Adapting official deployment policies for staffing rural areas to build resilient health systems during conflict: lessons from northern Uganda

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Introduction

Between 1986 and 2005, the health care system in Northern Uganda was disrupted by armed conflict. Health managers were faced with the challenge of ensuring a versatile human resources system to ensure staffing of rural health centres. This study explored deployment systems and policies in conflict and post-conflict context in order to derive useful information about creating resilient health systems during severe shocks such as the one of northern Uganda.

Methodology

This study was conducted among - three local government employers (Amuru, Gulu and Kitgum) and a Faith Based Organisation (FBO) in 2013-2014 using qualitative techniques. Document review, In-Depth Interviews (10), IDIs (10) and Key Informant Interviews (23) were conducted.

Findings

Changes in the context

Working in remoter facilities became dangerous for health workers and their families.

"Ok, well during the insurgency period certainly there were a lot of system break downs and families were disintegrated you find that during that period, people were in confined places in the IDP entirely, displaced camps. So it was a bit difficult for health workers to even accept to be deployed in areas which are affected by war so because you don't know what's happening; people fear for their lives." **National level key informant #1**

New employers emerged - especially NGOs running health services for the Internally Displaced Persons camps.

"[a] negative effect of having many powerful NGOs in the region is that they compete for the same health workers who should have been rendering services [in public service]. These health workers are recruited as advisers, project officers, project managers so that they are taken away from giving clinical service to patients, instead to doing administrative work. And most of the people left the government job for NGOs because of the salary or the wages … you know the government salaries are just meagre …." **National level key informant #1**

Many human resource management functions related to staff deployment were decentralised to local district councils from 1993 onwards.

Policy response

There were no specific policy responses to address deployment problems either by government or the FBO.

"Posting policies don't change because there is peace or war. They remain the same." **National level key informant #1**

Management response

Decentralisation allowed local government managers to implement the deployment policies flexibly and sensitively, due to their knowledge of the local situation, in order to meet staffing objectives as best they could and retain much needed staff.

"But if a person resists transfer then we give them a listening ear, because deployment is done to make sure that we do not lose anybody. So, if anybody gets a problem with the environment we are supposed to come in and solve that problem immediately … because we are looking for health workers, they are very scarce so we can't afford to lose any single person" **National level key informant #2**

In times of staff shortage the FBO was able to recruit more rapidly than local government, using informal means including directly from training.

"during the course of the training they [XXXX school of midwifery] identify capable and hardworking students…. and they tell them to remain. … they will call you and tell you that you are going to work with us. What do you think? They ask for your opinion … if you accept, then you remain. At that time, there was no interview. After training you just start work" **FBO health worker #54**

However, it was not until after the conflict and higher paying NGOs left that health workers started to return to local government.

Key messages

- The benefits of temporary adjustment of deployment policy in cases of conflict or crisis as a means of improving systems resilience should be examined

- Managers of health services in conflict-affected areas should be supported to innovatively implement existing human resources policies, without negative unintended consequences, so that they can contribute to creating resilient health systems.

- During conflict, local governments, humanitarian agencies and central governments should establish a harmonised platform of staff recruitment and deployment in order to avoid unhealthy competitions for staffs and ensure a stable labour market

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