#

Choosing HR/HS strategies to improve workforce performance



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## Part 1: Overview

This document describes the process of developing interventions to address priority problems identified in the situation analysis. This is continuation of the ‘planning’ phase of the Action Research cycle.

The main purpose of this guidance document is to enable district level managers to select appropriate human resource management strategies and broader health systems strategies to address workforce performance problems that have already been analysed as part of the situation analysis process.

**Please note:** The strategies for improving health workforce performance in the district are expected to be developed within the DHMT’s boundaries of budget and authority and should whenever possible be aligned to annual priority/activity planning of districts.

The next part (Part 2) provides a brief introduction on workforce performance and the elements of a system to manage performance. Part 3 describes the process of developing HR/HS strategies to address your workforce problems. It also provides examples of strategies to help DHMTs think through what could be selected within budget and authority boundaries to create coherent strategies. It then provides a framework for planning the implementation of the strategies.

Part 4 describes the process of implementation and monitoring the impact of the HR/HS strategies on the performance of the health workforce in your district and making modifications as necessary.

## Part 2: Workforce performance

### What makes good performance?

As a manager at district level you will be concerned both to ensure your health programmes are benefiting the public and to meet specific health targets set for the district. You know that the ability of the district to provide effective health programmes and meet specific targets depends largely on the performance of your workforce. By **workforce performance[[1]](#endnote-1)** we mean the collective and individual performance of the workforce; in particular in this project the availability and distribution of staff and their effectiveness (including skills mix, levels of absence, and quality and quantity of work output). This applies to technical (e.g. clinicians, vaccinators), managerial (e.g. DMO, head of HMIS) and support staff (e.g. cleaning and maintenance).

Workforce performance is largely a result of the way in which staff – the processes and the resources they need to do their work – are managed. This can be thought of as a **performance management system**. The flexibility in decision making – or room for manoeuvre – that you have as a manager will determine the extent to which you can strengthen the performance management system.

There are a number of important characteristics of an effective performance management system for staff within an organisation. First, and most obviously, staff need to be **available for work**. If there is a shortage of staff, three broad options are available to managers: 1) recruit more staff; 2) reduce the number of staff leaving; 3) make more efficient use of the existing staff. Within these broad options there are many choices of strategies (examples are provided later in this document). A major area for increasing the productivity of the existing workforce is to ensure that levels of staff absence from the workplace – both authorised and unauthorised - are kept to a minimum. High levels of absenteeism within the health sector has been reported as a problem in many countries.

Staff who are present at the workplace require support from management in three key areas[[2]](#endnote-2) to enable them to translate their efforts into performance:

1. First staff need clear **direction** on what they should do – provided through job descriptions, work plans and protocols. Processes also give the necessary direction to staff. If staff are sufficiently committed to the work of the organisation, a clear direction enables them to get on and do the right thing. In addition, an important part of giving direction is the provision of feedback – for example, through annual appraisals and supervision Staff will normally want to know: what should I do? And then: how well am I doing it?[[3]](#endnote-3)
2. Second, they need the **competencies** (meaning appropriate skills, knowledge and attitudes) to carry out the tasks assigned to them. This will be a result of appropriate initial training and continuous professional development (including on-the-job learning), supportive supervision to maintain competences levels and keep them relevant to changing technology.
3. Third, they need the resources - **equipment, supplies and infrastructure -** to enable them to carry out the work successfully.

If the three requirements above are met (clear direction, appropriate competencies and adequate resources), this will be sufficient for staff who already want to do a good job and help people (this is referred to as **intrinsic reward** as the reward comes from the job itself). For others – as staff will have different needs – it may also be necessary to use more tangible **rewards and sanctions[[4]](#endnote-4)** to influence their behaviour and therefore their performance. They need to know that there will be **consequences** – positive or negative – based on their performance. These tangible rewards or sanctions are a way of providing feedback on performance and

influencing future behaviour. However, these systems will only be effective if staff have trust in them and can see the direct link between their performance and rewards and/or sanctions, as shown in Figure 1[[5]](#endnote-5).

*Figure 1: Factors affecting individual staff performance*

Effort

Performance

Direction

Competencies

Resources

Job satisfaction

Praise, incentives etc.

Trust

Given the variety of human resource management (HRM) strategies to improve performance linked to ‘direction’ (e.g. job descriptions, work plans, processes) and ‘competencies’ (e.g. in-service training, supportive supervision) and the provision of rewards and sanctions (e.g. praise or disciplinary action) it is essential to have some coordination as it is usually necessary to have more than one HRM strategy (for example in-service training followed by supportive supervision to help staff put new skills into practice). Where there are several strategies they need to be linked together in a workplan.

In addition, we have seen that there may also be problems of resources that affect performance. The problems relate to the wider health systems (HS) - for example, supplies or information systems. So, we need to combine human resource and health systems strategies to address problems of performance. These also need to be coordinated strategies. So, we refer to these as **integrated HR/HS strategies**.

This concept is explained in more detail below.

