STUDY TO TRACK NEWLY QUALIFIED DOCTORS IN UGANDA

AFRICAN CENTRE FOR GLOBAL HEALTH AND SOCIAL TRANSFORMATION (ACHEST)

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List of Abbreviations

ACHEST	African Centre for Global Health and Social Transformation
NGO	Non-governmental Organisation
HSDs	Health Sub Districts
HCIV	Health Centre IV
UPDF	Uganda People's Defence Forces
M.O.	Medical Officer
CAO	Chief Administrative Officer
RDC	Resident District Commissioner
LC5	Local Council 5
HSC	Health Services Commission
DSC	District Services Commission

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Abstract

The Ministry of Health of Uganda is concerned that many vacant positions for Medical Officers exist at the Health Sub-Districts yet at least 150 doctors graduate from Uganda's two medical schools each year who are potentially available to fill these positions. This study carried out by the African Centre for Global Health and Social Transformation (ACHEST) in August 2009, tracks six cohorts of doctors graduating in 2005, 2006 and 2007 from these two medical schools. There were 425 graduates excluding non-Ugandans and 358 respondents. This study establishes the location of these doctors, their current employment, recruitment experiences and views on working in the Health Sub-Districts. Data was collected using a questionnaire via face to face or telephone interviews, email and facebook correspondence. Results show that 92% of respondents are in Uganda. 54% of those are in Kampala while the rest are distributed across the country; the lowest number in Northern Uganda. Only 23% work at the Districts and Sub-Districts while 44% work with the better paying Non governmental and private organisations primarily in the cities. The biggest reported problems with recruitment were the difficult, lengthy process, lack of transparency and limited job choices. The main deterrents to working in Districts are low salaries, inadequate facilities / resources, political interference from district officials and heavy work load. 61% of respondents would work in Districts to gain clinical, managerial or leadership experience and provide health services in the neediest areas. For this to happen, respondents recommended raising salaries, centralising the running of health centres and other approaches aimed at prioritising the health sector and health care workers in the public sector in order to retain doctors. This will build capacity and ensure scaled up and more equitable access to health services in the country.

Background

The ministry of Health of Uganda is concerned about the vacant positions for Medical Officers at Health Sub-districts (HSDs). At least 150 doctors graduate form Makerere and Mbarara University Medical schools each year and are potentially available to fill these vacant positions as Medical Officers (M.O.s), however, these positions have remained mostly vacant. The Medical Officers in these Health Sub Districts are crucial as team leaders and tend to attract and encourage other cadres of staff to work at the Health Sub Districts and increase the utilisation and capacity of the Health Centres with the goal of impacting health service delivery often in the rural communities where it is needed most.

The purpose of this study is to track six cohorts of newly qualified doctors from Makerere and Mbarara University Medical Schools in 2005, 2006 and 2007.

The objectives of this report are to establish where newly qualified doctors are, their current employment; whether with public or private sector, to document their employment experience in general as well as difficulties with the recruitment process in the health sector involving the Health Service Commission, District Services commission and Non government agencies. This report will also document their views on working in HSDs.

Methods

ACHEST (African Centre for Global Health and Social Transformation) performed a cross sectional survey of the six cohorts in August 2009. Ethics approval was obtained for the study prior to the data collection. One representative was identified from each of the cohorts who was responsible for gathering information. The study tool was a brief simple questionnaire filled out by either the cohort representative or the individual doctor. The study participants were briefed about the study objectives and consent had to be obtained prior to the questionnaire being filled out. The participants were contacted face to face where possible and otherwise either by telephone, e-mail or a popular social networking site; facebook. Confidentiality was assured. Foreigners were excluded from the study.

The study has a few limitations. It is assumed that the questionnaires filled out by the cohort representatives are representative of the participants' views and experiences. This study only includes doctors who could be contacted, and therefore excludes several doctors who could not be reached because they were out of the country thus affecting the results of our study.

