Hierarchy of Performance example 1

Organizational Goal:
By 2018, national policies and systems to ensure more rational distribution of MOH health workers in all district and areas developed and implemented

Leader/Responsible
MOH Primary Health Care

Outcome: HRH retention policies developed

Process: National planning process
National policy development

Tasks:

Leader/Responsible
MOH HR Dept
District health offices

Outcome: HRH retention strategies and incentive packages developed/updated/applied in 50% of districts

Process: National/district strategy development and implementation process

Tasks:

Leader/Responsible
MOH HR Dept, District health offices

Outcome: Proportion of health workforce in urban vs rural facilities rebalanced from 70/30 to 50/50

Process: Deployment process
Hiring process

Tasks:

Leader/Responsible
Mo Finance
MOH Finance Dept

Outcome: Total spending on the health workforce as % of recurrent health budget increased from 70% to 80%

Process: Budget process

Tasks:

Leader/Responsible
Mo Higher Education

Outcome: Number of health training schools in rural areas increased from 12 to 16

Process: Education process

Tasks:
Hierarchy of Performance example 2

**Organizational Goal:**
By 2015, HR plan for nursing school implemented to ensure adequate numbers of competent staff

- **Leader/Responsible:** HR manager
  - **Outcome:** 10 nursing faculty and 5 administrative staff hired
  - **Process:** Recruitment and hiring process
  - **Tasks:** Confirm staffing gaps, Confirm staffing budget, Prioritize positions for recruitment, Advertise positions, Form interview panel, Shortlist and interview candidates, Rate and select candidates, Make employment offers, Orient new staff

- **Leader/Responsible:** HR manager
  - **Outcome:** Yearly performance evaluations for all staff, with written expectations and staff development plans
  - **Process:** Performance evaluation process
  - **Tasks:** Orient staff on the performance management cycle, schedule, and materials, Provide guidance for performance planning and writing SMART performance expectations, Support performance planning, monitoring, evaluation, and improvement, Provide rewards and recognition, according to achievement of performance expectations

- **Leader/Responsible:** HR manager
  - **Outcome:** CPD opportunities available for faculty/staff to remain competent and updated
  - **Process:** Staff development process
  - **Tasks:** Identify and prioritize staff development needs, Schedule CPD to minimize program disruption, Track results of staff development on staff performance and student outcomes

- **Leader/Responsible:** HR manager
  - **Outcome:**
  - **Process:**
  - **Tasks:**
Ndora District Hospital Goal:
By 2015, increase the percentage of population (age 15-49) knowing their HIV status from 37% of women and 27% of men to 65% and 60% respectively through PITC and mobile VCT programs in the hospital and its catchment areas.

Leader/Responsible
Director of Administration and Finance Dept.

Outcome:
All staff the hospital and surrounding health centers sensitized about the PITC/HCT program. Budget developed and funds available for training all providers in PITC/HCT and for lab equipment, tracer drugs & diagnostics

Process:
Budget process
Administrative process and messages
Planning process
Procurement: tracer drugs, lab equipment...

Tasks:

Leader/Responsible
Statistician in charge of record keeping

Outcome:
MIS strategy and support developed/clarified and applied in the district hospital and surrounding 18 health centers

Process:
MIS implementation strategy and process
Training in use of different registers and forms
Supervision

Tasks:

Leader/Responsible
Pharmacist in charge of Pharmacy Dept.

Outcome:
Tracer drugs and diagnostics, infection prevention equipment, referral forms available at each unit and 18 health centers.

Process:
Tracer drugs and diagnostics, infection prevention equipment, referral forms available at each units and health center.

Tasks:

Leader/Responsible
Head of each clinical service and Responsible of each surrounding health centers

Outcome:
Clients counseled and tested for HIV in the district hospital and 18 surrounding health centers increased from 27% to 65%

Process:
Training all providers in PITC/HCT
Integration of HCT into preventive and curative care (hospitalization wards...), preventive care (immunization, child growth control, and community mobilization...)

Tasks:

Leader/Responsible
Nurse Practitioner in charge of outreach services

Outcome:
Number of women and men reached during Immunization, Child growth surveillance and HIV sensitization campaigns increased 15-65%

Process:
Training of staff involved in outreach activities
Integration of HCT into immunization, child growth control and sensitization campaigns.

Tasks: