. Figure 5.12 shows the countries from which the qualified Zimbabwean nationals were drawn.

Figure 5.12: Source countries of Zimbabwean professionals under RQAN III



(Source: IOM, 1997b)

Twenty seven professionals were relocated back to the country under the third phase of the RQAN programme. Eleven of the 27 professionals were medical doctors, two were pharmacists and one was a dentist. As shown above, most of the professionals came from the United Kingdom (41%), United States of America (22%) and South Africa (18%). The distribution of the returned professionals also reflects the attractiveness of the three countries to Zimbabwean professionals. Weiss (1998) has argued that the main channel of the brain drain is the scholarship programme for studying abroad which is aimed at the development of Africa's human resources. It is ironic to note that the programmes that are meant to improve Africa's human resources end up having a negative effect.

5.7 Explaining Migration: The Zimbabwean Experience

The study has demonstrated that public to private sector movement of health professionals is dominant in Zimbabwe. Interviews which were held with health professionals and informants in key positions revealed the existence of step-wise migration in the migration process of Zimbabwean health professionals. In step-wise migration, a move is undertaken in an imaginary horizontal plane with the intention of assisting in the vertical or upward movement. In the case of Zimbabwean health professionals, the 'sideways' internal move to the private sector is being undertaken to improve one's well being. As international migration has become so expensive (for instance, international airfares in Zimbabwe are now being charged in US$), the private sector therefore provides the necessary launching pad for the eventual move abroad. Thus, professionals who move to the private sector are able to save the necessary airfares, which eventually facilitates their movement abroad.

An example of nurse migration can be adopted to illustrate the point. In this case, the private sector plays the role of facilitator in the migration process. Besides being better paid, health professionals in the private sector have better access to information due to their mainly urban location. This eventually influences their migration decisions. When the nurses move to the private sector, they increase their chances of moving abroad. In this way, migration is essentially being undertaken in phases. This also incorporates the target income theory, in which migrants move with the intention of accumulating sufficient funds for their use elsewhere. In this example, the target income represents sufficient money to buy the now-expensive air ticket and visa application fees.

Other complexities can be noted in the movement of health professionals in the public sector. In Zimbabwe, distinct levels of development can be drawn between urban and rural areas. The latter in particular, often lack basic infrastructure such as all-weather roads, electricity and clean water supplies. In addition, rural health centres in Zimbabwe often lack basic drugs and equipment and are often understaffed. This translates to heavy workload for the few health professionals posted in such areas. Communication networks are often poor and this increases their propensity to migrate. Because of such factors, rural-urban movement of health professionals within the public sector is common and consequently the staffing situation in rural health institutions continues to worsen. Some nurses in rural areas also move to private health institutions in urban areas, a move which entails both change in geographical location and employer.

However, in some cases, direct migration of nurses from the public sector (even those based in rural areas) to the UK is occurring. This pattern is mostly being sustained by kinship ties, whereby friends and relatives who reside abroad play the facilitating role. They purchase the air ticket for the prospective migrant and effectively replace the private sector in the example cited above. This concurs with the findings of Montanari (2002) who observed that it is no longer necessary for international migration to have a national prologue, that is, the preliminary transfer to urban areas, the classic launching pad for international migration until a few years ago.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The study has taken a new approach to the study of international migration in Zimbabwe in that it attempted to simulate the future migration trends of skilled personnel from the country. Whilst acknowledging the limitations of the study, such as the unavailability of essential data and non-return of questionnaires from emigrant health professionals, interesting insights can be drawn from the research findings.

An analysis of the research data has shown that the skilled professionals of Zimbabwe have a high emigration potential. The most important factors identified in this study as the major driving forces of skilled professionals have been the high cost of living currently prevailing in the country as well as the high level of taxation. Other push factors cited include the unavailability of quality affordable products, low level of income, insecure future of their children in Zimbabwe (due to political and economic instability) and the inability to find a house to live in. Inability to meet basic and other needs has resulted in discontent among the population leading to most professionals contemplating to migrate.

The majority of the skilled professionals who have a high emigration potential are in the 25-35 age group, representing the bulk of the economically active group in Zimbabwe, which generally has a youthful population. Equally significant is the finding that the

potential migration from Zimbabwe is female biased, which contradicts the neo-classical theories of migration, which regard migration as a male-dominated phenomenon.

The emigration of skilled professionals from the country is likely to significantly reduce the population of skilled labour in the country. Thus, the loss of the economically active skilled professionals to other countries represents a crippling loss to Zimbabwe. It has also been observed that a sizeable number of professionals who want to emigrate intend to stay outside the country's borders for at least two years. It is also disturbing to note that nearly 70% of the people interviewed are likely to emigrate within the next five years. It was also shown that nearly 20% of the people interviewed have already applied for work permits in their intended countries of destination or are in the process of applying.

Furthermore, the study has documented the major causes of migration of health professionals from the country and its effects on service delivery. Most of the country's health institutions have been shown to be understaffed and the skeletal staff manning the health institutions is reeling under heavy workloads. The shortage of health professionals is most critical in rural areas where most health centres are being served by unqualified health staff. Besides the health staff being overworked, patients have to wait for a long time before receiving medical attention. The situation is much better in urban areas which have alternative sources of medical healthcare in the form of private health institutions. Besides offering better services to patients, albeit at a higher fee, the private health sector also provides an escape route for the disgruntled public health sector

professionals who find the salaries offered by the public sector unattractive. In fact, the migration of health professionals to the private sector has been viewed as a major factor responsible for the decline in the quality of healthcare services offered by the public sector. Other professionals (especially nurses and junior doctors) who have failed to move to the private sector are engaged in part-time work in the private sector and will be tired by the time they attend their shifts at the public health institutions.

It has been demonstrated that the overall picture of health professionals employed nationally has been one of decline. Notwithstanding the fact that health professionals have been moving to the private sector, others have chosen to remain in the public sector for a number of reasons. These include greater job security, more opportunities for career advancement as well as better opportunities for further training. The findings suggest that some professionals are using private sector employment as a stepping stone where they will obtain the necessary funds for purchasing airfares before moving overseas (step wise migration). It has been observed that the United Kingdom is the major destination for health professionals from Zimbabwe, and the favoured destinations within Africa are Botswana and South Africa.

The study has documented that Zimbabwean health professionals are overworked, especially those posted in remote locations. However, a significant finding to emerge from the study is the fact that these professionals are willing to perform extra duties even though they are overworked. They are driven by their willingness to serve their clients in the face of a growing crisis in the public health system. It also emerged that most health

professionals are not satisfied with the benefits associated with working in the rural areas. Lack of infrastructure and political volatility in the rural areas are additional factors making rural areas less attractive to the health professionals.

The problem of HIV/AIDS has been highlighted especially in as far as it impacts on the workload of the health professionals. The disease has added onto the strain experienced by health professionals due to its chronic nature. However, what is particularly worrying is the fact that some health professionals, especially those working in rural areas, alleged that their health institutions were not taking adequate measures to protect them from the risk of contracting HIV/AIDS. Hence, a combination of heavy workloads and lack of protective clothing have acted as push factors for the migration of health professionals from the disadvantaged parts of the country.

The study has assessed the current government policies aimed at retaining health professionals in the country and found them to be largely ineffective. For instance, it was observed that initiatives to attract health professionals to marginal (rural) areas are not yielding the desired effects as the professionals consider them to be inadequate. The loopholes in some of the current policies have also been exposed, thereby making the need to draw up policies that are effective in both retaining the current staff and re-attracting the emigrant staff. It is hoped that this research project will positively aid policy makers in making informed policy decisions thereby alleviating the plight of public sector health professionals. It is only after the adoption of a proper human

resource development policy that the country's health sector can be lifted from its current doldrums.

6.2 Recommendations

The high emigration potential of skilled Zimbabwean professionals makes more urgent the need for the adoption of proper remedial solutions. However, it needs to be acknowledged that migration, like globalisation is an integral component of the modern world, which is unstoppable. A country can no longer be isolated from global events and skilled labour migration is one such example. The major challenge though is how best to manage the process. Countries are becoming increasingly reliant on each other and it is this mutualism that must be promoted. Skilled professionals, like any citizens of the new global village, must be free to live and work where they wish. The major problem, however, arises when one country experiences the so-called brain drain or has a high emigration potential. Such a scenario is indicative of a country's failure to attract from other countries a similar pool of qualified professionals. Ideally, the loss of professionals should be compensated by the inflow of professionals from other countries (brain circulation). Thus, the brain drain is indicative of the existence of a crisis (economic, political, or social) in a country. As has been shown by the research, Zimbabwe is facing a serious crisis which is leading to the migration of many skilled professionals.

Solving the current political problems facing the country is the first step towards normalising events in the country. It needs to be realised that the current problems facing Zimbabwe arose directly from the political events in the late 1990s. The alleged absence

of the rule of law in the country saw donor support dwindling, leading to the current foreign currency shortages. Furthermore, lack of international support for the government's agrarian reform programme (coupled with drought in the 2002/03 season) saw the country's food base falling. Food scarcity in the shops has resulted in a high cost of living. Currently, the impasse between the ruling and opposition party threatens to worsen the situation. Thus, a home based solution to the crisis involving dialogue to the two parties has to be found so as to solve the country's political crisis. Solving the political crisis will go a long way towards kick-starting the economy and restoring normalcy in the country.

The movement of skilled professionals from the country is often portrayed in bad light. It should be pointed out that the skilled professionals working abroad, if properly harnessed, could be a source of wealth to the country. India can be cited as a country that has managed its human resources well for the country's development. The Jews in the diaspora are another example that readily comes to mind. Sending citizens abroad can become a 'bank' (hence 'brain bank' or 'brain trade') as the emigrants will regularly send remittances which can be used to develop a country. Realising that skilled labour migration is virtually unstoppable, Zimbabwe needs to look at ways in which the emigrants' resources can be tapped. Channels have to be established in which the emigrants can send back home the wealth acquired abroad. The banning of *Bureau de Changes* represents a serious setback in achieving this end. It is therefore recommended that another channel in which the emigrants can send back their money be established

which is regularly monitored so that the country benefits from its skilled professionals residing abroad.

While exporting skilled professionals abroad can be an attractive option, a balance has to be maintained between the professionals that are trained and the professionals who migrate. In order to do best in the labour export strategy, the country has to extend its training programmes so as to offset the loses caused by emigration so that labour shortages may not occur in the country. While the investment made in education may arguably be lost, the gains that accrue to the country by way of remittances sent home by the professionals abroad far outweigh the costs of education.

The research has documented that the country is losing the 'best and its brightest' due to a number of factors. That these professionals have been 'lost' is without question. However, what needs to be examined is how to harness their skills. South Africa has established a successful programme in which the emigrant professionals contribute to national development. The programme, known as the South African Network of Skills Abroad (SANSA) seeks to utilise the expertise of the professionals residing abroad. Such programmes acknowledge the failure of initiatives to lure such professionals back home (as they are likely to return to their host countries again) and utilise their knowledge without the need for them to migrate. For instance, a country might need to embark on a grand project which requires the importation of foreign skilled labour. If a network such as SANSA is established the government has to contact the network to find out whether it can raise a team of, say, engineers to help in the project. The emigrant professionals will

be more than willing to assist in such an exercise whereby they come in for a short period of time and return back to their host countries. Such links can be forged in Information Technology, in which case the emigrant professionals will lend their assistance to solving national problems whilst they are based in a foreign country. Hence, the study calls for the formation of such links with skilled Zimbabweans in the diaspora so as to utilise their expertise for the country's development without hindering the attainment of their individual goals. In this way, the emigrant talent can be tapped on to help achieve national goals.

It is recommended that the government and its partners develop a culture of record keeping in health institutions. It needs to be stressed that proper policy prescriptions can be offered in the presence of reliable data sources. The biggest obstacle in the research process was encountered in collecting quantitative data. The MoHCW did not have up to date records, and data for categories such as pharmacists and dentists was not available. Hence, a national database has to be set up which provides details of health professionals employed nationally in all health institutions. All the health institutions will be required to remit figures annually which will be fed into the database. Such information will help policy makers to monitor trends in each of the categories of health workers as well as assisting in identifying poorly staffed health institutions.

Economic factors were cited as the major reasons for the migration of health workers from the public sector. Within the country, the salaries offered in the public sector are far below those offered in the private sector. This imbalance in salary levels has acted as a

pull factor for the professionals employed in the public sector. In this regard, it is recommended that the government should look into the salary structures of the health and other professionals so as to redress this anomaly. It must be noted that once the professionals move from the public to the private sector, it is easier for them to engage in long distance (international) migration.

Public to private sector migration of health workers closely compares to the rural-urban drift of skilled health professionals. Owing to a wide range of factors, health professionals have found conditions in the rural areas unattractive. Thus, conditions need to be improved for health workers employed in rural areas. In this vein, the government should introduce economic (monetary) incentives to help lure health professionals to such locations. Alternatively, a programme can be put in place that allows newly trained professionals (including nurses) to serve their period of bonding in rural health institutions.

