

Data collection on rural posting /deployment of health workers in post crisis settings: A case of rural Zimbabwe

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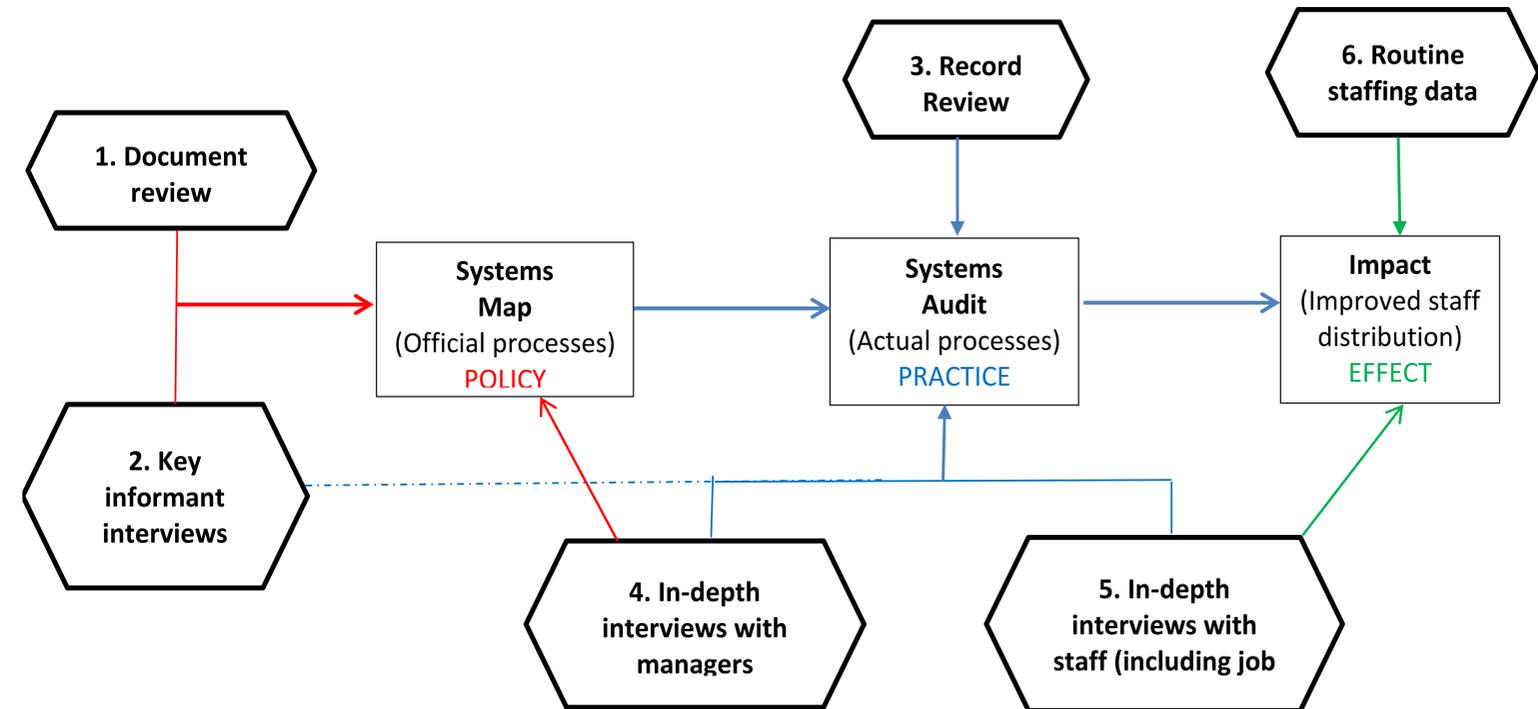
BACKGROUND

- During the period from 1997 to 2009 Zimbabwe experienced a socio-economic crisis which impacted on the health sector. At that time the health workforce faced high attrition and shortages of health workers;
- The ReBUILD Consortium undertook a study on for which data on rural posting/deployment of health workers before, during and after the crisis was collected using a mixed methods approach in three rural districts;
- This poster assesses the challenges faced in collecting data in a rural post crisis setting and how the right mix of methods helped in addressing these challenges;
- The findings and conclusions draw from the researcher experiences and observations encountered while collecting and analyzing data;
- The diagram shows the methods used for the ReBUILD study indicating the contribution of different data sources to the different elements of the study.

FINDINGS

Main problems found	Possible causes	How our methods helped to cover the gap
<ul style="list-style-type: none"> • There were many challenges in obtaining data: • Data on HRH during the crisis for most rural facilities was simply not recorded, not available or could not be collected. • The data collected had many gaps and missing records. • No one method could paint the full picture of the impact and implementation of policies across all three study periods (post, during and pre-crisis) • Personnel records yielded very little information on deployment • Failure to secure interviews with key national informants and some district managers. 	<ul style="list-style-type: none"> ▪ Some Key informants at national level were reluctant to be interviewed, those that eventually agreed refused to be recorded thus their transcripts were less accurate than those recorded. ▪ Fear of being quoted resulted in failure to secure interviews with Rural District Councils (RDC) and faith based organisations (FBO) managers. ▪ Policy documents, annual reports and personnel records were difficult to access from the RDC and FBO. ▪ Personnel records that were reviewed had missing information because most documents were still at the previous post thus posting history could not be tracked using this method. ▪ Staffing data for the periods prior to and during the crisis was not accessible; However, data for the post-crisis period when the health system was recovering was attainable and collected. 	<ul style="list-style-type: none"> ▪ Documents reviewed provided information on published policy briefs which govern deployment. ▪ Life/Job histories gave a more thorough idea of the job trajectory which was useful in explaining what may have happened during the gap period. ▪ In-depth interviews with managers provided information of policies and circulars issued during the crisis which was inaccessible at national level. Also they provided information on deployment practices; ▪ In-depth interviews with staff (Job histories) provided information of the health workers experience of deployment practises during all study periods; ▪ Routine staffing data collected from the districts was incomplete but provided information on the impact of deployment policies in practice. ▪ Documents reviewed and key informant interviews shade light on RDC and FBO workforce which could not be confirmed at facility level.

METHODS (ReBUILD)



CONCLUSIONS

- A mixed method approach has proven to address some of the gaps found in the collection of data from health management information systems affected by shocks;
- The methods were complementary and a combination of in-depth interviews with life histories and document/record review produced strong evidence that showed the pattern of change in policy and practice of deployment of rural health workers in Zimbabwe pre, during and post crisis;
- A robust health information systems is essential to ensure ease of access of public records which can assist policy makers to identify gaps and lessons learnt which contribute to increase resilience of the system in case of shocks.



Link to ReBUILD website



Research for stronger health systems post conflict

www.rebuildconsortium.com