Results

A total of 425 Ugandan doctors graduated from both Makerere and Mbarara University Medical Schools over 2005, 2006 and 2007. 158 from Mbarara and 267 from Makerere. Of those, 358 (84%) doctors responded to the survey.

Location of Doctors

330 (92%) of the respondents are in Uganda. Of those, 212 (59%) are in the central region with the largest number in Kampala. The Western region follows with 53(15%) of the respondents followed by the eastern region with 37(10%) and lastly the northern region with 28(8%).

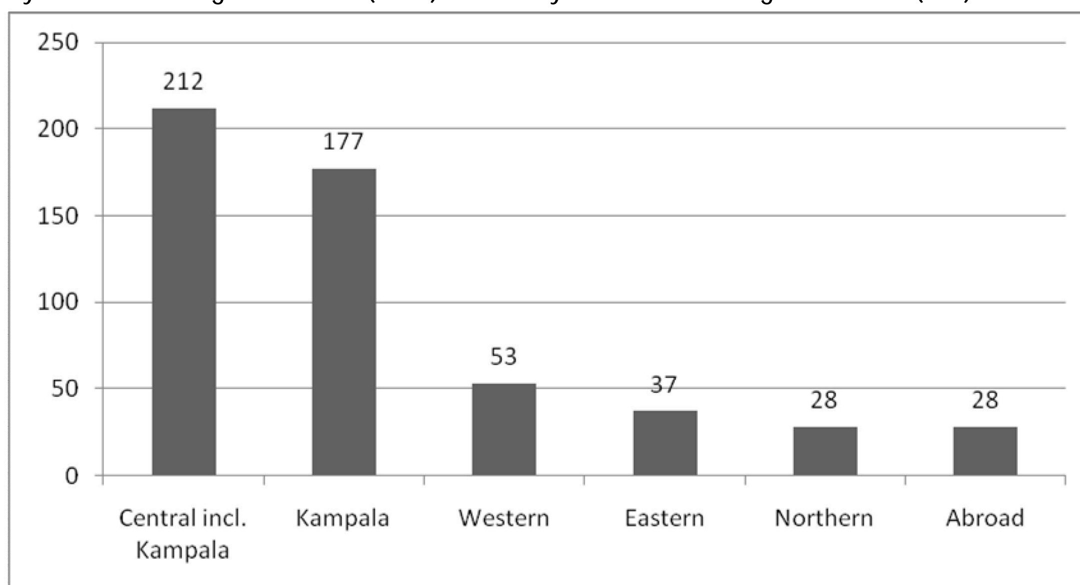

Figure 1. Location of Respondents by Region

28 (8%) of the respondents are outside of Uganda. Eleven of them are in other African countries namely Kenya, Southern Sudan, Somalia, Eritrea, Botswana, Lesotho and South Africa. The remaining 17 are in the USA, Canada, the UK, Israel, Malaysia, Afghanistan, Norway, Belgium, UAE and Australia.

Current Employment

Of the 330 respondents currently in Uganda, the majority 31.5% are working with NGOs, donor funded projects or private not for profit organisations. 23% are working at District hospitals or HCIVs. 6.1% are working at Regional and National Referral Hospitals, and 22.7% are doing postgraduate training mainly at Makerere and Mbarara Universities in Kampala and Mbarara respectively. 12.4% are working with private for profit hospitals or clinics. 1.5% and 0.6% are working in academic positions and with UPDF in Uganda respectively. 0.9% are unemployed and the remainder 1.2% are working in administrative jobs among other things.

