Human Resources for Health Professional Development at the District Level:
Recommendations Based on the Ugandan Experience

February 2013

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INTRODUCTION

Countries throughout the world are seeking to improve access to high quality health care for their populations. Many lesser-resourced countries are struggling to address health workforce challenges that inhibit access to health care and arise from issues such as insufficient numbers and unequal distribution of health workers. A number of promising initiatives to address these human resources for health (HRH) challenges have evolved over the last several years, and there is a growing body of evidence that countries can consider as they work to develop and implement programs to resolve their HRH issues. From the experiences of the USAID-funded Capacity Project and Capacity*Plus*, these promising HRH initiatives include: 1) increasing the production of health workers; 2) expanding and improving schools for physicians, nurses, and midwives; 3) developing and implementing task-shifting approaches that lead to a more rational redistribution of tasks among health workforce teams; 4) integrating new health worker cadres, such as community health workers, into HRH plans and health systems; and 5) developing and implementing strategies that encourage health workers to live and work in remote and rural areas.

All of these initiatives to address the health workforce shortage require strong, well-functioning human resources management systems. A human resources management system is the integrated use of systems, policies, and practices that provide the range of functions needed to plan, produce, deploy, manage, train, and support the workforce. It focuses on people: how they fit within a health system, and how they can be most effective. When robust, these systems provide the enabling environment in which the health workforce can operate effectively[1].

Additionally, many countries have committed to a process of decentralizing a range of responsibilities, decisions, and authorities to subnational or district levels. Such decentralization requires political and organizational adjustments in the way the health care workforce is managed at the subnational level. Health leaders and managers in a decentralized system need to be skilled in areas such as workforce planning, recruitment, deployment, performance management, and retention. They also need to be skilled at managing organizational change as new initiatives such as those described above are developed and implemented.

Given what is needed, these subnational human resources management systems are typically fragile for a number of reasons: resources may be scarce; national policies, practices, and procedures may not have been fully delegated to regional/district levels; there may be insufficient numbers of trained leaders to provide necessary support for health workers; communication between central ministry of health and regional/district-level officials may not be strong; and generally many health facilities at the subnational level are overwhelmed with clients needing health services and not enough health workers to provide those services. Under these conditions the health workers themselves can feel discouraged, overworked, and undervalued by their communities. Often underpaid, health workers may be forced to seek

[1]Marsden, Paul, Margaret Caffrey, and Jim McCaffery. 2013. Human resources management assessment approach. Washington, DC: Capacity*Plus*.

additional income to cover financial needs. Low motivation, high absenteeism, and retention problems can result.

While HRH problems can be daunting, professionals at subnational levels have opportunities to implement new initiatives to address their HRH challenges and strengthen their human resources management systems. It is essential for these important HRH leaders and managers to gain additional HRH knowledge and skills, learn new leadership and management approaches, and develop the self-confidence needed to advocate for system changes. In order to strengthen competencies in HRH, some countries have developed HRH professional development programs at the national level; however, few countries have been able to develop and scale up an HRH professional development program at the subnational level.

Background

Uganda is one country that has embarked on a program to strengthen HRH leadership and management at the district level. The purpose of this paper is to share lessons learned in Uganda and, using this experience as a foundation, to offer selected suggestions for how other countries might develop and implement HRH professional development programs at subnational levels.

According to the Uganda Ministry of Health, the health status indices in Uganda are unacceptably poor. The population growth rate of 3.4% per annum is one of the highest in the world. Life expectancy at birth is 43 years and about 38% of the population lives below the poverty line. The total number and skills mix of the health workforce are inadequate to effectively respond to the health needs in the country. The country has a newly-developed Health Sector Strategic Plan III (2010/11 to 2014/15), which outlines plans for further strengthening the district health systems. However, leadership and management of human resources are weak at all levels.

