

ESTABLISHING HUMAN RESOURCES FOR HEALTH UNITS TO STRENGTHEN HEALTH WORKFORCE MANAGEMENT IN KENYA'S COUNTIES

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BACKGROUND

Management is an important function of any health sector, as it can determine the quality of service delivery and ultimately patient health outcomes. The devolution occasioned by the Constitution of Kenya, 2010 gave county governments the responsibility of managing health service delivery. This change presented both opportunities and challenges and tested Kenya's overall health system. On average, 50–70% of county workers are in the health sector, and the greatest human resources for health (HRH) challenge that the counties encountered after devolution was the management of the health workforce.

Therefore, there is a critical need to pay special attention to HR management (HRM). In the former centralized system, although the Public Service Commission managed all government workers, the national government also created an HR unit in the Ministry of Health (MOH) to oversee health worker management. This unit was responsible for coordinating the implementation of HR functions in the different regions. The grievances and confusion in the public health sector in transitioning management after devolution were attributed to nascent HRM systems and the lack of a designated HR officer for health workers in the counties.



This brief proposes a county-level policy to institutionalize the establishment of an HRH unit in each county department of health, in alignment with the Devolved HRM Policy Guidelines on HRH. The units should be staffed by an adequate number of competent staff to address the HR needs of health workers, in line with Ministry of Labour guidelines and recommendations.

CONTEXT

Kenya requires a large number of well-trained, well-distributed, and culturally sensitive health workers. Currently, the Kenyan public sector has a health worker crisis, with only 14 health workers per 10,000 Kenyans. This crisis exists despite a 46% increase



in health workers since devolution, from 46,259 to 67,740. The shortage is exacerbated by health workers with an inappropriate skills mix, chronic absenteeism, and low morale; non-rationalized deployment and distribution, underperformance and low retention; insufficient domestic financing for employing more health workers; and the growing Kenyan population. Counties have struggled to understand and address the needs of health workers, leading to industrial unrest.

The HRH Kenya Mechanism, funded by USAID and implemented by IntraHealth International and its partners Amref Health Africa and Strathmore University Business School has worked to strengthen HRM to improve health outcomes. Working with county departments of health, the Mechanism has assisted 45 out of 47 counties to establish HRH units that are staffed with 189 HR officers of whom 152 (80.4%) have degrees or diplomas in HRM, as per the MOH competency framework and job profile. Significant progress has been realized at the county level after the establishment of the HRH units. The units have evolved as the center for HRH partner support, budget advocacy using an HRH budgeting checklist, HRH data for decision-making, county HRH maturity assessments, and HRH intervention sustainability on counties' journey to self-reliance. In many counties, results have varied depending on advocacy efforts, with functional HRH units having at least three qualified HR officers and a data analytics officer being the advocacy objective.

EMERGING RESULTS FROM IMPLEMENTING COUNTY HRH UNITS

Following the Mechanism's advocacy with the county departments of health, public service boards, and public service management, counties increased the number of HRH practitioners in their HRH units by 385%, from 39 in September 2016 to 189 in July 2021. This initiative received a major boost from the national government when, in April 2018, the Ministry of Labour, through the Cabinet Secretary, recommended the establishment of HRH units in the counties, led by an HR director. This endorsement was made in response to recommendations following a two-day stakeholders' forum in February 2018. The Mechanism supported convening the forum to deliberate on the main causes for health worker strikes in the country and to identify strategies to avert them in the future. The Mechanism

then developed a generic concept note for staffing the HRH units. Nairobi, Mombasa, and Nyamira counties customized the concept note to strengthen their HRH units, including establishing an HR director position. The respective county public service boards then approved the concept note, thus creating the position.

Overall, the HRH units have contributed to managing the health workforce and mitigating employee unrest. For example, through active involvement of the HRH units in the budgeting process, use of the HRH budgeting tool checklist, and HRH budget advocacy, Nairobi County realized a 15% increase in its HRH budget: from KES 295,576,472 in FY 2017/2018 to KES 339,959,400 in FY 2018/2019. The budget accounts for additional HRH activities, including promotion, recruitment, and performance management. Similarly, Mombasa County realized a 9.8% increase from KES 509,139,973 in FY 2017/2018 to KES 559,044,415 in FY 2018/2019, and Nakuru county 4% from KES 4,432,191,893 in FY 2017/2018 to KES 4,599,204,542 in FY 2019/2020 to support HRH activities over and above the salary budgetary allocation (e.g., funds for promotions, re-designations, retirement, succession planning, attrition, and staff replacements).

The HRH units, with the Mechanism's support, have been instrumental in customizing performance appraisal tools and guidelines and implementation of the staff performance appraisal process. These tools and guidelines define performance targets for health workers and measures put in place to enhance professional conduct with the goal of improving employee productivity and enhancing organizational performance.

In 27 counties, the HRH units have also led to the formation of work councils, a dialogue platform between sector trade union leaders and the county through which the trade union leaders and county health management teams are trained on employee relations. This system has created a pool of master trainers with enhanced capacity to hold consultative meetings with health sector trade unions and negotiate on employee relations, thus averting health worker strikes in a number of counties through negotiation.