The behaviour of your staff is currently influenced by a set of incentives (which can be positive in the form of rewards or negative in the form of sanctions). If you introduce new ways of influencing behaviour these will change the current incentives and some staff may resist this. Be prepared to introduce change carefully. You will also need to reinforce changes until they become accepted practice. For example, if you are introducing a system for monitoring staff absence, you will need to work hard over a year or so to ensure it becomes part of health workers’ habits.

## Part 3: Developing HR/HS strategies to address your workforce problems

### Selecting strategies and making plans

There is a wide range of strategies that can be used to improve workforce performance, depending on the particular problem(s) you are trying to address. The challenge is to identify those strategies that are possible to implement (i.e. within the DHMT’s boundaries of budget and authority and should whenever possible be aligned to annual priority/activity planning of districts) and are likely to be effective in your situation. An additional challenge is to ensure that strategies selected complement each other and are not contradictory. Finally, an important consideration for the project is to consider the gender aspects of the workforce problems you are addressing and to ensure that the strategies are sensitive to these. Are the problems different for female versus male employees? Are their family responsibilities relevant? How have their life opportunities shaped their position in the workforce? What gender sensitive strategies can take these factors into consideration?

Take an example based on the problem of high maternal mortality in the district (see Figure 2). In this example, the relevant health workforce problems identified might include the shortage of skilled birth attendants (SBA), poor quality due to insufficient skills and amongst those staff actually in post, poor attendance at work leading to low productivity. These may also be linked to gender norms about women’s domestic responsibilities and social position.

The HR strategies are collectively designed to address these problems. Incentives are offered to attract more SBAs to work in the district. In-service training is provided to improve the quality of work. Absence monitoring is introduced to improve staff attendance and thereby improve productivity of the existing staff. Poor equipment (e.g. incomplete delivery sets, lack of vacuum extractor) is identified as contributing to low quality, so this is addressed by the renovation and maintenance of this equipment. There may be a need to consider how these approaches could explicitly address the gender issues highlighted above but some of them may implicitly support women (in-service training could be particularly helpful for women who may struggle to access training outside of work).

*Figure 2: Example of the use of HR/HS strategies*



The expected change from the HR/HS strategies will be more and better skilled SBAs available for and attending work; and working with functional equipment to do the job.

The expected **result** or **outcome** will be more births attended by SBAs (as opposed to untrained staff), and likely reduction in deaths and better patient satisfaction.

This example is somewhat simplistic, but is used for illustration. During the situation analysis stage you will probably have investigated the causes in more depth and identified those that fall within the boundaries of your authority and budget and could therefore be addressed at district level. For example, absence monitoring may be all the DHMT can introduce, but increasing salaries may be needed to really solve the problem, though this is likely to be beyond the authority of the DHMT.

An additional complementary strategy could be to stimulate additional demand for the services by explaining to community representatives what improvements have been made.

### Reviewing options for HR/HS strategies

Your problem trees and statements developed during the situation analysis phase should serve as starting point for the selection of the HR/HS strategies to improve workforce performance.

Based on the key areas for managing performance, you and the team need to decide which of the following areas you need to address in your plan:

1. Availability (of staff)
2. Direction (on what work to do, when and how)
3. Competencies (to carry out required tasks)
4. Rewards and sanctions (to influence staff behaviour)
5. Other health systems components (to support the implementation of the work).

If you have a very clear idea of which strategies you need under some or all of these headings, then skip to Planning the HR/HS strategies on page 13.

However, you will probably not know ALL of the options available for developing the strategies, so read through the rest of this section, as a "menu" of strategies has been developed to help you with the selection (see Annex 2). We have covered the majority of human resource management strategies that could be used to improve workforce performance, but you might also think of others. We have also included a selection of health systems strategies. However, the choice of health systems strategies is potentially limitless, so what we have included is largely for illustrative purposes.

The purpose of the table in Annex 2 is to provide ideas to help you with planning the HR/HS strategies.  The ideas for the strategies, M&E indicators, links to other HR/HS strategies, etc. are definitely not comprehensive and may not be suitable for your situation.  But they should help you think through what is needed for your plan.

The following steps will help you to navigate this menu, identify areas relevant to your problem(s) and to select appropriate strategies for improving workforce performance in your situation. However, before you start on identifying solutions, be clear what problems you are trying to address and the potential causes identified – and what the priorities are. It would help to express each, where possible[[6]](#endnote-6), as a clear problem. You will also have identified health service problems and in broad terms the health workforce problems associated with these. Be as specific as possible and identify which types or cadres of staff and what type of facilities or departments are relevant to the problem and therefore should be included. Keep referring to these as you select the strategies to ensure that you are in fact addressing the right problem.

As this table is large and complex, the full version is given in Annex 2. A short sample section is given as an example in Table 1 to explain the structure. The contents of the table are based on a review of the wide range of HRM and health systems strategies that are used in different situations. The table covers the same five areas as mentioned above:

1. Availability
2. Direction
3. Competencies
4. Rewards and sanctions
5. Other health systems components.

The strategies provided are not exhaustive and you may know of other strategies to achieve your broad objective (whether you have used them or not). We also recognise that you may not have the authority or the resources needed to implement some of the strategies. You therefore need to focus on what is feasible for you to do at district level and what is compatible with the HR priorities and strategies at regional and national level.