The Ministry of Health asked the bilateral USAID-funded Uganda Capacity Program, led by IntraHealth International, to design and implement an HRH leadership and management course for HRH professionals at the district level. The course is based on an HRH professional development program to help prepare workforce leaders and managers to undertake the human resources management reforms needed to address health workforce issues developed by Capacity*Plus*, USAID's global project focused on the health workforce, which is also led by IntraHealth. In 2010, HRH specialists from Capacity*Plus*, at the request of the Uganda Capacity Program, conducted training for the instructors who would facilitate the course in Uganda. Since the original instructor training, the Uganda Capacity Program has been leading the implementation of the HRH leadership and management course over the last two years. By the end of 2012, 63 participants from 14 health districts had completed the course. There are well over 100 districts in Uganda, so scaling up the course nationwide remains a challenge.

The Uganda HRH management and leadership course includes the following key elements:

- Consists of three, one-week workshops spread out over a six-month period

- Participants come as a team from the districts; usually five to seven key members of the district-level health team
- Participant health teams select a specific problem or issue to work on both in the workshops and at their work site between workshops
- Course instructors provide coaching support to these participant district health teams between workshops both in person and electronically
- Course content is structured around the six thematic action fields of the internationally-recognized HRH Action Framework (HAF)[2] and based on a thorough training needs assessment conducted both at regional and national levels
- Course instructors, thoroughly trained and prepared, are recruited from the Ministry of Health, other stakeholder ministries, and the Uganda Capacity Program.

In early 2012, Capacity*Plus* assisted the Uganda Capacity Program to take stock of the progress being made in implementing the program and identify lessons learned about program implementation at the district level. The methodology used to identify lessons learned included a desk review of relevant program materials such as evaluation forms completed by program participants and reports completed by program instructors who served as coaches and consultants for the participant field teams. Interviews were conducted with program designers, managers, and instructors. Capacity*Plus* carried out field visits to two districts, during which district health leaders were interviewed and focus groups conducted with the HRH teams who attended the program.

Based on lessons learned from the information gathered in the stocktaking activity, in this document we will 1) describe several key factors that appear to contribute to an effective HRH professional development program for regional/district levels in Uganda; and 2) suggest some selected actions that might be generalized beyond Uganda to help other countries develop and implement HRH professional development programs at subnational levels.

Important Factors for an Effective District-Level Human Resources for Health Professional Development Program in Uganda

Effective HRH professional development programs intend to impart new skills and knowledge that HRH professionals need so they can address the HRH challenges encountered on the job. However, it is a mistake to assume that newly-learned skills and knowledge will naturally or automatically result in the desired individual and organizational change. Bringing about lasting change in individual and organizational performance is often more difficult than expected and requires organizational changes to support new behaviors. The following essential components of the HRH professional development program in Uganda are critical to supporting and extending the results of the actual training.

[2]Global Health Workforce Alliance, World Health Organization, United States Agency for International Development, and Capacity*Plus*. 2011. HRH action framework. http://www.capacityproject/framework/.

1. **Key stakeholder groups participated in the design and delivery of the HRH professional development training.**
   Health workforce dynamics and challenges are far too complex and cut across too many organizational and sectoral lines to be handled by a single entity. As the World Health Report 2006 noted, taking action "necessitates that stakeholders work together through inclusive alliances and networks—local, national, and global—across health problems, professions, disciplines, ministries, sectors, and countries[3]."

   The HRH Unit in the Uganda Ministry of Health, in collaboration with the Uganda Capacity Program, has effectively involved key stakeholders in both developing and delivering the professional development program. In addition to representatives from selected district health teams, specialists from different parts of the Ministry of Health (e.g., human resources development, human resources management, and health services planning), and representatives from the Ministry of Public Service, the Health Services Commission, and Makerere University were quite active in the program development and delivery. A thorough training needs assessment was conducted in which information was gathered from both district- and national-level respondents. These specialists worked together to design the program and develop course content, some served as course instructors, and others worked to promote and support the program throughout the districts. This resulted in collaboration and agreement among the various ministries and districts to ensure the management systems and practices taught in the course would indeed be supported operationally at the site level and that any major organizational obstacles were resolved. While the basic curricula remained the same, program content was adjusted to the situation in the districts. The program instructors (called facilitators in the Ugandan context) were selected from the ministries that were most closely connected to implementing plans and strategies to address the HRH challenges. These instructors were often individuals who had worked in district-level health facilities and were quite familiar with conditions in the districts.

