



CONTRIBUTION OF THE GAO NURSING SCHOOL TO THE TRAINING AND RETENTION OF HEALTH WORKERS IN THE NORTHERN REGIONS OF MALI

December 2020

Jeanne TESSOUGUE, Fatoumata Dicko MAIGA, Hamidou CISSE, Ibrahim CISSE, Benjamin DEMBELE, Sujata BIJOU/IntraHealth International

BACKGROUND

In Mali, the retention of human resources for health (HRH) is a major challenge for political and administrative authorities at the highest level. Northern Mali is experiencing this challenge at a higher rate because of the difficulties related to its geographical accessibility, climatic conditions, and lack of adequate infrastructure.

Certain strategies, such as education through the provision of scholarships or financial assistance to students with the condition of remaining and working in the northern regions after graduation, contribute to the retention of some health workers in these regions. However, the retention strategies attempted by the government and donors, such as financial incentives (bonuses by zone), priority in issuing training grants, and others have proved insufficient.

IntraHealth International, through the USAID/Mali HRH Strengthening Activity, conducted a study to demonstrate the contribution of the Gao Nursing School (EIG) to the training and retention of health workers in the northern regions of Mali (Timbuktu, Gao, and Kidal) from 2002 to 2016.

METHODOLOGY

The study took place from October to December 2019 in the three regions of Timbuktu, Gao, and Kidal and explored the factors related to retention of health workers practicing in these regions and the reasons why those who left after their required work or upon graduation did so. Data were collected through direct interviews or by telephone.



USAID
FROM THE AMERICAN PEOPLE



IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



RESULTS

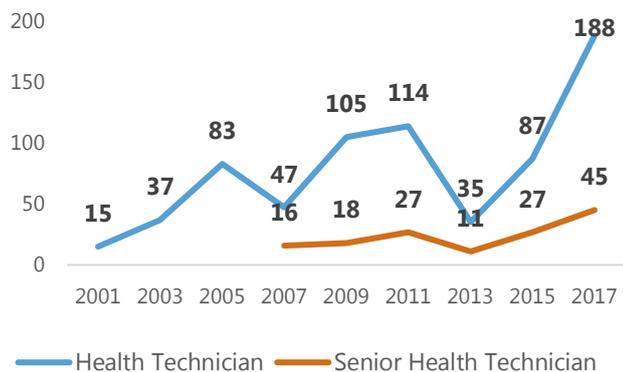


Figure 1: Progression of graduation class size at EIG by year and type of degree

As shown in Figure 1, we see an increase in the production of qualified human resources from EIG until 2012 when we observed a drastic drop in production due in part to the coup d'état. The first graduating class after the occupation by armed groups in the northern regions occurred in 2013.

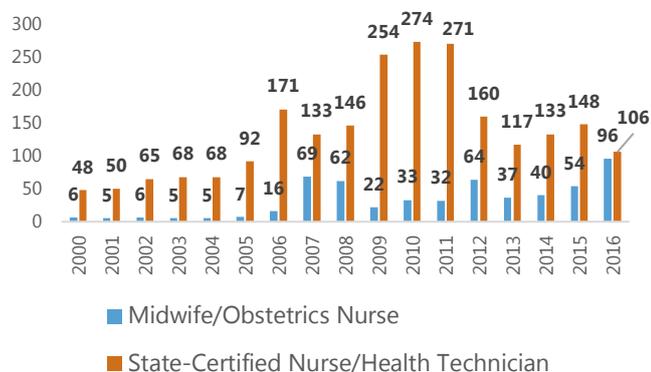


Figure 2: Progression of human resources coverage in the Gao region from 2000 to 2016

Figure 2 shows a gradual improvement in the health coverage of qualified human resources (nurses and midwives) in Gao with an initial peak in 2006 (Figure 1), corresponding to the last year of direct recruitment of health workers and the first graduating class of EIG.

The study also showed that the majority of health workers posted in the northern regions were born there, at 79% (206/262), with the majority from the Gao region: 61% (160/262). Among the health

workers born in the northern regions, 89% (184/206) were graduates of EIG.