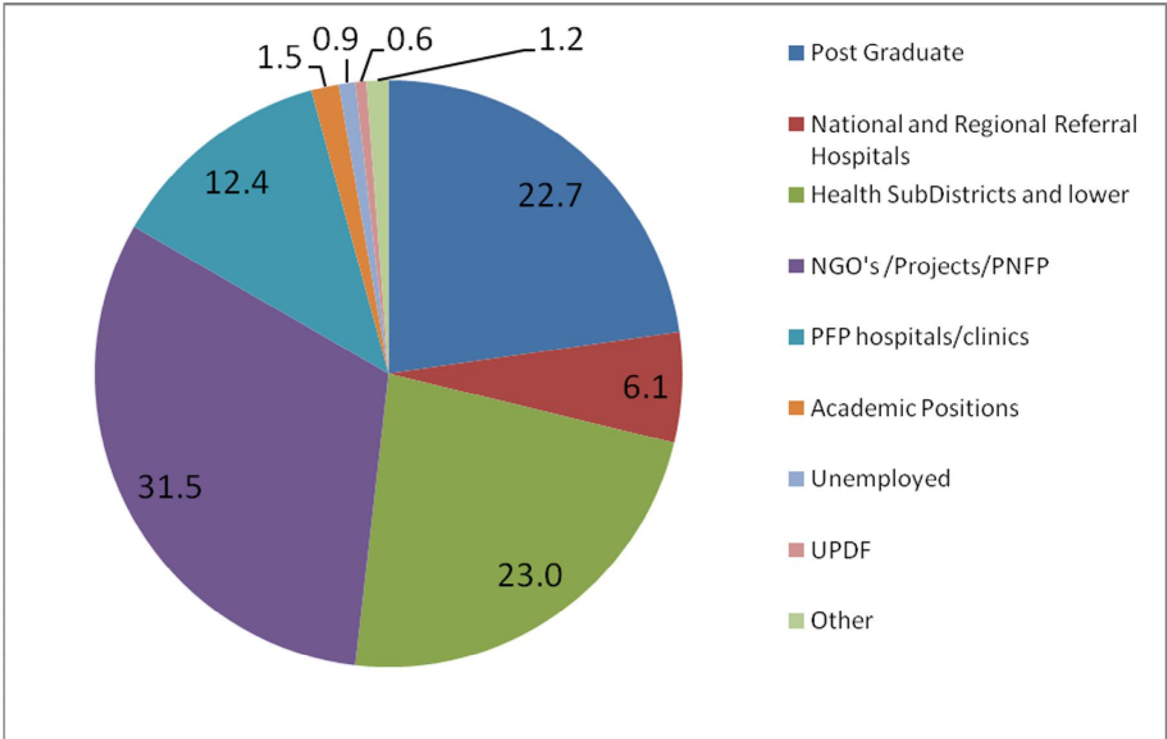

Figure 2. Current employment of respondents in Uganda.

Of the 28 respondents living outside of Uganda, thirteen are doing post graduate education, eleven are practicing mostly in private institutions, or with NGOs and one with UPDF in Somalia. The rest are either unemployed or their current employment is unknown.

Employment experience

The majority of respondents 79.3% report that it was very easy or easy to find a job in the health sector. And 5.3% reported that it was difficult or very difficult to find a job. One respondent reported that it took one and a half years to get a job in the health sector. 4.2% did not attempt to find a job because they went straight to post graduate education.

Experience with the Recruitment Process.

103 of the 358 respondents described difficulties with the recruitment process. The biggest difficulty was the lengthy application process through the HSC/DSC described by over half of the 103 respondents as listed below in Table 1.

Table 1. Difficulty with recruitment process

Reported difficulty with the recruitment process	103
Lengthy process	64
Bureaucracy/ Lack of transparency	21
Limited/competitive job choices	19
Delays in getting on the payroll	11
Sectarianism	5
Had to volunteer for several months with no pay	2
Delay in getting registration certificate prior to application	2
Gender segregation (Male respondent)	1

Working in Districts

299 of the 358 respondents reported concerns with working in the Districts. The most frequent concern in over 80% of the respondents was the low salary with no benefits. As listed in Table 2, other frequent concerns included inadequate facilities and resources, corruption and political interference from the district politicians as well as the heavy work load.

Table 2. Concerns with working in Districts.

Concerns with working in Sub Districts	299
Low Salary, delays, no benefits	251
Inadequate facilities	155
Political inteference and corruption	108
Heavy Work Load	87
Remoteness	57
No funding for further education	28
no incentives-poor housing, no allowances	25
No opportunities for CMEs/supervision/training	24
Difficulty getting on payroll	12
Poor staff morale	10
No business opportunities	5
No networking opportunities	4
Insecurity	3
Language barrier	2
Patients cannot afford to pay for specialists	2
Tribalism	2
Poor referral system	2
No job security after further studies	2
Disorganisation	1
Few promotions	1

220 respondents reported that they had good reasons to work in the Districts. The most frequent reason was to gain experience in medical and surgical skills as well as managerial and leadership skills. As listed below in Table 3, other good reasons included incentives from the districts and NGOs which provide salary top-ups, housing, as well as study leave and scholarships. 44 respondents also wished to serve in the rural areas where health services are most needed.

Table 3. Good Reasons to Work in Districts

Good Reasons to work in Sub Districts	220
Experience : clinical, managerial and leadership	139
Incentives: top-up, housing, scholarships	66
Opportunity to serve	44
Job security	23
Promotion opportunities	14
Time to do other things	13
Low cost of living	7
Job availability	3
Good facilities	3
Interaction with other government sectors	2
Freedom from strict supervision	2
Salary benefits/ pension	2
More relaxed environment	2
Nurtures political aspirations	1
Career Variation	1
Patients upcountry more willing to participate in Research	1
No litigation- get away with negligence	1

Analysis

Location of Doctors

The majority of the 212 respondents in the central region are in Kampala as shown in figure 1. It should be noted that the 177 respondents in Kampala include 60 doctors doing full time post graduate education at Makerere University. The 53 respondents from the Western region also include 14 doctors doing full time post graduate education at Mbarara University. Excluding the respondents in Kampala from the total in the central region, reveals that there are 35 respondents in the central region which is comparable to the numbers of respondents in the, western (excluding 14 doing post graduate education in Mbarara) and eastern regions but higher than those in the northern region.

Current Employment.

Only 23% of the respondents in Uganda are currently working in hospitals at the District and Sub-District level across 42 districts. A total of 43.9% are working with the better paying not for profit (NGOs and donor funded projects) and private for profit organisations (clinics and hospitals) primarily in Kampala. Of note Makerere and Mbarara 2007 cohorts have significantly more respondents working at Districts and HSDs. Whereas both 2006 cohorts have notably more

respondents doing post graduate studies suggesting that some respondents work at HSDs briefly prior to post graduate studies.

Experience with the Recruitment Process.

79.3% found it very easy or easy to find a job, however, 103 (28.8%) reported some sort of difficulty with recruitment in to the health sector as listed in Table 1. The most common difficulty mentioned by 64 respondents was the recruitment process through the HSC and DSC. Respondents commented on the delay in advertising the jobs, the fact that they are advertised just once a year, the wait time in between application, short listing and hiring. One applicant reported waiting 6 months in between submitting his application and short listing and then another 4 months until he was hired. During this whole process, there was minimal communication with the candidates and quite a few respondents even reported being posted to locations upcountry without their knowledge or consent. Another 21 reported a lot of bureaucracy and a lack of transparency in the process. They mentioned that it was difficult to get desired jobs if one did not know someone in the system. 19 respondents commented on limited job choices which were not necessarily of interest to them and a lot of competition for those especially in the city. One male respondent commented on gender segregation and of note he is currently unemployed. Surprisingly only 1 and 2 respondents from the Mbarara 2005 and 2006 cohorts respectively reported difficulty with the recruitment process compared to at least 18 respondents from every other cohort.

Concerns about working in Districts and sub Districts.