   Due to the high level of participation and involvement of key stakeholders, commitment and buy-in to the course has been exceptionally high.

2. **Practical, participant-centered, adult learning methodologies proved to be important for better learning.**
   In any country, HRH professionals face daunting challenges as they lead and participate in activities on the job to address their HRH gaps. They learn best when the content and methodologies of the professional development program are designed around real-life problems and opportunities. For example, based on extensive experience from the Capacity Project and Capacity*Plus*, there are four important priority activities that need to occur to address HRH gaps at the district/regional level. Accordingly, questions might be posed regarding how to do the following effectively in a decentralized environment:

   - How do we do a better job recruiting and retaining health workers?

[3] World Health Organization (WHO). 2006. World health report 2006: Working together for health. Geneva: World Health Organization.

- How do we address health worker absences at work, especially when their wages are so low?
- How do we implement a performance management system that clarifies job responsibilities, reports on performance, and provides growth opportunities for health workers?
- How do we determine and plan for our health worker needs in the years ahead?

The practical, results-oriented HRH professional development course in Uganda goes right to the heart of these issues, helping participants better understand the problem; providing advice, proven tools, and approaches the HRH professionals can use to address the problem; and allowing participants time to discuss specific issues and work out an action plan. In other words, the training focuses on the issues the participants struggle with in their daily work. Information from district-level health teams was used to make certain the key issues selected for course content were indeed those with which the health teams were struggling.

Participants' Perspectives

"This helped me a lot. It was about the problems I face every day. Some of these things looked just too big to do anything about. In the program we talked and planned concrete things we could do to tackle the problems."

"Before the course we had high absenteeism but didn't know what to do about it. During the course we discussed this problem and developed actions to take. After the course in our district, we began to have one-on-one conversations with individuals who were absent a lot. We started counseling and asking them why. There were so many issues—work environment issues—causing stress and low motivation. When we listened, we could help them."

"We used not to do performance appraisals. Some people had been on provisional status for years due to some performance problems. After the course, we tried to work through this and clear it up, and we did it!"

"We looked at the problem as one of staffing levels, but after discussing it more, we realized we had a lot of people in acting positions. We worked to resolve this and get people promoted faster. [This] ended up being a good way to motivate people."

In Uganda, direct participant feedback to program managers and instructors continually emphasized the importance of dealing with practical, real-life situations. Academic presentations that cover in-depth information about a subject while participants only listen were not used because they would be insufficient to create the desired learning—the willingness and ability to use the skills and knowledge acquired when the participant returned to the job. Instead, instructors used presentations that shared information, tools, and approaches that were then balanced with actively involving participants through short cases, planning exercises, role-plays, or other hands-on, practical learning techniques. The Capacity Project and Capacity*Plus* have long advocated using experiential, hands-on, practical learning techniques in management and leadership training. Several Ugandan HR specialists participated in the Capacity Project's human resources management professional development course in Kenya in which experiential training techniques were used, and they were eager to adapt these techniques to the Ugandan context.

3. **Participants were selected based on their HRH work responsibilities and then attended the program as a team.**
In Uganda, each district participating in the program arranged for their HRH professionals to attend the program as a team. These teams normally consisted of five to seven individuals—e.g., human resources specialists, directors of nursing, heads of clinical services, managers of large health facilities. Since these are the key managers and leaders within the district for addressing HRH challenges, the program gave them ample opportunities to learn, develop, and plan strategies together. Since implementing change can be so difficult, if the entire HRH team stands behind a certain undertaking there is a greater chance of its success. Working together *during the program* helped to build the concept and practice of working together as a team *on the job* to address HRH issues.

Participants' Perspectives

"The course was an eye opener for me. From my perspective as a personnel officer, I looked at the health staff as being entirely separate from me. I was not a part of them. During the workshops we learned to work together as a team. Now we are fully engaged with one another to work on our challenges."

"We are now working with our political leaders for a top-up for health worker salaries... We have convinced our leaders that this will aid in attrition and retention."

"Health worker performance has been a problem. The team coming back from training is working to change this, and I can see it changing. We are beginning to see health workers feel they are serving the community."

4. **On-the-job coaching or consulting as a part of the program proved very helpful**.
The Uganda HRH leadership and management course helped participants analyze their problems, select and learn how to use proven approaches and tools, and use effective leadership and management techniques to bring about the needed changes. The program consisted of three different four- or five-day workshops spread out over six to nine months. As a part of the first workshop, the district teams selected an HRH problem they planned to address as a team. During this initial workshop, the team planned its approach and created a workplan. In the second workshop the team reported on its progress and identified major successes and barriers. Between the workshops when the teams were working on their identified challenge, program instructors acted as coaches and consultants to the district teams. This coaching support consisted of e-mail communication, phone meetings, and a one-day face-to-face meeting where the instructors came to the district and met with the team at the team's worksite. District health teams report this extra support makes a big difference.

Participants' Perspectives

"The fieldwork and help from our instructors was very useful. We worked on several challenges. One thing we wanted to do was offer training for members of our health management committee so they would understand the pressure and stress on the health workers. We selected and trained instructors to do this training, and we developed the content. Now they are ready to begin this training."

"The field visit from the instructors was essential for us. As a team we got mired in work pressures and didn't pursue our workplan aggressively enough. When the instructors visited us, we were a little embarrassed that we had not made more progress. They understood the work pressure and helped us revise our workplan and recommit to achieving the results we wanted."

The importance of this kind of overall programmatic approach cannot be overemphasized. In the past, standalone training has been seen as a common solution to many health service delivery problems, yet all too often participants attend training but for a variety of reasons are unable to make changes in their work performance (e.g., lack of organizational support, resistance to change on the part of colleagues or supervisors, conflicting priorities). HRH professional development takes significant resources both in terms of financing the program and in terms of participants' time away from their normal worksite. Resources are scarce, and if HRH professional development does not produce the desired results, it should be revised so that it does produce results, or it should be discontinued and resources used in other ways.

5. **Quality was actively managed and maintained throughout the life of the HRH professional development program.**
   An expected outcome of HRH professional development is that HRH professionals will lead the implementation and use of proven HRH approaches, strategies, and tools to improve the productivity of the health workforce. Applying these proven leadership approaches to address HRH challenges requires significant organizational and individual change. If the quality of the HRH professional development program is not maintained at a high level, the desired outcomes will not be met, and scarce resources will be wasted

   The quality of the program in Uganda was monitored closely. Instructors worked as a team, providing feedback and support to one another. Instructors were trained, prepared, and supported so that they were able to continually improve their work. Both instructors and program managers listened to participant feedback and made changes when needed. Contact with participant teams was maintained throughout the program. Program managers stayed aware of progress participant teams were making in implementing planned activities. Program managers are currently conducting a program evaluation exercise that will provide reliable, quantitative information and be used to strengthen the program.

Suggested Actions That Can Help Countries Develop and Implement Human Resources for Health Professional Development Programs at Subnational Levels

In addition to the factors just described that appear to be contributing to a successful program in Uganda, the following are additional suggestions for how to ensure a strong, sustainable HRH professional development program can be scaled up for subnational levels.

1. **Closely align HRH professional development program goals with national and district HRH strategic and operational plans.**
   It is important that the goals and content of the HRH professional development program be aligned with organizational priorities. If improving health worker productivity is a goal, and improving health worker attendance is an important contributor to achieving that goal, then district leadership needs to clarify this as a policy and support the needed operational

actions to improve attendance. The curricula should in turn address the leadership skills and knowledge required to develop and implement actions that reduce absenteeism. District-level leaders then need to support these efforts and, when possible, remove any obstacles that are beyond the ability of the HRH professional to resolve.

In most countries there is an HRH strategic plan with corresponding annual or biannual operations plans. Most districts have an annual operations plan with more specific HRH performance targets. The content of the training should prepare the participants to develop and carry out activities that address these targets. A primary result of the professional development program should be HRH professionals who are leading the implementation and use of proven HRH approaches, strategies, and tools to meet HRH performance targets.

2. **Engage district-/regional-level senior management to actively support organizational change resulting from HRH leadership development programs.**
As stated earlier, changing habits and practices within organizations is difficult. The new skills and knowledge the HRH professional brings back from an HRH professional development program is of course essential. However, the engagement and support of senior political leadership at the subnational level is critical. All too often these individuals at the subnational level are unaware of the training, too busy to support participants, sometimes resistant to the principles in the program, or simply unaware of how important their support is for organizational change to occur.

Engaging Senior Management: One Participant's Story
A district-level human resources officer in Uganda had been struggling to fill open positions in some of the key district facilities. During the HRH leadership and management course he was excited to learn about new recruitment strategies he could use to find good candidates; however, when he went back to his work environment and tried to implement these strategies, he learned there were no funds in the budget for advertising. At first he felt discouraged and was nearly ready to give up, but then he decided to ask the district health officer for help. The district health officer turned out to be very encouraging and suggested they might look for a partner within the district willing to pay for the advertising to fill vacant positions. The human resources officer and the district health officer went together to visit the partner and ask for money for advertising. The partner readily agreed. The ads were placed and good candidates responded.

The program content should support the high-priority HRH goals in the district, and participants from that region should return with specific strategies and approaches they want to use to address their HRH issues. Senior leadership should be engaged from the beginning, and participants should be able to discuss with their senior managers the new approaches the participants wish to implement, and senior leadership should support and encourage these changes. Making changes without input and buy-in from senior levels can be very difficult, and participants will often give up and stop trying. In an ideal world, systems are developed or revised, and then staff is trained to use them; however, in many cases, the newly-trained HRH leaders and managers are the only ones advocating for and helping design new policies and procedures.

There are several steps that can be taken to help engage senior leaders in the districts/regions: 1) ask program managers or coordinators at the central level in the Ministry

of Health to engage the district political leadership in a discussion about the program—what to expect, who should attend as participants, and how the district leadership can support participants when they return to the job; 2) recommend that district leadership meet with the participants before they attend the training and after they return; 3) engage political leadership to monitor the implementation of the new approaches and offer encouragement and recognition for successes; and 4) ensure the policies are present at the facility level to allow the new skills and knowledge to be applied.

3. **Create written program content and guidelines for instructors.**
   In order to ensure that HRH professional development programs are well-designed, actively managed, and can be replicated, it is essential that content be thoroughly documented either by course designers or the course instructors and kept both within the regions and at the ministry. There should be a general document (two to four pages only) that describes the program objectives and content, including context and background behind the need for the program; the program's purpose, goals, or objectives; the methodology used; how the program was developed; stakeholder organizations involved; the entity responsible for managing program delivery and monitoring quality; the role of senior subnational leadership; the HRH competencies the program addresses; and the types of participants for which the program is intended. This document serves to describe and disseminate program information to the greater HRH community, program participants and their leaders, and potential instructors.

   For the individuals working on the program, there should be a concise, practical instructor's notebook (described more fully in the suggested action below) that contains guidelines on how to deliver each session, including the PowerPoint presentations to be used and all materials that will be provided to participants. In addition, there should be a participant handbook, which provides hard copies of all participant materials in the program. This material can also be provided electronically.

4. **Select, support, and manage program instructors carefully.**
   The selection of instructors is important. In some countries university professors are tapped to conduct HRH training; however, they may not have actual on-the-ground experience in resolving HRH issues. It is difficult to be an effective instructor if one has not had firsthand experience handling HRH challenges at the district level. Participants quickly realize this, the instructor loses credibility, and the program loses its effectiveness. Instructors should be chosen from both the district level and ministry level to ensure there is a deep understanding of the human resources issues at the district level.

   Participants need to learn how to analyze and prioritize their HRH challenges. They need to learn about proven approaches, tools, and actions and they need to learn how to implement the approach or action that they see as the most effective *at their site or facility*. This requires instructors who can: 1) provide simple analytical methods to use data and evidence to describe the HRH challenge or gap; 2) present and demonstrate the proven approaches, tools, and actions that are most appropriate for the situation; and 3) listen, coach, and advise

on how to plan and implement actions that get results given the real work environment people work in. This is where the coaching and advising comes in—to engage participants when they try to apply new learning and run into real-life problems.

