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Competency Gaps in Human Resource Management in the Health Sector: An Exploratory Study of Ethiopia, Kenya, Tanzania, and Uganda

Prepared by the African Medical and Research Foundation (AMREF) and Management Sciences for Health (MSH)

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AMREF/LMS/MSH Team

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
CHAO	Chief Health Administrative Officer
DFID	[UK] Department for International Development
DHO	District Health Officer
GHWA	Global Health Workforce Alliance
HIV	human immunodeficiency virus
HR	human resource
HRH	human resources for health
HRM	human resource management
HRIS	human resource information system
JLI	Joint Learning Initiative
LMS	Leadership, Management and Sustainability Program [MSH]
MD	medical doctor
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	nongovernmental organization
SPSS	Statistical Program for Social Sciences
USAID	US Agency for International Development
VRHM	Virtual Human Resource Management Program [MSH]
WHO	World Health Organization

EXECUTIVE SUMMARY

The human resource (HR) crisis in health is widely acknowledged. Most countries in sub-Saharan Africa have clearly identified the HR challenges they face, and many have developed an HR strategy for addressing the challenges. Progress in achieving the goals of these strategies depends not only on increasing resources but on managers who are able to lead and manage teams at all levels of the health system to transform HR strategies, plans, and recommendations into a comprehensive, harmonized approach that is effectively implemented and sustained. At present, most government HR functions remain fragmented and, within the health sector, these functions are often either the responsibility of clinicians who direct health facilities and who have little or no preparation in human resource management or the responsibility of “personnel administrators” who have been trained to handle routine civil service policies and procedures.

Despite rising attention to the acute shortage of health care workers, little attention has been paid to the role of those who have human resource management responsibilities and whose job is to transform health workers into a productive, motivated, and supported workforce capable of improving health and saving lives. There is an urgent need to professionalize this role and develop a cadre of well-trained HR managers, especially in large public sector and private sector health institutions. This would include expanding both the number of HR managers and the organizational view of their role, as well as updating their skills. These changes would enable HR managers to be more effective in leading and implementing positive solutions that in turn would improve the performance and retention of staff.

While many others working in health also have a role to play in supporting the health workforce, including health managers in general, this report focuses on professionals with a specific responsibility in human resource management (HRM). HR management is defined as the integrated use of procedures, policies, and practices to recruit, maintain, and develop employees to strengthen the capacity of an organization to meet its goals. For the purpose of this study, HRM includes six broad components: personnel policy, performance management, training, HR data systems, HR strategy development, and general leadership and management. An HR manager’s role involves one or all of these components. However, as the responsibility for HRM in health is more often assigned to managers with other roles, most of the study respondents are managers with dual roles, both clinical and managerial.

To specifically document the needs of staff in HR management roles, Management Sciences for Health (MSH) and the African Medical and Research Foundation (AMREF), with support from the Office of HIV/AIDS of the US Agency for International Development (USAID), undertook an exploratory study of managers with significant responsibility for human resource management in health institutions in four East African countries: Ethiopia, Uganda, Tanzania, and Kenya. This study was designed to:

- document the role and experience of health professionals with significant responsibility for HRM;
- identify the challenges that these health professionals face;
- identify additional skills and knowledge needed by these health professionals to address HRM challenges;
- solicit recommendations for changes in pre-service and in-service HRM training.

HR responsibilities in the four countries are undertaken by staff with both medical and nonmedical professional backgrounds. Our study included respondents from Ethiopia (n=26), Kenya (n=24), Tanzania (n=25), and Uganda (n=21). The respondents describe their roles in HR as covering a broad spectrum of duties, including administration, recruitment, supervision, training, deployment, benefits, and HR planning and policy. Despite having responsibilities in HRM, 56 percent of respondents have a

clinical background and 22 percent have a background as health administrators, indicating that they have very little preparation in human resource management.

Study findings show that gaps in HRM are consistent among the health managers surveyed in all four countries. Approximately 80 percent of all informants indicate that their ministries are responsible for essential HR functions—recruitment, deployment, HR planning, personnel policy, performance management, training, HR data systems, strategy development, and HR leadership and management. A range of 68 percent to 75 percent of respondents indicates that they lack the knowledge and skills to carry out many of their HR functions and address the many challenges in their work. Challenges described by the respondents include understaffing, lack of employee satisfaction, lack of skilled clinical staff, poor working conditions, and inadequate mechanisms for dealing with staff grievances.

The study shows a compelling need for building capacity in HRM. It is well known, however, that there are not sufficient funds available to hire and deploy enough health workers to reduce gaps in coverage. Therefore, HRM systems need to be strengthened to increase workforce retention and productivity. In keeping with this goal, recommendations include:

- Create a professional cadre of HR managers whose sole responsibility is the maintenance of capable, productive health staff, from recruitment, hiring, deployment, transfer, promotion and development to resignation and/or dismissal. As a starting point, these professionals are needed at the central and provincial levels of the ministries of health, as well as at the central level of the major nongovernmental organizations (NGOs) that support government health services.
- Provide training in effective HR management practices to health managers at various levels who have some degree of HR responsibility.
- Identify local HR consultants who can provide direct technical assistance in the short term.
- Put proven, practical tools directly into the hands of health managers with responsibility for HRM.
- Review national-level HR policy to identify and address obstacles that inhibit effective and efficient HR management.
- Strengthen human resource information systems (HRIS) to enable the collection of timely data for informed decision-making.
- Develop HRM training programmes at local management schools of higher learning. These training programmes should be at the certificate, diploma, or degree level. Managers who participate should be supported in implementing the skills learned.

In general, it is recommended that further studies of HR managers be undertaken to broaden the results of this report and put a larger spotlight on a management area which has been badly neglected for too long.

I.0 INTRODUCTION AND SITUATION ANALYSIS

I.1 Background and Overview

The dimensions of the human resource (HR) crisis in health have been reported in stark terms in publications and studies by the Joint Learning Initiative (JLI) (2005) and the World Health Organization (WHO) (2006), among others. With the formation of the Global Health Workforce Alliance (GHWA) and the commitment of multinational institutions and bilateral donors such as WHO, the US Agency for International Development (USAID), the UK Department for International Development (DFID), and others, we now have mechanisms to provide leadership on the human resources for health (HRH) crisis at the global level. Strategic HR leadership and management (managing people as strategic resources), however, pose a significant challenge for most ministries of health as well as nongovernmental organizations (NGOs) working in health—because there is no trained, professional cadre of HR managers; HR management policies and practices are underdeveloped; and if developed, these policies and practices are not universally implemented, monitored, and evaluated (MSH 2003, 2004, and 2005).

Missing at all levels of the health system is a critical mass of proactive, respected, and professionally trained human resource managers and specialists who have the authority and expertise to command attention, and champion a comprehensive response. Ideally, a cadre of managers should be trained at the central, provincial, and district levels. To make significant, sustainable improvements in HRH and in the health of populations, managers at all levels need to be able to lead and manage the health workforce, which in turn will improve performance and retention (MSH 2008).

The absence of HR management capacity in the health sector is a key factor standing between success and failure in Africa's effort to alleviate its crushing burden of disease. With just 11 percent of the world's population, sub-Saharan Africa is home to more than 60 percent of HIV-positive people and 90 percent of the world's malaria cases (WHO 2006). Health statistics show that Africa accounts for 19 of the 20 countries worldwide with the highest rates of maternal and neonatal mortality. Furthermore, the continent's crude birth rate stands at 43 per 1,000 live births, four times the rate in Europe. Regardless of the promises of better health care by governments, donors, multinational institutions, and others, millions of mothers, newborn babies, and children continue to die each year in Africa from preventable diseases (WHO 2006).

