

Retention of Clinical officers in Southern Sudan: A tracer study of Maridi National Health Training Institute (NHTI) Graduates.

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According to the World Health Organisation, the shortage of human resources for health has replaced financial issues as the most serious obstacle to implementing national treatment plans;¹ indicative of poor access to health services. After two decades of civil war, Southern Sudan's health system has a shortage in health workers at all levels. Approximately 63% of the workforce migrated, 52% to the west and 11% within the region. Only 25% of the population has access to basic health care which contributes to Southern Sudan having the worst health situation in the world.

The high burden of disease and expected trends in disease pattern requires innovative health care approaches and interventions.² Maridi NHTI is the only institution that trains clinical officers in Southern Sudan offering the Diploma in Clinical Medicine and Public Health. This is a cadre between physicians and nurses that is trained for approximately half the time and at one fifth the normal cost and is able to carry out 70% of the work a physician does. They are a country-specific cadre with low international »tradability«. Since its inception in 1998, the institute has trained 213 (70%) of clinical officers working in the country today.

The impact of the shortage of doctors in Sub-Saharan countries like Southern Sudan can be minimised by thinking outside conventional medical training. Training of Clinical Officers is a good example and indeed a typical example of the term »task shifting«. Tasks normally done by doctors are re-distributed to clinical officers who have had shorter training and fewer qualifications.³ Studies provide strong evidence for the clinical efficacy^{4, 5, 6} and economic value of task shifting to clinical officers, particularly in the provision of obstetric care.⁷

Abstract

DIE RÜCKBINDUNG VON CLINICAL OFFICERS IM SÜDLICHEN SUDAN: EINE STUDIE DES NATIONALEN INSTITUTS FÜR GESUNDHEITSTRAINING (NHTI)

Die hohe Belastung durch Krankheiten in Afrika erfordert innovative Konzepte in der Gesundheitsversorgung. Das National Health Training Institute (NHTI) in Maridi ist die einzige Einrichtung im Südsudan, welche so genannte »Clinical Officers« ausbildet, die 70% der Aufgaben eines Arztes übernehmen können. Seit seiner Eröffnung im Jahr 1998 hat das NHTI 213 Clinical Officers ausgebildet, was 70% dieser Fachkräfte entspricht, die insgesamt in diesem konfliktgeschüttelten Land arbeiten.

Ziele. Das Hauptziel dieser Studie bestand darin, Informationen über die Absolventen des NHTI in Maridi zusammenzutragen und festzustellen, welcher Anteil von ihnen noch im Südsudan arbeitet oder allenfalls abgewandert ist, wo sie zum Einsatz kommen und welche konkreten Aufgaben sie haben.

Methodik. In dieser Studie wurden Informationen über 108 Absolventen (50,7%) des NHTI in Maridi durch persönliche Befragungen und Fragebö-

gen, durch Diskussionen in Schwerpunktgruppen und Gesprächen mit wichtigen Informationsträgern gesammelt. Die Distrikte Maridi, Mudri, Yei, Juba, Bor, Aweil, Yirol und Rumbek wurden gezielt für die Datenerhebung ausgewählt.

Ergebnisse. Von den erfassten Absolventen arbeiten 210 oder 99% im Südsudan, wobei sich die Effizienz ihres Einsatzes durch Verschiebung der Aufgaben steigern wird. Diese hohe Verbleibrate lässt sich auf die Gestaltung des Lehrplans zurückführen, der auf den Bedarf an Gesundheitsleistungen im Land zugeschnitten ist. Weitere Gründe dafür sind die frühzeitige Beschäftigung – 100% der Absolventen aus den Jahren 2001 bis 2004 fanden im ersten Jahr nach Abschluss ihrer Ausbildung einen Arbeitsplatz – sowie die Anstellung in Einrichtungen, die vormalig Ärzten vorbehalten waren – 53 Absolventen (75%) arbeiten in Krankenhäusern. Darüber hinaus gaben 70 (99%) an, dass sie mit ihrer Arbeit zufrieden sind, und mehr als 70% erachteten ihren Arbeitsplatz als sicher. Erwartungsgemäß empfanden 26 (37%) ihre Gehälter als nicht angemessen. Eine unzureichende Infrastruktur und starke Arbeitsbelastung wurden als demotivierende Faktoren genannt. Nur 36 (51%) hatten das Gefühl, dass sie Möglichkeiten für eine be-