In Uganda, program instructors are senior HRH professionals from the Ministry of Health, Ministry of Planning, the Health Service Commission, as well as HRH professionals from the Uganda Capacity Program. Many of them have experience working in district-level health facilities. Participants speak very highly of these program instructors. Among the comments various participants made when asked were:

> Our instructors knew what they were talking about. I really appreciated interacting with them.
>
> The instructors were good. They made themselves a part of us and talked to us as colleagues. They listened to our opinions and feedback.
>
> They were not only instructors, they were our consultants. They coached and advised us about how to keep our action plans moving forward [when we were] back on the job.

Program instructors are the backbone of effective HRH professional development programs and accordingly must be prepared and supported in order to perform to high standards. Based on the curricula and design of the program, instructors should be given guidelines that provide directions on the content to be covered and the experiential activities to use to engage the learner. Instructor guidelines should be written and provided to instructors for every session in the program. These guidelines should cover the goals of the individual session, the content of any instructor-given presentations, and should include any PowerPoint slides and participant materials. Instructors should not change program content and design without the involvement and agreement of the program manager. Without this oversight, program managers lose control of the content and the program quickly becomes whatever the current instructor thinks is most important and has had the time to prepare.

Instructors should have the opportunity to learn how to deliver the program as designed and how to follow the instructor guidelines. One way to do this is to ensure that all instructors observe and participate in the program before they actually function as an instructor. Experiential activities that actively engage the participants require an additional level of facilitation skills from instructors. It is wise to help instructors learn these facilitation skills as a part of their preparation to become program instructors.

5. **Be well prepared before scaling up program delivery across the country.**
   For any country, HRH professional development training is a significant resource investment. Developing and delivering training at central levels for selected HRH leaders requires one level of resources and commitment. Scaling up to bring this program to subnational levels requires a much higher level of commitment and resources. In Uganda, in order to maximize learning, course size was kept under 30 participants. Since each district sent participants as a team, each program included only five or so districts, and there are over 100 districts in the

country. Delivering a program 10 to 20 times can become overwhelming. It can strain resource levels and put too many demands on instructors. Most instructors enjoy and value their role, but they may burn out and feel they can't commit to so many programs.

Recruiting and retaining good instructors during scale up can be challenging. In many countries, instructors have full-time HRH jobs in the Ministry of Health or in other stakeholder organizations. As such, they are expected to carry out the role of instructor along with their current job with little or no added financial incentive or recognition. In the beginning, their sense of responsibility and concern over the country's HRH crises provides the needed motivation and commitment. However, as these programs are scaled up and offered many more times, this initial enthusiasm may begin to wane. If instructors are to be retained, they will need some financial reward and recognition of the important role they play in helping the country address its HRH challenges. There will likely be a need to recruit and train new instructors.

Under pressure to deliver more programs and continually recruit and train new instructors, program managers may feel they have no choice but to lower their quality standards. Unfortunately, when quality standards are lowered, the program outcomes erode as well. At this point, the return on investment quickly becomes questionable.

Countries would be wise to extend the HRH professional development program into subnational levels at a realistic and sustainable pace. Donors should support this scale up and also appreciate its scope and not expect or demand results more rapidly than is reasonable to expect.

A Human Resources for Health Professional Development Program—Not Just Training

HRH professional development programs for subnational levels constitute a needed and worthy undertaking. Changing individual and organizational behavior as a result of standalone training can be challenging for the reasons identified previously. In order for a professional development program to achieve intended outcomes, *it must be a program and not just a training course*, and the quality of the program must be high and remain high. This perspective ensures the content of the program is aligned with service delivery targets, that participant HRH teams receive coaching support from program instructors, and that health leaders at subnational levels are involved and supportive of the changes their HRH teams are making as a result of the program. All this requires senior-level program management and leadership attention. Providing professional development opportunities for HRH professionals throughout the country will use valuable, scarce resources. It is important that these resources produce desired results, or they should be used somewhere else.

Capacity*Plus* is the USAID-funded global project uniquely focused on the health workforce needed to achieve the Millennium Development Goals. Placing health workers at the center of every effort, Capacity*Plus* helps countries achieve significant progress in addressing the health worker crisis while also having global impact through alliances with multilateral organizations.

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