

Policy Changes Following Health Systems Evaluation in Uganda

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Research to policy

Yoga feasibility studies:

filling the research to policy gap





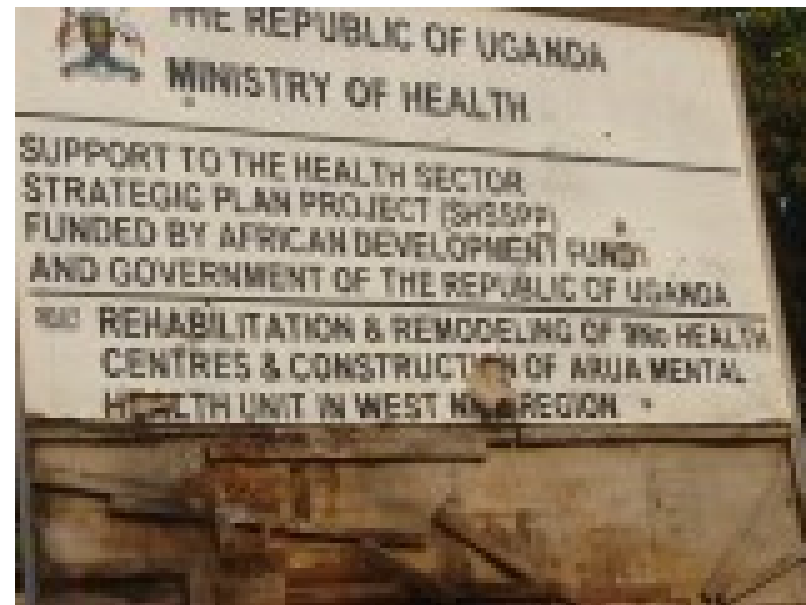


Uganda Ministry of Health building



Limited resources to aim at policy

- Structural adjustment has limited spending
- No room for error, so must spend wisely
- Vertical aid money must be aimed cleverly





Research questions must be policy-relevant

- Funder may have its own agenda--countries have to work to steer projects to issues of real importance
- Don't repeat studies that have already been done
- Don't study problems with no known solutions
- Study issues for which there is a political will to pursue solutions



We studied health workforce motivation and intent to stay

- Low motivation is a leading problem in health workforce *performance*
- Low satisfaction leads to *turnover*
- Intent to migrate leads to *depletion*
- These things have policy solutions



St. Mary's Courtyard, with patient families



Study details

- Study under guidance of MOH's Health Workforce Advisory Board
- Funded by USAID's Capacity Project
- Three weeks of data collection in July, 2006 after training team of 23
- Approved by two human subjects agencies (UNCST & UW)
- Confidentiality assured
- Focus groups were supervisor-free
- Data user agreement





Methods

- Random selection of 9 districts, 2 hospitals in each (1 public, 1 private)
- 6-page questionnaire
- 3 focus groups in each facility





Data collection team

- Recruited and trained data collectors
- Questionnaires
- Focus groups





Overall satisfaction

Mean Satisfaction

- 3.2 on a scale of 1-5

Bi-modal Distribution

- 49% satisfied
- 16% neutral
- 35% dissatisfied





Satisfaction differences

- Working conditions better in private sector
 - Availability of supplies, equipment, meds
 - Utilities, transportation
 - Morale, time for lunch
- Compensation better in public sector
 - Salary, retirement, food allowances, job security





Working conditions: problems

- **Workload** is not manageable - 64% agree
- Problems with access to **equipment** - 52% agree
- No good access to **electricity** - 51% agree
- Problems with access to **supplies** - 49% agree
- Problems with access to **drugs** - 43% agree
- No access to safe, clean **water** - 34% agree
- Supervisor **abuse** reported - 24% agree



Living conditions: big problems

- 75% say they don't have safe and efficient **transport** to work
- 65% have problems with access to good **schooling** for their kids
- 65% say their communities have low **shopping** and entertainment
- 65% say they don't have good **electricity at home**





Accommodation



A nurse lives here with her five dependents



Toilet and shower in the nurse quarters yard



Compensation

- 11% think their salary package is fair; 87% say salary is “very important” to them.
- Many health workers moonlighting.
- Importance of benefits, in order:
 - Health care for family 90%
 - Terminal benefits 87%
 - Housing allowance 83%
 - Food allowance 79%
 - Transport assistance 77%



News - 26/07/06

TO ALL STAFF GULU HOSP.

THIS IS TO INFORM YOU
THAT SALARIES FOR JULY
ARE NOT YET READY.

THEY WILL BE READY NEXT
WEEK.

By MANAGEMENT



Intent to stay on the job

	Doctor	Nurse	Clinical Officer	Allied Health <i>(not including CO or Pharmacy)</i>	Pharmacy
Mean Overall Satisfaction <i>(Scale of 1-5 where 5 is very satisfied)</i>	2.8	3.2	3.1	3	3.7
Would leave job within 2 years	57%	20%	23%	27%	13%
Would leave Uganda or Health Profession	46%	10%	18%	12%	20%



Brief Summary of Overall Findings

After adjusting for age, gender, sector and region, we found the following:

- **Gender differences:** Women less likely to leave Uganda or health sector than men
- **Sector differences:** Private sector workers more likely to change jobs soon when compared to public sector workers, but not to leave Uganda or health sector
- **Cadre differences:** Doctors are most likely to want to leave their current job soon, with a trend towards leaving Uganda or health sector
- **Regional differences:** Central region (Kampala) workers more eager to leave; North and NW workers likely to stay





Policy Tools

- Regulation
- Taxation and exemptions, fees, loans
- Ownership: privatization or state enterprises
- Budgets: salaries, working conditions
- Purchasing
- Information, training, education
- Leadership, rhetoric
- Let current trends take their course





HR for Health Strategic Objectives (Plan adopted 6/07)

- Attain the right numbers and skills mix
- Use knowledge & information to develop policy
- Build capacity for training
- Attract and retain motivated workforce
- Promote an ethical, professional org culture
- Partner with stakeholders, including community
- Manage HR cost-effectively and efficiently
- Engage in wise monitoring and evaluation





Ministry-level policy

- Salary bonuses for hard-to-reach health workers: 30% for at least 6 months
- Focus on staff accommodations
- Priority on essential medicines, but still not enough





Changes on the ground

- New emphasis on physical infrastructure: eg, \$350K aimed at Gulu referral hospital
- Lab & equipment improvements are evident
- Broken ambulance replaced with 5 reliable vehicles





Understaffing & Underfunding

- Posting targets hadn't been changed since 1995--but whether we're 70% of low targets or 50% of appropriate targets is still behind!
- In Gulu, there are 14 doctors (some away for study, but only 4 are generalists)--should be 37
- Nursing posts are filled at 74%





Being there...

- Small portion of paid time is aimed productively for the public sector--lots of moonlighting!
- HR policies to address paying salary timely, paid annual and study leave
- Pensions after 10 years of service for those >45
- Promoting inter-cadre teamwork





Lessons Learned

- When the MOH is involved in the study design, data collection, and analysis, results are more likely to be incorporated into policy
- Study results need to get out quickly
- Ministries of Health have lots of hoops to jump through to approve final reports of study results
- Study results need to be disseminated to participating institutions and individuals
- Incorporating non-quantitative results into reports is tricky



THE END