## Table : Choosing strategies for improving health workforce performance (a sample of the full table for “availability” - the first performance area)[[7]](#endnote-7)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Performance area/broad objective** | **B. Strategy** | **C. Sample activities** | **D. Expected change** | **E. Possible indicators for M&E** | **F. Link to/conflict with other HR/HS strategies** | **G. How has gender been considered** | **H. Comments** |
| **1. Availability** |   |   |   |   |   |  |   |
| Increase # staff in post | Additional recruitment | Advertise for specific vacant posts  | More staff available  | % posts vacant by cadre and facility type | InductionWorkforce planning | Ensure equal opportunities policies are followed in the recruitment process | Which staff can DHMT recruit? |
|   | Attraction incentives | Funding initial training with bonding | More applications for jobs  | # applications/post by cadre | Ensure staff are also being retained | Consider different needs of women and men (e.g. women may have more difficulty in leaving home to attend training) | Check if main problem is attraction or retention |
|   | *More strategies …* |   |   |   |   |  |   |
| Improve distribution between rural and urban facilities | Attraction incentives for rural areas only | Funding initial training with bonding  | More staff available in rural areas | % posts vacant by cadre in rural districts% trainees who complete the bond | Workforce planning | Consider different needs of women and men (e.g. women may need more support e.g. security in rural areas; consider access to training)Monitor gender distribution of staff across urban/rural areas | Training takes staff away from the workplace; may need to stagger training |
|   | Retention incentives for rural areas | Identify financial and/or nonfinancial incentives that can be funded from the district budget | More staff available in rural areas | % posts vacant by cadre in rural districts% trainees who complete the bond | Less money available in operational budget for equipment and supplies for staff to work with | Consider different needs of women and men | Note that ‘non-financial incentives still cost money |
| *More objectives …* | *More strategies …* |   |   |   |   |  |   |

Steps 1 to 8 in Figure 3 refer to the process to help you to review options for the HR/HS strategies. Each step corresponds to the relevant columns in Table 1.

*Figure 3: Key steps for reviewing options for the HR/HS strategies*

| **Step** | **Description** |
| --- | --- |
| **Step 1**Select relevant **performance areas** for your problem | What are the overall causes of the problem? Is it that staff are not available – or in the wrong place? Or are not clear about what they are supposed to do? Or don't have the skills? Or don't have the equipment and supplies? Or is there insufficient reward (intrinsic or extrinsic) or sanction? Review your problem trees to check. It may be only one of these areas that is the problem, but very often it is several of these. Start by selecting the key problem areas you are trying to address. These are in bold in **Column A**.Review and select appropriate **objectives**.For each of the problem areas you select there are one or more broad objectives listed in **Column A**. Review them carefully and identify those that might be possible or note down additional ones that are appropriate to your context. For example, if a major problem is availability of staff, you may be able to address the problem of existing staff being absent from work, but you may not have the authority to increase the overall number of staff within the district.  |
| **Step 2** Review and select appropriate **strategies** | For each objective you select, review the possible strategies in the list in Column B and select one or more that seem appropriate (i.e. are feasible in terms of resources and acceptance by staff, and are likely to be effective in addressing the problem within a period of 8 months). There may be other strategies not listed that would also be suitable. Write these down for consideration when you are making the actual plan of strategies. Note that some strategies may serve several different purposes – e.g. supervision may be useful for improving skills *and* provision of feedback on performance.  |
| **Step 3**Review **sample activities** | There are usually quite a wide range of activities that can be used to carry out a particular strategy. We have provided some sample activities in **Column C**, but you will need to consider others. Write these down. |
| **Step 4** Check that the **expected change** given in the table fits with what you want to achieve | It is easy in planning processes get distracted by details and to forget exactly what you are trying to achieve. It is therefore useful to check at this stage what change you are expecting to see as a result of the implementation of your strategies. We have provided examples of expected change in the table in **Column D**.  |
| **Step 5**Identify possible **indicators** for M&E | Think how you will measure the change. We have also provided some sample indicators for measuring change in **Column E** but you need to consider others that are relevant to your strategies or outputs/outcomes. |
| **Step 6** Review **Link to other HR/HS strategies** to identify other strategies to be added; or identify conflicts | It is important to ensure that the different strategies and activities selected will achieve the overall effect needed. In most cases a single HRM strategy will not be very effective. Additional compatible strategies need to be added to achieve the overall effect (or some may already be in place). In some cases, one strategy may even contradict or reduce the effectiveness of another strategy. For example, if one strategy is being used to improve attendance at work in order to improve productivity, this will be undermined if another strategy of sending people away for in-service training is used to improve quality of performance. Use **Column F** to check **compatibility** of different strategies selected.In addition, for each strategy think systematically about the effects it may have in other health systems domains and its unintended effects. |
| **Step 7**Consider needs of **men and women** and how they may be affected by the strategies  | Consider if and how strategies need to be gender sensitive, depending on the type and nature of problem being addressed and type and nature of solutions proposed. Note these in **Column G.** |
| **Step 8**Review comments | Additional comments are provided in **Column H** for checking the appropriateness of the strategies in the table. |

When you have carried out a thorough review of the full Table in Annex 2 and have made careful notes of your ideas for strategies to address the problem, move to the next section to develop a plan.