Lastly, the plight of health workers needs to be examined in detail. While poor salaries might be one of the factors leading to the migration of health professionals from the public sector, their working conditions also need to be improved. It was pointed out during the research process that some of the health professionals work in a climate of fear of contracting the deadly HIV/AIDS virus. Hence, more preventive measures should be taken to reduce the stress associated with the fear of exposure of health professionals to HIV/AIDS. Protective clothing has to be made available to health professionals at all times so as to reduce their risk of contracting the disease.

In conclusion, the migration of skilled professionals from the country needs to be addressed as a matter of urgency as it has reached critical levels. Arresting the current levels of skilled professionals' migration from the country should be one of the major goals of the government. It needs to be appreciated that a well-developed human resource base is a prerequisite for economic growth and development. Thus, the research calls for the adoption and the implementation of an integrated policy that will see the retention of skilled professionals in the country so that national goals and aspirations can be achieved.

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APPENDICES

Appendix 1: Survey of Skilled Migration in Zimbabwe

You have been selected to participate in a survey on skilled migration in Zimbabwe. We are currently interviewing over 900 skilled citizens across in Zimbabwe. Your opinions will help us to get a better idea about how people in Zimbabwe feel about these issues. Your answers will be **confidential**. It will be impossible to pick you out from what you say, so please feel free to tell us what you think. Please mark the appropriate spaces by **circling** the relevant number, or by writing in your answer in the box where required. If you make a mistake or want to change your answer, please place an "X" over the circle and then circle the correct answer.

Please Circle the Appropriate Number or Write In Your Answer Where Required

1. What is your **highest** academic qualification?

	Less than High School Certificate	1
	High School Certificate	2
	Diploma	3
	Bachelors Degree	4
	Honours Degree	5
	Masters Degree	6
	Doctorate	7

2. How would you describe your **employment** status?

	Unemployed	1
	Student/ scholar	2
	Pensioner	3
	Work in informal sector	4
	Self-employed	5
	Employed	6

3. Which **one** of the following best describes your employment **field/ sector/ industry** (or most recent if currently unemployed)?

	Education/Research	1
	Heavy Industry	2
	Service Industry	3
	Professional Practice	4
	Finance/Banking	5
	Government/Military	6
	Agriculture	7

4. How **easy** or **difficult** do you think it would be _____?

		Very Easy	Easy	Difficult	Very Difficult	Do Not Know
(a)	For you to get another job in a different occupation	1	2	3	4	5
(b)	For your company to find someone else to replace you	1	2	3	4	5
(c)	For your company to find someone else more efficient than yourself	1	2	3	4	5

5. **How many** _____ have left Zimbabwe to go work and live in another country? **READ THE FOLLOWING IN BLANK**.

		None	Just One or Two	Several	Most	Almost All	Don't know
(a)	Members of your immediate family	1	2	3	4	5	6
(b)	Members of your extended family	1	2	3	4	5	6
(c)	Of your close friends	1	2	3	4	5	6
(d)	Of your co-workers	1	2	3	4	5	6
(e)	People in your profession that you know	1	2	3	4	5	6

6. For those people who have left Zimbabwe, do you think their lives have been **better** or **worse** than they were in Zimbabwe?

	Much better	1
	Better	2
	About the same	3
	Worse	4
	Much worse	5
	Don't know	6

7. Many people from Zimbabwe are currently moving to live and work in another country. Generally speaking, has this had a **positive** impact, **no impact**, or a **negative** impact on _____?

		Very Positive	Positive	None	Negative	Very Negative	Don't know
(a)	You personally	1	2	3	4	5	6
(b)	Your family	1	2	3	4	5	6
(c)	Your close friends	1	2	3	4	5	6
(d)	Your company	1	2	3	4	5	6
(e)	Your profession	1	2	3	4	5	6
(f)	Zimbabwe in general	1	2	3	4	5	6

8. In the clear boxes, please indicate how **satisfied** or **dissatisfied** you are with the following. **AND** In the shaded boxes please indicate whether you **expect** these aspects to **get better**, **stay the same**, or **get worse** in the **next five years.**

		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Don't know
		Much better	Better	Same	Worse	Much worse	Don't know
(a)	Cost of living	1	2	3	4	5	6
	Cost of living	1	2	3	4	5	6
(b)	Your job	1	2	3	4	5	6
	Your job	1	2	3	4	5	6
(c)	Prospects for professional advancement	1	2	3	4	5	6
	Prospects for professional advancement	1	2	3	4	5	6
(d)	The security of your job	1	2	3	4	5	6
	The security of your job	1	2	3	4	5	6
(e)	Your level of income	1	2	3	4	5	6
	Your level of income	1	2	3	4	5	6
(f)	Ability to find the house you want to live in	1	2	3	4	5	6
	Ability to find the house you want to live in	1	2	3	4	5	6

(g)	Ability to find a good school for your children	1	2	3	4	5	6
	Ability to find a good school for your children	1	2	3	4	5	6
(h)	Ability to find medical services for your family and children	1	2	3	4	5	6
	Ability to find medical services for your family and children	1	2	3	4	5	6
(i)	Your level of taxation	1	2	3	4	5	6
	Your level of taxation	1	2	3	4	5	6
(j)	The relative share of taxes you pay in comparison to others	1	2	3	4	5	6
	The relative share of taxes you pay in comparison to others	1	2	3	4	5	6
(k)	Your personal safety	1	2	3	4	5	6
	Your personal safety	1	2	3	4	5	6
(l)	Your family's safety	1	2	3	4	5	6
	Your family's safety	1	2	3	4	5	6
(m)	The future of your children in Zimbabwe	1	2	3	4	5	6
	The future of your children in Zimbabwe	1	2	3	4	5	6
(n)	Upkeep of public amenities (e.g. Parks, beaches, toilets etc.)	1	2	3	4	5	6
	Upkeep of public amenities (e.g. Parks, beaches, toilets etc.)	1	2	3	4	5	6
(o)	Availability of affordable quality products	1	2	3	4	5	6
	Availability of affordable quality products	1	2	3	4	5	6
(p)	Customer service	1	2	3	4	5	6
	Customer service	1	2	3	4	5	6

9. In general would you say that your life today is **better**, **about the same**, or **worse** than it was **five years ago**?

	Much better	1
	Better	2
	About the same	3
	Worse	4
	Much worse	5
	Don't know	6

10. Which of the following best describes your **economic** status?

	Poor/ lower class	1
	Working class	2
	Middle class	3
	Upper middle class	4
	Upper class	5

11. Purely for statistical purposes, which of the following best describes you?

	Black/ African	1
	White/ European	2
	Mixed Race	3
	Indian/ Asian	4

12. What **language** do you speak mostly at home?

13. Would you say that your overall **personal conditions** are **better**, **worse**, or the **same** as:_____?

		Much Better	Better	Same	Worse	Much Worse	Do Not Know
(a)	Other citizens of Zimbabwe	1	2	3	4	5	6
(b)	Other people in your profession	1	2	3	4	5	6
(c)	Other people in your *economic class (see your answer to q. 77)*	1	2	3	4	5	6

14. In **comparison to Zimbabwe**, do you think a person like you would do **better**, **worse**, or **about the same** in the following regions?

		Much Better	Better	Same	Worse	Much Worse	Do Not Know
(a)	Other Southern African countries	1	2	3	4	5	6
(b)	Europe	1	2	3	4	5	6
(c)	North America	1	2	3	4	5	6
(d)	Australia/ New Zealand	1	2	3	4	5	6

15. Do you **approve** or **disapprove** of the way the national government has performed its job over the past year?

	Strongly approve	1
	Approve	2
	Disapprove	3
	Strongly disapprove	4
	Don't know	5

16. How much of the time can you **trust** the government to do what is right?

	Just about always	1
	Most of the time	2
	Some of the time	3
	Never	4
	Don't know	5

17. Over the past year, did the **actions** of the government have a **positive**, **negative**, or **no impact** on: _____?

		Very positive	Positive	None	Negative	Very negative	Don't know
(a)	You personally	1	2	3	4	5	6
(b)	People of your race	1	2	3	4	5	6
(c)	People who share your language	1	2	3	4	5	6
(d)	People in your economic class	1	2	3	4	5	6
(e)	Zimbabwe	1	2	3	4	5	6

18. How much **consideration** have you given to **moving** to another country to live and work?

	A great deal	1
	Some	2
	None at all	3
	Don't know	4

19. How **often** do you get **information about living conditions** in other countries from _____**?**
READ THE FOLLOWING IN THE BLANK.

		Often	Once In A While	Seldom	Never	Don't know
(a)	Professional journals/ newsletters	1	2	3	4	5
(b)	Newspapers	1	2	3	4	5
(c)	Friends	1	2	3	4	5
(d)	Family	1	2	3	4	5
(e)	Professional associations	1	2	3	4	5

20. How **often** do you get **information about job opportunities** in other countries from _____?
READ THE FOLLOWING IN THE BLANK.

		Often	Once In A While	Seldom	Never	Don't know
(a)	Professional journals/ newsletters	1	2	3	4	5
(b)	Newspapers	1	2	3	4	5
(c)	Friends	1	2	3	4	5
(d)	Family	1	2	3	4	5
(e)	Professional associations	1	2	3	4	5

21. How **easy** or **difficult** would it be for you to leave Zimbabwe to go and work in another country if you wanted to?

	Very easy	1
	Easy	2
	Difficult	3
	Very difficult	4
	Don't know	5

22. At this point, are the costs of travelling to another country and finding a good home **affordable** or **unaffordable** to your family?

	Very affordable	1
	Affordable	2
	Unaffordable	3
	Very unaffordable	4
	Don't know	5

23. How **often** do you **travel** to other countries in: _____?

		More Than Once A Month	Once A Month	Once Every Few Months	Once or Twice A Year	Once Every Few Years	Just Once or Twice	Never
(a)	Southern Africa	1	2	3	4	5	6	7
(b)	Elsewhere in Africa	1	2	3	4	5	6	7
(c)	Europe	1	2	3	4	5	6	7
(d)	North America	1	2	3	4	5	6	7
(e)	Australia/ New Zealand	1	2	3	4	5	6	7
(f)	Asia	1	2	3	4	5	6	7

24. How **often** are you in **contact** with: _____?

		More Than Once A Month	Once A Month	Once Every Few Months	Once or Twice A Year	Once Every Few Years	Just Once or Twice	Never
(a)	Members of your profession living and working in other countries	1	2	3	4	5	6	7
(b)	Professional associations in other countries	1	2	3	4	5	6	7
(c)	Employment placement agencies in other countries	1	2	3	4	5	6	7

25. If you were ever to leave Zimbabwe, which country(s) would you **most prefer** to go to live? You may list up to three destinations. (Please write names in boxes)

26. Which of the above choices would be your **most preferred**?

27. If you ever **had** to leave Zimbabwe, which country would you **most likely** end up living in?

***This choice shall be referred to below as your* MOST LIKELY DESTINATION, *or* MLD**.

28. In general, would you say the overall conditions in Zimbabwe are **better**, **worse**, or **about the same** as in your **MLD**?

	Much better in Zimbabwe	1
	Better on Zimbabwe	2
	About the same	3
	Better in MLD	4
	Much better in MLD	5
	Don't know	6

29. For each of the following, please indicate whether you feel that it would be **better here in Zimbabwe**, **better in your MLD**, or **about the same**?

		Much Better in Zimbabwe	Better in Zimbabwe	About the Same	Better in **MLD**	Much Better in **MLD**	Don't know
(a)	Cost of living	1	2	3	4	5	6
(b)	Your job	1	2	3	4	5	6
(c)	Prospects for professional advancement	1	2	3	4	5	6
(d)	The security of your job	1	2	3	4	5	6
(e)	Your level of income	1	2	3	4	5	6
(f)	Ability to find the house you want to live in	1	2	3	4	5	6
(g)	Ability to find a good school for your children	1	2	3	4	5	6
(h)	Ability to find medical services for	1	2	3	4	5	6

	your family and children						
(i)	Your level of taxation	1	2	3	4	5	6
(j)	The relative share of taxes you pay in comparison to others	1	2	3	4	5	6
(k)	Your personal safety	1	2	3	4	5	6
(l)	Your family's safety	1	2	3	4	5	6
(m)	The future of your children in Zimbabwe	1	2	3	4	5	6
(n)	Upkeep of public amenities (e.g. Parks, beaches, toilets etc.)	1	2	3	4	5	6
(o)	Availability of affordable quality products	1	2	3	4	5	6
(p)	Customer service	1	2	3	4	5	6

30. Would your family tend to **encourage** or **discourage** you from leaving Zimbabwe?

	Strongly encourage	1
	Encourage	2
	Neither	3
	Discourage	4
	Strongly discourage	5
	Don't know	6

31. Who would be most likely to make the **final decision** about whether to leave Zimbabwe or not?

	Yourself	1
	Your Spouse	2
	Your Parent(s)	3
	Other Family Members, Specify: _____	
	Others, Specify:._____	
	Don't know	4

32. To what **extent** would you **want** to move to your **Most Likely Destination** to live and work for:_____?

		Great Extent	Some Extent	Hardly At All	Not At All	Don't know
(a)	A short period (less than two years)	1	2	3	4	5
(b)	A long period (longer than two years)	1	2	3	4	5

33. How **likely** or **unlikely** is it that you would ever move to your **Most Likely Destination** to live and work for: _____?

