Health Sector Succession Planning and Management Practices in Sierra Leone: A Situation Analysis to Inform Health System Strengthening

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Abstract

Purpose: This study aimed to evaluate succession planning and management (SPM) practices as part of health system strengthening initiatives to optimize performance and impact on population health outcomes

Methodology: A Mixed-method cross-sectional study design was used with both qualitative data and quantitative data collected simultaneously. The target population is middle and senior leaders within the civil service between Grade 9 and Grade 14 in the MoH, comprising healthcare professionals and administrative staff at national and district levels. For the quantitative survey, a total of 402 respondents completed the survey, representing 32% of the study population (n=1,264). For the qualitative interview, a purposive sample of twenty (20) participants was targeted among the eligible MoH personnel for this study, with a 90% (n=18) response rate. A semi-structured guide was used for the interviews, which were conducted largely in English. All interviews were audio-recorded with the participants' consent. For the survey analysis, all 402 cases were considered, and the data analysis procedure involved both descriptive and inferential analyses, using SPSS version 25. For the analysis, Braun and Clarke's (2006) step-by-step framework for performing thematic analysis was followed. The MAXQDA 22 software was used for the text coding and storage.

Findings: The study findings revealed SPM practices are lacking or inadequate in the public health sector. The study also found that women are inadequately considered for top management positions. There is a significant relationship between gender and perceptions about women being considered for leadership positions, $X^2 (3, N = 402) = 8.88, p < .05$. However, the relationship between gender and the other variables (occupational roles, professional cadres, and grade) shows no statistically significant difference $(p > 0.05)$.

Unique Contribution to Theory, Practice and Policy: Utilizing the Human Capital Theory and the Signaling Theory, this study evaluated the current SPM practices in the public health sector of a post-conflict setting. This study was significant to policy and practice for providing awareness of the use of effective succession planning strategies for achieving sustainability by retaining talented staff and developing future leaders to benefit the continuity of healthcare services for all Sierra Leoneans. It is recommended that the MoH, with the support of public sector oversight institutions should explore the possibility of forming a succession management committee to streamline succession issues in the health sector, with attention given to addressing workplace barriers to facilitate women's advancement in their careers within the public health sector.

Keywords: *Succession Planning, Succession Management, Leadership, Public Health, Public Sector*

JEL Codes: *I18, I19, J18, J45*

INTRODUCTION

It is widely acknowledged that stronger health systems are critical for the improvement of global health, which means global health goals cannot be achieved without stronger and resilient health systems (Biesma, Brugha, Harmer et al., 2009; Mwisongo & Nabyonga-Orem, 2016; Shuey & Dodd, 2012). Health system strengthening (HSS) approaches from one country to another are different. In resource-poor settings, for example, HSS efforts focus largely on providing a quick fix in addressing the limited or lack of critical resources, and in doing this, critical performance drivers are given less attention. As alluded by Chee and colleagues (2013), HSS is about ensuring the system functions better and permanently, as opposed to merely addressing gaps for short-term functions. This concept is supported by the WHO (2007) definition of HSS *'improving [the] six health system building blocks [*service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership and governance] *and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes'.* In essence, HSS efforts should be comprehensive, ensuring every block is included and not targeting a particular block. However, HSS efforts are sometimes focused on a particular block, for example, and improvements of any sort are often described as doing "health system strengthening" (Chee et al., 2013). This approach of targeting a block(s) ignores the fact that HSS efforts is primarily about ensuring an improvement in the interactions between the building blocks (WHO, 2007). Such efforts contribute to the sustainable improvements across health services and health outcomes.

Health system strengthening initiatives should therefore go beyond providing just input to address acute constraints. It's no gainsaying that more resources helps support weak health systems (Ahluwalia et al., 2017; Lembani et al., 2015), but there is no guarantee that the infusion of more inputs will result to a better health system functioning (Chee, Plelemeeier, Lion, & Gonnor, 2013). Critically important is to ensure that constraints that have maximum benefits across various health programs should be targeted in any HSS agenda, and this includes strengthening national and decentralized leadership (Adam & De Savigny, 2012; Chee, Plelemeeier, Lion, & Gonnor, 2013; Witter, Palmer, Balabonova et al. 2019). Governance and leadership block of health HSS requires that policies and regulations, organizational structures, and relationships across the health system as critical performance drivers also need comprehensive changes to allow the effective and efficient use of resources as well as to motivate changes in behaviour to improve multiple health services (Chee, Plelemeeier, Lion, & Gonnor, 2013; Mutale et al, 2013; Witter, Palmer, Balabonova et al., 2019).

Efforts on strengthening the health system also require the revision of strategic policies with a view to improving the relationships among all six (6) in overcoming constraints and bottlenecks (WHO, 2007). A key assumption is that, health system weaknesses can be addressed by stronger leadership, but challenge is that, creating a health system with capable leaders takes time and does not only dependent on training programs. It requires government institutions to utilize and build upon existing leadership capacity and structures (Chee, Plelemeeier, Lion, & Gonnor, 2013; Mutale et al., 2017, Witter, Palmer, Balabanova et al., 2019). Health system strengthening should always reinforce and strengthen the leadership role of government health authorities (Ager, Saleh, Wurie et al., 2019; Ciccone, Vian, Maurer et al., 2014; Samuels, Amaya, & Balabanova, 2017), including promoting leadership stability during periods of leadership change through effective SPM (Groves, 2018). However, SPM has not received the

necessary attention as part of HSS agenda supported largely by development partners nor the national governments, especially in LMIC countries (Trepanier & Crenshaw, 2013). The problem is that, leaders in the public sector rarely identify qualified successors for leadership roles because of the organisational culture, uncommitted leaders, lack of implementation resources, lack of role models and restricted promotions (Zepeda et al., 2012).

