

**HRH Action Workshop  
Topic Working Groups  
Participant Notes**

**Working Group Notes: Human Resources Management**

**Definition:** Examines professional HRM capacity, personnel policy and practice, career path, promotions, HR data, staff tracking system.

Issues:

1. General Issues

- HRM issues are the root cause of the poor performance in the health sectors of most of the countries.
- HRM and development units are fragmented within the Ministries and do not have the capacity to work with each other.
- If HRM issues are not addressed within the health sector, the rest will “all be noise” – retention plans will not work unless we sort out the HRM components first and foremost.
- In many countries there has been an increase in litigation cases within the MOH related to poor management of staff, especially regarding their benefits.
- Many countries' HRM systems are “in shambles” – recently appointed HRM employees are finding themselves constantly “mopping up” problems. Country governments need guidelines for what the MOH needs to do to make sure that there is better communication and better efficiency at the HRM level.
- Many MOH staff are poorly managed and are not working at their full efficiency and capacity (leaving early, coming in late, etc.).
- There is a major difference between just a dedicated HRM department and a dedicated and *supported* HRM department.
- The various levels of government have changed and shifted over the years, and while the central level HRM may be working in some countries, the HRM at the various lower levels is often disconnected and sometimes non-existent.
- People are being put into positions that they are not qualified for. People who do the strategies are not working with the people who deal with personnel. There is a

true disconnect. It is a structural issue – we should not be relying on a few motivated personalities to do the work, but we should instead structure it to automatically happen.

## 2. Country Strategies

- In Uganda, the HRM/HRD units are fragmented, the practice is to post people but not to follow up to see if the people they are hired have received real training on HRM issues. Support of the HR is not a priority, and there is no concern about what the training is of those people that they place in positions. A doctor may be placed in the HR department who has no training or experience in HR issues. There are only a few copies of HR policies/protocol manuals in the MOH, and they are all located in the offices of top government officials. The people who would benefit from reading the manual do not have easy access to it. This is demotivating. The information needs to be “brought down to the right people.” The people who produce the HRM documents keep the documents and do not circulate the information.
- While Uganda has an open appraisal system, it is very hard for supervisors to tell the truth. Appraisals are usually done on paper and pushed through the system where they get lost until many months later when the employee is finally able to see it.
- In Uganda, promotions occur as a result of one interview with someone off-site that you don’t know or work with – if you have a bad interview, you may not be promoted, even though you are doing an excellent job. People are not receiving the opportunities for the training that would/should eventually lead to them getting a raise.
- In Zanzibar, there is no transparency within the HR system – most health employees do not know what their career paths consist of. WHO assisted in producing an HR document for the region, but it has not been updated since 2003.
- In Rwanda, when working for an NGO an employee normally receives the policies and protocols of the organization. This is not true for employees within the MOH. In the private sector, employees receive appraisals. Appraisals are rare in the MOH – if they are done, they are not done truthfully. Employees are instead always given the highest marks on appraisals (even if they do not deserve it) because the MOH fears that a negative appraisal will cause people to quit.
- Malawi recently completed a study of retention of workers in the rural system in which issues of career path and promotion were clearly shown to be very important.
- Malawi wants to begin to track health workers within the country – but there is no current “living” system in place to track these workers.
- Lesotho is now beginning to examine the labor law and how it relates to the current HRM issues within the country.

- In Lesotho, for those departments in the public service system that have been restructured, there is an open appraisal system where people do get feedback. You first assess yourself, and then your supervisor assesses you. A third party can be called in to address any conflicts. An HR database has also been completed, and the payrolls from the different levels of the health sector are used to monitor that database.
- It is very difficult to retrieve appraisals that are done on paper.
- In Kenya, there are not enough qualified staff to address HRM issues for the MOH. There are currently more than 6,000 promotions that are pending within the public sector due to the lack of HRM capacity to handle the paperwork/evaluations. There is a serious issue of facilitation. There isn't the capacity to implement the basic things that easily motivate people. Health workers have to worry about so many things, including how they will achieve promotion in a timely manner. It doesn't matter how well an employee is trained or how well they are supervised – it is hugely discouraging if they have to travel 200 miles to sign a piece of paper (an evaluation/appraisal) or follow up on a lost paycheck.
- The biggest cause of HRM problems is the lack of computerization for HRM issues. Because of the lack of tracking, employees feel lost in the system and feel insecure. They know that as soon as their papers go into the system they are lost – some people received promotions many years after they left.
- Swaziland has just started a new tracking system, but it is making everything more confusing because there has not been adequate training.

### 3. Potential Solutions

- A computerized HRM data tracking system to see where health sector employees are, their skills and all other pertinent information.
- Everyone who works for HR should be required to have some sort of HR background, training and/or an understanding of working with people.
- Develop a “shadow system” for monitoring HRM at the different government levels, not just at the one central level.
- Career paths: In many countries, you have people coming into a position and just stagnating. This is very demoralizing. People leave because they are frustrated. Some cadres, such as nursing assistants, have no movement. This needs to be changed.
- In Lesotho, quite a number of in-service trainings are offered so that, while there may not be a career ladder within certain cadres, workers can receive the training they need to trade cadres.

- There is no credit given for amount of work experience (a nursing assistant who works for ten years cannot move into a nursing position). Even those that receive a higher degree (i.e., MPH) do not have any positions to move into. In Zambia, the MOH has realized this and is trying to figure out where to put people who have received higher degrees.
- In Uganda, the MOH is beginning to expand the structure of district work places to address those doctors that have achieved specializations. There is still not enough space for them, though. They have to wait for a position, which is very frustrating. The more educated, more experienced people are leaving Uganda.
- A successful HRM system should be able to answer these five questions (regardless of sector, type of job, etc.) – if it cannot, it is not working effectively.
  - **Am I (the employee) being treated fairly in terms of compensation and in terms of the environment in which I am working?**
  - **Do I know what I am supposed to do?** (There is nothing as bad as lack of clarity – job descriptions and performance expectations are necessary.)
  - **Do I know how well I am doing my job?** (Is there a system of feedback? Is the feedback reliable?)
  - **Who cares?** (Would anyone miss me if I didn't come to work?)
  - **Do I have a future in this organization?** (Is there a career path? Are there opportunities for personal and professional development?)
  - Thoughts/comments on these five questions:
    - In Uganda health workers are taught about how to address HIV, TB, malaria, etc., with their patients, but they are not taught how to take care of themselves – this falls within the issue raised by the question “Who cares?”
    - In Kenya, the MOH has not examined the impact of HIV upon health workers, and is not addressing the support these people need. Perhaps the MOH should begin to provide counseling services for those health workers affected/infected with HIV/AIDS and establish a psycho-social support system as well.