		Very Likely	Likely	Unlikely	Very Unlikely	Don't know
(a)	A short period (less than two years)	1	2	3	4	5
(b)	A long period (longer than two years)	1	2	3	4	5

34. If you **had** to move to your **Most Likely Destination**, how **long** would you want to stay?

	Less than 6 months	1
	6 months to one year	2
	1to 2 years	3
	2 to 5 years	4
	More than 5 years	5
	Don't know	6

35. If you moved to your **Most Likely Destination**, how **often** would you want to return to Zimbabwe?

	Weekly	1
	Monthly	2
	Once every few months	3
	Yearly	4
	Once every few years	5
	Never	6
	Don't know	7

36. If you moved to your **Most Likely Destination** , how many **family members** would you take with you?

37. How **often** would you send **money** home?

	More than once a month	1
	Once a month	2
	A few times a year	3
	Once or twice a year	4
	Just once or twice	5
	Never	6
	Don't know	7

38. To what **extent** would you want to:_____?

		Large Extent	Some Extent	Hardly At All	Not At All	Don't know
(a)	Become a permanent resident in your MLD					
(b)	Become a citizen of your MLD	1	2	3	4	5
(c)	Retire in your MLD	1	2	3	4	5
(d)	Be buried in your MLD	1	2	3	4	5

39. Have you **applied** for _____ in your **Most Likely Destination**?

		Yes	No	In the Process of Applying
(a)	A Work Permit	1	2	3
(b)	A Permanent Residence Permit	1	2	3
(c)	Citizenship	1	2	3

40. How **willing** or **unwilling** would you be to: _____?

		Very Willing	Willing	Unwilling	Very Unwilling	Don't know
(a)	Sell your house in Zimbabwe	1	2	3	4	5
(b)	Take all your savings out of Zimbabwe	1	2	3	4	5
(c)	Take all your investments out of Zimbabwe	1	2	3	4	5
(d)	Give up citizenship in Zimbabwe	1	2	3	4	5

41. How **likely** or **unlikely** is it that you will **move** from Zimbabwe: _____?

		Very Likely	Likely	Unlikely	Very Unlikely	Do Not Know
(a)	In the next six months	1	2	3	4	5
(b)	In the next two years	1	2	3	4	5
(c)	In the next five years	1	2	3	4	5

42. Consider the following possibilities. Would they make it **more likely**, **less likely**, or **make no difference** to whether you would **leave** Zimbabwe?

		Much More Likely	More Likely	No Difference	Less Likely	Much Less Likely	Don't know
(a)	If the government took steps to make it more difficult to emigrate	1	2	3	4	5	6
(b)	If the government required people leaving professional schools to do one year national service in their area of expertise	1	2	3	4	5	6
(c)	If the government was going to allow people to hold only one passport	1	2	3	4	5	6
(d)	If the government were to increase fees for emigration documents	1	2	3	4	5	6

43. What is your gender?

	Male	1
	Female	2

44. What is your age?

45. What is your marital status?

46. IF MARRIED: In which field / sector / industry is your spouse / partner employed? (or most recent if currently unemployed)

47. What is your **status** in this household? Are you:

48. How many **children** do you have?

49. How many people **live in your household** (excluding domestic workers)?

50. How many people are **dependent** on you (excluding domestic workers)?

51. Purely for statistical purposes, please indicate your **joint monthly household income before tax**?

52. In which **Town / City** do you live?

Thank you very much for your co-operation!

Appendix 2: Questionnaire for Health Institution Survey (A1)

SECTION 1: SKILLED HEALTH PERSONNNEL

1. NUMBER OF SKILLED HEALTH PERSONNEL TRAINED

Category	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors										
Dentist										
Nurses										
Midwives										
Pharmacists										

2. NUMBER OF SKILLED HEALTH PERSONNEL EMPLOYED

a. Public sector

Category	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors										
Dentist										
Nurses										
Midwives										
Pharmacists										

b. Private sector

Category	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors										
Dentist										
Nurses										
Midwives										
Pharmacists										

SECTION 2: TRAINING INSTITUTIONS

3. *COST OF TRAINING SKILLED HEALTH PERSONNEL*

A Pre-service (under-graduate) Training

Category	Items	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors	No. trained										
Dentists	No. trained										
Nurses	No. trained										
Midwives	No. trained										
Pharmacists	No. trained										

B Posts filled for skilled health personnel

Category	Posts	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors	Established Posts										
	Number at Post										
	Vacant posts										
Dentists	Established Posts										
	Number at Post										
	Vacant posts										
Nurses	Established Posts										
	Number at Post										
	Vacant posts										
Midwives	Established Posts										
	Number at Post										
	Vacant posts										
Pharmacists	Established Posts										
	Number at Post										
	Vacant posts										

4. Workload

Category	Variable	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Doctors	No. of in-patients										
	Out-Patient Attendance										
	No. at Post										
	Attendance/ doctor										
Dentists	No. of in-patients										
	Out-Patient Attendance										
	No. at Post										
	Attendance/ dentist										
Nurses	No. of in-patients										
	Out-Patient Attendance										
	No. at Post										
	Attendance/ nurse										
Midwives	No. of in-patients										
	Out-Patient Attendance										
	No. at Post										
	Attendance/ midwife										
Pharmacists	No. of in-patients										
	Out-Patient Attendance										
	No. at Post										
	Attendance/ pharmacist										

Appendix 3: Interview Guide for Professional Informants in Key Positions in the Health System, other Sectors, Relevant Partners (A2)

Section A – GENERAL INFORMATION

1. In which sector are you employed?

1.1 Public sector				
1.2 Private sector – For Profit				
1.3 Private sector – Non Profit (NGOs)				

2. To which category of the health team do you belong?

2.1 A nurse				
2.2 A midwife				
2.3 A medical doctor				
2.4 A dentist				
2.5 A pharmacist				
2.6 Tutor/Lecturer				

SECTION B – PUBLIC HEALTH SERVICE DELIVERY IN THIS COUNTRY

3. What are the causes of migration of skilled health personnel?
- Inter-country
- Intra-country – urban/rural
- Intra-country – public/private sector

4. What factors would influence the return of skilled health personnel?

5. What policies, strategies, and practices are in place to ensure the retention of skilled health personnel?
(Note: Probe to get information regarding competitive salaries, fringe benefits, rural incentives)

6. How and why were these policies and strategies initiated and introduced, and how have the reasons for the introduction of these policies and strategies influenced the success/failure of the implementation of the policies and strategies?