### Planning the HR/HS strategies

If you have been exploring options of strategies as described above, or come straight to this section, the next step is to transform your thinking into a workplan, continuing to involve all members of the DHMT in the process.

You will need a set of criteria for selecting strategies to be included in your workplan. These might include: potential impact, authority to make changes, resources, time and acceptability to stakeholders.

We suggest you start by using the format in Table 2[[8]](#endnote-8) below to ensure there are clear linkages across the rows (e.g. from broad objective to M&E) and to ensure that the link to or possible conflict with other HR and HS strategies have been considered. You may also have existing HR plans and targets, so you could include them in Table 2 and check the linkages in Column F. When you are satisfied that you have a coherent plan (all the strategies are compatible with each other) then you could translate this to your normal planning format which will probably have space for resources, persons responsible for activities and a schedule for the activities (start and finish dates).

## Table 2: Possible planning format for HR/HS strategies for improving health workforce performance

| **A. Broad objective** | **B. Strategy** | **C. Activities** | **D. Expected change** | **E. Possible indicators for M&E** | **F. Link to/conflict with other HR/HS strategies** | **G. How has gender been considered?** | **H. Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Notes** | *We suggest that only strategies that are likely to show some kind of effect in addressing the problem within 8 months should be included. This is to allow for completion of the action research cycle within a reasonable period and to fit in with the time frame of PERFORM2Scale.* | *Identify the activities needed to implement the strategy.* | *This should clearly relate to your problem analysis* | *These will be based on improvements on what you found in the situation analysis. The targets should be time-bound and achievable in 8 months.* | *Identify linkages to other strategies to ensure coherence and avoid conflicts – or to existing HR strategies being used in the district (see examples in the big table in Annex 2)* | *Consider if and how the strategies developed need to address gender, i.e. how do they impact on women and men and how might they implicitly or explicitly address women’s and men’s different needs* | *Use this for any notes you might want to add. These could be about additional information needed before finalising the plan. Or about risks relating to the strategies that you want to check.* |

## Part 4: Implementation and monitoring

### Approach

The approach to implementing the plan you have developed in the format of Table 2 will be the same as you normally use in your district and should whenever possible be related to the annual workplans of districts.

### Monitoring and making adjustments to the HR/HS strategies

It is important to monitor the progress of implementing each of the HR/HS strategies you have designed and share the findings with the team and staff affected. You will also want to monitor the overall change in health workforce performance – and health service delivery compared with what you found in the situation analysis. The CRTs will work with you to do this during the regular review meetings and occasional visits. If you find that one of your strategies is not working – or perhaps it is affecting another strategy quite negatively (for example there is a risk that the upgrading training will have a negative impact on the strategy of reducing staff absence – especially if the number of staff in the facilities is already very low), consider modifying it to minimise the risk (check the big table in Annex 2 for ideas) or even dropping it from the workplan. Note that dropping a strategy should not be considered as failure. What is important is to understand why it failed. This will help with learning about developing appropriate strategies to improve workforce performance.

On the other hand, you might identify part of the overall problem that you have not addressed (using the same example, this could be staff retention). New strategies could be added to the workplan. In either case, revise the contents of Table 2 and put in the new date.

### Learning

The purpose of the action research approach being used to improve health workforce performance is not only to try to solve immediate problems, but also to learn, collectively as the DHMT, what sort of HR/HS strategies work in your situation for improving workforce performance – as probably some of the ones you have tried will not have been fully effective. More challenging – but even more useful – is to learn why certain strategies do or do not work in your situation. The CRT will discuss with you, areas of progress and success during regular contacts with you. We will also learn what processes work best within DHMTs and help improve its performance. You can use your reflective diaries to write up any thoughts you have about why or how strategies work or do not work.

## Annex 1: Glossary of terms

**Action research:** the process of problem identification and analysis, work plan development, implementation; early participating districts may go through several cycles with diminishing support from the CRT.

**Absence:** whenstaffare away from the workplace. This might be *authorised* e.g. to carry out supervision or attend training; or *unauthorised* e.g. arriving late or on leave with permission.

**Available for work:** staff in post

**Competency:** the behaviour, as a result of knowledge, skills and attitudes acquired, individuals must have, or must acquire, to perform the job effectively

**Direction:** information and guidance on what work staff should do

**District health management team (DHMT):** the generic term used in the project for the management teams operating in decentralised structures. The composition of the DHMT varies from country to country.

**DHMT strengthening:** The planned impact of the research is to strengthen district health management in the area of HR/HS management.