Succession planning is designed to ensure the replacement of leaders when the need arises, often as result of retirement, infirmity, death and work-related movement, and this supports organizations to continue to perform effectively during leadership changes. The benefits of an effective succession planning cannot be overemphasized, and notably include its contribution to organizational performance, continuity during leadership changes, and promoting staff satisfaction and retention (Ali & Mehreen, 2019). The purpose of succession planning goes beyond just the replacement of leaders that leave the organization at a given time. Furthermore, succession planning prevents gaps in management and ensure the replacement of leaders be done on a merit-based considerations.

Sierra Leone experienced a 10-year civil war between 1991 and 2001 which left public systems broken and the mass migration of critical health workforce for security and greener pasture. Furthermore, the 2014 Ebola outbreak in Sierra Leone further weakened an already fragile health system (Shoman, Karafillakis, & Rawaf, 2017; Kruk, Myers, Varpilah, & Dahn, 2015) and reversed health sector gains during the country post-war recovery (Raven, Wurie, & Witter, 2018; Cancedda et al., 2016). Studies on succession planning and practices (SPM) on fragile contexts are scanty. As such, Sierra Leone offers unique opportunity to understand the extent to which SPM have been adopted in post-conflict setting as part of governance reforms and building resilient health systems.

Statement of the Problem

The public health sector, like other public sectors, is prone to staff departures due to several reasons, including career-related movements, infirmity, and retirement. Recently in Africa, the migration of health workers has also been another attrition factor (Walton-Roberts et al., 2017). In the absence of effective SPM, there is the risk of filling gaps with inexperienced people with negative consequences to the organization (Dodd & Simons, 2005). SPM are therefore important for both private and public healthcare organizations as a means of preparing a pool of internal candidates that will fill leadership positions when the need arises. Good SPM practices in the health sector can contribute to achieving organizational performance and sustainability (Gray, 2014; Titzer et al., 2013) by retaining talented staff and developing future leaders to benefit the continuity of healthcare services.

Organizations such as the Sierra Leone Ministry of Health (MoH) are expected to have policies and manuals that facilitate good SPM practices. While the extant research literature is showing progress in the utilization of SPM practices in the public sector, there is limited peer-reviewed evidence on succession planning in post-conflict contexts like Sierra Leone. Furthermore, the available information from grey literature (national HRH Policies and Strategies, and unpublished reports in Sierra Leone) shows scanty evidence on how these policies are being utilized in facilitating good SPM practices in the Sierra Leone public health sector. This study therefore aimed to evaluate SPM practices as part of HSS initiatives to professionalize the health sector and optimize performance and impact on population health outcomes. To provide answers to the research question for this study i.e. "How do middle and senior management staff generally evaluate the status of MoH's succession planning and management efforts and practice?", the study explore participants' perceptions on SPM practices as reported in literature with a

focus on SPM performance, importance of SPM, impact of policies and laws on SPM, and women's consideration for leadership position (Mateso, 2010).

LITERATURE REVIEW

Conceptual Framework

As indicated by Rothwell (2005), a theory of succession planning should be used by leaders as a method to improve the organization's performance and employee development. Succession planning strategies and processes can be used to support, develop, and direct employees for succession planning to support organizations in achieving their missions (Darvish & Temelie, 2014; Klein & Salk, 2013). In order to identify successors, develop and retain knowledge, skills and address talent gaps, organizations require continuous succession planning (Gothard & Austin, 2013); and this, according to Carriere et al. (2009), can occur through implementing strategies for mentorship, coaching, position classification and resource identification. The conceptual model for this study is presented in Figure 1.
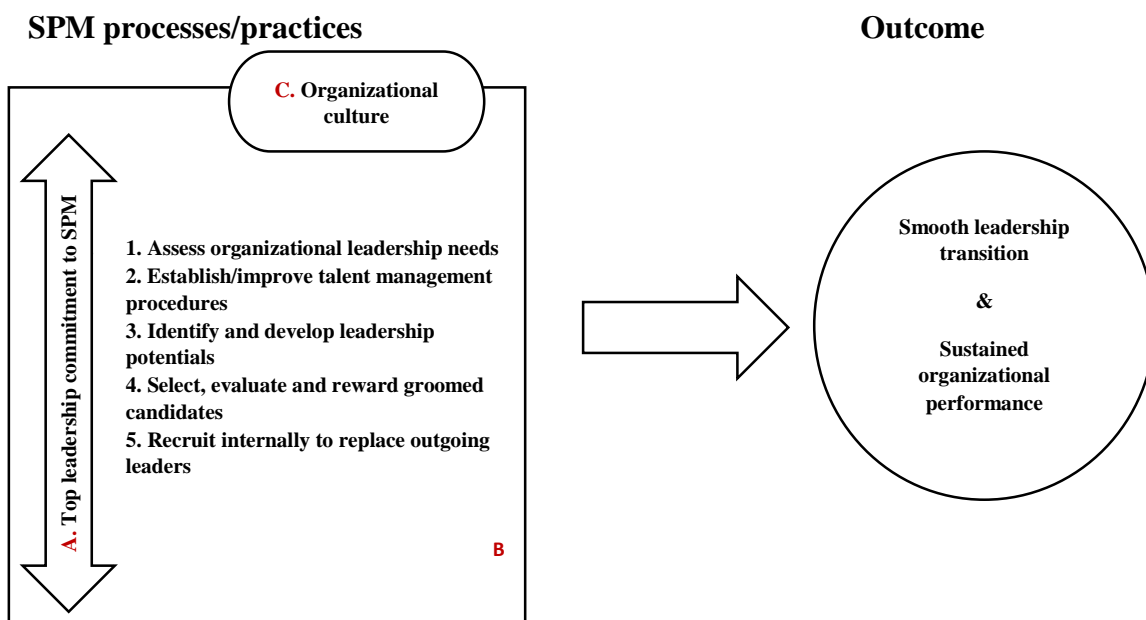

Figure 1: Conceptual Model

Description of the Conceptual Model

The conceptual framework comprises of three components: A, B, and C. Component A of the framework represents the need for the top leadership commitment and involvement on SPM processes. The absence of top leadership commitment will undermine the entire succession agenda within an organization. This component is therefore important in fostering succession policies and practices in an organization (Rothwell, 2005).

Component A is connected to the five SPM practices in component B, emphasizing the significance of top leadership commitment and involvement in succession planning. The first practice is the assessment of current and future organizational leadership needs. The aim of this practice is to identify existing gaps between the actual situation and the desired work and competency needs for leadership positions (Rothwell, 2005). The second practice under component B, establish or improve talent management procedures for key positions, is about the identification (within and outside the organization) of the talent, that is considered vital for

different important positions in the organization (Hussin et al., 2023; Rothwell, 2011). The third practice involves the process of identifying and developing pools of high potentials in the organization. At the core of succession planning is the identification and development of high potentials or future leaders (Ingale, 2024; Rothwell, 2005). As a part of development strategy, incumbent leaders have to take part in mentoring or coaching those who appear to be potential candidates (Al Hilali et al., 2020; Pelan, 2012; Rothwell, 2005). The fourth practice is selection, evaluation, and adequate rewarding of groomed candidates. Practically not all people in a pool of high potentials might be considered for leadership candidacy. It is therefore important to assess the performance and leadership readiness of the high potentials (Rothwell, 2005). To mitigate attrition, potential candidates have to be adequately motivated through adequate rewards and incentives (Kulshrestha, 2024; Mishra & Mishra, 2013). The fifth practice is the internal recruitment of a new successor and replacement of the outgoing leader. Once a successor is carefully recruited out of a group of groomed candidates, an organization has to consider providing ample time for the outgoing leader to mentor the new successor (Lin & Chang, 2018). This practice helps the incoming leader to become familiar with the new internal and external leadership environments of his/her organization.

Component C, the final and third component of this model, is the integration of succession planning and management processes in the overall organizational culture or strategy (Keerio, Ahmad, & Abbas, 2022; Rothwell, 2005). If an organization wants to maintain a lasting improvement and organizational vitality, the practices of attracting, grooming internally, retaining talent, and growing leaders from within should be embedded in its organizational policies and strategies (Rothwell, 2005).

In conclusion, it is important to note that, the conceptual model accentuates two notions: (1) the role of the top leadership commitment and involvement, and (2) the integration of succession processes into the organizational culture, which is displayed as the surrounding or enabling context of the continual succession processes. This model incorporates the need to execute prudent recruitment and replacement of leaders to ensure continuity and organizational knowledgement management. At an outcome level, effective SPM practices will facilitate smooth leadership transition (Dodd & Simons, 2005) and organizational performance (Ali, Mahmood & Mehreen, 2019).

Theoretical Framework

Human Capital Theory and Signaling Theory have components that involve dimensions of SPM practices such as talent management and career advancement. These theories will provide answers to the research questions for this study.

Human Capital Theory

People bring different levels of education, knowledge, skill, and abilities as well as their expectancy to the workplace. According to McConnellet al.(2009), "a more educated, better-trained person is capable of supplying a larger amount of useful productive effort than one with less education and training," (p.85). The relevance of human capital theory is a focus on the skills, knowledge, and abilities of individuals (De Vos & Dries, 2013) in order to increase organizational performance. Harris et al. (2015) professed opportunities of career growth and the attainment of education, experience, and skills are an advantage of individuals and leaders to leverage human capital increases with a pool of available candidates who meet the criteria to advance the bench strength and productivity of the organization. Alter (2013) and Trepanier and Crenshaw (2013) found it necessary to prepare career-minded individuals for advancement

with information of opportunities through interaction with other individuals within the company. Ismail et al. (2014) found organizations who invested in employee career advancement and succession planning experienced favorable employee, financial, and productivity outcomes. The leader's acknowledgment of the need to develop others, promote upward movement with identified talent, and remove internal or external barriers for success is valid for employee development (Trickel, 2015, Rowold, 2014).

Signaling Theory

Signalling theory is presented as an approach to advance the study of human resource management processes highlighting line managers as signallers of human resource messages and employees as receivers (Guest et al., 2021). Harris et al. (2015) proposed individuals have career goals and develop plans to become successful within a professional field and will signify through training, education, and enhanced capabilities their value to organizations. Clark and Martorell (2014) speculated researchers capitalized on the two theories of signaling and human capital. Employees are internal stakeholders and desire meaningful guidance in career growth and opportunities (Harris et al., 2015). The employee has an awareness of the value of the capabilities within his or her control and seeks opportunities that acknowledge this value and employee branding can highlight organizational sustainability (Clark & Martorell, 2014). Most organization leaders search for individuals for new career opportunities who desire to advance professionally as human capital is an investment for organizational leaders (Harris et al., 2015). Leaders can establish career paths with clarity to understand the career intentions of employees to enhance succession transparency (Granados & Gupta, 2013; Rothwell, 2005). In relation to the public health sector, the leadership responsibility and accountability of leaders in succession planning can have an investment in the benefits and outcome of the sector (Titzer et al., 2014).

The two supporting theories for this study i.e. Human capital and Signalling theories are relevant in promoting SPM practices as schematically presented in the figure … below. Whereas human capital theory assumes that education determines the marginal productivity of labour which ultimately determines earnings (Marginson, 2019) the signaling theory emphasize perceptions of career opportunities through capacity enhancement in line with the values of their organizations (Harris et al., 2015)
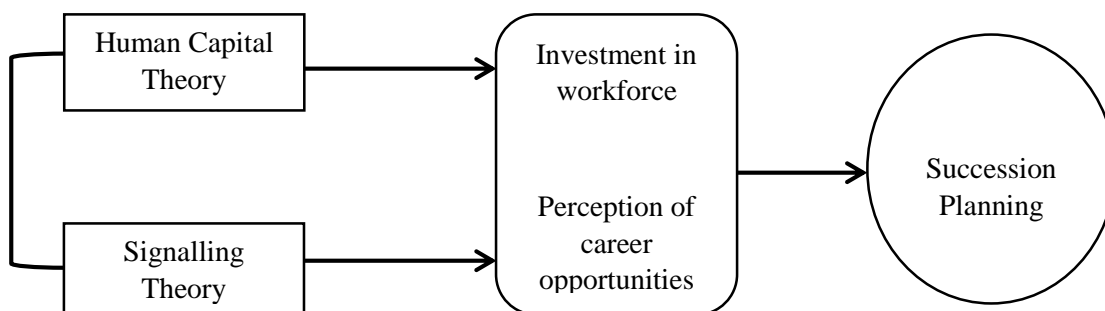
Figure 2: Supporting Theories and Succession Planning

Empirical Review and Context

The Sierra Leone Health Sector

In Sierra Leone, the Ministry of Health (MoH) is the key health service providers in the public sector. The MoH has a central responsibility in coordinating actions by the Government to ensure adequate investments for the education and employment of a health workforce that is adequate in numbers, equitably distributed throughout the country, and appropriately supported by the health system in order to deliver quality health care services to all Sierra Leoneans. On the governance of the health sector, the national level is politically led by a Minister and two Deputy Ministers. The Ministry has two different divisions: a professional division and an administrative division. The professional division is led by the Chief Medical Officer (CMO) and has nine directorates. A Director who coordinates health programmes and activities leads each directorate. The administrative division is led by a Permanent Secretary (PS) and coordinates five directorates.

At the district level, a District Health Management Team (DHMT) is responsible for the overall health planning, implementation, coordination, monitoring and evaluation of health services under the leadership of the District Medical Officer (DMO) across the country's 16 districts. The DMO is responsible for overseeing all primary care services, while the Medical Superintendent of each district government hospital is responsible for overseeing care provided at hospital level. The DHMTs are an extension of the central level MoHS, but as established by the Local Government Act of 2004, work under the local council.

The health workforce represents the backbone of Sierra Leone's health system. There are however persistent gaps in human resource capacity across all cadres, districts and health care levels within Sierra Leone's public sector health workforce. According to Health Labour Market Analysis (HLMA, 2019), the active stock of health worker- both employed and unemployed (excluding administration and support staff) in Sierra Leone was 11,732 of which

- 5% (n=530) were medical doctors and dentists;
- 81% (n=9,491) were nurses and midwives, including auxiliary state enrolled community health nurses SECHN) accounting for 43%;
- 10% (n=1,186) were Allied Health Professionals; and
- 4% (n=525) were pharmacists and pharmacy technicians.

The majority of the public sector health workforce provides services in government operated health facilities; however, a small number of government-employed health workers are posted in private facilities. The density of doctors, nurses and midwives is estimated to be 12.3 per 10,000, compared to a global threshold of 45 per 10,000 identified by WHO as generally necessary for the attainment of high level of service coverage compatible with attainment of universal health coverage (UHC) objectives (HLMA, 2019).

Empirical Review

Pila, Schltz and Dachapali (2016), adopted a quantitative study design, to determine the factors related to succession planning in a public sector department in Gauteng, South. Their findings revealed a lack of a clear succession plan and commitment to ethical human resources management practices were among the factors identified by the authors.

Arimie, Eghaghe and Osaluwe (2022) work used qualitative data which was which was collected from secondary sources to examine the issue of management development and succession planning in the Nigerian public service, with emphasis on the need for mentorship

in the public service. Their findings revealed that, the Nigerian public service has no visible operational management development programs that promote sustainable succession planning.

Mitalo and Aleu (2025) research study in South Sudan was conducted to determine how succession planning practices influence employee performance in the Ministry of Public Service. Whereas adequate SPM practices are rare, especially in Africa, their findings on succession planning practices in the public service were rated as moderately positive. Such a status of SPM practices is encouraging, albeit the need for improvement to ensure an effective system that supports leadership transition in the public sector.

In relation to gender considerations in leadership positions, Khwela and colleagues (2020), using a qualitative design, examined the presence of the glass ceiling effect, and the barriers hindering women's progression in leadership positions in the private and public sectors of KwaZulu-Natal, South Africa. Their findings revealed that the glass ceiling effect, which stems from the historically deeply rooted patriarchal society, exists in both sectors, and barriers are hindering the progression of women in management positions, emanating from socio-cultural factors.

Osituyo (2018) evaluated barriers to female employees' career progress within the South African public service sector, using a quantitative approach. The findings of this study showed that female employees are rarely found in senior-level decision-making roles in the public service sector. Rather, they are concentrated in larger numbers at the lower management levels in the workplace.

