WORLD BANK GROUP

TRANSPARENCY INTERNATIONAL ZAMBIA

PARTNERSHIP FOR TRANSPARENCY FUND

COVID-19 WORLD BANK FUNDS UTILISATION MONITORING REPORT: RECRUITMENT OF EMERGENCY HEALTH CARE WORKERS

August 2022

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1.0 EXECUTIVE SUMMARY

The scope of this monitoring report is restricted to monitoring the World Bank supported recruitment of short-term emergency health care workers during the period June 2021 to April 2022. This recruitment sought to provide support to health service delivery, which was considerably burdened during the peak of the COVID-19 pandemic. As reported by Zambia National Public Health Institute (ZNPHI), this was an exceptional expenditure for which funds amounting to ZMW78, 889,789.04 [approximately USD ($)4.9 million] of World Bank funds were expended.

This was Transparency International Zambia's (TI-Z) second third party monitoring, with the first being of ZNPHI's disbursements of funds to designated provincial and district health offices[1]. TI-Z third party monitoring (TPM) interventions are aimed at enhancing independent monitoring of the World Bank's support and thus providing evidence to inform reform, revision and adjustment of the COVID-19 response in Zambia.

The TPM sought to assess transparency and accountability mechanisms particularly in resource utilisation pertaining to the recruitment of emergency health workers. The monitoring findings highlight the following:

i. Overall feedback from respondents indicates that the process of recruitment and contracting was transparently conducted;
ii. The recruitment of supplementary health care workers was relevant in supporting and lessening the strain posed on health care services during the pandemic;
iii. Notwithstanding the above, a number of issues were raised and these included under payments of emoluments and non-provision of payslips to the contracted health staff, which made it difficult for health care workers to distinguish elements of basic pay, allowances and statutory deductions.

Based on these findings, TI-Z recommends for the strengthening of human resource management processes, particularly, remuneration processes in the Ministry of Health (MoH) and ZNPHI presently and in future.

2.0 INTRODUCTION

The World Bank is one of the multi-lateral entities supporting the Government of Zambia in responding to the COVID 19 pandemic in Zambia through the ***Zambia COVID-19 Emergency Response and Health Systems Preparedness Project.*** Through this initiative, the World Bank (WB) and the Global Financing Facility (GFF) have committed funds amounting to US$25 million to support the COVID-19 response in Zambia. Further, WB and GFF approved additional financing for the COVID-19 response of US$24 million, bringing the total of committed funds to US$49 million to support the Government response to the COVID-19 pandemic The financing facility to the Ministry of Health (MoH), which is currently being managed by the Zambia National Public Health Institute (ZNPHI) includes a Governance and Accountability Action Plan (GAAP). The GAAP aims to mitigate the inherent risks in the heath sector by:

I. Improving institutional coordination and implementation
II. Strengthening transparency of project activities
III. Enhancing oversight and accountability
IV. Strengthening citizen engagement and community monitoring

[1] https://codot.tizambia.org.zm/covid-19-world-bank-funds-utilisation-monitoring-report/

Transparency International Zambia's (TI-Z) Third-Party Monitoring (TPM) Interventions contribute to the wider GAAP objectives.

As part of its role of contributing to enhancing oversight in the COVID-19 response, TI Zambia undertook monitoring of resources utilisation through monitoring of emergency health staff recruitment by Ministry of Health (MoH). The focus was on the support being provided by the World Bank towards the Zambia COVID-19 Emergency Response and Health Systems Preparedness Project. Through the Bank's support, MoH initially recruited 565 health workers[2] including doctors, nurses, bio-meds and paramedics in June 2021 on a three months' short-term contract. The contracts were subsequently renewed twice, in September 2021 and in January/February 2022 respectively. The monitoring is therefore aimed at assessing transparency, integrity of this expenditure as well as to obtain feedback on complaint handling mechanisms.

3.0 METHODOLOGY

The monitoring employed diverse but an interactive methodology with the aim of soliciting validated information and was more qualitative than quantitative. The data was collected through key informants and respondents to the administered structured questionnaire. Data collection was conducted through a questionnaire administered online using survey monkey – the link was sent via email to the sampled health workers who were first contacted by phone.

The structured questionnaire was administered to 106 sampled as well as interviews targeting key informants from MoH and ZNPHI. The Response Rate was 92%. Health workers respondents were purposively selected based on the level of participation in the recruitment process. A snowball approach was also used where, if other actors who had relevant information were noted during the interviews, they were included in the sample as respondents.

A systematic sampling technique was used in selecting respondents. The sampling method was purposive, in that it targeted health care workers recruited by MoH from the World Bank's support. The sampling method also took into account the professional categories of health workers, namely by doctors, nurses, bio-meds and paramedics to ensure a representative and inclusive sample.

Given the sampling lists, the sampling list was divided by the desired sample to get the index number, n. The nth respondent from the sampling frame then composed the sampled respondents. Of the total 565 health care workers recruited, the 97 that responded represent approximately 17% of the recruited health workers.

The sampling did not control for geographical distribution in the sample to avoid biasedness of results and findings. Thus, given the geographical distributional bias, that is, most health workers being posted in Lusaka facilities/centres; the geographical representation of the sample may not be inclusive of all districts.

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[2]. https://documents1.worldbank.org/curated/en/099855206302225718/pdf/P174185075ce530810ac6a0c7b677764cea.pdf

4.0 MONITORING FINDINGS

This section highlights the salient findings of the survey.

ZNPHI reported the total amount paid to support health workers recruited under the COVID-19 Emergency response project being ZMW78,889,789.04 or approximately USD ($)4.9 million. ZNPHI notes that this was an exceptional expenditure aimed at providing support to COVID-19 case management and general health care support at varying capacities of treatment as well as health centres and facilities.

4.1 Survey Respondents' Demographic Characteristics

Age Range and Physical Ability of Respondents The findings shows that, of the sampled respondents, 61 representing 63% were female while 36 representing 37% were male. Most of the respondents were aged between 21 and 30 years representing 85% of the respondents.

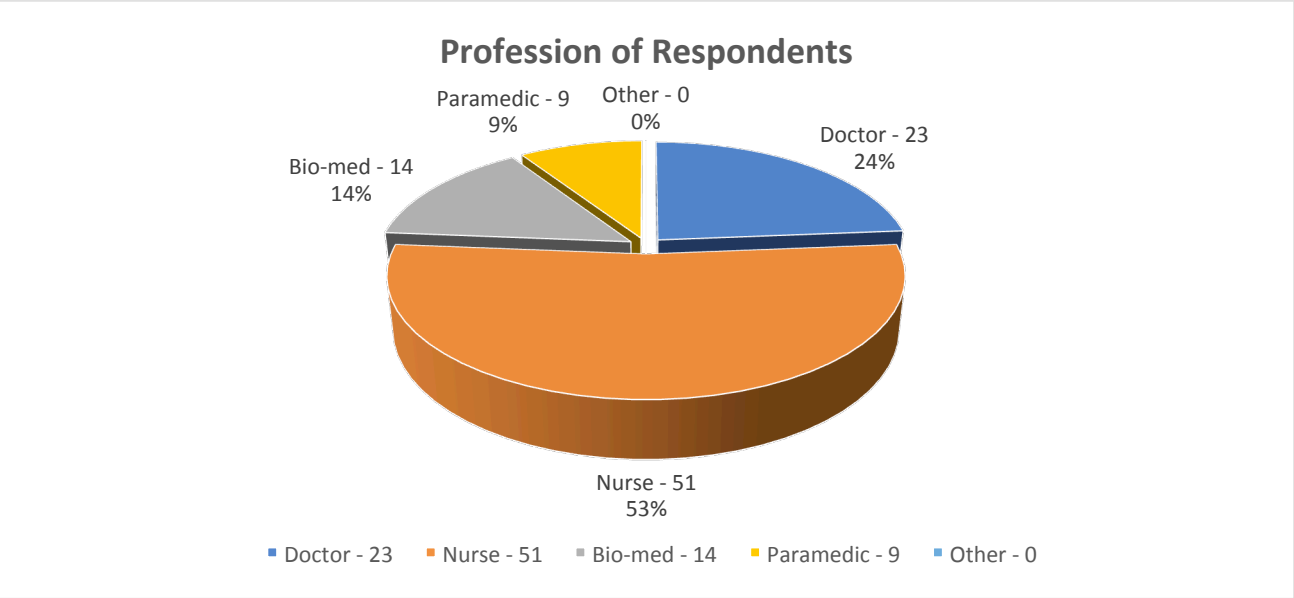
Table 1 – Demographic Characteristics of Respondents

Demographic Characteristic	Number of Responses	Percentage of Responses
Gender		
Female	61	63%
Male	36	37%
Other	0	0%
Total	97	100%
Age Group		
Below 21	0	0
21-30	82	84.5%
31-40	15	15.5%
41-50	0	0%
Above 51	0	0%
	97	100%
Disability		
Yes	0	0%
No	96	99%
Not Sure	1	1%
Total	97	100%

Professional Representation of Respondents

Of the 97 respondents, the majority were recruited as nurses, 53%; followed by doctors who comprised 24% of respondents, bio-meds comprising 14% and paramedics being the least sampled representing 9% of respondents.

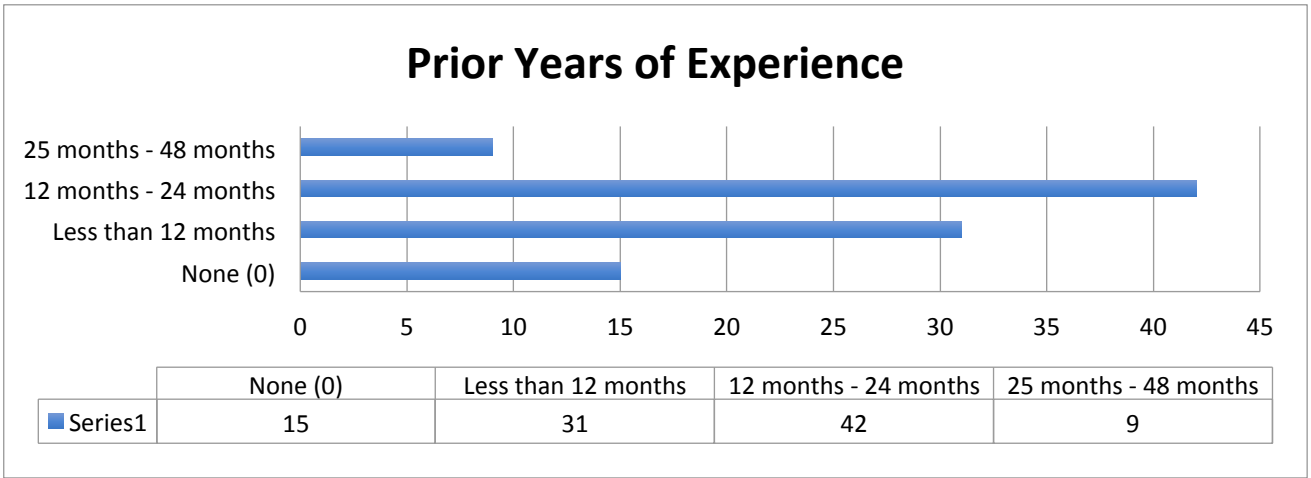
Figure 1 – Distribution of Respondents by Profession



Respondents' Prior Experience

Most (43%) of the recruited health workers surveyed, indicate prior years of experience ranging between 12 to 24 months, followed by those having less than 12 months of experience at 32%, with the least category being 25 to 48 months at 9.3%. Thus, all the health workers surveyed were seemingly new entrants in the health profession, which can be corroborated by key informants' feedback with regards to the selection and recruitment process used by MoH whereby MoH selected health care workers who were pending recruitment in the system.