**DHMT M&E**: This will be conducted as part of the DHMT routine management to assess the effect of its HR/HS strategies.

**Equipment, supplies and infrastructure:** the resources needed to carry out work. Supplies include drugs; infrastructure relates mostly to buildings.

**Integrated HR/HS strategies:** an integrated mix of human resource and health systems strategies to address a particular workforce performance problem (for example, improving quality of service by providing in-service training coupled with quality related incentives and improving supplies of medical products).

**Health system**: The system includes all actors, institutions and resources that undertake health actions – where a health action is one where the primary intent is to improve health.

**Health system component:** information systems, finance, governance, human resources, service delivery, and medicines and health products[[9]](#endnote-9)

**Human resource:** The people that staff and operate an organization; as contrasted with the financial and material resources of an organization.

**Human resource management:** Process of creating an appropriate organizational environment and ensuring that personnel perform adequately using strategies to identify and achieve the optimal number, mix, and distribution of personnel in a cost-effective manner.

**Intervention:** The work of the research consortium with the DHMT to provide the team with skills to develop and implement HR/HS strategies.

**Performance management system:** a coherent collection of strategies and procedures to support the performance of the workforce

**Research Evaluation/assessment:** The research evaluation assesses

a) changes to the DHMT’s capacity to manage HR/HS strategies

b) the change of health workforce performance and its influence on health service delivery in the district due to the strengthened district health management and

c) any unintended consequences. It will be based on the M&E work of the DHMT though additional data may need to be collected.

**Skills:** see **competency**

**Skill mix**: The mix of posts, grades, or occupations in an organization. It may also refer to the combinations of activities or skills needed for each job within the organization

**Strategy:** This refers to activities related to HR (e.g. training of health workers in medicine supply) or HS (e.g. changes in medicine supply management and tools) which are combined in the workplans.

**Workforce:** People who work in the various professions of health care—physicians, nurses, midwives, pharmacists, dentists, associate professionals, and community health workers—whose goal is to improve the health of the populations they serve.

**Workforce performance:** the collective and individual performance of the workforce; in particular in this project 1) retention 2) distribution 3) effectiveness (including skills mix, levels of absence, and quality and quantity of work output) assessed by outputs and outcomes.

### **Annex 2: Choosing strategies table**

**Please note**: this table contains ideas for consideration, not the definitive answers to your questions

| **A. Performance area/broad objective** | **B. Strategy** | **C. Sample activities** | **D. Expected change** | **E. Possible indicators for M&E** | **F. Link to other HR/HS strategies** | **G. Gender considerations** | **H. Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Availability** |  |  |  |  |  |  |  |
| Increase the number of staff in post | Additional recruitment | Advertise for specific vacant postsRequest higher authorities to fill specific vacant postsAllocate funds from operational budget for staffing costs | More staff available | % posts vacant by cadre and facility type | InductionWorkforce planningHR information | Ensure equal opportunities policies are followed in the recruitment process | Which staff can DHMT recruit themselves?Which staff can be recruited locally, e.g. by health committees  |
|  | Attraction incentives | Funding initial training with bondingOffer post graduate training after certain period of serviceOffer support for spouse and children (housing, school fees-boarding school) | More applications for jobs | # applications/post by cadre | Workforce planning | Consider different needs of women and men (e.g. women may have more difficulty in leaving home to attend training) | Check whether the main problem is attraction or retention; often confused |
|  | Retention incentives | Develop career opportunities within the districtSponsoring further trainingJob redesign to increase job satisfaction[[10]](#endnote-10)See also attraction incentives | Fewer staff leaving (or getting transfers from) the district | Staff turnover rate | Workforce planning | Consider different needs of women and menEqual opportunities for career opportunities | Check whether the main problem is attraction or retention; often confused |
|  | Use of volunteers/non-formal health workers | Identify tasks that could be done by volunteersDevelop scheme for recruiting/training/supporting/compensating volunteers | Increase in volume of services provided | % coverage of specific programmes | Task shifting | Consider different needs of women and menMonitor gender distribution of volunteers | Advantage of better community links; but consider the additional time needed for training and supervision |
|  | Collaboration with other health service providers | Contracting out selected services | Improved coveragePossibly improved quality | % coverage of specific programmesLevel of patient satisfaction | Service delivery (relates to the way that services are delivered) | Consider any gender implications | Check national policy; additional work to manage contract |
| Improve distribution between rural and urban facilities | Attraction incentives for rural areas only | Funding initial training with bondingOffer post graduate training after certain period of serviceOffer support for spouse and children (housing, school fees-boarding school)Engage community e.g. through local health committee in provision of housing and other amenities | More staff available in rural areas | % posts vacant by cadre in rural districts% trainees who complete the bond | Workforce planning | Consider different needs of women and men (e.g. women may need more support e.g. security in rural areas; also consider access to training)Monitor gender distribution of staff across urban/rural areas | Training takes staff away from the workplace; may need to stagger trainingNeed to agree how “rural” is defined; there may be general public sector categorisations |
|  | Recruit health workers from rural background | State preference for candidates from rural areas when advertising vacancies Give preference to candidates from rural areas at time of recruitment | Improved staff retention | Staff turnover rate disaggregated by rural/urban background | Workforce planningInformation systemsRecruitment and selection | Monitor gender distribution of staff across urban/rural areas | Dependent on flexibility of recruitment policy |
|  | Retention incentives for rural areas | Identify financial and/or nonfinancial incentives that can be funded from the district budget[[11]](#endnote-11)Some attraction incentives may also be suitable | More staff available to provide service in understaffed areas | % posts vacant by cadre in rural districts% trainees who complete the bond | Less money available in operational budget for equipment and supplies for staff to work with | Consider different needs of women and men | Note that ‘non-financial incentives still cost money |
|  | Use temporary staffing measures | Staff rotation for 2-3 months with additional allowancesOutreach services to cover specialist skills | More staff available to provide service in understaffed areas | # days/year facilities are staffed | Will probably create absences in other facilities | Consider different needs of women and men (e.g. women may need more support e.g. security in rural areas; also consider access to training) |  |
| Increase number of staff present at workplace | Attendance monitoring | Use attendance register at facilitiesSpot check on attendance registerVisible presence of facility manager at start of working dayInvolving local health committees in attendance monitoringUse data with staff for discussion  | Improved attendance | # working days lost | Reduce unnecessary training courses and workshopsComplement strategies for increasing numbers of staff | Need to be sensitive to gender needs and roles outside the workplace i.e. are women more likely to struggle to attend given their greater domestic responsibilities? | It may be necessary to address this with incremental stepsIf possible, the data should be made public: first amongst staff; then possibly with the local health committee. If ‘secret’, it will be difficult to build trustImportant to show that data are used and that there are implications |
|  | Rewarding good attendance | Develop simple rewards e.g. best attendance for the month award | Improved attendance; reduced  | # working days lost | Reduce unnecessary training courses and workshopsComplement strategies for increasing numbers of staff | Consider any gender implications |  |
|  | Monitoring of dual working to understand possible reasons for absence | Collect data on government staff working in additional jobs for non-government employers (using formal or informal means) | Better information on possible cause of absenceNo. of HW currently employed at more than one location/Total no of HW | Data collected and reviewed by DHMT on a regular basis | Reduce unnecessary training courses and workshopsComplement strategies for increasing numbers of staff | Monitor gender differences | This will not solve the problem of absence, but may help understanding of the causes; may be difficult to collect the data as staff  |
|  | Reward team work | Give prizes to well-performing teams | Greater collaboration of staff with each other | Prizes given on a regular basis | Reduced staff absence (need to support the team effort) | Consider gender dynamics, i.e. are teams promoting women’s roles and showcasing good power-sharing approaches? | The criteria for measuring team performance must be clear and staff must trust the process for this strategy to be successfulManagement need to be able to support and develop teamwork, and to deal with conflict, and be gender/ethnic etc sensitive |
| Develop support systems for improving staff availability | Operational HR information system used for decision-making | Ensure regular returns from facilitiesEstablish simple database using Excel or AccessSchedule the production of simple reports for review at DHMT meetings | Managers know how many of what cadres needed and whereUnderstanding of staffing dynamics (e.g. age profile, retention rate) | # HR data requests by DHMT for planning and management tasks | Workforce planningInformation systems | Consider gender sensitivity of information system | A national information system may exist, but data is not used by DHMT |
|  | Regular workforce planning | Develop planning schedule to link with budget planningRequest support from higher level HR units | Managers can plan for additional recruitment | Annual update of workforce plan |  | Consider any gender implications and the opportunity to address any gender imbalances | This might be included in the process of national workforce planning |
| **2. Direction** |  |  |  |  |  |  |  |
| Improve staff understanding of general work of the institution/facility; and provide feedback on performance | Ensure staff have updated job descriptions (JD) | Develop new JDs (if none)Update if JDs exist in line with specific health service package to be delivered at each levelPilot the process to understand what work is involved and what difficulties might be encountered | Staff know what tasks they should perform | % staff with recently updated job descriptions | CompetenciesUse of the work plan | Consider any gender implications | Check what authority is needed to change job descriptions; it might be possible to make minor adjustments. |
|  | Induction/orientation of new staff | Develop basic induction checklistBrief managers in induction processAssigning mentor to new staff | Staff know what tasks they should perform and know routine procedures[[12]](#endnote-12) | % staff employed in past 3 months who received a basic induction | Increased recruitment | Consider positive action approaches related to gender | Will improve productivity is staff can quickly staff working effectively |
|  | Regular open appraisal | Develop simple process and form or adapt from existing materialsRe-instate existing lapsed appraisal systemBrief managers and staff on procedures and advocate benefits | Staff get feedback on performance and support | % staff appraised in past 12 months | Linked to use of updated job descriptions | Consider any gender implications | The confidential review system (ACR) has generally been discredited; the system needs to be open for staff to receive useful feedback |
