ReBUILD Consortium

Results Brief:

Attraction and retention of Health Workers in Northern Uganda: Implications for faster reconstruction and Universal Coverage?

By Justine Namakula and Freddie Ssengooba

Summary

For post conflict areas, the workforce is vital to the reconstruction of the health systems. Our study found that attraction and retention of the workforce is vital for this reconstruction to become effective. Among other factors, incentives need to be crafted and applied to encourage the working in conflict zones. The study recommends that policies and guidelines should ensure the provision of appropriate incentive package for the motivation of health workers to work and stay in conflict-affected areas. The package should include financial and non- financial incentives such as; continued hard to reach allowance and adequate and regular salaries in line with promotion levels; facilitation of access to good schools for health workers' children, adequate housing and also recognition of the sacrifices to serve in conflict affected areas.

Introduction

Information about the dynamics of the health workforce in a post conflict situation is inadequately understood. However, such information is important for restoring a well-coordinated and functioning health system. Since the end of conflict in 2006, government and other development partners have pledged over one billion dollars to contribute to the Government of Uganda's Peace and Recovery Development Plan (PRDP) aimed at accelerating development in northern Uganda.

In addition to other policy interventions, such investments have contributed directly or indirectly to improvement of human resources for health situation in the region. Despite numerous efforts, it continues to be difficult to attract and retain health workers to both public and Private-Not-for- profit health facilities in rural areas of the region.

A study by Makerere University School of Public Health in the Acholi districts of Gulu, Kitgum Amuru and Pader has provided insights on how attraction and retention of health workers in post conflict settings can be approached if we are to reconstruct faster and ensure Universal coverage. The main findings illustrate the factors that contribute to the continuation of recruitment and retention challenges in Acholi sub-region, Northern Uganda. Although some of these factors may be similar to those in other districts in Uganda, the conflict worsened or exacerbated such challenges in this region.

Factors contributing to the attraction and retention challenges in Northern Uganda

1. Piece meal incentive policies and practices

There have been various incentive policies and practices to enhance health worker motivation. However,

these have mainly been piece meal, with majority focusing on financial incentives. Examples of these include; 30% top up funded by donors(2007), allowances paid by Non- governmental organizations, Hard to reach allowance(2010), salary top initiatives by districts(2011-2012) and increment of salaries for Doctors(2013). In spite of these, there was reported dissatisfaction amongst health workers. The study revealed that pay (financial incentives) is not the main motivator, although it matters. Other non- financial incentives such as good working relationships, skills up-grade, promotion, availability of supplies and proper accommodation, social amenities as well as being recognised and appreciated for their role also matter.

2. Inconsistences and inadequacy of hard to reach allowance

The Hard to reach allowance, which was introduced in 2010 by ministry of was one of the incentive policies meant to improve attraction and retention of civil servants, including health workers in hard to stay and hard to work areas including districts of Acholi sub-region. Although there was general acknowledgement that the allowance is a motivator for health workers, many issues related to this allowance were raised and still remain unaddressed. These issues include adequacy of the allowance, skeptism about its continued existence, complaints about sudden stoppage in some areas and lastly issues related to urban areas in the same area not qualifying despite being 'hard to reach' were emphasized by health workers, district leaders and policy makers at national level.

'Hard to reach allowance is just wound dressing [...] for instance if a nurse is getting 200,000/= and you say hard to reach allowance is 30%, that is about 60,000/=, how far will the 60,000/= take the nurse [...] in the present day Uganda?" (KI, Kampala)

"[...] right from the first, second and all the jobs that I was being transferred to, I still received the hard to reach allowance. It's of recent because of decentralization that they have copped it off and taking it back yet this place is the district headquarter and it is even still a hard to reach place[..]. There two things to be considered, hard to reach area and hard to work in. (CO_M_ Public_HC III_ Pader)

During the dissemination meeting in May 2016, one of the district officials emphasised the challenges related to disparities in receipt of hard to reach allowances for cadres in the region.

"The hard to reach allowance is a disservice to people who work in 'better' or 'urban' places but operating in the same environment. There are regional referral hospitals that have failed to attract medical officers because of the lack of this allowance. We are killing the system by trying to favour one side." (Participant, ReBUILD dissemination meeting)

> "In Gulu we know very well that there are several facilities that are not working very well and patients are referred to Gulu referral hospital, yet there is no incentive at this level. Why? This is a concern that should be carried forward, may be in another forum." (Participant, ReBUILD Dissemination meeting)

3. Lack of recognition for 'heroic acts' of health workers who stayed during conflict

Health workers were vulnerable during conflict. Conflict affected health workers' health, security as well as there working conditions. Many run away to safer places. However, a few of those remained, persevered and stayed committed to 'work for their people' and innovated even where supplies were lacking. Many of

such staff are still working in the region and comprised part of the study participants in 2012. However, apart from some isolated recognition of a few representatives of certain cadres in the media, particularly midwives, these health workers have not yet been recognized.

"The health workers were their target. They were looking for health workers like needles. [...] Of course they also needed our services in the bush so when they got you as a medical worker, they would want you to help them[...] every time you would be working at risk, any time you would be abducted[...]." (KI, Pader)

"[…] Most of the health workers abandoned the hospital including the matron […]". (Female Senior Nursing Officer, Public facility, Kitgum)

"If we were to run away, now who would help them? So we persisted and the fear slowly disappeared." (Female Nursing Officer, PNFP facility, Amuru)

3. Fear that conflict will return to the region

Findings also showed that majority of the displaced populations returned home after the end of conflict. However, the health workers did not necessarily follow suit as expected. Whereas a few returned to the region after the conflict, majority have not yet returned because they are still unsure of the continued security situation. Such conditions in turn contributed to the shortages of health workers in the region as reported by some of the key informants. Amuru district was found to be most affected amongst all districts studied.

"We [now] have one doctor who is the DHO and of course he is an administrator. Our health centre IV is supposed to have a doctor. Other cadres like nursing officers, midwives are still lacking. Actually, we have filled around 46% of the staff and we do not have most of the cadres. Such is the dilemma we are in." (KI, Amuru)

Recommended actions

From the above findings the government needs take the following steps to mitigate attraction and retention challenges of the health workforce in Acholi sub-region if we are to reconstruct faster and ensure coverage.

1. Ensure provision of holistic incentive package for motivation of health workers to stay in underserved areas. The package should include financial and non- financial incentives such as schools for health workers' children.

2. Undertake a periodic review of the hard to reach allowance and clarify on inconsistencies and address existing complaints.

3. Recognise heroic acts and commitment of health workers who stayed working at the frontline during and after the conflict. This can be through having annual recognition day for them. The impact of such a ceremony would be that other health workers may be encouraged to stay behind and work in the region, in case conflict reoccurs, with assurance that their contribution will be recognised.

4. Provide psychosocial support for health workers who remained working in the region after conflict.