Figure 2 - Respondents' years of work/professional experience

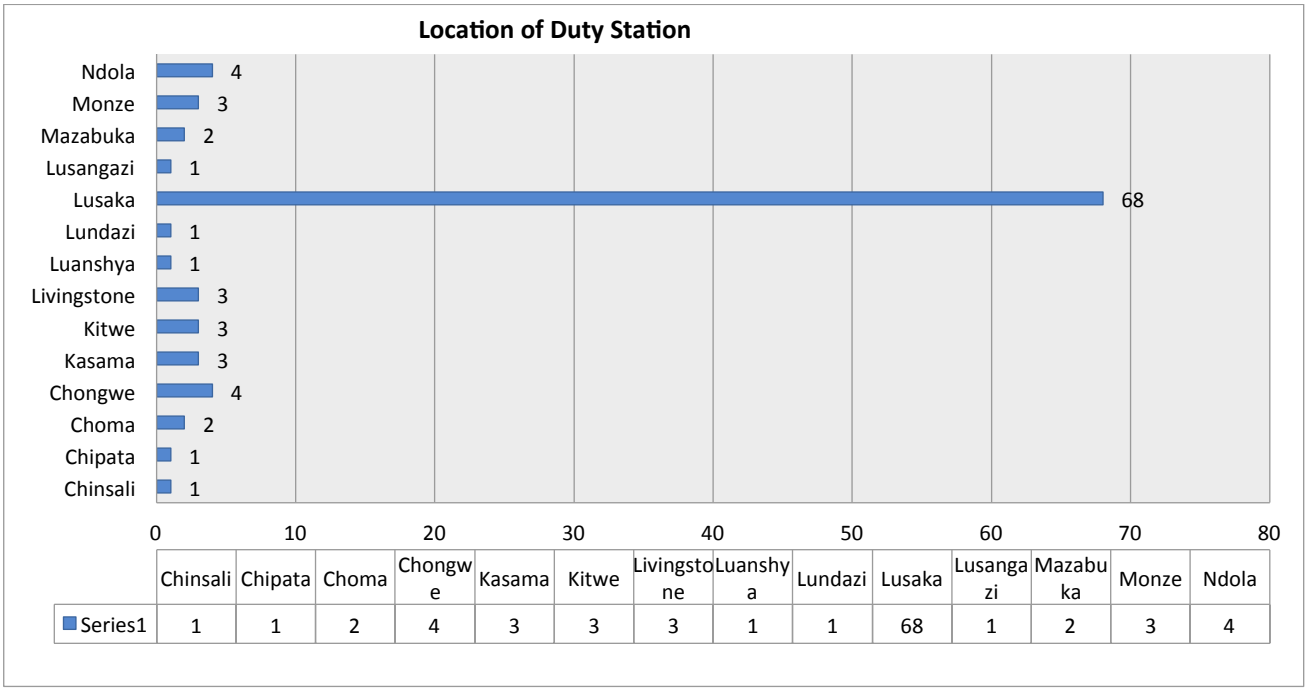


Location of Respondents' Station of Duty

The majority (70.1%) of the survey respondent indicated Lusaka as the district of their duty station. This is reflective of the majority of health workers under the World Bank's support being assigned to health centres

in Lusaka being the most populated and experienced a high number of cases during the pandemic as reported by Ministry of Health.

Figure 3 - Respondents' district of post/facility



4.2 Recruitment and Contract Transparency and Integrity

Recruitment Transparency and Integrity

This section examines transparency and integrity in the recruitment process as well as contract tenure of the emergency health workers engaged with the World Bank's support. With regards to transparency in the recruitment process as shown in **Error! Reference source not found.**, 65% of respondents said that from their knowledge, the recruitment process was transparent while 16.5% and 18.5% responded it was not and did not know respectively. Key informants indicated that the recruitment was not necessarily advertised. The criteria MoH employed for this recruitment was based on the lists of health workers pending recruitment held by MoH, in the order of year of completion. Regarding provision employment contracts, all respondents indicated that the initial and subsequent contracts where availed to them, while 92% indicated they were aware that the World Bank supported the recruitment.

Table 2 - Health Workers' Recruitment and Contract Transparency

Question	Number of Responses	Percentage of Responses
Do you think the recruitment process was transparent?		
Yes		
No	63	65%
Don't Know	16	16.5%
Total	18	18.5%
	97	100%
Did you know that the World Bank supported the		

recruitment?		
Yes	89	92%
No	4	4%
Don't Know	4	4%
Total	97	100%
Were you given a Contract for the first three months?		
Yes	97	100%
No	0	0%
Don't Know	0	0%
Total	97	100%
Was your engagement (contract) extended after the first three months contract?		
Yes	97	100%
No	0	0%
Don't Know	0	0%
Total	97	100%

The findings show that based on the criteria used by MoH for this recruitment the selection and recruitment process was transparent. Markedly, the recruitment utilised lists of health workers pending to be employed by the government, which indicate that most of those recruited were aware about the recruitment process. Nonetheless, some respondents indicate uncertainty concerning transparency of the recruitment process, which could be due to inadequate information pertaining to how the recruitment was conducted. This assertion is justified given that those who were not aware about the recruitment process were mostly those who were not on the waiting list. Further, the findings show that MoH clearly communicated to the health care workers the source of support for their engagement as health care workers and that contracts were availed to the health care workers especially for the initial (first contract).

Commencement and Duration of the Contracts

Error! Reference source not found., outlines the initial contract start dates and total month of contracts tenure. As indicated the health workers surveyed began their engagement in different months, with majority (69.1%) of respondents indicating June 2021 as their initial reporting month. Further, respondents indicated varying contract engagement periods, though with most of the contracts (87.6%) being between six and nine months. Key informants stated that the varying contract start dates could be attributed to the criteria used in recruitment as stated above whereby the Ministry use lists of health workers to be recruited. Thus, some health workers were recruited after June 2021, owing to the snowball method of recruitment, but in addition some health workers terminated their contracts and therefore did not serve for the total accumulated contract period.

Table 3 – Respondents' Contract Information

Contract Details	Number of Responses	Percentage of Responses

Month of Contract Engagement		
June 2021	67	69.1%
July 2021	14	14.4%
August 2022	16	16.5%
Total	97	100%
Total Duration of Contract (in months)		
3 months	3	3.1%
3-6 months	2	2.1%
6-9 months	85	87.6%
Above 9 months	7	7.2%
Total	97	100%

The above findings are indicative of the recruitment selection method utilised by MoH, which may have been required given the urgency in ensuring supplementary health workers in managing COVID-19. Additionally, respondents had varying contract durations as not all health workers who were initially engaged under the first contract were retained in subsequent contracts. Further, given that 87.6% of respondents were retained for over 6 months and one of the complaints boarders on no remittance of statutory obligations, it is worth following up to ascertain the complaint as well as interrogate adherence to both labour and statutory obligations.

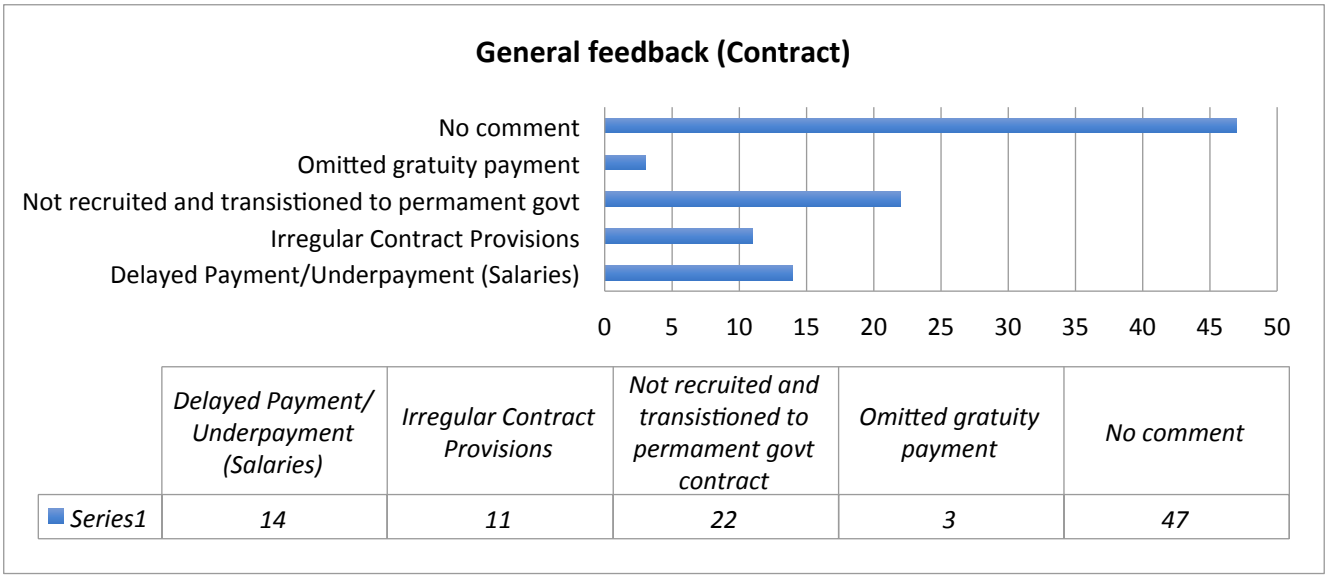
Contract Execution and Adherence to Contract Provisions

The survey also interrogated general feedback with regards to MoH/ZNPHI adherence to contractual conditions and obligations; as shown in **Error! Reference source not found.**. Forty-seven (47) respondents gave no comment. However, most (50) indicated issues pertaining to under and delayed payment of salaries, irregular contract provisions such as altered contract terms for the second contracts and in some cases stated that contract terms were not adhered to.

Of the respondents who provided feedback on the adherence to contract provisions, majority (42.3%) were not recruited or transitioned to permanent government contract during the MoH Mass recruitment of 11,200 health personnel undertaken in 2022. Further, key informants indicated that in some instances health workers continued to work without contracts owing to the engagements that were underway between MoH and the World Bank to extend funding for this support particularly for the third contract between January and April 2022.

The feedback points to inconsistencies in contract management and administration processes. This could indicate inefficiencies pertaining to managing personnel and administration of personnel contracts and emoluments. Delayed payments of salaries and gratuity are indicative of these inefficiencies of the management of the personnel recruited to support the COVID emergency response.