|  | Regular supportive supervision | Develop regular supervision scheduleTraining supervisors in effective supportive supervisionDevelop/adapt existing supervision tool and set of guiding principlesInvolve community-based organisations in basic supervision | Staff get feedback on performance and support | % staff supervised in past 3 months | Link to skills developmentLink to job descriptions | Consider any gender implications | Remote staff feel neglected without supervisory visits; however, the quality of the supervision is more important than the quantity |
| Improve understanding of specific daily/weekly work; and provide feedback on performance | Use of workplans | Ensure staff are provided with regular daily/weekly work plansShare facility work plans and targets so staff know what needs to be done/achieved | Staff have a clear understanding of their work and can prioritise activities | % staff with minimum of weekly workplans | Link to job descriptions | Consider any gender implications | The work plans should be based on wider and longer-term plans for the district, as well as including emerging priorities where necessary |
|  | Use of team meetings | Ensure DHMT acts as role model for team meetingsEncourage facility/programme managers to establish regular team meetings for planning and reviewing progress against plans | Staff have a clear understanding of their work, can prioritise activities and improve their performance | % facilities/ programmes holding team meeting in past month | Link to work plans | Consider gender dynamics of team interactions | Team meetings may be difficult to arrange when everyone is busy, but if done well it is time well spent |
| **3. Competencies** |  |  |  |  |  |  |  |
| Ensuring appropriate competencies available to carry out the work | Introduce or strengthen merit-based recruitment | Use person specification based on updated job description for selection processUse tests in selection processIntroduce more transparent selection processes | Better skilled staff | % new staff with skills that match needs of job description | Link to increase in recruitment | Ensure equal opportunities policies are followed in the recruitment process | This process may be managed by local government, so the DHMT may only be able to influence the process |
|  | Improving skills mix | Decisions in recruitment to align skills of new staff needed to deliver health services at different levels | More appropriate skills available in the workplace | No. of physicians, nurses, and midwives (or other categories of health service providers)/Total no. of health workers | Link to task shifting | Consider positive action approaches related to gender |  |
|  | Task shifting | Analysis of opportunities for task shifting within team (or beyond team – including community volunteers)Consult staff affected by decisions on task shiftingImplement task shifting plan | Better use of staff with scarce (more specialist skills)  | Will depend on task shifting plan | Training and development (for taking on new skills)Workforce planning | Consider positive action approaches related to gender | See WHO guidelines of task shifting for HIV/AIDS and Maternal and Newborn Health[[13]](#endnote-13)Prepare for opposition by some staff groups; develop a plan for managing the changeCheck current scopes of practice |
|  | Introduce regular appraisal  | Competencies audit included in appraisal processTrain appraisers to use competencies audit | Training and development needs for individual staff identified | % staff who have undergone a competency audit | Training and development | Consider any gender implications | Staff may be anxious about their first appraisal, so prepare well |
|  | Training and development | Competencies audit/ training needs assessments at individual and at team levelIdentify learning opportunities in addition to formal trainingProvide internet and computer access for distance learning | Staff have more appropriate competencies | # staff with adequate competencies for the job | Reduction of absence (if off-site training is used) | Consider positive action approaches related to gender | Check for other causes of performance problems before choosing training as the solutionAssure transparency in who is getting which training and why |
| **4. Rewards and sanctions** |  |  |  |  |  |  |  |
| **Reward good performance** | Introduce team incentives | Identify behaviour to be influencedIdentify rewards that could be givenDevelop systemEnsure robust system of monitoring in place | Staff perceive direct link between incentives and good performanceImproved staff performance | Incentive system introducedSpecific performance indicators related to areas of service delivery could be added | Direction (ensure staff know what they are supposed to do) – job description, work plan, etc | Consider positive action approaches related to gender | This avoids individualistic approach |
|  | Introduce individual incentives | Identify behaviour to be influencedIdentify rewards that could be givenDevelop systemOrient staff on why the system is being introduced and how it will affect themEnsure robust system of monitoring in place | Staff perceive direct link between incentives and good performanceImproved staff performance | Incentive system introducedSpecific performance indicators related to areas of service delivery could be added | May be detrimental to team work | Consider any gender implications | Be careful to prevent incentives as being seen as a “right”; otherwise this will end up being a general pay rise with no improvement in performance. |
|  | Give staff additional responsibility | Expand job description | Improved job satisfaction | Level of job satisfaction (from staff survey) | Job description | Consider positive action approaches related to gender | Take care not to raise expectations of extra pay if it cannot be provided |
|  | Transfer staff to more desirable posting | Include performance in transfer criteria | Staff motivated by possibility of being transferred to more desirable location | # transfers of staff meeting positive performance criteria | Avoid negative impact on strategies to address maldistribution | Consider positive action approaches related to gender | Use with care and ensure transparency of the system so it is perceived as fair |
| **Manage poor performance** | Issue verbal and written warnings | Use personnel guidelines or develop if not availableAnalyse factors to identify root cause | More staff follow rules and regulationsImproved staff behaviour | # warnings given | InductionSupervisionAppraisal | Consider any gender implications | If used in a timely way, this will reduce the need for more drastic sanctions e.g. withholding pay or dismissal |
|  | Withhold pay | Ensure staff know what performance is expectedEnsure staff are aware this sanction might be used | More staff follow rules and regulationsImproved staff behaviour | # times pay withheld  | Use of verbal and written warningsPayroll | Consider any gender implications | May be an option for contract staff |
|  | Transfer staff to less desirable posting | Include performance in transfer criteria | More staff follow rules and regulationsImproved staff behaviour | # transfers of staff meeting negative performance criteria | Avoid negative impact on strategies to address maldistribution | Consider any gender implications | Use with care and ensure transparency of the system so it is perceived as fair |
|  | Dismiss or recommend staff for dismissal | Orient managers and supervisors on use of dismissal proceduresEnsure staff are aware this sanction might be used | More staff follow rules and regulationsImproved staff behaviour | # persons dismissed | Use of verbal and written warningsWithholding payInductionRecruitment | Consider any gender implications, i.e. has the member of staff been discriminated against based on gender? | Use only as last resort, especially if there are already staff shortages |
| **5. Health systems** |  |  |  |  |  |  | Select activities within the control of the DHMT or lobby higher levels |
| **Create a decent and supportive working environment** | Ensure equipment, drugs and supplies are available | Ensure requisition/ordering systems functioningEnsure regular maintenance of equipment | Staff have equipment, drugs and supplies to carry out jobs effectivelyIncrease in staff motivation and self-respect | # stockoutsLevel of job satisfaction (from staff survey) | Improving individual and team performance |  |  |
|  | Infrastructure (buildings etc) | Regular maintenanceInfrastructure planning | Better working facilities improving productivity and staff morale  | Level of job satisfaction (from staff survey) | Staff retention | Consider/monitor any gender implications, i.e. sufficient toilets available | Well-maintained buildings may also attract more clients |
|  | Transport  | Regular maintenanceTransport planning | Staff able to travel more oftenMore supervision visits, especially to remoter facilities | Increase in # supervision visit | SupervisionService delivery (especially outreach work) | Consider/monitor any gender implications for work-related travel |  |
|  | Information systems | Use service delivery data to monitor productivity | Strategies to improve staff productivity monitored |  | Workforce planningImproving individual and team performance |  |  |
|  | Finance | Ensure not too much of the operational budget is used for additional hiring | Balance between staffing costs and operational costs |  | Workforce planningRewards |  | Availability of funds may be affected by late release of the budget; contingency plans may be needed |
|  | Governance, and accountability | Ensure transparency of HR-related systemsInvolve staff in planningInvolve staff in problem solving | Staff trust HR systemsIncreased ownership of plans |  | Improving individual and team performanceStaff retention |  |  |
|  | Service delivery | Rearrange delivery of services to make best use of staffModify the way services are delivered | More efficient use of existing staff |  | Improving individual and team performanceWorkforce planningScheduling and sharing resources |  |  |

1. ## Endnotes

 Terms in bold are explained in Annex 2 [↑](#endnote-ref-1)
2. There are other important areas, but these are key ones to start with. [↑](#endnote-ref-2)
3. See MSH (2009). Strengthening Human Resource Management to improve Health Outcomes – e Manager No.1. <http://www.msh.org/Documents/emanager/upload/eManager_2009No1_HRM_English.pdf> [↑](#endnote-ref-3)
4. Sometimes referred to as ‘extrinsic rewards’; unlike intrinsic rewards these come from outside the job

itself. [↑](#endnote-ref-4)
5. Examples of more ways of improving workforce performance that could be included in discussions with the DHMTs:

Improving commitment towards the aims and targets of the district

Change the technology – employing more efficient or effective ways of carrying out tasks (e.g. introduction of ultrasound scan in antenatal care and labour to improve services). This might need changes in the direction given, the competencies and the equipment and supplies.

Increase the demand for services through health promotion activities etc. [↑](#endnote-ref-5)
6. Some problems may be very unclear when you start working on them. The problem definition could be refined as the problem itself becomes clearer. [↑](#endnote-ref-6)
7. This table is available in annex 1 [↑](#endnote-ref-7)
8. Copies of this table are available in electronic form either in Word or Excel [↑](#endnote-ref-8)
9. See WHO (2007). Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action. Geneva, WHO. [↑](#endnote-ref-9)
10. E.g. providing some additional responsibility [↑](#endnote-ref-10)
11. Non-financial incentives might include improved living facilities (solar panels, monthly shopping trips) [↑](#endnote-ref-11)
12. E.g. how to get supplies needed for their work; who to contact for advice [↑](#endnote-ref-12)
13. See WHO (2007). Task Shifting: Rational Redistribution of Tasks among Health Workforce Teams. Geneva, WHO. <http://www.hrhresourcecenter.org/node/1811> and Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting <http://www.optimizemnh.org/> [↑](#endnote-ref-13)