A clinical officer examining a child (Source: AMREF HQ, Directorate of Capacity Building)

OBJECTIVES OF THE STUDY

The overall goal of the post-graduation tracer survey was to follow up on the graduates of Maridi NHTI and to determine the proportion of graduates still working in Southern Sudan and their movement, if any, determine where they have been deployed, and their specific duties. The study also aimed to determine the perceptions of the graduates on the effectiveness of the training programme in preparing them for their duties, and assess the capacity of Maridi NHTI to offer the revised curriculum for Diploma in Clinical Medicine and Public Health.

METHODOLOGY

The study was designed to follow up on 213 graduates of Maridi NHTI as a feedback mechanism for the institute. After a desk review

rufliche Weiterentwicklung haben. Weiters wurde darauf hingewiesen, dass die Auszahlung der Gehälter häufig verspätet erfolgt.

Empfehlungen. Das Gesundheitsministerium des Südsudans sollte die aufgezeigten »Pull«- und »Stick«-Faktoren aufrechterhalten und noch verstärken, damit hochqualifiziertes Personal weiterhin im öffentlichen Gesundheitswesen des Südsudans verbleibt. Weiters sollte das Krankenhaus von Maridi aufgewertet werden, so dass es als Ausbildungsstätte für den praktischen Unterricht fungieren kann. In einer Partnerschaft mit der Regierung des Südsudans sollte AMREF den Aufbau von Kapazitäten mit Schwerpunkt auf der Ausbildung von Gesundheitspersonal auf allen Ebenen und die Verbesserung des Umfelds für das Gesundheitspersonal im Land fortsetzen.

Schlussfolgerung. Die Clinical Officers haben die anspruchsvolle Aufgabe, Gesundheitsleistungen hoher Qualität auf den verschiedenen Ebenen eines in den Kinderschuhen steckenden Gesundheitswesens, in dem Personal und Ressourcen knapp sind, zu erbringen. Die laufende Ausbildung neuer Clinical Officers und die Schaffung günstiger Rahmenbedingungen stellt eine praktikable Lösung für den Südsudan dar.

and key informant interviews 210 graduates were located. A total of 108 (50.7%) of the graduates were interviewed and among them 71 (33.3%) responded to the self-administered questionnaire. Three (3) focus group discussions were held with the patients and clients, members of the Maridi NHTI school management board, tutors and the graduates' supervisors. Counties were purposively selected for data collection. These were Maridi, Mundri, Yei, Juba, Bor, Aweil, Yirol and Rumbek counties. Descriptive frequencies and associations on 71 cases were generated using SPSS.

FINDINGS

The very high retention, with 210 (99%) of the graduates working within the country, may be attributed to the design of the training programme curriculum which is designed around the health needs of the people of Southern Sudan. The clinical officers identified the pull and stick factors in the context of Southern Sudan. These findings are based on data collected from 71 participants who responded to the questionnaire. Three primary reasons for staying stand out:

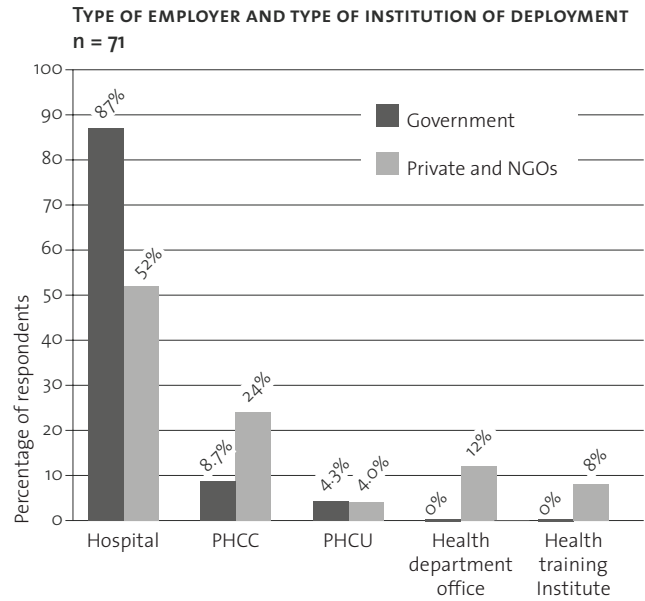
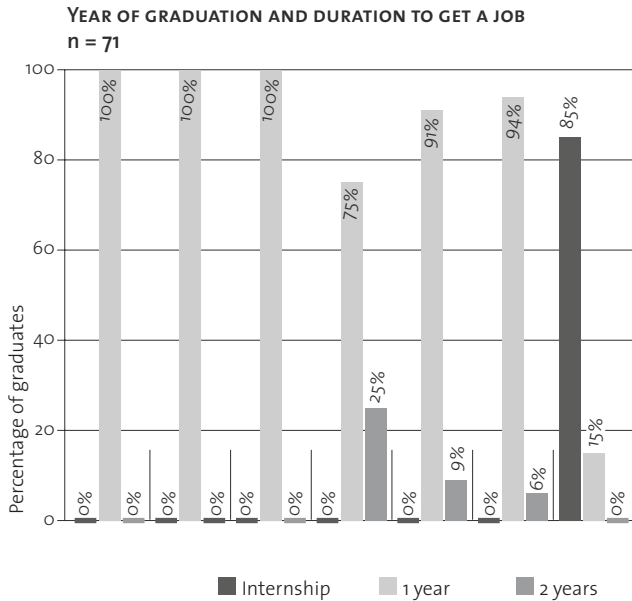
- Duration taken to secure a job
- Deployment in health facilities previously a preserve of doctors
- Job satisfaction

Duration Taken to Secure a Job

Sixteen (100%) of the respondents who graduated between 2001 and 2004 secured their jobs within the first year, while 17 (85%) of the 2008 graduates secured their jobs during their internship year. The time taken for clinical officers to secure employment is shorter since the demand for them is high and should be maintained. There are an estimated 270 clinical officers in Southern Sudan compared to an identified need for 1,066.

Distribution of Clinical Officers

Forty-six (65%) were employed by the government and 23 (32%) were employed by non-governmental organisations (NGOs). Only two (3%) were employed in private clinics. The respondents reported that the government offered high job security compared to NGOs and the private sector.



Deployment of Clinical Officers by Type of Health Facility

A large majority, 53 (75%), of those interviewed worked in hospitals, with only 10 (14%) working in primary health care centres and 3 (4%) in primary health care units. The region has few medical doctors; hence clinical officers are the »doctors« of Southern Sudan.

Job satisfaction

Seventy (99%) of the respondents reported satisfaction with the kind of work they do as it made the best use of their abilities. Over 70% felt they had job security, co-workers were competent and congenial, and that supervision was fair. Job satisfaction factors influence retention of staff.

De-motivating factors that could affect retention of clinical officers were identified. Only thirty-six (51%) felt that they are able to progress in their careers and only 14 (20%) of the clinical officers felt that their salary met their needs. Twenty six (37%) respondents felt that their pay, compared to that of their colleagues, was not fair. Currently, clinical officers join the government at Job Grade 10 which attracts a gross salary of USD 400 per month. This is relatively unattractive compared to the starting salary of USD 800 for those working with NGOs.

De-motivating factors also included inadequate medical equipment and supplies, high workload, inadequate housing, poor remuneration and delays in payments, unclear organisational structures and patient factors such as the tendency of patients to seek medical help at a late stage.

CONCLUSION

Clinical officers have been accepted and acclaimed as the »doctors« of Southern Sudan. They have the challenging mandate of providing quality services at different levels of the country’s budding health system which is characterised by severe shortages of both medical supplies and trained human resources for health care. Continued training of clinical officers and provision of an enabling environment is a viable intervening solution to Southern Sudan’s shortage of health workers due to their high retention rate. The factors that enhance such high retention should be reinforced and the identified demotivating factors eliminated altogether to curb any loss of this precious cadre through emigration or brain drain. ■

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