Figure 4 – General Feedback on contract terms



	Delayed Payment/ Underpayment (Salaries)	*Irregular Contract Provisions*	*Not recruited and transistioned to permament govt contract*	*Omitted gratuity payment*	*No comment*
Series1	*14*	*11*	*22*	*3*	*47*

4.3 Remuneration Consistency and Integrity

Based on contractual requirements and statutory obligations regarding salaries; most respondents indicated significant irregularities as shown in **Error! Reference source not found.**. Half (50%) of respondents indicated that the salary amount(s) paid was not accurate compared to the amount stated in the contract. Further, majority (92%) of respondents stated that their monthly emoluments were not paid on time. As the table shows, this could be also be attributed to contracted health care workers not availed payslips which made it difficult for health workers to verify the emoluments due to them and make follow ups in case of discrepancies based on payslips.

Table 4 – salary and payslips consistency

Question	Number of Responses	Percentage of Responses
Was your salary paid timely and monthly?		
Yes	8	8%
No	89	92%
Don't Know	0	0%
Total	97	100%
Was your salary amount paid accurately as per the signed contract?		48
Yes	44	45%
No	48	50%
Don't Know	5	5%
Total	97	100%
Was your salary payslip issued monthly?		
Yes	1	1%
No	96	99%
Don't Know	0	0%
Total	97	100%

The survey findings reveal high levels of non-provision of payslips to contracted health workers. Almost all the respondents (99%) responded that they were not given payslips as per standard employment practice. This indicates weaknesses and lapses in the payroll administration. The non-issuance of payslips also made it difficult for health workers to ascertain gross, net pay, allowances paid and statutory deductions made. All these are transparency and accountability issues.

Therefore, as indicated by the findings on ***Contract Execution and Adherence to Contract Provisions (4.2);*** *the findings reveal inefficiencies in finance and administration issues particularly relating to the manner in which payroll was managed and administered. This could be highly correlated to the non-issuance of payslips to the health care workers that posed challenges in their tracking and monitoring of emoluments due to them.*

4.4 Work Environment, Equipment and Workload

In assessing the relevance of the recruitment, most respondents were of the view that the recruitment of health care workers to support the COVID-19 emergency response greatly supported to alleviate the workload and pressure brought on by the pandemic. Thus, the World Bank support was relevant and effective. Further, although over half of the respondents (55%) indicated that staff levels were not adequate to meet the demand for health care, they state that the workload was manageable.

Further, almost all respondents (99%) also indicate that there were measures in place and enforced to monitor health care workers attendance and deter absenteeism in the respective posts and centres during the contract tenure.

Table 5 – Staff levels, Workload and Medical equipment

Question	Number of Responses	Percentage of Responses
Did the recruitment of supplementary health care workers improve health care services during pandemic?		
Yes	95	98%
No	0	0%
Don't Know	2	2%
Total	97	100%
Was the Staff level adequate to meet demand for health care?		
Yes	40	41%
No	53	55%
Don't Know	4	4%
Total	97	100%
Was the Workload manageable?		
Yes	70	72%
No	27	28%
Don't Know	0	0%
Total	97	100%
Was the Work attendance monitored?		
Yes	96	99%
No	0	0%
Don't Know	1	1%
Total	97	100%
Were Disciplinary measures enforced against absenteeism?		
Yes	96	99%

No	1	1%
Don't Know	0	0%
Total	97	100%
Were medical supplies and equipment readily available at post/facility?		
Yes	77	79%
No	19	20%
Don't Know	1	1%
Total	97	100%
Was the medical equipment mainly provided/procured through cooperating/donor support and or funding?		
Yes	43	44%
No	15	16%
Don't Know	39	40%
Total	97	100%
Medical products were mainly provided/procured through cooperating partners/donor support and or funding?		
Yes	40	41%
No	13	13%
Don't Know	44	46%
Total	97	100%