Increasing the number of health workers, on its own, will not always improve health system performance or health outcomes. Scarce access to health care in rural areas, insufficient skills of health workers and inadequate support for health personnel, low levels of motivation and performance, and chronic staff turnover are all well documented (JLI 2005). Improved HR management and leadership at the local, regional, and national levels can help address these challenges as well as support the recruitment and training of many more health workers.

There are, however, some positive signs that changes can be implemented:

- Most governments, donors, and ministries of health acknowledge the lack of human resources and the overall problems with the health workforce in many countries.
- Solutions are known and are being documented by WHO, GHWA, USAID, DFID, and others.
- Many ministries of health have taken steps to develop HR strategies.

This study, which documents the challenges, roles, and preparedness of staff with HR management responsibilities to implement solutions, is indeed timely.

HR management (HRM) is defined as the integrated use of procedures, policies, and practices to recruit, maintain, and develop employees in order for the organization to meet its desired goals. For the purpose of this study, HRM includes six broad components: personnel policy, performance management, training, HR data systems, HR strategy development, and general leadership and management.

A manager with responsibility in HRM is expected to have skills and knowledge to carry out the functions of one or more of the six components described above. Historically, however, HRM has been badly neglected in the health sector, and its role is misunderstood. For years, any scant attention given to HRM in the health sector has focused on personnel administrators rather than on managers who are trained as HR professionals and can contribute to achieving the goals of the national health plan.

The difference is critical. Rather than just assigning HRM to doctors or nurses with no preparation in HR management or to “personnel administrators” whose role is mainly to track personnel actions and look for irregularities, what is needed are HR managers who are trained to improve the performance of health staff, develop effective retention and other HR strategies and policies, and take a leadership role in creating a qualified, motivated workforce to improve health service delivery and health outcomes.

1.2 Purpose of the Human Resource Management Capacity Building Study

Recognizing the importance of HR managers in the health sector in overcoming the HR crisis as well as the reality of the current situation—in which their role is not effectively developed or utilized—this study was designed to:

- document the role and experience of health professionals with significant responsibility for HRM;
- identify the challenges that these health professionals face;
- identify additional skills and knowledge needed by these health professionals to address HRM challenges;
- solicit recommendations for changes in pre-service and in-service training.

1.3 Methodology

1.3.1 Design

To explore the challenges faced by staff with significant human resource management responsibilities and identify the skills needed to address these challenges, we used a cross-sectional study design. Four East African countries (Ethiopia, Kenya, Tanzania, and Uganda) were selected to participate. Research teams, composed of two staff members in each of the four AMREF country offices, collected the data, using a survey instrument. Each country team obtained authorization to conduct the study from relevant ethical committees and ministries. An introductory letter from AMREF headquarters detailing the purpose of the study was circulated to all AMREF country offices, which in turn made formal consent requests. Data collection began once relevant ministries had approved the study. All country office research teams received the same training and instructions for data collection to ensure reliability and standardization of the methodology. Confidentiality and use of data for research purposes was emphasized prior to the beginning of the data collection.

The survey instrument for human resource managers was designed by MSH and the AMREF central office to capture adequate information on the background of human resource managers as well as their current challenges and training, skill sets, and needs (see Appendix B). The survey instrument is composed of three parts: (I) demographic information; (II) views on human resource management and preparation; and (III) human resource management assessment of the respondents’ own organization and respondents’ individual skills-building needs. The instrument contained both open-ended and closed-

ended questions. It was based on a prior survey on broad management and leadership development gaps among health managers in Kenya (MSH / Kenya Ministry of Medical Services/Kenya Ministry of Public Health and Sanitation. 2009, In Press).

The HRM survey tool was developed in English, and the research team in Ethiopia translated the interview into Amharic, conducted interviews, and then back translated the responses into English. In the other three countries, Kenya, Tanzania, and Uganda, interviews were conducted in English.

Individuals with HRM roles within the health sector in these four countries were selected to participate in this exploratory study. The data collection process involved identifying participants, arranging meetings, and interviewing the approximately 25 informants in each of the four countries. Purposive sampling was used to select the regional and district offices and hospitals to participate in the study. In order to ensure equal representation and simplify data collection, all staff with substantive human resources responsibilities (defined as having at least one or more of the following responsibilities: HR planning and policy, benefits, deployment, training, supervision, recruitment and administration) in the selected study sites were identified and interviewed. As the focus was to gather information, greater emphasis was placed on gathering richer data that would tell the story of human resource needs rather than on working with a large sample size. The study focused on the HR managers in the government health sector, including the central level, regional, and district offices in each country. Hospital administrators in selected health facilities at the central, regional, and district levels were also targeted (Table 1).

Data collection took place in Uganda, Tanzania, and Ethiopia during November and December 2008. In Kenya, data were collected during March 2009.

A total of 96 face-to-face interviews were conducted by the research teams. The first part of the survey, on demographic information and personal background, was completed individually by each respondent. Interviewers from the AMREF country offices conducted the remaining sections of the survey to ensure completion and understanding of the questions; these sections included views on human resource management and preparation, and a human resource management assessment of the respondents' own organization and individual skills-building needs. Confidentiality was ensured. Respondents did not receive any reimbursement for participating.

1.3.2 Analysis

The responses were entered on Excel spreadsheets by each country team and e-mailed to AMREF headquarters in Kenya. The country teams also submitted the original interviews to AMREF headquarters for double data entry and verification. The headquarters' data set was then matched with those received from country teams and variances harmonized. The Statistical Program for Social Sciences (SPSS) and Microsoft Excel software were used to aid in analysis of the qualitative data. The qualitative sections of the survey instrument were analyzed using NVivo 8 software to display data, identify common themes, draw conclusions, and verify the quantitative data collected. Framework analysis was adopted to analyse the data, and included five key stages: familiarization, reading of the data, identifying a thematic framework, creating nodes, and interpretation. After the analysis, the data were presented in the form of narratives, tables, and graphs. Presentation was guided by the study objectives and integrated both qualitative and quantitative data. The results from the qualitative analysis complemented the quantitative data, and quotations served to triangulate information provided in the study.

2.0 STUDY FINDINGS

This section presents the demographic characteristics, work experience, current responsibilities, and challenges faced by the human resource managers interviewed. It also describes the HRM functions their organizations are responsible for and the skills and knowledge needed by respondents to carry out these functions.

2.1 Characteristics of Respondents

2.1.1 Gender and Country

A total of 96 respondents were interviewed; 19 (20 percent) were female and 77 (80 percent) were male. The respondents are from four countries in East Africa: 26 (27 percent) from Ethiopia, 24 (25 percent) from Kenya, 25 (26 percent) from Tanzania, and 21 (22 percent) from Uganda (Table 1).

2.1.2 Current Job Designation

There were diverse responses to the question of the respondent's designation (or job title). These responses were put into three categories: senior-level administration, midlevel administration, and health professional. Job titles at the senior level varied, including Head of Health Service and Training Department (Ethiopia), Chief Health Administrative Officer (CHAO) (Kenya), Senior Health Personnel (Uganda), and Assistant Director (Tanzania). Senior-level administration includes respondents who had a significant role in HR management at the central and/or provincial and regional levels, including national hospitals. The midlevel administration category included all the officers holding positions that were charged with HR responsibility in referral, provincial, and/or district hospitals. As was the case with senior-level administrators, midlevel titles varied between and within the countries and included Administration Service Officer (Ethiopia), District Health Officer (Uganda), and Municipal Medical Officer (Tanzania). The final category, health professional, included professionals with titles such as medical doctor, orthopedic or clinical officer, drug inspector or matron who identified themselves as having significant responsibility for HR management. The majority of the respondents (43 percent) were in midlevel administration.

Table 1. Distribution of Respondents' Characteristics, by Country

Characteristics	Country				Total n=96 (100%)
	Ethiopia n=26 (27%)	Kenya n=24 (25%)	Tanzania n=25 (26%)	Uganda n=21 (22%)	
1. Gender					
Male	88%	71%	76%	86%	77 (80%)
Female	12%	29%	24%	14%	19 (20%)
2. Current Job Designation					
Senior-level administration	23%	50%	32%	33%	33 (33%)
Midlevel administration	62%	33%	44%	29%	41 (43%)
Health professional	15%	17%	24%	38%	22 (23%)
3. Respondents' Department					
Human resources	15%	21%	0%	5%	10 (10%)
Health or medical	50%	29%	68%	62%	50 (52%)
Administration and finance	19%	29%	24%	24%	23 (24%)
Capacity building and training	12%	4%	0%	0%	4 (4%)
Other	4%	4%	0%	0%	2 (2%)
Missing	0%	13%	8%	10%	7 (7%)
4. Location of Work Station					
Central	8%	29%	8%	14%	14 (15%)
Province	15%	21%	12%	0%	12 (13%)
District	38%	29%	20%	29%	27 (28%)
Health facility	38%	21%	60%	57%	43 (44%)
5. Professional Background					
Nurse or clinical officer	38%	33%	4%	43%	28 (29%)
Doctor	4%	25%	44%	38%	26 (27%)
Health administration officer	19%	21%	44%	0%	21 (22%)
Human resource manager	27%	21%	4%	14%	16 (17%)
Other	12%	0%	4%	5%	5 (5%)
6. Academic Qualification					
Master's degree	15%	46%	64%	48%	41 (43%)
Bachelor's degree	54%	25%	28%	24%	32 (33%)
Diploma/certificate/A level	31%	25%	8%	29%	22 (23%)
Missing	0%	4%	0%	0%	1 (1%)
7. Area of Study					
Management	35%	38%	44%	29%	35 (36%)
Clinical studies (e.g., medical, nursing) training	35%	33%	20%	29%	28 (29%)
Social sciences	27%	25%	32%	33%	28 (29%)
Other	3%	4%	4%	9%	5 (5%)

2.1.3 MOH Department in Which Respondents Work

Respondents worked in one of four departments: Human Resources, Administration and Finance, Capacity Building and Training, or Clinical (Health or Medical). Slightly more than half (52 percent) of respondents were from a health/medical department and performed clinical duties in addition to their various HR responsibilities.

2.1.4 Respondents' Work Station (District, Regional, or Central Level)

Study respondents were asked to state where they are based (e.g., district level, provincial level, or central level). There were few interviews held at the central level, as there are few HR managers at this level and it was difficult to secure interviews with these individuals due to their busy schedules. Interviews were purposefully carried out at different levels of the health system—central, provincial, district, and local health facility—to identify differences in challenges faced by HR managers at each level. The majority of respondents were at the district and local health facility levels: 28 percent and 44 percent, respectively.

Kenya had more respondents at the central level because it has two ministries of health—the Ministry of Medical Services and the Ministry of Public Health and Sanitation—providing a wider pool of individuals from which to draw.

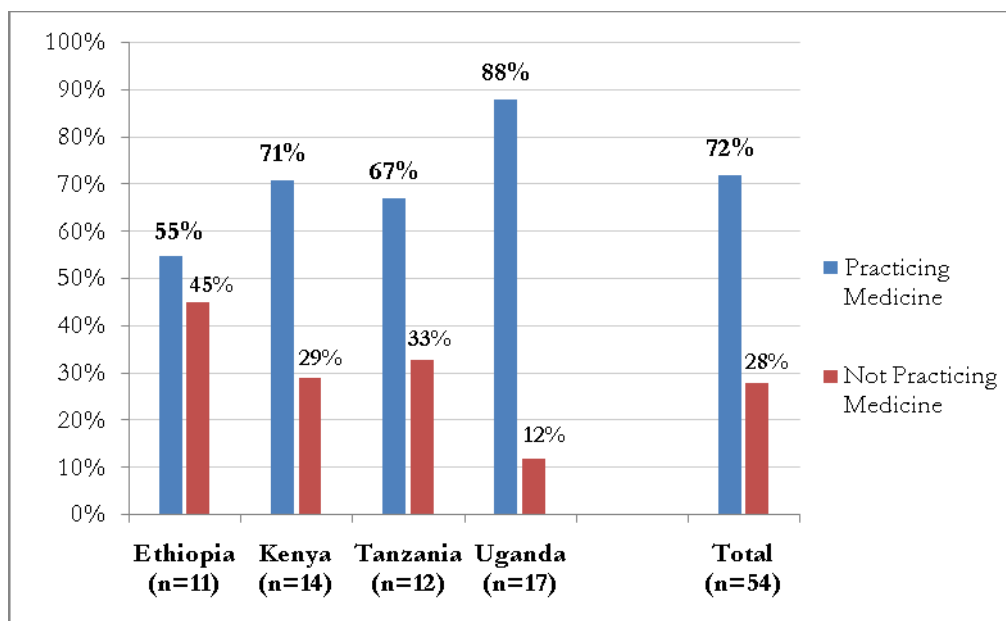
2.1.5 Professional Background

HR responsibilities in the four countries are undertaken by staff with both medical and nonmedical professional backgrounds. In the public health sector, nurses and clinical officers were more frequently charged with HRM responsibilities (29 percent), followed by doctors (27 percent), health administration officers (22 percent), and human resource managers (17 percent) (Table 1). Other professionals involved in HRM (5 percent altogether) included: the head of administration and finance department, a business administration officer, an environmentalist, an accountant, and a public health officer. The majority of HR managers interviewed have a clinical background (56 percent) and were not specifically trained in HR management.

2.1.6 Clinicians with HR Responsibilities

Cumulatively, 54 of respondents (56 percent) had a medical background and significant responsibility for human resource management. Nearly three-quarters (72 percent) of these are practicing clinicians (Figure 1). This high proportion of practicing clinicians, including doctors, clinical officers, and nurses, can be attributed to two factors. First, there is a shortage of staff, especially in the remote areas, and therefore the few available managers have to carry out HR roles in addition to their medical functions. Secondly, the role of health manager, per se, is not as valued as the roles of surgeon, specialist, or clinical nurse, so there are few health staff trained to assume management roles in health. This gap is problematic in countries with severe shortages of clinical staff, as these personnel are sorely needed to provide health services full-time. It is also problematic because they are not adequately trained in HRM, and as clinicians, there is the tendency to concentrate on one's professional area of expertise, practicing medicine as much as possible. In the end, neither the needs of patients nor the personnel needs of staff are adequately met.

Figure 1. Respondents with a clinical background who are currently practicing medicine



2.1.7 Qualifications and Area of Academic Preparation

In the countries surveyed, HR managers are highly educated: 76 percent of the respondents had university diplomas, 43 percent were master's-level graduates, and 33 percent had a bachelor's degree. However, 63 percent of respondents did not come from a management background. And of those who had studied management formally, many noted that HR issues were a small component of the overall curriculum (Table 1).

If you have to be an effective HR manager, you must accept to do two things. First, read widely on human management on your own, and second, be willing to learn on the job . . . the pre-service courses for doctors do not prepare one for HR roles. Many students at the medical school do not see the importance of management until when assigned the role at the workplace. I had to buy materials, read them, and attend short courses in management in order to improve my managerial skills.

—Doctor practicing at the central level in Kenya

Although highly educated, many HR managers feel that their pre-service training did not prepare them for their current HR responsibilities.

