POLICY BRIEF

PROMOTING COUNTY TRAINING NEEDS ASSESSMENTS FOR EFFECTIVE HUMAN RESOURCES FOR HEALTH CAPACITY DEVELOPMENT IN KENYA

September 2021

Sospeter Ndaba, Dr. Janet Muriuki, Esther Kariuki, Wycliffe Omanya

BACKGROUND

The Constitution of Kenya (2010) mandates that the Ministry of Health (MOH) undertake the training of both national and county health workers to develop their capacity on a continuous and sustainable basis. After the Government of Kenya devolved the health function in 2013, counties began supporting the training of their staff in addition to the training opportunities already available from the national government.

Although this change was well-intentioned, no comprehensive training needs assessments (TNAs) had been performed to guide counties in determining the priority areas for long- and short-term training. Three years later, the Human Resource Development Procedure Guidelines (MOH 2016), and the MOH Training Policy (2016) both recognized the need for conducting TNAs in counties prior to commencing training interventions.

A training needs assessment is a systematic process of identifying gaps in the performance of service providers and/or systems, based on an analysis of the desired performance and the actual performance observed. The TNA for each county department of health (CDH) should inform training projections, training plan development, and

POLICY OBJECTIVES

- Establish the county's long-term (more than six months) training priorities, targeting specialist health workers.
- Determine priority areas for short-term (less than six months) in-service training for the county to deliver universal health coverage in the areas of HIV; reproductive, maternal, newborn, child, and adolescent health/family planning (RMNACH/FP); and others.
- Identify priority county in-service training needs in leadership, management, and governance of the health sector.
- Institutionalize and utilize TNA data for counties to develop training projections, budgets, and plans for three-year phases.

USAID FROM THE AMERICAN PEOPLE

PEPFAR

IntraHealth INTERNATIONAL
Because Health Workers Save Lives.

appropriate budgetary provisions, as well as align trainings to priority health services in each county.

CONTEXT

Challenges faced by counties in conducting comprehensive TNAs have included competing priorities and limited technical capacity and resources. Although both county and national governments facilitate trainings, the process has lacked detailed county training projections, corresponding budgets, and capacity-building plans. In the absence of a systematic approach, information collected from records and key informants indicates that county departments of health use a range of methods to determine their training plans. These methods include performance appraisals, intuition, and patronage.

Performance appraisals are used for administrative and/or developmental purposes. Administratively, they help make decisions about an employee's work conditions, including promotions, termination, and rewards. Developmentally, they are used to improve employee performance and strengthen job skills; they also offer a platform for providing feedback, counseling employees on effective work behaviors, and offering training and other learning opportunities. Ineffectively implemented performance appraisals are likely to suffer from rating errors, personal bias, and insufficient comparability, i.e., "the degree to which the performance ratings given by various supervisors in an organization are based on similar standards" (Gómez-Mejía, Balkin, and Cardy 2012, 236). They are also prone to last-minute "copying and pasting" among colleagues, hence reducing their reliability.

Many counties have been using *intuition* and guesswork to inform their training needs and projections. However, intuition is not based on analytic reasoning and does not always lead to good decisions. In many departments of health, this approach has led to certain cadres of employees (e.g., doctors, clinical officers, and nurses) being overtrained, while others have been unintentionally neglected.

Counties have also provided training opportunities to HRH staff who are well connected to senior management in the department of health. This phenomenon is also known as *patronage*. Patronage and indirect influences are politically incorrect behaviors that rely on ambiguous definitions, leading to biased determination or selection processes.

None of these methods currently being used is objective or scientific, and they have led to skewed trainings for health workers. The effect of this system has been demotivated staff, suboptimal service provision, and in some cases, transfer requests to other counties.

THE NATIONAL MOH TRAINING POLICY (2016)

The national MOH Training Policy (2016) provides a framework for the management of training in the health sector. The goals of the policy are to close the current training coordination gaps within the health sector, and to align training courses with the legal and policy framework and population health needs.

