The resilience of Human Resource Management in the context of crisis: the case of health worker deployment in Northern Uganda and Zimbabwe

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Background

• The HRM function of deployment (including recruitment, appointment/re-appointment, initial posting, transfer and secondment, bonding and promotion)

• Needs of the organisation vs needs of the individual (McGregor 1960)

• Resilience needed in HRM systems to cope with shocks (Lengnick-Hall et al 2011)

• ReBUILD research: knowledge to inform the development and implementation of pro-poor health systems in countries recovering from political and social conflict/crisis

• Study aim: To identify ways to improve the deployment systems of health personnel, during and after conflict or crisis
Conflict and post-conflict periods in Northern Uganda

- Health centres closed
- NGOs provide health care in IDP camps

Source: wikimedia.org

1986 - 2006

Conflict

1997

Local government act

1986 - 2006

2006 - 2013

Post conflict
The economic crisis in Zimbabwe

- Pre-Crisis period (1990 - 1997)
- Crisis period (1997 - 2008)
- Post-Crisis period (2008 - 2013)

- 2006: Health Service Regulations
- 2007: Retention incentives start
- 2009: Dollarisation
- 2010: Freezing of posts

Zimbabwe GDP

Health workers leave sector or go abroad

Source: tradingeconomics.com – World Bank
Methods

- Design: mapping deployment policy change and deployment implementation

- Document review and key informant interviews (KII) to identify deployment policy and change

- KII and in-depth semi-structured interviews (IDI) with managers and 'job histories' with health workers to identify deployment practice, and effects

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<tr>
<th>District</th>
<th>KII (female)</th>
<th>IDI manager (female)</th>
<th>IDI health worker (female)</th>
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Interviews in Uganda (public sector)

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Interviews in Zimbabwe (public sector)
Findings: deployment policy and practice

Adapted from the HRM-performance causal chain (Boxall and Macky 2007)
Deployment policy and policy context

Uganda
- No deployment policy changes due to conflict
- Decentralisation of HRM (from 1997)
- Support for recruitment nationally

Zimbabwe
- Few deployment policy changes due to crisis
  - rapid reappointment process
  - bonding relaxed due to recruitment freeze
- Creation of Health Service Board (2005)
- Retention strategy starts (2007)
Deployment practice - Uganda

- **Recruitment:** Difficult to hire during conflict
- **Posting:** Managers refrain from posting to dangerous areas
- **Bonding** for training not enforced during conflict - seen as ‘a way out’
- **Posting of couples:** In one district, couples were sometimes deliberately not posted together during the conflict
- **Promotion:** No promotion during conflict in one district; used as a reward in another district for those who stayed during the conflict
Deployment practice - Zimbabwe

- **Recruitment:** preferences, while taken into account before the crisis, were not followed during and after the crisis due to shortage of critical HWs, particularly in rural areas.
- **Reappointment:** carried out rapidly - process managed in less than a month.
- **Bonding:** managers did not enforce implementation of policy.
- **Transfers:** Initial tighter control by managers, then driven by staff due to high number of vacancies and need for managers to retain staffing the sector; finally, after the recruitment freeze, restricted to ‘lateral transfer’ arranged between staff.
- **Secondment:** increasingly using secondment option for filling vacant posts, but unpopular due to long periods and process not transparent; lost opportunity for orientation for new staff.
Conclusions

• No policy change in Uganda (regional problem); more policy change in Zimbabwe (national problem), though not in the early stages of crisis

• More flexibility at the level of practice – attempting to balance the needs of the organisation and the changing needs of the individuals; mostly positive but sometimes negative unintended consequences

• Managers in Uganda given greater flexibility with decentralisation; apparent ‘de facto’ decentralisation in Zimbabwe

• To ensure greater resilience of HRM policy and practice
  • More evidence of effective flexibility with policy in conflict/crisis contexts
  • Managers need better HRM competencies to ensure they are prepared for change and make well-informed choices
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Thank you

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