Abate and Woldie (2022) study examined the current status of women in decision-making roles, barriers to women's career advancement, and possible strategies to improve women's involvement in decision-making roles of the public sector in Sub-Saharan Africa (SSA). Their study revealed that women are slowly but increasingly participating in areas of public life in most SSA countries. Notwithstanding, their study also identified social norms and cultural factors as the most prominent barriers to women's participation in the decision-making roles of the public sector.

Research Gap

The extant literature on succession planning in Africa for example focuses largely on stable countries. Considering the impact of civil war on a country's governance system, little is known about how fragile and post-conflict contexts are managing succession planning. To address this gap, Sierra Leone, which experienced a decade-long war (1991-2001), offers a unique opportunity to evaluate SPM practices as part of post-war public sector governance reforms. The findings aimed to inform health system strengthening initiatives towards building a resilient national health system and to provide insights applicable in fragile health systems and post-conflict settings.

METHODOLOGY

Research Design

This was a cross-sectional study with a mixed-methods design. The study was conducted from April 2024 to May 2024, with both qualitative data and quantitative data collected simultaneously. This study was carried out nationwide across the 16 districts of Sierra Leone, targeting employees of the MoH.

Sampling Technique

The Human Resource for Health (HRH) database served as the sample frame for this study, and the database has a total of 1,264 of the study target population. The target population is middle and senior leaders within the civil service between Grade 9 and Grade 14 in MoH, comprising healthcare professionals and administrative staff. These officials are targeted because of their roles in managing leadership gaps and development in the ministry. To be considered in the study, participants must be full-time, pin-coded civil servants between grades 9 and 14 working within the public health sector. Individuals are excluded if they are below grade 9, working in the private sector, including NGOs, or if they are embedded consultants/technical assistants in the MoH. Participants were drawn from national level; district health management teams (DHMTs), hospitals, and health training institutions.

Sample size

For the quantitative survey, the G*Power 3.1.9.7 software was used to calculate the sample size for a statistical power of .80, alpha error (α) of .05, yielding a sample size of 305 for a two-tailed test. However, 1,264 (100%) of the target study population were invited to complete the online survey to achieve a higher number of respondents. A total of 402 respondents completed the survey, representing 32% of all 1,264 targeted participants. For the qualitative interview, a purposive sample of twenty (20) participants was targeted among the eligible MoH personnel for this study.

Data Collection Procedure and Statistical Analysis

Prior to data collection, a local ethics approval from the Sierra Leone Ethics & Scientific Review Committee (SLESRC) was sought and granted for this study. Also, the researcher obtained permission from the participants before the completion of the survey. The survey instrument is a 34-item online questionnaire using a 4-point Likert scale with a focus on SPM performance, importance of SPM, impact of policies and laws on SPM, and women's consideration for leadership positions. The survey was opened for four (4) weeks and was completed by personnel at national and district levels. For the qualitative study, a semi-structured guide was used for the interviews, which were conducted largely in English. All interviews were audio-recorded with the participants' consent.

For the survey analysis, all 402 cases were considered, and the data analysis procedure involved both descriptive and inferential analyses, using SPSS version 25. For the qualitative analysis, Braun and Clarke's (2006) step-by-step framework for performing thematic analysis was followed. The MAXQDA 22 software was used for the text coding and storage.

RESULTS

Results provided in this section are based on the survey responses from a sample of 402 respondents.

Target Population

The total number of civil servants between grades 9-14 that meet the criteria for inclusion in this study is 1,264. Medical doctors and Allied health professionals dominate the personnel within grades 9-14, accounting for 48% (n=612) and 33% (n=415) respectively.

Table 1: Target Population (Grades 9-14)

Professional cadres	Male	Female	Total
Medical Doctors	416	196	**612**
Nurses	78	148	**226**
*Allied Health Professionals	270	145	**415**
**Administrative Staff	9	2	**11**
Total	**773**	**491**	**1264**

*Allied Health Professionals apply to *CHOs, EHOs, Lab technicians, Pharmacists, Nutritionists, etc*

**Administrative Staff applies to non-health professionals (e.g. accountants, procurement,, and HR officers etc)

Participants' Gender, Age, Educational Achievements, Occupational Roles, Professional Cadres, And Grade

Table 2 shows the distribution of respondents in terms of gender, age, educational achievements, occupational role, and professional cadre. Regarding gender, out of 402 participants, 63.2 % (n=245) and 36.8% (n=148) are male and female respectively. In terms of age, those below age 25 years were least represented, 0.5% (n=2) while those between 35-44 years old formed the majority with 129 (32.1%), followed by 55 years and above with 126 (31.3%). The mean age of the participants is 45 years *(M=45.08; SD=9.04).* With regards the occupational roles, 384 of the 402 participants (95.5%) are health professionals (doctors, nurses, and allied health practitioners) while 18 (4.5%) are administrative staff. It can be observed that there is a difference in the numbers of administrative staff in the HRH database (n=11) and those who participated in the survey (n=18).

A possible explanation for this difference could be that individuals have applied for a grade upgrade and are waiting for official letters. They supposedly used their new anticipated grade during the survey completion. Also, promotions have likely been made, but the HR team is yet to update the database. On the professional cadres of participants, the majority, 221 (55%), is allied health professionals, followed by nurses, 94 (23.4%). Administrative staff is the least represented in the survey, 4.5% (n=18).On the civil service employment grade, the majority of the respondents are upper middle-level personnel (grades 9-10), accounting for 84.1% (n=338), followed by senior level personnel (grades 11-12), 14.4% (n=58), and top-level personnel (grades 13-14), 1.5% (n=6). Regarding the number of service years at the MoH, the mean years in service is 20 years *(M=20.23; SD=68.47). T*he majority, 24.1% (n=97), were found to have served MoH for under 10 years. Those serving served between 30 years and above were the least, accounting for 10.0% (n=40).

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Table 2: Socio-demographic Variables of Survey Participants

Variable	Category	N=402	%
Gender	Female	148	36.8
	Male	254	63.2
Age	Below 25 years	2	0.5
	25-34 years	20	5.0
	35-44 years	129	32.1
	45-54 years	125	31.1
	55 years and above	126	31.3
Occupational roles	Health Professionals	384	95.5
	Administrative Staff	18	4.5
Professional Cadres	Allied Health Professionals	221	55
	Medical Doctors	69	17.2
	Nurses	94	23.4
	Administrative Staff	18	4.5
Grades	Grades 9-10 (upper mid-level)	338	84.1%
	Grades 11-12 (Senior level)	58	14.4%
	Grades 13-14 (Top level)	6	1.5%
	Less than 10 years	97	24.1
	10-14 years	83	20.6
	15-19 years	82	20.4
	20-24 years	75	18.7
	25-29 years	25	6.2
Years in service	30 years and above	40	10.0

The distribution of gender and participants' grades in the civil service is presented in figure 1 below. Males were more represented in all the grade categories. Of the 338 upper middle-level personnel, the majority of the personnel are males, 64% (n=215) while 36% (n=123) are females. For the combined senior and top-level personnel, 61% (n=39) and 39% (n=25) are males and females respectively.
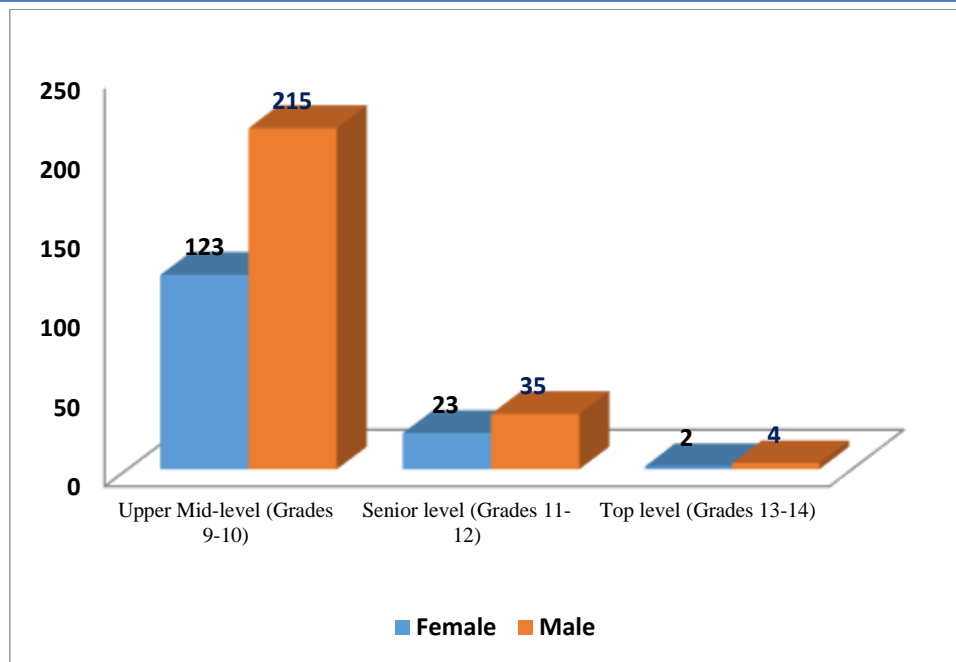
Figure 3: Gender and Civil Service Grade Distribution

Table 3: Distribution of the Demographic Characteristics of the Interview Participants (n=18)

Demographic Data		Frequency
Gender	Male	10
	Female	8
Profession	Medical Doctors	4
	Nurses	6
	Allied Health Professionals	4
	Administrative staff	4
Grade	Grade 9-10	4
	Grade 11-12	10
	Grade 13-14	4

Among the participants for the qualitative interviews, the majority, 56% (n=10), are male. Nurses formed the majority, accounting for 33.3% (n=6) among the professional cadres, and four (4) representatives each for medical doctors, allied health professionals, and administrative staff. Fifty-five (55) percent of the participants were between grades 11 and 12.

A. Findings based on the study research question "How do middle and senior management staff generally evaluate the status of MoH's succession planning and management efforts and practice?".

This question examines how respondents perceive the status of the SPM efforts and practices in the MoH. Quantitative survey and qualitative interviews were used to answer this research question through the evaluation of five different variables: (1) the overall SPM performance, (2) the importance of a systematic SPM program, (3) impact of national policies and laws on SPM, and (4) women's consideration for leadership positions. Both the survey and interview participants responded to the questions for the respective variables. Table 4 summarizes the descriptive statistics for the survey responses across the 5 evaluated variables.

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Table 4: Participants' Evaluation of SPM Practices

Status of SPM in MoH	Response options (Likert scale)		Frequency (%)	Mean	SD
SPM Performance	1.	Very poorly	77 (19.2%)	2.06	0.74
	2.	Inadequately	240 (59.7%)		
	3.	Adequately	66 (16.4%)		
	4.	Very well	19 (4.7%)		
Importance of SPM	1.	Low	157 (39.1%)	1.73	0.74
	2.	Moderate	132 (32.8%)		
	3.	High	61 (15.2%)		
	4.	Very high	0 (0%)		
Impact of policies and laws on SPM	1.	Low	74 (18.4%)	2.08	0.73
	2.	Moderate	237 (59.0%)		
	3.	High	74 (18.4%)		
	4.	Very High	17 (4.2%)		
Women are considered for leadership positions	1. Very poorly		50 (12.4%)	2.05	0.72
	2. Inadequately		221 (55.0%)		
	3. Adequately		104 (25.9%)		
	4. Very well		27 (6.7%)		

Overall SPM Performance in MoH

For the overall SPM performance, analysis of descriptive statistics indicates that MoH is inadequately conducting succession planning and management activities *(M= 2.06, SD =.74, n =402)* because a mean score of 2.06 is slightly above 2, which represents a score for "inadequately". The frequency distribution of the scores reveals that out of 402 respondents, 240 (59.7%) believe SPM performance in MoH is "inadequate" and 77 (19.2%) consider the SPM performance as "very poorly". Only 85 (21.1%) respondents considered the SPM performance as "adequate" and "very well".

Statements from the middle and senior management staff during the qualitative interviews support the quantitative findings. Inherently, SPM practices are described as lacking or inadequate by the majority of the participants.

> *"Succession planning is far-fetched in MoH. Yes, we have the scheme of service to guide succession planning; but honestly, this is lacking or inadequately managed"* **(Male, Admin Staff)**

> *"You know what, succession planning is on paper, but unfortunately it is about who knows you to be able to get to the top. This is simply the plain truth (**Male, Nurse**)*

Poor awareness of the existence and the use of succession planning management framework in MoH was also noted from the interviews as reported below:

> *"Honestly, I am not even aware how SPM works in our ministry. I am saying this because promotion is left with the top management, and rarely takes into consideration experience and even qualifications, especially for higher role in the ministry. SPM is non-existent in this ministry"* **(Female, Medical Doctor).**

> *"…that would be a gap because, if you are having a succession plan as a ministry, it needs to be shared with the leadership. Not everyone is aware of such succession planning and how it works in MoH* **(Female, Allied Health Professional)**

Performance appraisal is a strategy to ensure merit-based staff promotions and succession planning in any organization. Performance appraisal exists in MoH, but as reported by participants, it contribution to succession planning effort is minimal.

> *"Of course we conduct performance appraisal of our staff, but interestingly, the quality of the process is poor, and in the case of promotions at senior level, the decision is based on who the MoH top management or HRMO want, and not those performance appraisal reports"* **(Male, Allied Health Professional).**

> *"You know what, the entire process is faulty. How do you evaluate the performance of someone whom you do not supervise directly? They bring me pre-filled forms to sign, and I just have to sign. Interestingly, those performance appraisals are not considered during promotions"* **(Female, Nurse)**

Importance of a Systematic SPM Program in the MoH

Participants' perceptions on the importance of a systematic SPM program in the ministry, descriptive statistics indicate that participants rate the level of importance somewhere between "low" and "moderate" *(M=1.73, SD =.74, n=350).* The frequency distribution of the scores reveals that out of 350 respondents for this question, 157 (39.1%) and 132 (32.8%) believe that the level of importance of a systematic SPM program is "low" and "moderate" respectively. Those who think the level of importance of a systematic SPM program is "high" account for 18.5% (n=74) of the respondents.

The perception level, as revealed in the quantitative analysis, reflects the views of participants for the qualitative interviews.

> *"The way the MoH is currently operating, SPM is of low importance because, nowadays, senior positions are advertised and this normally excludes individuals who have served in the unit for a very long time, depriving them of the opportunity of getting to the top"* **(Male, Medical Doctor)**

"Succession planning will facilitate smooth transition, ensuring continuity. But in MoH, this is not considered important. In most cases, only a few people at the top will determine who should be promoted or not, ignoring those who are in the pipeline **(Female, Nurse)**

Impact of Government Policies and Laws on Succession Practices

The general perception of the level of impact of government policies and laws on succession practices in MoH is "moderate" *(M= 2.08, SD = .73, n = 402).* The frequency distribution of the scores reveals that out of 402 respondents, 237 (59.03%) believe that the level of impact of government policies and laws is "moderate" and 74 (18.4%) considered the level of impact as "low". Those who think the government policies and laws have "high" and "very high" impact on succession practices are 91 (22.6%).

Participants from the qualitative interviews are well aware of the government scheme of service and other related laws that guide promotions and staff movements in the civil service, but they hold diverse views on the extent to which these mechanisms actually impact SPM practices in the MoH and public sector overall.

"Yes, there is a scheme of service in this ministry, but when it comes to staff promotion and postings; this is done erratically without respecting the civil service code. In an actual sense, SPM is lacking or ineffective as the civil service is not planned to facilitate a merit-based succession management" **(Male, Allied Health Professional)**

"The scheme of service and other human resources laws are not followed. Those at the top act on their whims and caprices to promote those they favour. Everything is chaotic in the government civil service" **(Male, Admin Staff)**

Gender Consideration in SPM Practices

With regards to SPM efforts and gender consideration in MoH, the descriptive statistics (Table 4) reveal that women are "inadequately" considered for leadership positions *(M=2.05, SD=.72, n=402).* The frequency distribution of the responses reveals that out of 402 respondents, a total of 271 (72.3%) believed that women are "very poorly" and "inadequately" considered in leadership positions in MoH. About 104 (27.8%) and 27(6.9%) believed that women are "adequately" and "very well" considered in leadership positions.

A chi-square test of independence was performed to examine the relationship between gender, occupational roles (Health professionals vs. Administrative staff), professional cadres, grade level, and the perception of women's consideration for leadership positions in MoH. There is a significant relationship between gender and perceptions about women being considered for leadership positions, X^2 (3, $N = 402$) = 8.88, $p < .05$. However, the relationship between the other variables (occupational roles, professional cadres, and grade) shows no statistically significant difference *(p > 0.05)*.

In essence, both female and male participants viewed this factor differently (Table 5), as more males, 68.3% (n=71), than females, 31.7 % (n=33) think women are "adequately" considered for leadership positions. Similarly, more males, 74.1% (n=20) than females, 25.9% (n=7), think women are considered "very well" in leadership positions. Among those who believe that women are "inadequately" considered in leadership positions, majority were men, 63.3% (n=140). However, among those who selected "very poorly", the majority were women, 27 (54.0%).

Table 5: Gender distribution of considerations for women in leadership positions

Gender	Very poorly	Inadequately	Adequately	Very well	Total
Female	27 (54.0%)	81 (36.7%)	33 (31.7%)	7 (25.9%)	148
Male	23 (46.0%)	140 (63.3%)	71 (68.3%)	20 (74.1%)	254
Total	**50 (100%)**	**221 (100%)**	**104 (100%)**	**27 (100%)**	**402**

Participants' accounts in the qualitative interviews were also mixed. There are overwhelming concerns that women have been historically been sidelined in getting to the top management level in the MoH. The majority however, cited the government's Gender Equality and Women Empowerment (GEWE) Act and its operationalization in the ministry as an opportunity for women to compete with their male counterparts for senior-level positions.

> *"In this ministry, there is no gender equity at all levels, as men dominate in all positions. We saw it on the challenges faced by women to serve as DMOs, Medical Superintendents, Managers and Directors. These positions are dominated by men. The Gender mainstream is facilitating career growth for women. The problem though, is that, the positions are advertised, and some women do not have the qualifications or experience. So we are still seeing men continue to hold the top-level positions"* **(Female, Nurse)**

> *"Gender consideration in my opinion is zero. Women are denied the top roles based on the perception of being poorly educated. They think women cannot perform as their male counterparts, and this is not true". (**Female, Admin Staff**)*

> *"At MoH, women are hardly considered for leadership positions. In my opinion, the factors that affect women's growth in MoH are largely patriarchal and MoH is seen as a doctors' ministry. Women are not or rarely considered for DMO roles, for example. Also, there is no equal share of opportunities like scholarship to grow in the system, these are often reserved for the male-dominated doctors"* **(Female, Nurse)**

The views of men on gender considerations in succession planning are slightly different.

> *"In MoH, women are always considered once they can perform. Women are sometimes held back due to family reasons when they cannot move. We are trying to push women to the top. They have to be smart and brave, find their way to the top. We have seen women serving as DMOs and Program Managers, including nurses"* **(Male, Medical Doctor)**

> *"I do not think that the system is deliberately preventing women from getting to the top. Of course, there are factors affecting the number of women in top roles, and these begin right at secondary school and university education, when women normally choose soft courses. But there are more chances today with the government gender bill in getting women in senior-level positions in the civil service and political appointments"* **(Male, Admin Staff)**

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The current study aimed to evaluate the SPM practices as an important component in HSS effort to professionalize the health sector and optimize performance and impact on health outcomes. A mixed-method design was used, targeting middle and senior management of the MoH to evaluate their perceptions on SPM practices in the MoH with a focus on SPM performance, importance of SPM, impact of policies and laws on SPM, and women's consideration for leadership positions. The study findings revealed that all the evaluated SPM variables are inadequately implemented in the MoH. On the overall SPM performance, the participants' perceptions are that MoH is inadequately conducting SPM activities. On the perceived importance of a systematic SPM program in MoH, this was rated between low and moderate. This means, despite the role of SPM in facilitating smooth leadership transition and ensuring continuity (Ali & Mehreen, 2019; Belasen & Belasen, 2016), the concept is given little consideration as, according to the participants, other parameters are being used to appoint and replace health sector leaders. Health sector governance and leadership involve generating the right policies in line with national laws to manage the public health sector. In MoH, participants are well aware of the existing policies and national laws that inform the overall human resource management, including career progression, such as the scheme of service for all civil servants. However, the extent to which these policies and laws actually impact SPM practices is considered moderate by the participants. This in the actual sense means the government and the MoH, in particular, do not strictly adhere to the prescribed criteria in ensuring merit-based staff promotions and succession.

Effective SPM practices provide equal opportunity to both male and female personnel to find a place at the helm of leadership in any organization. The current study attempted to understand gender equality practices and the extent to which women are being considered to assume top leadership roles in the MoH. The current study findings revealed that women are "inadequately" considered for leadership positions in the MoH.

Conclusion

Generally, it can be concluded in this study that middle and senior management personnel of the MoH perceived that SPM practices are lacking or inadequate, and that women are inadequately considered for top management positions. The issue of succession planning in MoH should be prioritized by the government and development partners involved in health system strengthening efforts for sustainable transformation of the health sector. In the absence of an effective SPM system, wrong individuals with little experience will likely occupy leadership roles that they do not deserve. This will result to an increase in both level of dissatisfaction among deserving staff and staff attrition rates. It is obvious that when experienced and passionate leaders leave the healthcare organizations, this often results to a loss of institutional knowledge and affects organizational performance.

Recommendations

It is expected that this study, the first in the Sierra Leone public sector, will generate discussion within MoH and its partners on the importance of succession planning as part of health system strengthening efforts. It is recommended that the MoH, with the support of the Human Resources Management Office (HRMO), the Health Service Commission (HSC), Public Sector Reform Unit (PSRU), and development partners, should explore the possibility of forming a succession management committee to streamline succession issues in the health sector, with

attention given to addressing workplace barriers to facilitate women's advancement in their careers within the public health sector

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