To strengthen implementation of the policy's guidelines, the USAID-funded HRH Kenya Mechanism led by IntraHealth International supported ten counties in conducting their own TNAs. The guidelines are intended to support the prioritization, planning, implementation, coordination, and monitoring of county in-service training, contributing to universal health coverage.

Implementation of the MOH Training Policy will require counties to institutionalize the TNA process through the county Chief Officer of Health, and to establish and appoint a TNA Steering Committee composed of the county health management team or departmental heads, service delivery partners that support training, and medical training institutions. The CDH Human Resources Development Unit head chairs the committee and reports to the county Chief Officer of Health. The role of the committee is to plan and successfully implement the TNA, remaining active and functional for its duration. The TNA Steering Committee is guided by the MOH Human Resource Development Procedure Guidelines (2016) section 3.1.1 to implement its ten-step approach to operationalizing a TNA in each county. Findings from the TNAs allow counties to institutionalize their TNA processes, standardize the methodology, and enable comparative analyses to ascertain the extent of training needs within and across counties.

THE TEN-STEP APPROACH TO CONDUCTING A TNA

1. Prepare a TNA proposal
2. Submit the proposal to the relevant authority for approval
3. Assign a steering committee that is chaired by the CDH Human Resources Development Unit
4. Develop/customize TNA tools
5. Collect data
6. Analyze the data
7. Draft a TNA report
8. Submit the report to relevant CDH leadership
9. Disseminate the findings
10. Work with stakeholders in training and medical education to implement the TNA recommendations by developing projections and budgets and by approving trainings.

Steps sourced from the 2015 MOH Training Needs Assessment conducted by the USAID-funded FUNZOKenya project led by IntraHealth.

TRAINING NEEDS ASSESSMENTS IN TEN COUNTIES

In 2019, county departments of health conducted TNAs in the counties of Busia, Kakamega, Kilifi, Kisumu, Kitui, Migori, Mombasa, Nairobi, Nakuru, and Uasin Gishu to inform county training functions, including training plans, projections, and budgeting for the 2019–2021 period. Goals of the TNAs included identifying gaps in cadre specialist training areas, as guided by the MOH's Human Resources for Health Norms and Standards Guidelines for the Health Sector (2014), and identifying in-service training needs in leadership, management, and governance for county health sector managers and supervisors. The TNAs adopted a purposive sampling strategy by interviewing county health leadership, county and subcounty health management team members, hospital management teams from level 4 and 5 hospitals, and development partners.

FINDINGS

The Training Needs Assessment Report for Human Resources for Health in 10 Counties (IntraHealth International 2019) revealed the following top training priorities per service delivery area: pediatric tuberculosis management (23%) for the HIV/tuberculosis service domain; immunization (24%) for nursing services; integrated management of childhood illnesses (31%) for clinical services; speech and hearing therapy (24%) for rehabilitative services; drug supply management policies and guidelines (24%) for pharmacy services; and disease outbreak preparedness and response (23%) for public health services. Other priority areas included computerized tomography scan (26%) for radiology services; maternal infant and young child feeding (23%) for nutrition services; quality management systems (26%) for laboratory services; malaria case management (34%) for malaria services; emergency obstetric and newborn care (29%) for reproductive services; and data analytics training (24%) for monitoring and evaluation/health information services. Under leadership, management, and governance, the top training priorities for improving county health sector performance were leadership for health service delivery (28%) and senior management for career progression (24.5%).

KEY RECOMMENDATIONS

Counties need to adapt and customize the national MOH Training Policy (2016) to guide TNA implementation; adopt innovative learning approaches, such as on-the-job training, mentorship, coaching, and electronic/mobile (e/m)-Learning; and develop partnerships with medical training institutions and service delivery partners. Furthermore, counties should develop costed training plans and allocate corresponding budgetary funds every three years. The training projections must be linked to county goals, priorities, and strategic plans and submitted to the CDH's County Human Resources Management Advisory Committee to guide the nomination and selection of participants for training. Using the TNA approach will ensure that: 1) health workers attend trainings based on an approved, rationalized plan, thus maximizing their duty station presence and minimizing their absence; 2) trainings are relevant to areas of need; 3) health workers are able to immediately translate training information into improved service delivery; and 4) CDH investments in workforce development are aligned to respective county priority health services and provide suitable returns on investment.

