ReBUILD Consortium

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Health Worker Incentives: Uganda Briefing

Project date 2011—2017

A nurse working with her baby on the back in a public facility in Gulu

Introduction

ReBUILD is a DFID-funded research programme to support health systems development in post conflict countries.
Our research focuses on health systems development in the areas of health financing and human resources. Our study sites are within Cambodia, Sierra Leone, Uganda and Zimbabwe.

ReBUILD is made up of five sub studies; 1) Health Financing, 2) Aid architecture, 3) Rural posting, 4) Health worker incentives, 5) Contracting (not implemented in Uganda)

In Uganda, ReBUILD was launched in July 2010 and studies are being carried out in the districts of Gulu, Amuru, Pader and Kitgum. .

In the last three years, significant progress and achievements have been made in all the four Uganda studies. This briefing note however, focuses on findings from the Health worker incentives study.

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Health Worker Incentives:

***Briefing on* 'Motivation of health workers to stay and work during the conflict: Life histories of health workers in Acholi region, Northern Uganda'**

Background:

For 26 years, the Acholi sub-region in Northern Uganda experienced a series of violent conflict and insurgencies which was as a result of fighting between the government and the Lord's Resistance Army (LRA). This conflict claimed a lot of lives and displaced many people from their homes, besides devastating the social services and physical infrastructure in the region (Rowley et al. 2006; WorldVision 2009; WorldVision. 2009; Kindi 2010). The period 2006-2011 marked varying levels of return activities by people formerly displaced by the conflict, although by June 2011 certain populations had not returned to their homes due to various reasons.

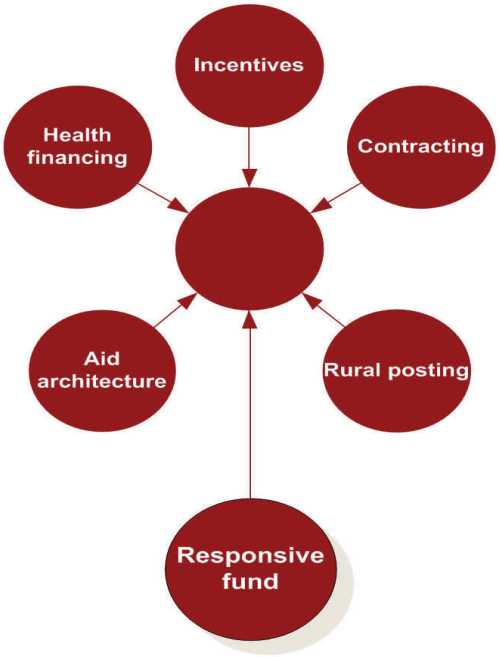
Like many other post conflict settings, Northern Uganda attracted a myriad of actors including civil society and humanitarian assistance to fill in the gap that the state organs were not able to provide due to destroyed infrastructure, inadequate workforce and state financing. This was mainly done through active construction, sending work force to boost existing ones, allowances or pooling resources. According to the the Uganda Country Situation Analysis (UCSA) for ReBUILD programme conducted in 2011, one billion dollars had been pledged since 2006 to contribute to the Government of Uganda's Peace and Recovery Development Plan (PRDP) aimed at accelerating development in northern Uganda.

This study therefore set out to describe health workers' livelihoods and coping strategies in relation to the context and existing incentive policies during and after the conflict.
Broadly the study seeks to understand the evolution of incentives for health workers –post conflict-and their effects, and to derive recommendations for different contexts on incentive environments, which will support health workers to provide access to rational and equitable health services.

Methods:

This was a qualitative study based on twenty six (26) in-depth interviews conducted with purposively selected health workers at different levels of the health system:

Figure 1: Individual ReBUILD research projects



health centre II, III, IV and hospital level in both public and private not for profit facilities. The research was conducted in Pader, Gulu, Kitgum and Amuru districts between August and October 2012.

The interviews were conducted using a life history approach. The 'life history approach' is a way of conducting research about a person's life and capturing details using a lifeline; a horizontal or vertical line on a piece of paper on which the key/major events in a person's life at given periods of time (for example years or months) are mapped (using words or drawings) and then questions asked around them during the interview.

Among other issues, questions were asked about the health workers' decision to join health sciences, where they had their training as well as who sponsored them, what their experiences of training were, how they got their first jobs and subsequent jobs, what they liked (what motivated them to stay) or disliked about their jobs (what de-motivated them), their experiences of the conflict as well as coping strategies and experiences of different policies, among others .
Each of the health workers that participated in this study has a timeline, which the study team hopes to return.

