

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

**Retention Policies and Practices**

**Definition:** Monetary and non-monetary incentives, policies and practices to manage migration.

**Notes:**

Key Issues and Questions:

1. How to decide on the content of a retention package:
  - a. Monetary incentives
    - i. Government can choose to offer monetary incentives across all sectors, with specifics of package to be determined by each sector independently. It has proven effective for the health sector to offer salary increases across all cadres, and has eliminated much abuse of monetary incentive system. (Kenya)
    - ii. It is important to note that many times monetary government incentives originally planned to be awarded across cadres are, in reality, given only to workers at the managerial level and not to the front-line/hands-on health workers. (Tanzania)
  - b. Non-monetary incentives
    - i. Can include no/low-interest loans. (Zambia)
    - ii. Can include housing and vehicle loans. (Zambia)
    - iii. How do you choose which cadres will receive incentive packages, if funding is not available to provide for all cadres? Cadres not included in incentive packages may lose morale or even quit. What non-monetary incentives can be used to combat this issue (Zambia)? This problem also occurred in Malawi, and proved very de-motivating for health workers not included in incentives packages.
  - c. Timeframe for incentives should be considered changeable in accordance to changes in the labor market
  - d. It is important to understand the down-side of some incentive packages:
    - i. Some incentives can cause unforeseen problems in other areas, thereby exacerbating the problem instead of helping to fix it. (Tanzania)
  - e. What advice is available on convincing governments to allocate incentive packages for health workers?
  - f. It is important not only to retain people but also to provide incentive packages that will attract new health workers. (Uganda)
2. How to define "hardship posts"? (Uganda)
  - a. Hardship posts can be positions:

- i. Anesthesiologists
    - ii. Pathologists
    - iii. Doctors are sometimes reluctant to study for hardship positions because they are not as marketable as hands-on public health positions. (Tanzania)
  - b. Hardship posts can be locations:
    - i. Rural areas
    - ii. Hard-to-reach urban areas
    - iii. Often, hardship-based incentive packages do not provide enough salary increase to cover actual living costs (transport, communication, education, etc.) in hardship post (Lesotho)
  - c. A system of review must be in place as hardship posts change.
  - d. What advice is available on strategies that can be used to attract health workers to hardship posts? (Uganda)
  - e. Many workers simply do not want to work for government, regardless of the location/position available. (Rwanda)
    - i. To address this problem, incentive packages in Rwanda include greater increases for workers in rural posts, and performance-based incentives (regardless of post), and training selection preference is given to rural workers.
- 3. Managing staff absence
  - a. Information system to track staff
    - i. This information system can also be used to identify what groups of health workers are leaving (age, sex, etc.) and design incentive packages to target these specific groups. (UK)
  - b. Must attract people who have ability to do the work once employed. Workers who do not have required abilities often do not work the full number of hours required for the job. (Tanzania)
  - c. Supervision
  - d. Incentives targeted to getting people to fillout proper paperwork when terminating:
    - i. Health workers will leave with no notification, causing “ghost workers.” (Swaziland)
    - ii. Often, managers do not want to take responsibility to enforce policies on absconding workers. (Swaziland)
    - iii. To combat this problem, it has proven effective to terminate all benefits (including job and Social Security) simultaneously when staff members disappear for more than thirty days. This increases personal responsibility to follow proper channels. (Namibia)
  - e. Better coordination between Government and donors
    - i. Many health workers are lost to the private/NGO sectors. (Namibia)
- 4. Special incentives packages to be performance-based
  - a. Tried this in Malawi, but no performance measurement standards were defined. Therefore, in reality incentives were not performance based. (Malawi)
- 5. Site-specific recruitment (Kenya)
  - a. Post location is included in advertisement for position. (Kenya)
  - b. This increases likelihood of retaining workers, especially in hardship posts. (Kenya)

6. Targeting retention policies toward at-risk groups
  - a. Must identify at-risk groups
    - i. In Lesotho, they have an Information System that allows human resources to identify workers who are migrating by age, sex, etc. (Lesotho)
  - b. Should include health workers being seconded out to donor organizations
7. Try to deal with the underlying problem—don't just go for the “easy option” (e.g., incentives). (UK)
  - a. Pay reform. (UK)
8. Sustainability of incentives
  - a. Policy must be clearly articulated from the outset, or you can get “locked-in” to providing incentives on a longer-term basis than planned. (Lesotho)