7. What are the areas of success and/or failure with regard to the application of policies, strategies, and practices aimed at ensuring the retention of skilled *health personnel?*

8. What practices are in place that are aimed at retaining skilled health personnel, but which are not reflected in the policy and strategy documents?

9. What else can be done to retain skilled health personnel and/or to encourage the return of skilled health personnel?

10. What opportunities exist for career development of skilled health personnel? (Note: probe for the different categories of skilled health personnel in this regard)

11. What has been the influence of HIV/AIDS on migration?

12. Do public health services in the country meet the needs of the population in terms of health, illness, and expectations? What are the reasons for your answers?

13.

14 How do you generally perceive the quality of care being provided in the public health services vis-à-vis the private health facilities in your country?

15 How has the migration of skilled health personnel influenced/contributed towards the issues raised in the previous question?

16. What are the effects when skilled health personnel leave the country?

Thank you for participating in this survey!

Appendix 4: Questionnaire for Individual Health Workers (A3)

For each question, please place an **X** in the relevant space corresponding to your appropriate response, or where relevant, provide information in the space provided.

Section A – GENERAL DEMOGRAPHIC INFORMATION

1. Please indicate your gender (For office use)

1.1 Male			
1.2 Female			

2. Please state your age (as at your last birthday)

3. Please indicate your marital status (For office use)

3.1 Married			
3.2 Divorced			
3.3 Single			
3.4 Widowed			

4. Do you have any children

4.1 No			
4.2 Yes			

5. Please indicate your nationality

Section B – EMPLOYMENT DETAIL AND QUALIFICATIONS

6. To which category of the health team do you belong (For office use)

6.1 A nurse			
6.2 A midwife			
6.3 A medical doctor			
6.4 A pharmacist			
6.5 A Tutor / Lecturer			
6.6 A Dentist			
6.7 Any other (Please specify)			

7. Please indicate the sector where you are employed

7.1 Public sector			
7.2 Private sector – For Profit			
7.3 Private sector – Non Profit (NGOs)			

8. Indicate the type of facility that you are employed in

8.1 District hospital			
8.2 Provincial or regional hospital			
8.3 Tertiary hospital			
8.4 Rural health center			
8.5 Nursing School in a university			
8.6 Nursing School not in a university			
8.7 Medical School			

9. Please indicate your highest academic qualification (please tick only ONE, i.e. your highest qualification)

9.1 Tertiary Certificate			
9.2 Tertiary Diploma			
9.3 Bachelors degree			
9.4 Masters degree			
9.5 Doctorate degree			
9.6 Any other (please specify)			

10. Are you satisfied that the number of clients you on average attend to during your shift is fair and/or professionally appropriate?	**Yes**	**No**		

11. If your job entails attending to individual clients, how much time do you spend on average per individual client consultation / contact period

11.1 Less than 5 minutes			
11.2 6 – 10 minutes			
11.3 11 – 15 minutes			
11.4 16 – 20 minutes			
11.5 Longer than 20 minutes			

12. If your job entails attending to individual clients, are you satisfied that the time you spend per patient is professionally appropriate?	**Yes**	**No**		

13. Do you personally offer any services that should ideally be attended to by another member of the team?	**Yes**	**No**		

14 Do you have adequate basic or essential equipment available to carry out your required activities?	**Yes**	**No**		

15 Are your skills and knowledge fully used in your work?	**Yes**	**No**		

16 Are there any instances of illegal payment / bribes within the healthcare facility where you work	**Yes**	**No**		

Section D – QUALITY OF CARE

Questions 17 to 24

Please indicate the **quality of the services provided at the health facility where you work**, by using the following key with regard to each of the criteria listed:

1 = Very poor 2 = Not good 3 = Average 4 = Good 5 = Excellent

	(1)	**(2)**	**(3)**	**(4)**	**(5)**	(For office use)		
17. Waiting time before being attended to								
18. Respect for patients								
19. Respect for care-givers								
20. Attention given to patients								

21. Availability of medication								
22. Terms of payment								
23. Communication between health care workers and clients								
24. General rating of the quality of the services provided								

25 In addition to your response to the previous 8 questions, please provide any additional comments you feel may be appropriate to indicate the quality of the services provided at the health facility where you work

26 In your opinion, how has the quality of care provided by the facility where you work affected the utilization of services provided by traditional healers/medical practitioners

Section E - EMPLOYMENT BENEFITS

27. Please respond appropriately to the following questions as they apply to your situation

Do you agree with the following statements?	**Yes**	**No**	(For office use)	
(a) The public sector offer competitive salaries to health workers in this country				
(b) I am satisfied with the salary that I receive				
(c) I find it difficult to live on the salary I receive				
(d) I am able to save money regularly				
(e) My salary is always paid on time				
(f) If you work in the public health service, it is necessary to do two (or more) jobs to make ends meet				
(g) If I received a better salary, I would be happy to stay in my present position				
(h) I am considering moving to the private sector because I will receive a better salary				
(i) The public sector offer competitive fringe benefits to health workers in this country				
(j) The private sector offer better fringe benefits to health workers in this country than the public sector				
(k) I am satisfied with the fringe benefits that I receive				
(l) I receive a housing subsidy from my place of employment				
(m) My place of employment provide me with a good medical aid scheme				
(n) I am offered housing by my place of employment				
(o) I receive study benefits for my children from my place of employment				
(p) My place of work provide day care facilities for my children				
(q) I belong to a pension scheme provided by my place of employment				
Do you agree with the following statements?	**Yes**	**No**	**(For office use)**	
(a) I worry that I will have not be adequately provided for when I retire				
(b) If I were ill for a long time, the health service would continue to pay part of my salary				
(c) Getting accommodation is a problem when you work in the public health sector				
(d) There are positive incentives for working in a rural area in my country				
(e) Working in a rural area means that I will have to live in poor housing				
(f) A car allowance will be available to me if I work in a rural area				

Section F – WORKING ENVIRONMENT / TEAM RELATIONSHIPS

28. Please respond appropriately to the following questions as they apply to your situation	Yes	No	(For office use)	
(a) I work in a positive environment.				
(b) I have a positive relationship with colleagues where I work				
(c) We work well as a team at my place of employment				
(d) Management at my place of work is easy to approach when there are difficult issues to discuss				
(e) The management style at the place where I work is strict and domineering				
(f) The manager of my unit often comes to talk to me to find out how I am doing				
(g) Medical Doctors are valued members of society				
(h) Nurses are valued members of society				
(i) Pharmacists are valued members of society				
(j) Dentists are valued members of society				
(k) Leadership is considered an important quality where I work				

Section G – OPPORTUNITIES FOR CAREER ADVANCEMENT

29. Please respond appropriately to the following questions as they apply to your situation	Yes	No	(For office use)	
(a) There are many opportunities for promotion in the facility where I work				
(b) We have opportunities to do short courses together as a team at the facility where I work				
(c) There are ample opportunities to go on courses relevant to my work				
(d) My job provides me with advanced training opportunities				
(e) It is difficult to get support for continuing professional education				
(f) The private sector offers more opportunities for promotion than what the public health sector in this country does				
(g) I am considering moving to the private sector because I would receive a better salary				
(h) I am considering moving to the private sector because I would receive better fringe benefits				

Section H – Effect of HIV/AIDS on Health Workers' Motivation to Leave the Country

30. Please respond appropriately to the following questions as they apply to your situation	Yes	No	(For office use)	
(a) The facility I work at takes adequate precautions against HIV infection				
(b) I am constantly worried that I will get HIV/AIDS from an injury at work				
(c) I find caring for patients with HIV/AIDS stressful				
(d) Although caring for patients with HIV/AIDS is demanding, I am glad to have an opportunity to use my professional skills in that regard.				