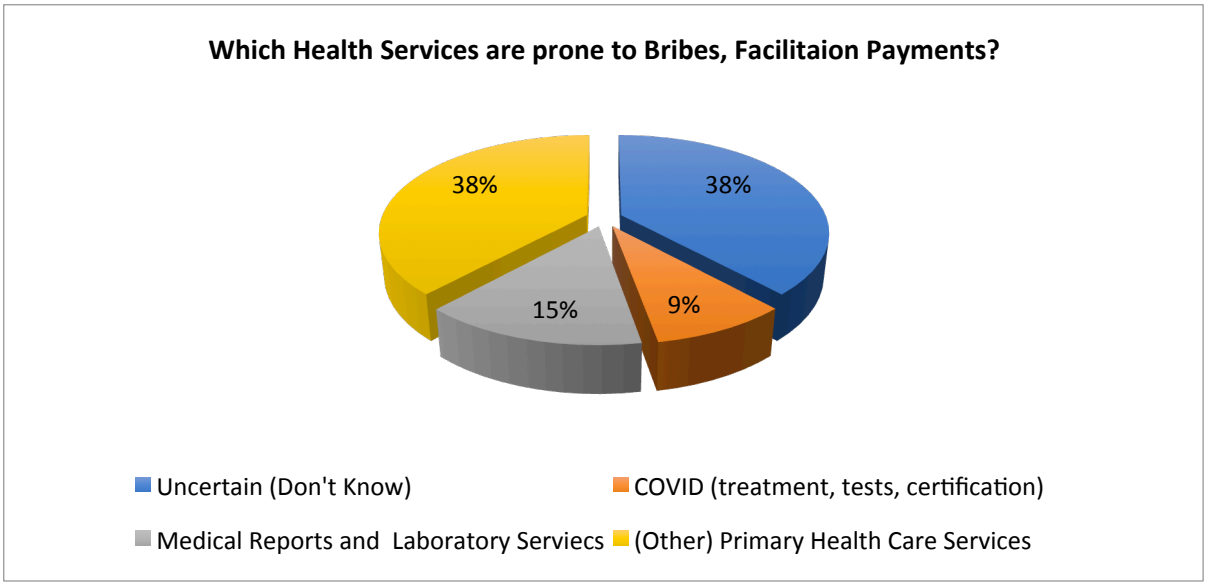
Further, to ascertain the level of support from cooperating partners and donors for medical products and equipment, the monitoring surveyed the health care workers on their knowledge of the source of support for medical products and equipment. The finding was undesirable as 40% and 45%of health workers surveyed indicated uncertainty on whether medical products and equipment was provided through donor support or government support, medical equipment and source of funding respectively.

The findings show that the recruitment of emergency personnel was relevant in alleviating and responding to the pressure posed by COVID on health care services. Moreover, health facilities effectively implemented measures to curtail absenteeism including by monitoring personnel attendance and enforcing disciplinary measures against absenteeism. This implies effectiveness on the part of health facilities and health posts of managing staff attendance as revealed by the survey findings.

4.5 Complaint and Grievance Redress Mechanism

Health Service Prone to Bribery and Informal Payments Regarding the extent of health services being prone to corruption particularly bribes and facilitation payments, **Error! Reference source not found.** shows that 38% of respondents indicated uncertainty, slightly over a third (38%) responded that generally primary health care services were more prone to bribes and informal paymentswhile9% indicated that COVID treatment including travel certification and vaccination cards issues being prone to bribes or facilitation payments.

Figure 5 – Respondents' views on Corruption on the Health Sector



Availability and Utilisation of the Complaint Mechanism

As indicated in **Error! Reference source not found.** below, over two thirds of health care workers (68%) stated that they could report complaints without fear of reprisal, 46% indicated lack of available complaint reporting mechanisms in the respective health posts/centres while 71% indicated lack of knowledge about whether or not if any action was taken for reported corruption complaints.

Table 6 – Complaints reporting mechanisms

Question	Number of Responses	Percentage of Responses
Are you able to report complaints or corruption without fear of reprisal?		
Yes	66	68%
No	16	16.5%
Don't Know	15	15.5%
Total	97	100%
Is there a complaint reporting mechanism at your health centre/post?		
Yes	36	37%
No	45	46%
Don't Know	16	17%
Total	97	100%
Is action taken the reporting of complaints or corruption?		
Yes	13	13%
No	15	16%
Don't Know	69	71%
Total	97	100%
Are you Satisfied with the action taken following your reported complaints or corruption?		
Yes	16	17%
No	11	11%
Don't Know	70	72%
Total	97	100%