The HRH units have also played a key role in fast-tracking health worker promotions, rationalizing staffing of health workers using the World Health Organization's Workload Indicators of Staffing

Need (WISN) tool, managing human resources development (HRD) activities including conducting training needs assessments, customizing county training policy, uploading data to the Integrated Human Resources Information System (iHRIS), and producing HRH information dashboards for workforce planning and decision-making.

EXPECTED RESPONSIBILITIES OF COUNTY HRH UNITS

Going forward, we recommend that each county HRH unit will:

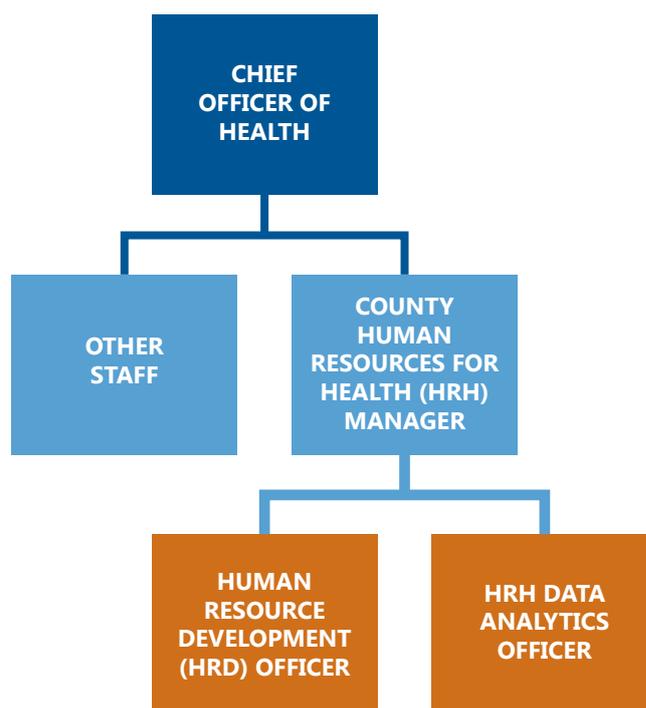
- Support recruitment and selection of health workers by carrying out workforce planning and forecasting. The unit will advise county management where and when more health workers are required to ensure equitable distribution to address staffing gaps to optimize health worker utilization and improve staff motivation, attraction, and retention.
- Manage ongoing staff training and development by conducting training needs assessments to identify performance requirements and the knowledge, skills, and abilities needed by the health department for the workforce to achieve the requirements. An effective training needs assessment will help direct resources to areas of greatest demand.
- Mediate conflicts that may arise between health workers and county government effectively through dissemination of key HRM policies and guidelines (e.g., employee relations guidelines, discipline manual) and, as needed, through the work council dialogue platform to promote harmonious working relationships. This will help enable the counties to reduce costs, increase productivity, and build a cohesive workforce by reducing absenteeism and health worker unrest and retaining top performers.
- Maintain a suitable work environment. The unit will ensure that health workers have a safe, clean, and healthy environment that promotes job satisfaction. Work environment drives performance and is a vital aspect of HRM.
- Disseminate, implement, and review HR policies and guidelines for the health sector. The unit will work with the county public service management department and the county public service board to identify changes in technology, laws and regulations and facilitate review of HR

policies and guidelines aimed at reducing legal costs and resolution time of regulatory issues and fostering harmonious work relationships.

RECOMMENDED ROLES WITHIN THE HRH UNITS

Figure 1 illustrates the proposed staff relationships within the HRH units. The HRH Manager is responsible for implementing all HR support as it relates to the county government’s health service delivery function and reports to the County Chief Officer of Health. The HRH Manager’s responsibilities include supporting implementation of HRH strategy and all HR policies, including those related to HRD, performance management, change management, and employee relations and welfare. They work closely with the County Human Resource Director/Manager to deliver proactive HR services and programs to support county health priorities and objectives.

Figure 1: Proposed organogram for HRH units



The HRH Data Analytics Officer reports to the HRH Manager and is responsible for hands-on implementation of iHRIS to ensure accurate data for decision-making in the department of health. The role includes ensuring HRH data are collected, stored, and managed in a routine manner; interpreting data, analyzing results, and providing ongoing reports, both routine and ad hoc; developing and implementing HRH

databases, data collection systems, data analytics, and other strategies that optimize HRH data quality and efficiency; and identifying, analyzing, and interpreting trends in the health workforce, including the changing numbers of cadres, attrition, promotions, and trainings.

The HRD Officer also reports to the HRH Manager and is responsible for hands-on implementation of all HRD health function support in the county government. They will deliver proactive HRD services and programs to support county health priorities and objectives. The role includes supporting HRD opportunities and implementing training and development policies and processes at the county department of health. They also support the development, monitoring, and implementation of a comprehensive induction program; manage training requests and approve candidates for training in partnership with the County HR Advisory Committee (CHRAC); conduct training needs assessments for the department in partnership with stakeholders; update and maintain the health department skills inventory; and submit training requests for approval by the Cabinet Secretary for courses sponsored by the national government in partnership with CHRAC.

KEY RECOMMENDATIONS FOR POLICY-MAKERS

- Develop a policy aligned with the Devolved HRM Policy Guidelines on Human Resources for Health at the county level.
- Support infrastructure and budgetary needs to ensure optimal performance of the HRH units.
- Ensure that HRH units are staffed with a qualified HRH manager and officers.

REFERENCES

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