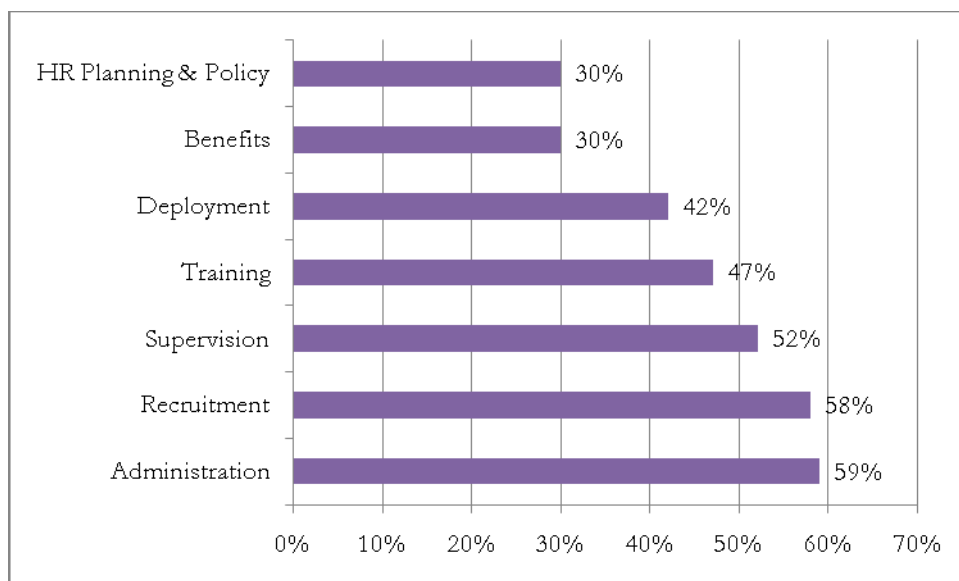
2.2 Work Experience and Current Responsibilities in HRM

The study explored the level of experience that respondents had in the field of human resource management and their specific responsibilities in their current job.

2.2.1 Roles of Staff with HR Responsibilities

Seven key HRM roles carried out by the respondents were identified during the study, with no major differences among countries. This open-ended question asked participants to describe all of their current HR job responsibilities; responses included general administration, recruitment and supervision of staff, human resource planning and policy, coordinating training and deployment, and the provision of benefits (Figure 2).

Figure 2. HR roles of respondents



The majority of respondents reported administrative duties and recruitment of staff as job responsibilities. Staff recruitment involves identifying staff shortages, selecting qualified personnel to fill vacancies, conducting interviews, and hiring.

Supervision was mentioned by more than half of respondents. Supervision involves assigning staff to tasks at the workplace, monitoring and supervision of day-to-day activities, participating in disciplinary committees, and enforcing regulations and codes of conduct. Other commonly mentioned responsibilities included carrying out appraisals, conflict resolution, and providing motivation for improved staff performance through mentoring.

Training as a function of the HR managers was mentioned by 47 percent of respondents and included conducting, organizing, and facilitating staff development activities and/or identifying funding for staff development.

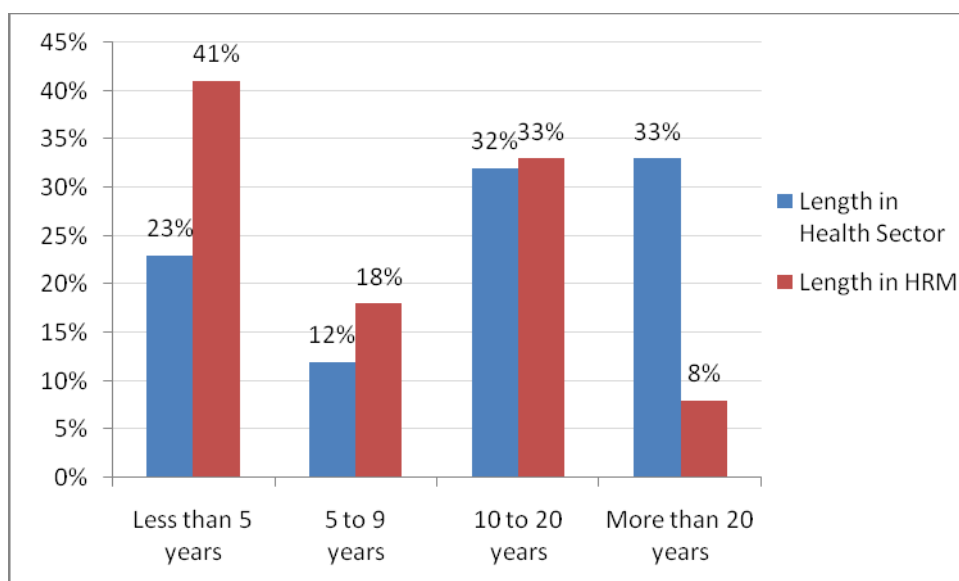
Staff deployment was reported by 42 percent of respondents. This function is comprised of placement and transfer of staff in the health sector. The benefits function of an HR manager includes determining the level of salaries and staff allowances.

The HR planning and policy function includes preparing for any expansion in health services, the dissemination of HR policies, advising senior management, reviewing department budgets, and estimating personnel salaries.

2.2.2 Work Experience in HR Functions

Respondents' work experience in HRM and the health sector varied greatly (Figure 3). Among survey participants, 77 percent had worked in the health sector for more than five years, while 59 percent had worked in human resource management for less than 10 years. Staff with more than 10 years of clinical experience are more likely to be responsible for HR roles, although they do not have a significant amount of experience in HRM. Clinicians relatively new to the sector, however, are also given a significant level of HR responsibilities.

Figure 3. Respondents' work experience (in years), by length in health sector and HRM responsibilities



2.2.3 Pre-service Training

As Table 2 illustrates, 18 percent of respondents agreed that the pre-service training they had undertaken was helpful in preparing them for their responsibilities in HRM, while slightly more than 50 percent found their pre-service training “somewhat helpful,” possibly indicating that pre-service training needs to be strengthened or that another avenue must be found to fill the current gap in training. In addition, the vast majority felt that training was not sufficient and not practical, and the HR managers who were taught some elements of management at university were not exposed to HRM topics or practical applications.

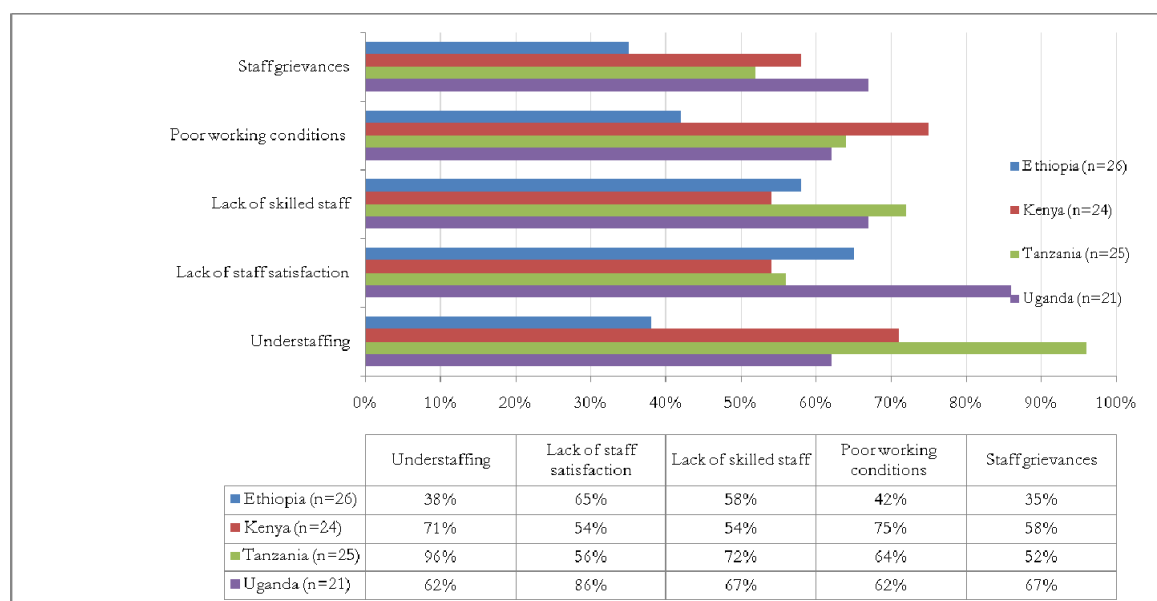
Table 2. Helpfulness of Pre-Service Training in Preparing Staff in HRM by Area of Study