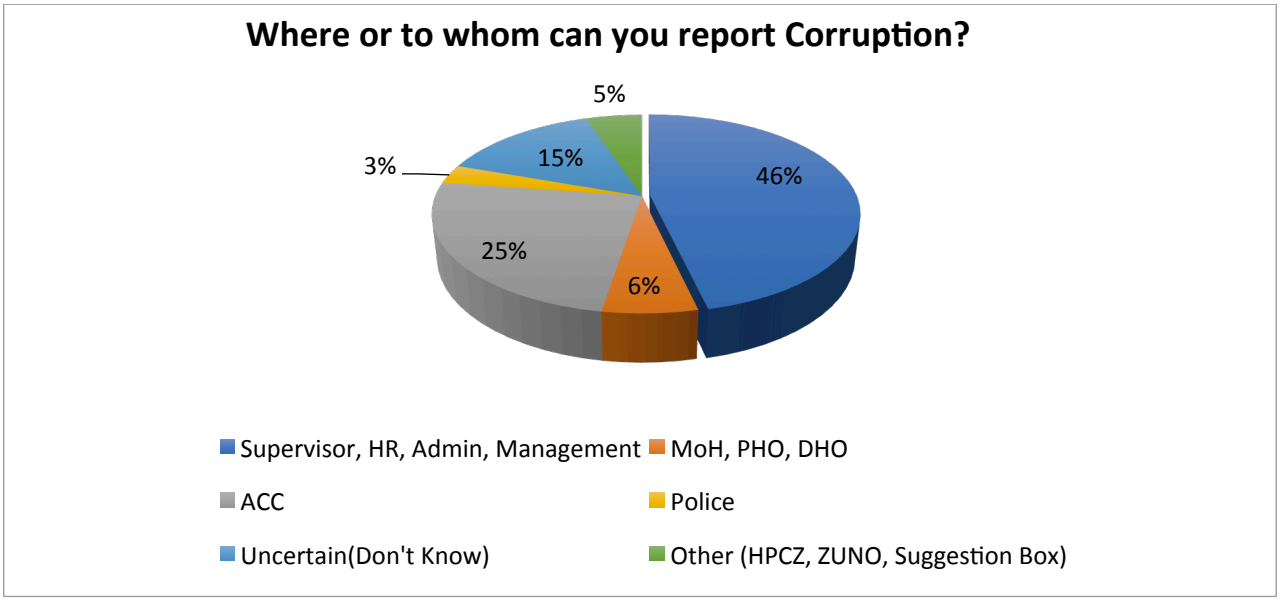
Have you witnessed any bribes or facilitation payments for health care services?		
Yes	1	1%
No	94	97%
Don't Know	2	2%
Total	97	100%
Do you think facilitation payments or bribes are demand side driven?		
Yes	13	13%
No	57	59%
Don't Know	27	28%
Total	97	100%
Do you think facilitation payments or bribes are supply side driven?		
Yes	3	3%
No	72	74%
Don't Know	22	23%
Total	97	100%

The findings indicate that health workers are able to freely report complaints and incidences of corruption. However, at the same time the findings imply inadequacies in the complaints reporting mechanisms and procedures. There would be need to ensure that complaint mechanisms are popularised and health workers are aware of mechanisms and procedures for handling of internal and external complaints.

Knowledge of Where and How to Report Suspected Corruption

With regard to where respondents could report corruption, 46% indicated that they could report to facility management including human resource, supervisors and administration, 25%indicated that they could report to the Anti-Corruption Commission (ACC) while15% indicated uncertainty of where or whom to report corruption case or incidences to as highlighted in the figure below.

Figure 6 – Corruption cases reporting



Given the varying response, the findings point to uncertainty of where and whom to report to, as also alluded to by the findings in the section - ***Availability and Utilisation of the Complaint Mechanism.*** *Notwithstanding, most of the responses allude to reporting complaints to and through supervisors and or facility management and administration.*

5.0 RECCOMENDATIONS

Following the monitoring findings, TI-Z makes the below recommendations:

Recommendation(s)		Responsible/Lead Institution(s)
1.	Strengthen contract management and administrative issues pertaining to contracted health staff. There is also need to strengthen payroll administration pertaining to issuance of payslips and consistency of remuneration particularly for staff on contract.	Ministry of Health and ZNPHI
2.	There is need to dissociate such exercises as recruitment of health workers from populist and politics. The promise to permanently recruit those contracted under the World Bank project could have been in response to the pressure given the time the recruitment was done (near general elections) There was need to manage health workers expectations during contract engagement as well as possibility of integration of contracted short-term health care workers. Contracts should be more explicit for temporary contracted staff to manage expectations that are not encompassed in the contractual terms.	Ministry of Health and ZNPHI
3.	Improve complaints mechanisms pertaining to reporting and feedback mechanisms including through deliberate sensitisation about the mechanism, the development of flow charts for health facilities, centres and posts for reporting and feedback mechanisms. These can be customised and publicised for emergency situations such as COVID-19.	Ministry of Health and ZNPHI
4.	Increased awareness on grievance redress mechanisms both for health care workers as well as for patients and the public in general. This could include through publicising and displaying of grievance redress processes and procedures in health facilities and posts.	Ministry of Health and ZNPHI
5.	Strengthen internal oversight and control processes as well as compliance monitoring in relation to contractual and statutory obligations adherence (transparency, integrity, accountability and reporting).	ZNPHI, TI-Z and other CSOs

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