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Mapping of Sierra Leonean Health Professionals in the UK

Summary Report

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Overall objective: Shaping a strategy to engage UK-based Sierra Leone diaspora health professionals in their home country

Background

This study was commissioned by the International Organization for Migration (IOM) as part of its wider Migration for Development in Africa (MIDA) initiative in Sierra Leone, to assist the Government of Sierra Leone to strengthen its institutional capacity through the transfer of diaspora healthcare workers' knowledge and skills to their home country.

IOM is developing a national strategy to facilitate short term placements of Sierra Leonean health professionals in the diaspora in selected health facilities in Sierra Leone. The strategy is designed to support the implementation of the National Health Sector Strategic Plan (NHSSP 2010-2015), Sierra Leone's national response for improving its health sector. The shortage of skilled staff and mal-distribution of existing staff remains a challenge to the appropriate delivery of Sierra Leone's basic package of essential health services.

The survey was carried out by the African Foundation for Development (AFFORD). Moses Okech was the Lead Researcher and Denise Awoonor-Renner was the Outreach Consultant/Support Investigator.

The purpose of the mapping study was to:

- a) Identify available human resources in the Sierra Leonean diaspora in the UK to support the development of Sierra Leone's health sector, by way of temporary return or other types of engagement.
- b) Assess the potential contribution of UK-based Sierra Leonean health professionals to the health sector in Sierra Leone by identifying their areas of skills and specialization; their area of interest (clinical work, teaching, health planning etc); type of return - whether temporary or permanent; and exploring under what conditions health professionals would be interested to return.

Mapping Survey

The survey was carried out over a period of 11 weeks, from March to May 2013 among the Sierra Leonean diaspora health professionals working and living in the UK. Potential respondents were identified and mobilized through a series of strategies ranging from networking via groups that engage with the Sierra Leonean healthcare diaspora in the UK,¹ online broadcasts and word of mouth via members of the Sierra Leonean diaspora/healthcare community. A total of 101 respondents completed the questionnaire.

The data collected for the mapping exercise was drawn from a structured questionnaire, mainly circulated online, and a series of focus group discussions (x3) and key informant interviews (x2). The questionnaire was structured to obtain quantitative and qualitative information about the health professionals' socio-demographic profiles and interest in contributing to Sierra Leone's health sector.

¹ [The Organisation of Sierra Leonean Health Professionals Abroad](#), [King's Sierra Leone Partnership](#); [UK-Sierra Leone Health Partners](#); [African Health Policy Network](#), [Sierra Leone Diaspora Network](#), [AfricaRecruit](#) health workers' network.

The focus groups and interviews allowed deeper insight into initiatives undertaken by health professionals and some of the challenges and drawbacks encountered.

Geographical location of Sierra Leoneans in the UK

There were **23,520** Sierra Leoneans living in the UK, identified by country of birth, according to the last UK census (Office of National Statistics, as at 27 March 2011).

Breakdown across the UK:

England	22,958
Wales	160
Northern Ireland	25
Scotland	377

At the time of the survey, Scottish figures from the 2011 census had not been released. More recent enquiries show that 377 Sierra Leoneans by reference to country of birth were resident in Scotland at the time of the 2011 Census, up from 112 in 2001.

In London, most Sierra Leoneans live in Southwark, Newham, Lewisham, Lambeth and Hackney. Outside London, respondents were also aware of some clusters around Birmingham, Bristol, Cardiff, Leeds, Liverpool and Manchester, Reading and Sheffield. In Scotland the highest population densities tended to be in Edinburgh and Glasgow.

It was not possible to get a precise figure on the number of Sierra Leoneans employed in the health sector in the UK because among other issues, data collection methodology tends to record ethnicity e.g. 'Black and Ethnic Minority' or 'mixed-race' - rather than nationality.

Key Findings

Survey Results

1. Geographic spread

The vast majority of survey participants resided in the Greater London area (65%) followed by a cluster of residents in the South East of England, forming 18% of the sample in this survey.

2. Age and gender profile

- Two thirds of respondents were female (65%) and one third male (35%)
- The majority of Sierra Leonean health workers surveyed fell within the 41–50 year age bracket (35%) followed by those between 31–40 years (22%)

3. Place of birth/nationality

- 87% of respondents were born in Sierra Leone; 10% in the UK
- 80 respondents held dual British-Sierra Leonean citizenship

4. Educational and professional profiles

The majority of respondents were highly qualified with 38 (42%) of those specifying their highest qualification having Masters Degrees, 32 (35%) with Bachelor's degrees, 14 (14%) with Diploma, 6 (7%) with enrolled nurse/midwife qualifications. One respondent had a PhD qualification.

With regard to professional qualifications of the total number of respondents:

- 48 (55%) were either nurses or midwives;
- 15 (17%) were medical doctors.

5. Employment profile

- 70% of respondents were employed on a permanent basis
- 13% were engaged on temporary contracts
- Many respondents worked within the UK National Health Service

6. Level of engagement with Sierra Leone

- 96% of respondents had returned to the home country since leaving
- 94% of those who visit Sierra Leone usually stay for between 1-3 months, during holiday breaks, since most are full-time employees in the UK
- 65% already had experience of working in Sierra Leone
- Use of multiple communication channels to stay in touch: Internet; Facebook; phone; visits; personal networks
- 31% of respondents belonged to some sort of diaspora association, organisation or network.

7. Interest in contributing to health sector in Sierra Leone

- Respondents were aware of the challenges facing the health sector in Sierra Leone
- ALL of those who completed the survey, were willing to contribute to developing Sierra Leone's health sector
- Respondents indicated their preference to contribute through working in Sierra Leone's public and private sector, participating in skills transfer schemes, mentoring and offering consultancy services.
- The majority of respondents interested in participating in short-term volunteer activities, 1-3 months
- A significant number (approx. 25%) expressed interest in long-term programmes of 12+ months

Focus Groups and Interviews

8. Diaspora initiatives – individual and collective

Individual initiatives

The study revealed a number of past and on-going diaspora initiatives to support the health sector in Sierra Leone. Many individuals were already involved in an initiative to develop the Sierra Leone health

sector. Many volunteer at their own expense, organize groups or missions, and travel during their annual leave. Often the catalyst for engagement was the death or illness of a close relation or contemporary, them witnessing the poor condition of health services locally or in order to help particular communities.

However there seemed to be a lack of cohesiveness, with a number of fragmented, individualised initiatives, and sometimes an overlap of efforts, and even competition to some extent.

Collective initiatives

Driven by the desire to ensure an improved national standard of health service delivery, the Sierra Leonean Diaspora Network, a diaspora group exploring sustainable solutions to development in Sierra Leone, held a conference for Sierra Leone health professionals in the UK in 2009.² The conference identified a number of challenges that needed addressing and explored possible solutions.

The Organisation of Sierra Leone Health Professionals Abroad ([TOSHPA](#)) has been coordinating and mobilizing diaspora health professionals to contribute services such as training, volunteering and donations to the health sector in Sierra Leone since its start in 1996 as Sierra Leone Nurses' and Midwives' Association. The full report lists diaspora and non-diaspora organizations making interventions in the Sierra Leonean healthcare sector.

9. Suggestions for a successful diaspora engagement strategy

Focus group members generally envisaged the following as some pre-requisites:

- An attractive engagement policy structured around existing international volunteer remuneration policies, with activities scheduled around holiday breaks.
- Some level of facilitation, whether in the form of financial (particularly in respect of mortgage/rental outgoings), logistical and preparatory support.
- The Government of Sierra Leone acting as a key facilitator to ensure that Sierra Leonean professionals and institutions recognize and support diaspora initiatives.

The key informants identified the following areas for contribution:

- Clinical practice especially mental health
- Management
- Training
- Public health information and awareness-raising.

10. Challenges/factors of concern

Challenges

Health workers who had provided skills and services in Sierra Leone shared some challenges encountered. There was widespread dissatisfaction with the working conditions and ethics in Sierra Leone. The level of professionalism in the Sierra Leonean health system was perceived to be low, together with low level of commitment (poor work ethic/motivation) and poor infrastructure.

