Mobility of health staffs during conflict and post-conflict situations in a decentralized system, a case study of Northern Uganda

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Background

Recruitment and deployment of government health staffs is currently a decentralised function in Uganda. How this policy was implemented during conflict in northern Uganda (1986-2005) has not been systematically documented. The aim of this study was to understand how the policy of recruitment and deployment under decentralization was implemented and its impact on mobility of health workers over the conflict and post-conflict periods.

Method

This study was conducted for three local government employers in northern districts (Amuru, Gulu and Kitgum) of Uganda and one hospital run by a Faith Based Organisation (FBO) in order to compare recruitment and deployment processes and effects. Qualitative methods were used. Recruitment and deployment policy and practice was identified using a document review and In-Depth Interviews (IDI) with central government officers **(10)**, IDIs with health managers at the district level **(10)** and Key Informant Interviews with district leaders **(9)**. Job history interviews were conducted with health workers **(23)** who have served during both the conflict and post conflict period to identify impact of the practices. Four were from FBO and 19 from Local governments. They included Clinical officers **(7)**, midwives **(4)**, nurses **(8)** and medical officers **(4)**.

Collecting job history data from a health worker

Findings

The conflict period

- Around 1993-1996 as part of the process of decentralisation, responsibility for recruitment and deployment was transferred to local councils (LC).
- LCs were unable to recruit and deploy in the conflict period (only 5/23 was recruited by an LC in this period).
- Few health staffs responded to job advertisements and
- Those that responded declined deployment to rural areas mainly because of insecurity.
- Resulting in high vacancy levels in government facilities e.g. 60% in Gulu.
- LCs had difficulty in competing with other employers offering better pay and/or conditions (2 clinical officers got jobs with NGOs and a third, after training to be a doctor, left to work in a FBO-run hospital).

In contrast,

- Private not for profit employers (PNFP), FBOs and NGOs were able to recruit staff (15/23 from the sample).
  - Timely and effective recruitment and deployment systems explained some of the success.
  - Most advertisements for PNFPs jobs were made through social networks and potential candidates were interviewed immediately they submitted their applications.
  - Sometimes, potential candidates submitted applications prior to job advertisements
  - Others were asked to assume duty without formal interviews.
  - Once recruited, transfer between PNFP facilities was sometimes possible.
  - Health workers appreciated the security provided by the urban-based hospitals.
- Success was also due to the initial training:
  - PNFPs operated nurse and midwife training institutions
- They could retain good students to become instructors at the training school
- Staffs were deployed to work in general wards.
  - There were also donor-funded scholarships with two-year bonding agreements which made it easy for PNFPs to retain graduates.

"After completing school in November (2003) immediately I was retained, I performed very well in practical so my principal decided to retain me in the school as a clinical instructor, so I worked there for two years, when the results came immediately I was retained because some part of my school fees money was paid by DANIDA of which we need to have to work in Kalongo or in any non for profit hospital" **(Midwife Amuru)**

The post-conflict period

- Gradually possible for the LCs to compete for health workers.
- LC recruitment system began to function again –regular job advertisements
- In addition central government supported recruitment by LCs by publishing centralized job adverts for posts in rural health centres
- Paid additional incentives for posts in hard-to-reach areas.
- NGOs started to leave the region and their staffs had to find alternative employers.
- LCs could attract health workers by providing job security and opportunities for career growth and development which were rare in PNFP facilities.
  - All 15 health staff that started their career in PNFPs private facilities or NGOs (during conflict) were recruited and deployed in government facilities (during post-conflict).
  - Vacancy rates in government facilities were reduced to less than 20%.
- Now it is the PNFP sector that is experiencing greater staff shortages in the region.

"I think the biggest challenge we have in the PNFP now (post-conflict) is the high turnover of staff. While they (government) were unable to recruit health workers during conflict when nobody was willing to stay in the government facilities now people are willing to stay in the government facilities and they are able to earn higher salaries" **(Central UCMB)**

	Conflict [1986-2005]	Post-conflict [2005-13]
Local government employers	• Move from centralised to decentralised recruitment and posting (c1993) • Inability to successfully recruit, deploy and retain, especially for rural posting • Unable to provide sufficient security in primary care institutions • Uncompetitive pay	• Central government supporting recruitment (2011-2013) • Increasingly successful recruitment and deployment including rural areas • Sufficient security in primary care institutions • Able to provide career opportunities
Non-government employers	• Rapid simple recruitment systems • More competitive pay (NGOs) • Provide better security within hospitals (FBOs) • Training schools (FBOs) retain best students • Training institutions (FBO) have bonding agreement to retain students	• Fewer NGOs providing competitive pay • Able to provide career opportunities (FBO and NGO) • Inability to provide job security

Table 1: **Recruitment and deployment by type of employer during and after conflict**

Key Messages

- Difficult for any employer to attract health workers to rural health facilities in times of insecurity
- Rapid simple recruitment processes necessary, especially at times when the labour market is highly competitive
- Central government intervention may be needed in decentralised systems in times of recruitment crisis
- Increasing importance for employers to provide job security and career opportunities to attract and retain staff in the post-conflict period as higher paying employers leave and security at health institutions improves

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