299 of the 358 respondents (83.5%) had concerns about working in the Districts as listed in Table 2. The most common concern was the low salary with no benefits. One respondent reported that an MPs salary for a month was equivalent to a M.O.s salary for a year. Yet another respondent pointed out that it is impossible for a doctor to survive on a U4 salary scale /month.

155 respondents commented on the inadequate facilities and limited resources at the district and sub district level. This includes poor infrastructure, unavailability of drugs and medical supplies as well as inadequate and delayed funding each year for those supplies. As a result the doctors are forced to make do with minimal resources and have concerns about the quality of care they are providing. Some respondents were concerned that this scarcity of supplies was affecting their own safety and gave an example of lack of gloves in the operating room preventing them from double gloving in high risk cases. According to one respondent, "District hospitals are neglected unless there is a donor funded project."

108 commented on corruption and political interference from the district officials such as the CAO, LC5, RDC and councillors. These officials who are usually non-technical are involved in running of the hospitals and often divert money for health services to their own personal agendas leaving very little money to run the hospital. M.Os are then forced to sign inaccurate documents to account for the funding in order to cover the backs of these district officials. Three respondents suggested that the district and sub district hospitals be centralised to get around this issue.

Other significant concerns include the heavy work load due to minimal staffing of these centres and the poor morale of the staff already present making the work load even more evident. Numerous respondents felt that working in the district and HSDs did not avail any opportunities for

supervision, training and CME (Continuous Medical Education) and therefore minimal development in their abilities as a medical expert. Furthermore they commented on few scholarships available for post graduate education. A number reported remoteness of district hospitals which affected their social life and made it difficult to access amenities such as the internet, electricity and running water among other things. Up to five respondents commented on the lack of business opportunities outside of Kampala to supplement their income as their colleagues in Kampala or Mbarara are able to do at private clinics.

Good Reasons to Work in Districts and Sub Districts.

220 of 358 reported having good reasons to work in Districts. The most frequent reason was to gain experience as clinicians, managers and leaders. 66 cited incentives by some district hospitals and NGOs including salary top-ups, free housing as well as paid study leave and scholarships. 44 respondents appreciated that health services are inadequate and much needed in the Districts and wished to be able to offer their services but were limited as explained under the previous subheading. Other common reasons were job availability, job security and more or "easier" promotion opportunities compared to the city. A few respondents reported that working in Districts gave them flexibility and time to do other things such as side jobs to supplement their salaries. Two commented on freedom in the Districts with one specifically citing "freedom from strict supervision". Another respondent reported that there is little or no litigation in the Districts and that one can get away with negligence. The respondent went on to explain, "negligence is compounded by lack of enough supplies and thus lack of enough supplies/resources contributes to medical negligence in a way."

Conclusion

Of the 358 respondents over the study period, 92% are in Uganda with the majority in Kampala. Only 23% work in the districts and HSDs and a total of 43.9% work with better paying not for profit and profit organisations. The biggest problems with recruitment were the difficult lengthy process, lack of transparency and limited job choices. The main deterrents to working in Districts are the low salaries, inadequate facilities / resources, political interference from district officials and heavy work load. 61% of respondents would work in Districts to gain clinical, managerial or leadership experience , to provide health services in the neediest areas, for job security and because of incentives such as salary top ups, housing and study scholarships.

Recommendations

Respondents recommended raising salaries and increasing incentives in the districts and HSDs such as better housing, salary top ups and allowances. This will improve recruitment and retention of staff including M.Os, nurses and other cadres which will in turn reduce work load and lift staff morale in general. Regarding the problem of political interference from district officials, respondents recommend centralising the running of health centres which will help improve working conditions for the M.Os.

Quoting one respondent, "The Health System is not prioritised and working in the public sector does not pay off. In a bid to make ends meet we work with private institutions or migrate.... As if to

punish us for working in private institutions we are not considered for scholarships.... The service we provide is not valued and we are not supported to further our training..."