² Via reports section of Sierra Leone Investment Information Portal – www.sliip.org

Some of the issues faced include:

- Partnerships/relationships with home country counterparts
 - Initial mistrust and suspicion from counterparts in Sierra Leone; perceived as competitors especially by public sector health workers.
 - Diaspora sometimes perceived as 'elitist' and arrogant in approach; accused of failing to grasp on-the-ground-realities.
- Accommodation: Lack of housing or affordable alternative accommodation to facilitate their stay in-country and reduce visit overheads.
- Bureaucracy: There are rigid systems in Sierra Leonean institutions which are inefficient, but can create lots of problems if bypassed.
- Corruption on the ground: Instances were reported of free equipment and other donated resources, being diverted from intended beneficiaries, stolen or sold on by local staff.
- Need to facilitate training skills: Although many diaspora health professionals are highly qualified, not all are necessarily able to conduct professional training, hence the need for capacity-building or bridging courses for those intending to act as trainers in Sierra Leone.

Factors of concern

- Family obligations: Most diaspora health workers have established families in the UK with children going to school; hence taking time away to go on long-term engagements in Sierra Leone may not be practical. However, most were willing to get involved in short-term placements.
- Financial outgoings: The majority of the Sierra Leonean diaspora have regular financial obligations such as mortgages. Provision for such obligations would be a prerequisite for them to engage in long-term volunteering.
- Lack of a strong mobilizing factor in the UK to bring Sierra Leoneans together to discuss how to improve the health situation in the home country.

Recommendations

Survey respondents showed an overwhelming willingness to volunteer to contribute to the improvement of Sierra Leone's health sector; indeed some were already carrying out initiatives, individually and collectively. However, to yield a higher dividend, there is a need to strengthen support for umbrella bodies such as The Organisation of Sierra Leonean Health Professionals Abroad (TOSHPA), through which individual efforts can be channelled into more effective joint intervention.

For Policymakers

Any planned engagement strategy should take into account:

- A spread between longer term and short-term engagements, given that the vast majority of respondents were employed on a permanent basis, followed by those on temporary contracts.
- Some form of financial, logistical and preparatory support, e.g. A package for diaspora members, on a par with international volunteer packages, i.e. inclusive of flight,

accommodation and travel in Sierra Leone as well as daily stipend in the field, should be calculated and sourced as part of a diaspora volunteer programme.

- Induction/preliminary training for prospective volunteers. One respondent who was very familiar with running volunteer schemes and a seasoned trainer herself emphasized the need to take prospective volunteers through some training techniques, given that not all good specialists are necessarily good trainers.
- Structured facilitation in the form of endorsements from organizations promoting diaspora engagement programmes, forging links with hospitals and institutions, and governments. Making available official levels of support e.g. formal arrangements to facilitate time away for volunteers during the course of their employment. This would give prospective volunteers a greater sense of job security.

For Sierra Leone Authorities

- Develop a framework and strategy to incorporate diaspora input and ensure that Sierra Leonean professionals and institutions recognize and support diaspora initiatives. Having a designated Health Liaison Officer within the Office of Diaspora in Sierra Leone would enable that unit to monitor in-country diaspora activity, articulate requests for skills where shortages arise, and match diaspora healthcare personnel to existing needs.
- Promote relations and collaboration between health professionals abroad and their in-country counterparts. Respondents reported that cooperation between diaspora and their counterparts in Sierra Leone is sometimes difficult and their initiatives not always welcomed.
- Improve working conditions for professionals back home in order to minimize the rivalry with diaspora-based professionals and seek to tackle poor working conditions such as inadequate medicine supplies, heavy workloads, delayed salaries especially in the public health sector.
- Facilitate fast-tracking of recognition of diaspora professionals' qualifications to enable them to practice in home country.

For diaspora healthcare professionals

- Adopt a consortium approach and develop an over-arching strategy to coordinate efforts, enhance collaboration and share learning. There are numerous initiatives but efforts are fragmented, and individualised. Working together would minimize unnecessary duplication of effort and enhance sustainability and impact.
- Nurture relationships with in-country counterparts to minimise the mutual sense of suspicion. Diaspora members' sometimes felt their efforts were being misunderstood, stalled and frustrated.