Section I – HEALTH CARE WORKERS' INTENTION TO MIGRATE

31. Are you considering leaving this country to work elsewhere in the world?

Yes			
No			

32. If you answered "yes" to the previous question, which country are you considering moving to?

Another country in Africa *(Please specify which country)*			
The United Kingdom (UK)			
The United States of America (USA)			
France			
Belgium			
Germany			

Australia			
New Zealand			
Canada			
A country in the *Middle East*			
Any other country not listed above *(Please specify which country)*			

33. If you were considering leaving this country to work elsewhere in the world, (or might do so some time in the future), please indicate the reasons why you would leave. (You may tick more than one answer)

(Reasons why you would leave the country)		(For office use)		
Because I was recruited to work in the country that I intend to move to				
To gain experience abroad				
To ensure a safer environment for my children				
Because I see no future in this country				
Because I can not find a suitable job in this country				
Because I need to upgrade my professional qualifications due to the unsatisfactory quality of education and training in this country				
Because the workload in the health services of this country is too heavy				
Because there is a general decline in the health care services of this country				
Because of the high levels of violence and crime in this country				
Because of family related matters				
In order to find better living conditions				
In order to join family / friend abroad				
To save money quickly in order to buy a car, pay off a home loan, or for a similar reason				
Because of the poor management of the health services in this country				
In order to travel and see the world				
Because the value systems in this country have declined to such an extent that I can no longer see my way clear to remain here				
Because I will receive better remuneration in another country				
Because an unacceptable work tempo is expected of me in this country				
Because there is a general sense of despondency in this country				
Because of a general decline in the economic situation in this country				
Because of insufficient opportunities for promotion and self-improvement				
Because of a lack of resources and facilities within the health care system of this country				

34. Have you moved to this country from another country during the past five years?

Yes			
No			

35. If you answered "yes" to the previous question, which country did you come from?

Another country in Africa *(Please specify which country)*			
The United Kingdom			
The United States of America			
France			
Germany			
Australia			
New Zealand			
Canada			
Any other country not listed above *(Please specify which country)*			

36. If you moved to this country from another country during the past five years, please indicate the reasons why you did so. (You may tick more than one answer)

(Reasons why you moved to this country)		(For office use)	
Because I came to this country to do my professional studies (or part there of), and decided to stay			
Because I was recruited to work in this country			
To gain experience in this country			
To ensure a safer environment for my children			
Because I saw no future in the country that I moved from			
Because I could not find a suitable job in the country that I moved from			
Because I was dissatisfied with the educational system in the country that I moved from			
Because the workload in the health services of the country that I moved from was too heavy			
Because there was a general decline in the health care services of the country that I moved from			
Because of the high levels of violence and crime in the country that I moved from			
Because of family related matters			
In order to find better living conditions			
In order to join family / friends in this country			
To save money quickly in order to buy a car, pay off a home loan, or for a similar reason			
Because of the poor management of the health services in the country that I moved from			
In order to travel and see the world			
Because the value systems in the country that I moved from had declined to such an extent that I could no longer see my way clear to remain there			
Because I expected to receive better remuneration in this country			
Because an unacceptable work tempo was expected of me in the country that I moved from			
Because there was a general sense of despondency in the country that I moved from			
Because of insufficient opportunities for promotion and self-improvement in the country that I moved from			
Because of a general decline in the economic situation in the country that I moved from			
Because of a lack of resources and facilities within the health care system of the country that I moved from			

37. In your opinion, what would motivate you, or other health care workers to remain in your home country? (You may tick more than one answer).

(Motivation to remain in your home country)		(For office use)	
A more pleasant and caring working environment			
Better quality education and training in my professional field			
More accessible education and training opportunities			
Innovative training opportunities such as Distance Education			
A more reasonable work load			
Better salaries			
Better fringe benefits			
The provision of adequate day care facilities for children of employees			
Improved facilities and resources in the health services of the country			
Better leadership in the health sector			
A more peaceful social environment in the country			
Better working relationships in the public health sector			
The appointment of more competent health service managers			

Thank you for taking the time to complete this questionnaire!

Appendix 5: Guidelines for Focus Group Discussions with Key Community Stakeholders (A4)

Section A – GENERAL INFORMATION

1. Province/Region/District

2. Type of community (users of health services, general occupations, religion, etc)

3. Gender of person(s) participating in the focus group discussion

Number of Females in the focus group	
Number of Males in the focus group	

4. Age range of participants

Section B: QUALITY OF CARE PROVIDED AT HEALTH FACILITIES

5. What is your opinion of the services you receive at the public health facilities in your community/district? (Note: Probe for waiting time, availability of drugs, privacy, respect and attention for patients, respect for health care workers/caregivers, terms of payment, value for services, communication between clients and health workers, availability, accessibility, acceptability of services)

6. Which categories of health workers usually attend to you when you visit the health facility, and what type of care do you expect from each of them? *(Note: Probe to get information regarding doctors, pharmacists, nurses, midwives, dentists)*

Section C: Adequacy of Staff at Health Facilities, and Effects of Migration

7. What are your impressions about the adequacy of the staff in the health facility over the past five years? (Note: probe to get information regarding adequacy in numbers of available staff, as well as quality of care provided)

8. What are the experiences of the community with regard to health workers leaving the country / area? (Note: probe for reasons why health workers leave, changes in numbers of the various categories of health workers over the years, where the health workers go to)

9 What changes in the quality of health care being provided to the community would you associate with the changes that you have observed with regard to staffing at health care facilities? (Note: probe for possible causes for such changes in quality of care being provided, and how it has affected the community – both in terms of utilization of services and in health status)

10. What has the community done to try to retain the health workers posted in their community, and how successful have such efforts been?

11 What suggestions can you offer with regard to retaining health workers in your community?

12 What suggestions can you offer in order to improve health service delivery in your community?

Section D: USE OF PUBLIC HEALTH SERVICES AND ALTERNATIVE HEALTH SERVICES

13 What respect is accorded to health workers in your community? (Note: probe for all categories of health workers)

14 In addition to public health services, what other / alternative health care/services are available in your community? (Note: probe for information regarding the utilization and quality of traditional medicine, other alternative health services, private health care providers, etc.)

15 What respect is accorded Traditional practitioners/healers in your community?

16 Have there been any changes in the use of the services provided by traditional practitioners/healers during the past five years? (Note: probe for possible causes of such change, and for the type of services utilized where applicable)

17 Are there any foreign health care workers who provide health services in your community? If there are such health workers in your community, how would you rate the care provided by them? (Note: probe to obtain information as to where these workers come from, whether they are accepted in the community, what the quality of care provided by them are, etc.)

Thank you for participating in this focus group discussion!

Appendix 6: Questionnaire for Economic Migrants (A5)

Section A – GENERAL DEMOGRAPHIC INFORMATION

1. Please indicate your gender (For office use)

1.1 Male			
1.2 Female			

2. Please state your age (as at your last birthday)

Section B – EMPLOYMENT DETAIL AND QUALIFICATIONS

3. To which category of the health team do you belong

(For office use)

3.1 A nurse			
3.2 A midwife			
3.3 A medical doctor			
3.4 A pharmacist			
3.5 A Tutor / Lecturer			
3.6 A Dentist			

4. Please indicate your highest academic qualification (please tick only ONE, i.e. your highest qualification)

4.1 Tertiary Certificate			
4.2 Tertiary Diploma			
4.3 Bachelors degree			
4.4 Masters degree			
4.5 Doctorate degree			
4.6 Any other (please specify			

5. Please list all your professional qualifications (in sequence according to year of completion)

Qualifications

6. Indicate the type of facility you were employed in at the time when you left your home country?

6.1 District hospital			
6.2 Provincial / Regional hospital			
6.3 Tertiary hospital			
6.4 Rural health centre			
6.5 Private Surgery			
6.6 Nursing School in a university			
6.7 Nursing School not in a university			
6.8 Medical School			
6.9 A facility not listed above (please specify)			

7. In what post were you employed? (E.g. Senior Sister, Registrar, Lecturer, etc)

Section C – MIGRATION HISTORY

8. How long have you been working outside your home country?

	_____years	

9. Please indicate your original home country, as well as your current host/adopted country

9.1 Original home country		
9.2 Current host/adopted country		

10. Please indicate the year you left the country, as well as (in chronological order) all the posts / jobs you held since then. Please include non-health care posts/occupations where relevant.

Year	**Facility**	**Post / Occupation**

11. What was the reason why you left your home country?

(Reasons why you would leave the country)		(For office use)	
11.1 Because I was recruited to work in the country to which I moved to			
11.2 To gain experience abroad			
11.3 To ensure a safer environment for my children			
11.4 Because I saw no future in my home country			
11.5 Because I could not find a suitable job in my home country			
11.6 Because I needed to upgrade my professional qualifications due to the unsatisfactory quality of education and training in my home country			
11.7 Because the workload in the health services of my home country was too heavy			
11.8 Because I was aware of a general decline in the health care services of my home country			
11.9 Because of the high levels of violence and crime in my home country			
11.10 Because of family related matters			
11.11 In order to find better living conditions			
11.12 In order to join family / friends abroad			
11.13 To save money quickly in order to buy a car, pay off a home loan, or for a similar reason			
11.14 Because of the poor management of the health services in my home country			
11.15 In order to travel and see the world			
11.16 Because the value systems in my home country had declined to such an extent that I could no longer see my way clear to remain there			
11.17 Because I would receive better remuneration in another country			
11.18 Because an unacceptable work tempo was expected of me in my home country			
11.19 Because there was a general sense of despondency in my country at that time			
11.20 Because of a general decline in the economic situation in my home country			
11.21 Because of insufficient opportunities for promotion and self-improvement in my home country			
11.22 Because of a lack of resources and facilities within the health care system of my home country			

12. Indicate the type of facility in which you are employed in your host country

12.1 District hospital			
12.2 Provincial / Regional hospital			
12.3 Tertiary hospital			
12.4 Rural health centre			
12.5 Private Surgery			
12.6 Nursing School in a university			
12.7 Nursing School not in a university			
12.8 Medical School			
12.9 A facility not listed above (please specify)			

13. In what post are you currently employed in you host country? (E.g. Senior Sister, Registrar, Lecturer, etc)

14. Are you considering returning to your home country?

14.1 Yes			
14.2 No			

15. If you answered yes to the previous question, what is the reason why you want to return to your home country?

15.1 Because I wish to serve my home country			
15.2 For family reasons			
15.3 To advance my career opportunities			
15.4 In order to gain experience			
15.5 To further my professional studies			
15.6 For reasons of retirement			
15.7 Because I have been recruited by government, an educational institution, NGO (or any other agency)			
15.8 Because the environment in my home country is safer than in my current host country			
15.9 Because the educational system in my home country is better for my children			
15.10 Because the living conditions in my home country are better			
15.11 Because I will be financially better off back home			
15.12 Because I have saved enough money in my host country in order to afford to go back to live in my home country			
15.13 Because the working environment in my home country is more pleasant than in my current host country			
15.14 Because I am not happy in my host/adopted country			
15.15 Because I (or my family) feel homesick			
15.16 Because I have been retrenched			
15.17 Because of illness (personal or in the family)			
15.18 Because I see future in my host/adopted country			
15.19 Because I can not find a suitable job in my host/adopted country			
15.20 Because there are insufficient opportunities for promotion and self-improvement in my host/adopted country			
15.21 Because the workload in my host/adopted country is too heavy			
15.22 Because the quality of the health services in my host/adopted country declined in recent years			
15.23 Because the rate of violence and crime in my host/adopted country is too high			
15.24 Because the value systems in my host/adopted country have declined			

16. If you answered NO to question 15, what is the reason why you do not wish to return to your home country?

16.1 Because I do not see a future in my home country			
16.2 Because I have better career opportunities in my host/adopted country			
16.3 Because I am happy in my host/adopted country			
16.4 Because my children/family are better off in my host/adopted country			
16.5 Because I prefer the lifestyle in my host/adopted country			
16.6 Because I fill a post in my host/adopted country that is exactly what I would like to do for the rest of my professional life			
16.7 Because my family refuse to return to my home country			
16.8 Because I feel safe in my host/adopted country			
16.9 Because I can't afford to go back			

Thank you for taking the time to complete this questionnaire!