Of the providers at the health facility level, 78% (204/262) were EIG graduates. Among EIG graduates working in the north, 93% (190/204) stated they have only worked in the north, compared to 57% (33/58) of health workers who graduated from schools outside of northern Mali.

Health workers stationed in the north are mostly health technicians specializing in public health: 53% (138/262), followed by obstetric nurses: 21% (56/262), and midwives: 10% (25/262). From its creation in 2002 to 2017, EIG trained 1,681 health workers, 83% of whom are health technicians, with women representing 66.5% of graduates.

The average career length is ten years for health workers graduating from EIG and six years for health workers graduating from schools outside the northern regions.

The retention factors identified were mainly the granting of scholarships or financial aid for studies, marital status at the start of their career, the spouse's place of residence, and the work environment. In fact, 93% of EIG graduates currently practicing in the northern regions received a scholarship or financial aid compared to only 6.7% of those graduates from other regions outside the north. Overall, 69% (181/262) of health workers in the north reported living with their spouse. For EIG graduates: 73% (149/204) lived with their spouse compared to 55% (32/58) of graduates from schools outside the northern regions.

When analyzing the salary source for health workers in the north, we found that the state budget was the main source of salary (37%), followed by partners (29%) and local collectivities (28%). For health workers in the north, 28% are paid by the local collectivities in comparison with 9% of health workers who left after working in the north.

We observed an increase in key reproductive health indicators in the three regions until 2012, when the regions of northern Mali became occupied by armed groups. Since 2013, we note another increase as seen before the crisis. Figure 3 illustrates indicators in the Gao region.

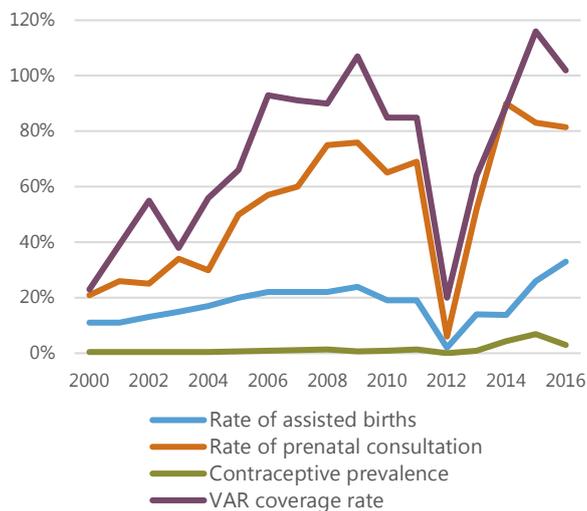


Figure 3: Progression of health indicators from 2000 to 2016 in the Gao region

RECOMMENDATIONS

The recommendations collected from key informants (technical services, community, and collectivity managers) for retaining health workers in the north are to: 1) Provide a career plan for workers; 2) Integrate non-civil servant health workers into the civil service; 3) Further motivate health workers to serve in the north: grant scholarships, promotions, honors, and increase zone bonuses and bonuses for performance; and 4) Decentralize the recruitment of health workers at the community level.

Additional recommendations include:

To authorities:

- Support decentralized health worker trainings
- Ensure adherence to guidelines at technical and professional training institutions
- Promote the decentralization of the recruitment of health providers

To communities:

- Advocate with the authorities and partners for more support for decentralized health worker training
- Provide a career plan for health workers working on behalf of local authorities
- Advocate for the local recruitment of locally-trained service providers

To partners:

- Strengthen support and sponsor training of health worker initiatives at the local level
- Support health training schools to produce quality human resources

CONCLUSION

This study shows that EIG has significantly contributed to the availability and retention of health workers in the northern regions. Scholarships and financial aid, ability to live with a spouse, as well as being from the north, were the most common retention factors. Health worker trainings conducted in the students' birth region would therefore be a strategy to improve loyalty and retention of qualified human resources in the north's health structures. This strategy must be better recognized and supported by policies. EIG is a successful model that northern Mali has greatly benefited from.

CONTACT

Dr. Cheick Oumar Touré
Country Director, IntraHealth Mali
 ctoure@intrahealth.org