Area of Study	Helpfulness of Areas of Study				Total n=96 (100%)
	Helpful n=17 (18%)	Somewhat Helpful n=52 (54%)	Did Not Help n=24 (25%)	Missing n=3 (3%)	
Management	8 (47%)	21 (40%)	6 (25%)	0 (0%)	35 (36%)
Clinical	5 (29%)	12 (23%)	9 (38%)	2 (67%)	28 (29%)
Social sciences	3 (18%)	16 (31%)	8 (33%)	1 (33%)	28 (29%)
Missing	1 (6%)	3 (6%)	1 (4%)	0 (0%)	5 (5%)

2.3 Human Resource Challenges Faced

When respondents were asked to identify their current HR management challenges, the common topics included understaffing, lack of staff satisfaction (e.g., dissatisfaction with benefits), lack of skilled staff, poor working conditions, and staff grievances (Figure 4).

Figure 4. HR challenges faced by respondents



2.3.1 Understaffing

Understaffing was the one of the most commonly reported challenges, with 67 percent of respondents in all four countries reporting staff shortages; these were partly due to attrition, and existed at both the technical and auxiliary levels.

According to respondents, most health staff who resign do so to take positions in the private health sector. This turnover is more common among the more highly experienced staff. “We have no retention strategy through better pay, appropriate staffing norms, working and retirement incentive packages in Kenya’s health ministries. The private and the NGO worlds pride themselves on this,” said a doctor from Kenya.

Respondents said that many health workers who die due to HIV/AIDS are not replaced. This shortfall leads to overworked staff “that at times has led to burnout,” added a respondent from Uganda. The worst-affected work stations are health facilities in remote rural areas. The situation is aggravated by the fact that many health professionals are selective about their work stations, with a vast majority preferring “big cities and provincial facilities.” In Uganda, there are some areas with a history of insecurity, and said one Ugandan respondent, “to date this part of the country finds it difficult to attract professional health personnel.” Another respondent from Uganda summarized the situation by saying that “sixty percent of the highly qualified positions are not filled. We are thus operating at forty percent capacity.”

2.3.2 Lack of Staff Satisfaction

Lack of staff satisfaction also was ranked high (65 percent) among the overall challenges faced. Ugandan respondents expressed the most dissatisfaction, followed by respondents in Ethiopia, Tanzania, and Kenya. The dissatisfaction was mainly with the employee benefits and the work environment.

As summed up by one respondent, lack of staff satisfaction in Uganda was partly attributed to “the HR managers not having substantive authority over the workers.” As this respondent put it, “The health workers stagnated in a job group for a long time, as there were no positions for promotion, leading to limited career development.” In Tanzania, a respondent offered this summary of the situation: “The professional workers did not have any incentives to work hard, as their salaries were low compared to other sectors, resulting in their undertaking of other jobs in order to meet their financial obligations.” A respondent from Ethiopia added that “their salaries are stopped when they go on study leave.”

2.3.3 Lack of Staff Skilled in HR Management

Lack of skilled staff was mentioned as a challenge by 63 percent of all respondents. In both medical and nonmedical positions, there are shortages; there are shortfalls of medical doctors, nurses, midwives, pharmacists, and laboratory technicians. In addition, some of the newly graduated nurses lack clinical knowledge and skill.

There is a shortage of skilled managers to handle HR issues such as implementation and standardized measurement tools for evaluation, administration, and supervision of activities, or in some cases there are poorly trained officers who may not be able to adapt to current trends or have limited training for HR functions.

—Respondent from Ethiopia

A manager with HR responsibilities and a medical background in Kenya stated, “We do not have the time or the skills to handle HR issues, especially accounting and payroll management.” Some health institutions are managed by only one person and for that individual to attend meetings in other offices it is necessary to “hire retired nurses to temporarily cover for them.” Some respondents suggested that the District Health Officer (DHO) needs to be orientated in detail on HR issues, whereas the focus of training is always on technical issues. “It is generally unfair to expect a medical professional to handle HR issues in such detail as entailed in the role of DHO,” stated a medical doctor respondent.

Respondents reported lack of knowledge of government policy on performance contracts and appraisal. A respondent from Uganda observed that “staff has potential but generally the public health sector lacked funding for staff training. Where the funds were available, there were no upgrading courses, resulting in limited access to training in technical areas.” According to some Ethiopian respondents, institutions in their country did not have “adequate on-the-job training in HRM, coupled with limited opportunities to attend training, and no books to read.”

2.3.4 Poor Working Conditions for Staff with HR Responsibilities

As indicated in Figure 4, 60 percent of all respondents reported poor working conditions to be a challenge. HR managers typically face budget limitations, and most of them do not have the autonomy to procure equipment or improve their facilities. A respondent from Uganda explained that “some of the equipment that is procured for them is inadequate, of poor quality, and supplied at a higher price.” This limits the quantity of the equipment. In Kenya, a respondent said that “at times the staff asks to be provided with drugs, tools, and medical equipment that are never supplied. This has contributed to low morale of the workers and affects the quality of service output.”

The HR managers stated that some of the HR processes in the hospital are slow, manual, and tedious. A respondent from Kenya explained that “the HRIS is a manual system and records are retained in hard copies. The process of purchasing equipment and maintenance is very slow and cannot cope with emergency situations, while there is no stated human policy.”

2.3.5 Staff Grievances

Staff grievances were reported across the study countries by 52 percent of respondents. These include grievances at the work station, with the central office of the ministry, and with staff development. At the work station level in Ethiopia, staff grievances reported included staff’s being assigned to night duties and to different wards, a breakdown in communication within the work stations, and varying lines of reporting according to profession (e.g., nurses, pharmacists, public health officers). “Their loyalty is to their professional structure and their patients rather than to the employer who is represented by the HR manager or staff to whom HR responsibilities are delegated,” explained an Ethiopian respondent, who continued, “Such a loyalty allegiance results in conflict between designated HR managers and the medical officers, nurses, and clinical officers, making it quite difficult to supervise staff at the local workplace.” In addition, there are too many vertical programmes and projects which can result in inappropriate

allocation of professional staff. In Tanzania, an example was given of a hospital with nine medical doctors: only one doctor sees patients and writes prescriptions, and the others are in charge of projects.

Additionally, Kenya has a unique situation, under which health workers are currently split between two ministries: the Ministry of Medical Services and the Ministry of Public Health and Sanitation. This split was a result of the coalition government created after the 2007 election crisis. The situation poses a challenge to HR managers because the division of roles between the two ministries is not clear. For example, a medical officer who reports to both ministries observed frustration in that “it becomes difficult to get your leave approved.”

Some of the challenges encountered at the provincial, regional, or district levels are the result of central-level policy. For example, salaries, benefits, and allowances are determined at the Ministry of Public Health and Sanitation central office headquarters (all of these are low compared with those of the private sector), and as a result the HR managers do not have any power to alter them. “The salary for an MD is 450 [US] dollars per month [400,000 Tanzania shillings], and therefore most of them are engaging in private practice and activities in order to augment their income,” explained one respondent from Tanzania. The same situation applies for allowances, and therefore staff resist any transfers or postings from the urban to the rural areas—they may be unable to afford to move to a new work station due to a lack of additional income-generating opportunities in the rural areas. Furthermore, where the hospitals employ auxiliary staff, these workers face inadequate and irregular disbursement of allowances and not every employee is on the payroll. This has resulted in staff’s being de-motivated and blaming their HR managers.

Another common grievance was that the government does not sponsor staff for further training, thereby limiting career development and the opportunity to vie for the limited opportunities for promotion. The problem is further aggravated by “lack of a clear career path for the administration officers while in some other cases official decisions made are mostly not implemented, e.g., on promotion. People tend to ignore regulations which leads to disciplinary actions,” added a Kenya respondent.

A respondent from Kenya cited a lack of clear guidelines on staff allocation, resulting in “some of the sites being overstaffed and others being understaffed.” In addition, the HR managers face challenges in responsibility and accountability between the head office, provincial, district, and work stations. For example, in Tanzania, where the District Executive Director and Regional Administrative Secretary have more power and authority over the staff than an HR manager at the work station, yet geographical distribution means that it may take these officers up to three months to make a supervisory visit to a health institution. In Kenya, however, HR managers at the provincial level have limits to their stated authority to manage provincial administrative affairs; for example, they cannot make recommendations for training or deploy staff because of “interference” from headquarters. One respondent in Uganda indicated there was no transparency in hiring and recruitment.

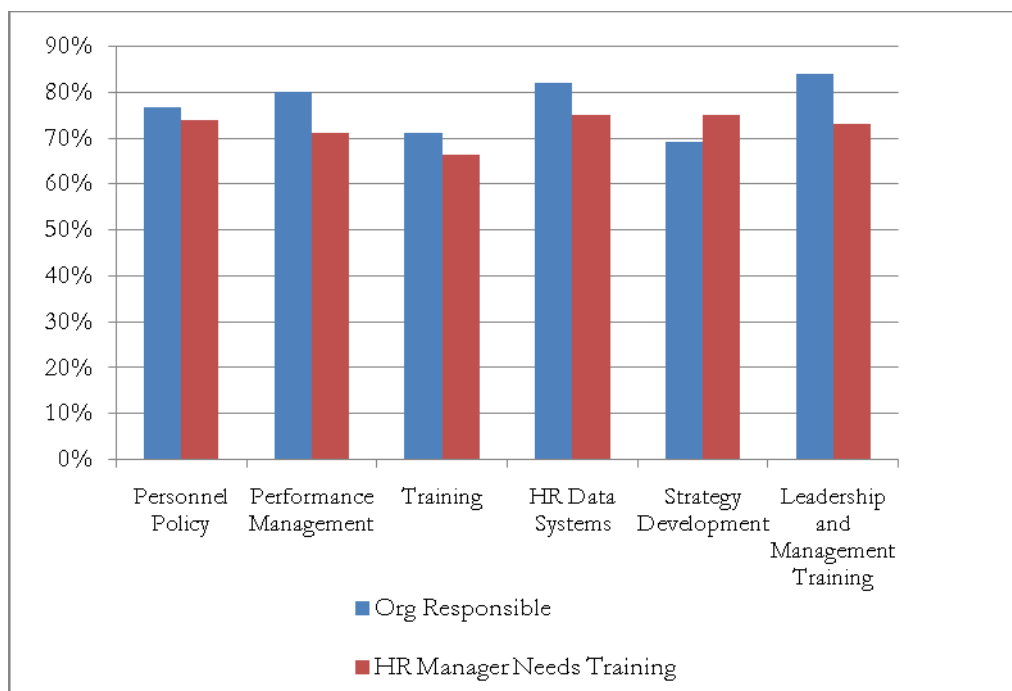
The HR manager may not be able to discipline or transfer a health worker. The HR managers find it a challenge to deploy professionals to remote parts of the country, to coordinate the many people undertaking HR roles.

—Respondent from Uganda

2.4 Skills and Knowledge HR Managers Need to Address HR Challenges

The respondents were asked to indicate whether their organizations are responsible for specific functions in six critical components of human resource management: personnel policy, performance management, training, HR data systems, HR strategy development, and general leadership and management. Respondents were then asked if they felt they needed training themselves to carry out these functions. Figure 5 shows the findings for these six components across these two dimensions: (1) organizational responsibility and (2) skills and knowledge needed by participants to carry out their HR responsibilities. Nearly all respondents indicated a need for additional preparation in all six components of HRM.

Figure 5. Gap analysis: department’s responsibility for HR functions versus respondents’ need for training in these functions



2.4.1 Functions of Personnel Policy

Personnel policy includes:

- compensation and benefits;
- HR planning;
- recruitment, hiring, deployment, transfer, and promotion of staff;
- creation and/or use of an employee manual;
- discipline, grievance management, and termination of staff;
- HIV/AIDS workplace programme.

The compensation and benefits function includes the capacity to manage the salary and allowances paid to staff (e.g., health, vacation, housing, transport, and education). As shown in Table 3, the majority of respondents reported being responsible for compensation and benefits.

HR planning is the capacity to estimate the numbers of staff and types of cadres needed to meet the goals of the health institution and needs of the population. A respondent from Uganda stated that there is a commission responsible for HR planning, so it is not a responsibility they have. This explains the low demand for training in this area. In the functional areas of developing an employee personnel manual, discipline and developing an HIV/AIDS workplace program, well over 50 percent of the respondents stated that they needed additional training (Table 3).

Table 3. HR Managers' Needs for Training on Functions of Personnel Policy

Components of Personnel Policy	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
Compensation and benefits	92%	63%	60%	81%	74%
HR planning	88%	67%	56%	67%	70%
Recruitment, hiring, deployment, transfer, and promotion of staff	100%	71%	52%	76%	75%
Employee manual	92%	58%	56%	76%	71%
Discipline, grievance, and termination	92%	63%	64%	86%	76%
HIV/AIDS workplace programme	96%	67%	60%	86%	77%

2.4.2 Functions of Performance Management

Performance management involves having appropriate job descriptions, a staff supervision system, and a formal performance planning and appraisal process. The respondents were required to state whether their department was responsible for the set of performance management roles shown in Table 4.

The HR role is so wide and needs detailed attention and yet on the job description it is just a bullet.

—Respondent from Uganda

Table 4. HR Managers' Needs for Training on Performance Management

Performance Management	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
Job descriptions	88%	50%	48%	71%	64%
Staff supervision system	85%	63%	48%	86%	71%
Performance appraisal	88%	83%	60%	76%	77%

2.4.3 Training

The respondents are responsible for managing in-service training to update staff knowledge and skills through a set of in service training courses. Most respondents see a need to update their skills in managing in-service training and to develop programs for staff in the areas of clinical skills, management and leadership, and career development (Table 5).

Table 5. Survey Respondents' Training Needs on Managing In-Service Training

Training	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
In-service training to update staff clinical skills	92%	58%	52%	81%	71%
Management and leadership development	100%	79%	56%	90%	81%
Career development	85%	67%	40%	71%	66%
Links to pre-service training institutions	77%	54%	28%	76%	59%
Curriculum development for in-service training	85%	50%	16%	71%	56%

2.4.4 Functions of Human Resource Information Systems

HR information systems help HR managers collect and maintain up-to-date information on all staff. As shown in Table 6, HR managers across the study countries are aware that this is their department's responsibility. High proportions of respondents would like to be trained in using a human resource information system.

Table 6. HR Managers' Needs for Training on HR Information Systems

HR Information Systems	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
Employee tracking system	96%	79%	56%	86%	79%
Personnel Files	88%	58%	52%	81%	70%

2.4.5 Functions of HR Strategy Development

HR strategy development was broken down into two major components: HR strategy for the department and retention strategy. More than 70 percent of respondents reported that their department was responsible for the function and that they needed training in the area (Table 7).