Finally, demand must be created for counties that have yet to conduct TNAs: other counties should share their success stories and warn of the effects of haphazard training implementation. Increased TNA uptake will require more resources to be mobilized, hence trainings on resource mobilization, including stakeholder mapping, are also needed.

REFERENCES

IntraHealth International. 2019. Training Needs Assessment Report for Human Resources for Health in 10 Counties. Nairobi: IntraHealth.

Gómez-Mejia, Luis R, David B. Balkin, and Robert L. Cardy. 2012. *Managing Human Resources (7th ed.)*. Pearson Education, Inc. **http://www.aspu.edu.sy/laravel-filemanager/files/18/%D9%85%D8%B1%D8%A7%D9%85%D8%B9%20%D8%A7%D9%84%D8%B9%D9%84%D9%88%D9%85%20%D8%A7%D9%84%D8%A5%D8%AF%D8%A7%D8%B1%D9%8A%D8%A9/Book-Managing%20HR%20(7th%20Edition).pdf**

Ministry of Health. 2016. Human Resource Development Procedure Guidelines. Nairobi: Government of Kenya. **https://www.mombasa.go.ke/wp-content/uploads/2018/07/MOH-Training-Procedure-Manual.pdf**

APPENDIX: TRAINING NEEDS ASSESSMENT MONITORING AND EVALUATION PLAN

EXPECTED OUTPUT	WHAT INFORMATION DO WE NEED?	SOURCE OF INFORMATION	INFORMATION COLLECTION MODE	HOW DO WE ANALYZE THE INFORMATION?
1. Identify gaps in health workers by specialization necessitating training				
Deficits in health workers by specialization to inform training projections and budgeting	A list of all official post-basic and post-graduate specialties in Kenya, as defined by the regulatory bodies.	HRH Norms and Standards Guidelines for the Health Sector, August 2014.	Through county HRH units	Compare those in post vs. the standards.
Number of health workers by specialization on training and to be trained	Total number of health workers by specialization currently in training and those to be trained	County HRH records	Through county departmental heads and county health management teams (CHMTs)	Compare the deficit of health workers by specialization and the standards
2. Identify priority areas for in-service training in clinical/technical areas for service delivery				
Prioritize in-service training areas that address key gaps in the county department of health	List of key training areas as advocated by MOH technical departments	MOH technical departments, CHMTs/ subcounty HMTs/ health facility managers	Questionnaire to departmental heads and service delivery partners	Ranking and priority lists
Number of health workers trained in 2018 and projected to be trained in next three years	Number of health workers trained and to be trained	County HRH records and departmental heads/health facility managers	Questionnaire to departmental heads and service delivery partners	Proportions
3. Establish priority training areas in leadership, management, and governance (LMG)				
Prioritized areas for training in LMG	A list of in-service trainings in LMG for performance and career progression	Desk review of gaps in LMG performance and course offerings of leading universities and colleges/institutes training public servants	Questionnaire to key informants—chief officer, CHMT, partners	Establish top 5-10 priorities/ranking
Total number of health workers trained in 2018 and projected to be trained in next 3 years	Total number of health workers trained and to be trained	County HRH records and departmental heads	Questionnaire to departmental heads and service delivery partners	Proportions

This policy brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of IntraHealth International and do not necessarily reflect the views of USAID or the United States Government.

CONTACT

Dr. Janet Muriuki
Country Director, Kenya
Program Lead, HRH Kenya Mechanism
jmuriuki@intrahealth.org

IntraHealth INTERNATIONAL
Because Health Workers Save Lives.

www.intrahealth.org/countries/kenya