This brief therefore focuses on findings from the case histories of health workers in northern Uganda. It also gives recommendations on how health worker motivation can be improved during and post conflict.

Summary of findings from the In-depth Interviews of Health Workers' Life histories:

1) Effects of the conflict on Health workers' security, and Health

◊ ***Abduction:*** Health workers were a particular target for abduction, as the rebels needed medical attention as well as medical advice from the health workers. Almost all respondents witnessed traumatic events of abduction of themselves or their colleagues or of near-miss abduction.

> *''[...] and so the rebels went with the clinical officer to go and tell them which drug works for which infection[...] but he came back after some months[...](Nurse, Public Health facility, Gulu)*

◊ ***Ambushes:*** These were common along the roads connecting districts or at particular road junctions. Many of the health workers survived death or got lasting physical injuries on their bodies.

> *"[...] I survived a total of three ambushes [...] One of the ambushes was in 2003. We were about eleven of us coming from an outreach [...]I lost a tooth. Then another instance was when I was coming from a workshop in Gulu. We run into one in Angagura but I also survived with other colleagues. Then the worst of them was when we were travelling in an Otada bus.[...] That was the time I nearly got finished. The rebels fired at us [...]" (Senior nursing Officer, Public Health Facility, Kitgum)*

◊ ***Death and fear of death:*** Many health workers lost their lives or at least witnesses the death of their friends and colleagues as a result of ambushes and abduction but also epidemics such as Ebola.

> *"[...] but the nursing aid was killed there and then at the health centre" (Enrolled Nurse, Public Health Facility, Gulu)*

2) Effects of conflicts on health workers' working conditions

Displacement: Some fled to safer areas within the districts (often the urban areas) or to other areas outside Acholi sub-region. In most cases, they abandoned their duty stations and moved to facilities elsewhere or abandoned health work for some time.

> *"In 1987[...] war broke out and there was massive displacement. We were displaced to Adilang sub-county and life was very difficult." (Senior Nursing Officer, Public Health Facility, Pader)*

◊ **Disconnection from professional support** such as salaries and equipment as a result of ambushes and landmines along connecting roads between districts

◊ **Increased workload and working hours/days** for those health workers who worked in facilities that remained functional during the war, mainly the private not for profit facilities and those facilities located in camp settlements.

> *"[...]around June-August 2002[...] the experience we had here was not very easy [...]we would work all night, we were having casualties, two lorries [...] we started working [...]from 6.00 P.M to around 4.00 a.m [...]then the following day from 11.00am to midnight because we could not finish the casualties. [...]" (Registered Nurse, PNFP Health facility, Greater Pader)*

3) Motivators

Community support and practical assistance of various sorts, provided by the district, external agencies and small gifts from patients did a lot to provide the much-needed motivation.

> *"In the first place I was motivated by community of Lira Kato, the present Apono sub-county. They were in total support of my well being, they were able to provide food for me. (Clinical officer, Public Health Facility, Pader)*
> *"The work was okay, but the problem was no money, because we could not get money because at that time I was not on salary they were giving us some motivation when we go for outreaches, and the NGOs who were on the ground would motivate us plus those risk allowance during the period of Ebola" (Registered Mid wife, Public Health Facility, Gulu)*

◊ Appreciation by supervisors and the community

◊ Effective working conditions – equipment, referral transport etc.

◊ Being able to learn and develop one's skills and roles were important motivators for many (or dissatisfiers, if absent), even those in relatively lower cadre posts. They were eager for further training and certificates to demonstrate their advancing skills. Many were also able to grow their skills due to added responsibilities, usually of a higher level.

◊ Formal promotion(with a matching official document) other than mere words

◊ Good leadership and communication in the workplace (staff encouraged to express themselves)

◊ Regular and adequate pay, especially after the end of the war.

◊ Employment benefits, such as food, accommodation, transport, free health care, uniforms, and other occasional additions, such as sponsorships for their children.

Above; A new staff house constructed under the PRDP, and Below; one of the old houses. Better accommodation is one of the motivators for health workers to stay during and after conflict

◊ Flexible working arrangements – being able to augment salaries and build up some assets

- The public sector tended to offer higher pay for many cadres (though not all), fewer restrictions on outside earning opportunities, and greater access to training opportunities and pension rights.
- The ability to work in ones garden and small enterprises also provided flexibility and side income as well as food

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