Table 7. HR Managers' Needs for Training on HR Strategy Development

HR Strategy Development	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
HR strategy for organization	85%	79%	60%	71%	74%
Retention strategy	88%	79%	60%	71%	75%

2.4.6 General Leadership and Management

General leadership and management include teamwork and collaboration; communication and interpersonal skills; and leadership, advocacy, and management. At least 70 percent of survey respondents indicated that they required training in these areas. Participants' stated needs for training in the three components of general leadership and management are summarized in Table 8.

Table 8. HR Managers' Needs for Training on General Leadership and Management

General Leadership and Management	Country				Total (n=96)
	Ethiopia (n=26)	Kenya (n=24)	Tanzania (n=25)	Uganda (n=21)	
Teamwork and collaboration	88%	58%	52%	81%	70%
Communication and interpersonal skills	88%	63%	48%	86%	71%
Leadership and management	92%	83%	56%	86%	79%

2.5 Respondents' Recommendations for Pre-service and In-service Curricula on Human Resource Management

Respondents were asked to make recommendations for pre-service preparation of future HR managers and in-service HRM professional development.

2.5.1 Recommendations for Pre-service Curriculum

Table 9 provides a summary of the suggested recommendations for pre-service HRM training. The majority of respondents felt that HR skills should be included in a pre-service HRM curriculum, followed by general management skills, leadership, training skills, and project management skills. In addition, a key suggestion is that courses should “be more practical and less of theory and delivered in small doses, preferably undertaken [over a] whole semester or as a three-month module activity.”

Other issues raised were who should be trained on HR issues and when the HRM module should be taught. A senior officer in Uganda said that for the medical degree training, it may not be feasible to include HRM in the pre-service courses “as the focus at this level is technical—‘me and the patient.’ As a result, HRM may not be taken seriously by the students . . . As soon as one gets into employment, then emphasis can be provided with a short course in HRM.”

Depending on the area of management, some master’s-level degree programmes include modules on HRM. For those training as clinical officers, it is important to include HRM in the pre-service professional training because, as one respondent indicated: “They almost immediately after graduation start heading health centers upon completion of the course.” Another senior officer in Kenya reported that although MDs should be trained in HRM, the module should be taught just before graduation to improve the retention and application of the skills learned.

Table 9. Recommendation for Pre-Service Courses

Course/Module	Country				Total n=96 (100%)
	Ethiopia n=26	Kenya n=24	Tanzania n=25	Uganda n=21	
HR skills	42%	79%	60%	52%	56 (58%)
General management skills	46%	54%	56%	10%	41 (43%)
Leadership	46%	25%	0%	5%	19 (20%)
Training skills	8%	0%	8%	5%	5 (5%)
Project management	0%	4%	12%	0%	4 (4%)

2.5.2 Recommendations for In-service Curriculum

Respondents were asked to identify three competencies they felt would enable them to be effective in their work. These competencies parallel those identified for pre-service training: HR skills, general management skills, and leadership (Table 10). Interestingly, all respondents felt the need for short courses in HRM.

Table 10. Recommendations on HRM In-Service Courses

Desired In-service Skills Building	Country				Total n=96 (100%)
	Ethiopia n=26	Kenya n=24	Tanzania n=25	Uganda n=21	
Human resources management	100%	100%	100%	100%	96 (100%)
General management and administration	46%	42%	100%	24%	52 (54%)
Leadership management	23%	33%	0%	43%	26 (27%)
Training and development	15%	13%	8%	19%	13 (14%)
Planning and project management	23%	4%	4%	0%	10 (10%)

Apart from the suggested training in Table 10, some respondents felt that there should be a two-week introduction and orientation training for newly recruited HR managers. Furthermore, some respondents indicated that staff seniority should be considered when recruiting future HR managers, as they should have experience in managing people. Respondents felt that experience in team management and interpersonal communication were important criteria for hiring human resource managers.

3.0 CONCLUSIONS

The study findings indicate a critical need for capacity building in human resource management in the health sector. The respondents identified HR challenges in their organizations that severely limit their capacity to meet the health needs of their populations. In broad categories, these challenges are understaffing, lack of staff skills, lack of staff satisfaction, poor working conditions, and staff grievances. These are complex issues that, if neglected, contribute directly to lower standards of performance, increased staff turnover, and higher levels of staff vacancies. In a fully resourced system, professional HR managers would be trained and prepared to address these challenges.

Fifty-six percent of the respondents are clinicians in addition to carrying HR responsibilities, a problematic situation in countries with severe shortages of clinical staff as these people are sorely needed to provide health services on a full-time basis. Although most of the study respondents were highly educated, the vast majority did not feel prepared to handle HR challenges facing their organizations and lacked preparation in human resource management. At present, fewer than 6 percent of the respondents feel they have the skills and/or knowledge to carry out their HR functions in six key components of HRM: personnel policy, performance management, training, HR data systems, strategy development, and leadership and management. Although their organizations are responsible for these HR components, the overwhelming evidence from this study is that the managers tasked with these functions need to acquire the skills and knowledge to carry them out and a concerted effort is of paramount importance to address this lack of HR management capacity. A summary of the findings is below.

Personnel Policy includes essential personnel functions such as compensation and benefits, HR planning, recruitment, hiring, deployment, transfer and promotion of staff, discipline, grievances, termination, and HIV/AIDS workplace safety programmes. More than 70 percent of respondents stated that they needed additional skills and knowledge to carry out these functions.

Performance Management includes ensuring that all staff have accurate job descriptions and that a staff supervision system and annual performance review system is in place. On average, 70 percent of respondents stated that they needed additional training to carry out these functions.

Training for the purposes of this study, is related to the role of HR managers to plan and manage in-service training for staff. The majority of respondents (81 percent) see a need for more training to plan and manage in-service training.

Human Resource Data Systems speaks to the need for improved capacity to use HR data systems in order to maintain an employee tracking system and provide personnel files for staff. An average of 75 percent of the respondents need help with this.

HR Development Strategy was broken into two major components: developing an overall HR strategy for the organization and developing a more focused retention strategy. Obviously, these two components are closely related, but the first one has a stronger focus on developing additional staff, while the second one is focused on keeping the staff at hand. Seventy-five percent of respondents need help with both.

General Leadership and Management includes teamwork and collaboration, communication and interpersonal skills, and also leadership and advocacy. The overwhelming need in this functional area was for increased capacity in leadership and advocacy, at 79 percent.

To address these gaps in HRM, respondents made specific recommendations for both pre-service and in-service training. In the area of pre-service training, respondents recommend the addition of courses in HRM, general management skills, and leadership.

The same three topics were a priority for in-service training. In addition, respondents felt there should be a two-week introduction and orientation training for newly recruited HR managers and cited training in team management and interpersonal communications as important topics.

4.0 RECOMMENDATIONS

Study findings indicate that the most important priority is to create a stronger and more visible role for competent human resource management. A number of recommendations for accomplishing this goal emerged:

1. Create a professional cadre of HR managers with responsibility for the welfare of the health staff, from recruitment, hiring, deployment, transfer, promotion, and development to resignation and/or dismissal. As a starting point, these professionals are needed at the central and provincial levels of the MOH, as well as in major NGOs that support government health services. Provide in-service training for people currently in the role of HR manager to update their skills, knowledge, and leadership skills.
2. Provide in-service orientation and training on effective HR management practices to health managers at various levels who have some degree of HR responsibility (i.e., scale up the Virtual Human Resource Management Program [VHRM], an eight-week programme developed by MSH to help organizations assess their HRM systems and develop an action plan to address challenges).
3. Identify local HR consultants who can provide direct technical assistance in the short term.
4. Put proven, practical tools directly into the hands of health managers with responsibility for HRM.
5. Review national-level HR policy to identify and address obstacles that inhibit effective and efficient HR management.
6. Strengthen human resource information systems to collect timely data for informed decision-making. Demonstrate to those with HRM responsibilities how employing accurate data can help them succeed.
7. Develop training programmes in HRM at local management schools. These training programmes should be at certificate, diploma, or degree level. The managers who participate should be supported to implement the skills learned.
8. Review the pre-service and in-service training and provide courses on HRM, general management, and leadership.

As one participant observed, “Every manager knows that the most important resource he has to get the job done are the people he or she works with. Without the right people in place nothing moves.” Implementing the recommendations above is a good way to make things “move.”

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APPENDIX A. AMREF RESEARCH TEAM MEMBERS

Country	Team Members
AMREF HQ	Dr Peter Ngatia, Director of Capacity Building Mr Nzomo Mwita, Technical Specialist – Training Mr Josephat Nyagero, Research Coordinator – Training
Uganda	Jesca Anguyo, Policy and Advocacy Manager Ms Joy Byarugaba, HR Manager
Tanzania	Mr Martin Mkuye, Programme Manager – Capacity Building Hamza Msolla, HR Manager
Ethiopia	Mr Tilahun Nigatu, M&E and Research Manager Yilma Woubishet, HR and Administration Manager
Kenya	Mr Sam Ongayo, Programme Officer Ms Yvonne Wanui Machira, Research Officer

APPENDIX B. STUDY QUESTIONNAIRE

Survey Number:

Date Filled _____

Human Resource Management Survey, AMREF and Management Sciences for Health

Human Resource Management Assessment

PART I

Instructions for the Interviewer(s)

There are two parts to this survey. **Part 1** is conducted in a face to face interview or focus group. **Part 11** is to be filled out by the participants on their own. In carrying out Part 1 of this assessment, it would be helpful to have two people conduct a focus group, one to ask questions and one to take notes. In a 1-1 interview, one interviewer is adequate.

Once comfortably seated, either for a 1-1 interview or a focus group, follow these steps.

Start by agreeing on how much time you have for the meeting. You will then need to ensure that all the questions in **Part 1** are adequately covered in the available time by managing the pace of the discussion and also give people time to fill out **Part 2** of this assessment. Part 2 is done individually with people answering questions on a form and should take no more than ½ hour.

Read the following *introduction* which describes the purpose of the assessment

Ask each person to fill in Section I of **Part I** of this questionnaire and then, in a discussion, ask questions as listed in Section II, making clear and detailed notes.

Keep prompting people to go beyond simple yes/no answers

Note down in quotation marks, any particularly memorable statements or examples given

While allowing a natural flow of the conversation, strictly follow the list in Section II below to ensure that all the listed questions are adequately explored.

Introduction by the Interviewer

AMREF and MSH are undertaking an assessment of health staff with significant responsibility for Human Resource Management to identify the challenges faced by this cadre and additional skills or experience HR managers need to be successful in addressing these challenges. The survey will identify the leadership and management competencies required for work in human resource management, document the availability of relevant training opportunities and assess the effectiveness of current leadership and management programmes. You were selected to participate in the assessment because of your role in human resources.

Your answers are completely confidential. Your name will not appear on any document, and your individual comments will not be released to anyone in the organization.

SECTION I, Part I: Personal information

Personal Details

Gender: M F

Name of your organisation: _____

Your current designation: _____

Department Name: _____

Where are you normally based? (Please tick one) Head Office Province: District:

Working Station _____

What is your current role in HR _____

What is your profession? (Please tick one) Doctor Nurse Pharmacist
Health Administration Officer , Human Resource Manager _____

Other (Please state) _____

In addition to your HR duties, are you also currently practicing hands-on medical care?
No

Yes, as a: Doctor Nurse Pharmacist Other (please state) _____

i. Your current level of academic education: Certificate (2 yrs or more) _____ Diploma _____

Bachelors _____ Masters _____ PhD _____

What was your area of study _____

Work Experience & Current Responsibility

How long have you worked in the Health sector?

(Please place a tick in the appropriate space)

Less than 5 yrs	5 to 9 yrs	10 to 20 yrs	More than 20 yrs
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_____	_____	_____	_____
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In total how long have you held a position in

_____	_____	_____	_____
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Human Resource Management

Part I, SECTION II: views on human resource management and preparation

NB: The words “leader, manager and supervisor” are used interchangeably in this questionnaire to refer to a person in charge of others’ work or resources.

How long have you held responsibility for human resource management? _____

Were you promoted, deployed or directly employed for this position? _____

What was your prior position? Kind of organization, title and location?

Position title: _____

Organization name: _____

Where organization located: _____

What are your current responsibilities in HRM?

How does your organization select HR managers?

What requirements did it take for you to be promoted or given responsibility for human resource management?

Specifically with respect to your role in human resource management, what main challenges do you face?

How did your pre-service professional training prepare you in Human Resource Management skills to be effective in your current job?

What additional coursework or training have you received in HRM?

Has this additional knowledge been useful in your work? If so, what helped or hindered your ability to apply this additional training in your work?

In addition to HR skills training, what additional management and leadership training do you believe you need to enhance or advance your ability to perform your current role in HRM better?

Based on your experience, what would you recommend for the pre-service preparation of future HR managers for your position? *(Please explore the suggested content, process and duration of the preparation)*

In your opinion, how available and accessible are opportunities for HRM training for people in your kind of work?

PART II: Human Resource Management Assessment

Instructions for answering: Below, answer yes or no in each column

HR Function	Definition	My organization has responsibility in this HR function Please check yes or no.	I would need training to assume responsibility for this HR function Please check yes or no
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Personnel Policy			
Compensation and Benefits	Capacity to manage the salary and allowances paid to staff (e.g., health, vacation, housing, transport, education)	Yes _____ No _____	Yes _____ No _____
HR Planning	Capacity to project the numbers of staff needed to meet the goals of your organization		
Recruitment, hiring, deployment, transfer, promotion of staff	Capacity to implement policy and procedures to recruit, hire, deploy, transfer and promote staff in a timely manner		
Employee Manual	Capacity to produce a personnel policy manual for staff and update it as necessary		
Discipline, grievance, and termination	Capacity to implement policy procedures to handle discipline, grievance and termination		
HIV/AIDS Workplace Programme	Capacity to manage a transparent policy and program to prevent the spread of AIDS in your organization		

Performance Management			
Job Descriptions	Capacity to develop and maintain up to date job descriptions for staff		
Staff Supervision System	Capacity to develop and maintain a supervision system to ensure support and feedback to staff on their performance		
Performance Appraisal	Capacity to develop and manage an annual performance appraisal system		
Training			
In-service training to update staff clinical skills	Capacity to manage a cost effective, needs based training program to update clinical skills		
Management and Leadership development	Capacity to manage a program to strengthen management and leadership skills of staff		
Career Development	Capacity to provide opportunities for staff to move up the ladder		
Links to pre-service training institutions	Capacity to manage coordination with pre-service training institutions		
Curriculum development	Capacity to update curriculum for in-service training		

HR Data Systems			
Employee Tracking System	Capacity to collect data and maintain up to date information on all staff		
Personnel Files	Capacity to maintain records of each employee work history in the organization		
HR Strategy Development			
HR strategy for Organization	Capacity to develop a comprehensive, long term strategy to maintain adequate numbers of qualified health staff		
Retention Strategy	Capacity to develop and implement effective workplace strategies to retain staff		
General leadership and management			
Teamwork and collaboration	Capacity to work together in teams to identify and solve problems		
Communication and interpersonal skills	Capacity to maintain positive relationships through good communication and interpersonal skills		
Leadership and Advocacy	Capacity to strengthen the role of HR in the organization		

Part III

In your opinion, what three HR skills and/or competencies would enable you to be more effective in your job?

- 1.
- 2.
- 3.

Please feel free to add your comments below in regard to this survey and/or the need for further training for HR managers in Health: