Human Resources for Health (HRH) Kenya Baseline Assessment Results

Mombasa County

Summary Status Report, July 2017

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1.0 About HRH Kenya Mechanism

The Human Resources for Health (HRH) Kenya is a Mechanism funded by the Presidents Emergency Fund for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The mechanism is implemented by IntraHealth International Inc. and its partners Amref Health Africa and Strathmore University Business School (SBS).

The aim of the mechanism is to strengthen health workforce management to achieve improved health outcomes in 27 PEPFAR focus counties. It is anticipated that by 2021: 1) Health workers training colleges will have increased numbers of market ready graduates who are responsive to Kenya's disease burden; 2) National and County leadership will have efficient HRH management systems to address workforce challenges including reduction of staff shortages; and, 3) National and County Governments will make HRH decisions based on market – driven data and disease epidemiology to improve health outcomes.

2.0 HRH Kenya Baseline Assessment

The assessment was undertaken between **June - July 2017** to assess the status of HRH management systems and development (HRM &D) including iHRIS data demand and use in the 27 PEPFAR focus counties. The findings from the assessment will inform HRM&D interventions in Mombasa County.

Assessment Areas

Baseline assessment in Mombasa covered the following areas;

i. **HRH maturation** where maturation was based on the premise that organizations, functional areas, processes and systems evolve through a process of development and growth towards a more advanced state accomplished in 4 stages.

   HRH Maturation measured the stage of development and sustainability of HRM&D systems. The tool had 7 components; HRM&D capacity; HRM strategy; HRM policy and practice; performance management; HRM data; staff training & development and HRM gender mainstreaming.

   Selected county health management team (CHMT) members and health workers, separately ranked the county status on a scale of 1-4 representing the maturation stage as follows; **1: starting 2: developing 3: consolidating or 4: sustaining stage.** An average rating was then estimated for the county for each component

ii. **iHRIS data demand and use** measured technical, individual and organizational aspects of HRH data and analytics as well as the iHRIS sustainability index. For the sustainability index, 6 components were considered: status of infrastructure; institutionalization; data quality; financing; personnel capacity and data use. Selected CHMT members ranked the county on each component using a scale of 1-4, as above.

iii. **Institutionalization of In-service Training (IST)** was measured using a tool that assessed presence of key milestone parameters of an institutionalized IST. The following 9 components were assessed: Coordination structure; capacity to conduct training needs assessment; training plans and projections; training budget and capacity to mobilize resources; system for receiving training requests; system of approval of training requests, functional IST management system and procedure for bonding and, regular reporting to MoH Human Resources Department (HRD). The CHMT also responded to the interview questions on whether the components were available or not.

Below is a summary of the HRH status for Mombasa County as at July 2017.

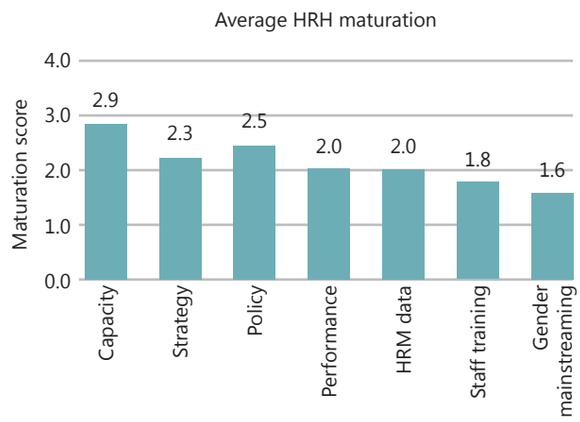
3.0 Key Findings

3.1.1 HRH Maturation Index

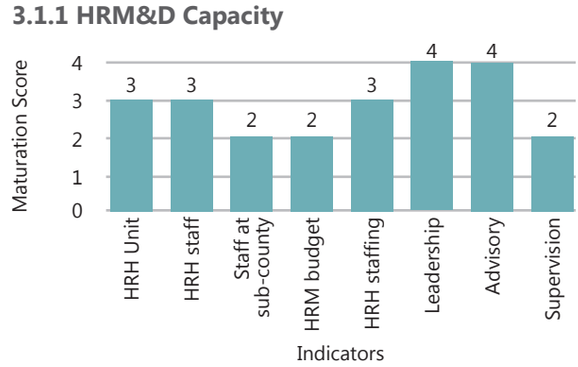
Mombasa County's best performing HRM&D indicator was HRH capacity rated at 2.9. HRH policy and strategy were rated at 2.5 and 2.3 respectively followed by HRH performance management and HRM data within the county department of health at 2.0. The lowest performing indicators were staff training and gender mainstreaming rated at 1.8 and 1.6 respectively.

Overall, Mombasa's HRH maturation index was 2.3.

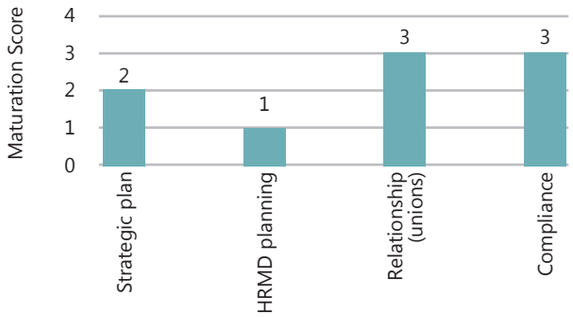
The figures below show the ratings for the components and sub components.



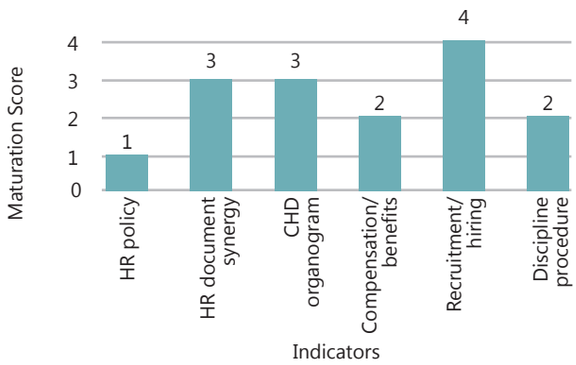
3.1.1 HRM&D Capacity



3.1.2 HRM Strategy



3.1.3 HRM Policy and Practice

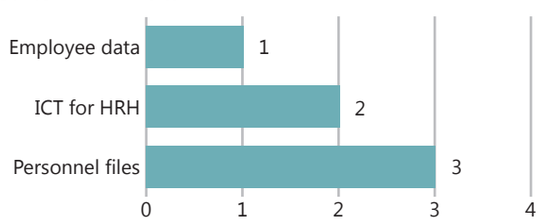


3.1.4 Performance Management

The assessment measured the following sub components and rated as follows; **Job Descriptions-2.5; Supportive Supervision – 4; Performance Management System– 3** & **Staff rewards - 3.**

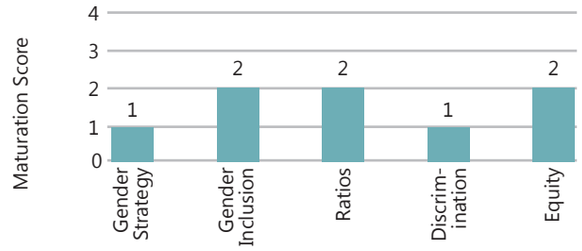
Overall, Mombasa County's rating was 3.1 on this component

3.1.5 HRM Data



3.1.6 Staff Training & Development

3.1.7 Gender mainstreaming in HRM



3.2 HR Data Demand and Use

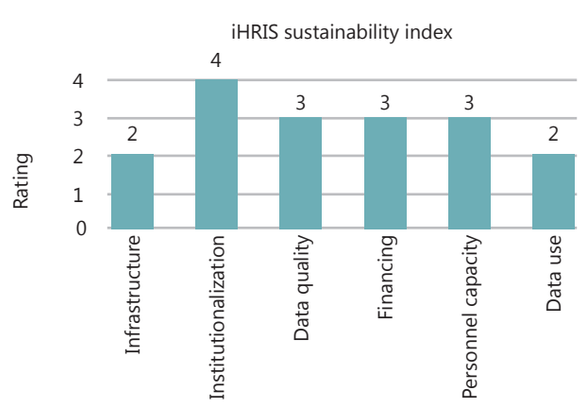
3.2.1 Data quality

The county had moderate data quality concerns on completeness of both physical and electronic personnel records, accuracy and timeliness with which staff information was submitted. However, there were low concerns for the uniqueness, consistency and validity of HRH data.

3.2.2 iHRIS Sustainability Index

Institutionalization was rated as being at the sustaining stage within the county. Data quality, data use and personnel capacity were at consolidating stage while at the time of the baseline assessment, infrastructure and data use of iHRIS was at starting stage.

The county scored an average of 2.7 on iHRIS sustainability as shown in the figure below.



3.3 Institutionalization of In-service Training

Components Assessed	Present	None	Comment
County IST Coordination structure	✓		CHMT, Training Committee & Training Policy
County Capacity to conduct TNA		✓	Lack personnel, skill set inventory and financial resources for optimal performance in health
Existing Training Plans & projections		✓	CHMT determines priority trainings for certain officers without consultation with National Government in response to health priorities
Existing Training budget & capacity to mobilize	✓		County unable to mobilize additional resources for training
Existing system for receiving training requests	✓		
System of approval of training requests	✓		
Functional IST management system		✓	Lack mechanism to coordinate all partners involved in training
Procedure for bonding	✓		
Regular reporting of trainings to MOH-HRD		✓	

Recommendations

- Designate HR staff specifically charged with HR as a primary duty at the sub-county level & high volume facilities to facilitate the decentralization of HR issues for enhanced efficiency and quality HR service delivery.
- Long term planning to ensure sustainable funding for adequate HRH staffing as per MOH norms & standards should be considered to address the current HRH gaps.
- The county should have regular Integrated HR supervision in conjunction with other departments in different levels in the county.
- Link HRH strategic plan to HRM & D planning. A deliberate effort by the county's Health Department to link the existing HRH strategic plan to staffing plans, appropriate remuneration, affirmative action on gender, recruitment, training, staff performance and CPDs should be made. This could entail heads of specific departments (HIV/AIDS, public health, malaria, laboratory, nursing etc.) developing and ensuring their operational plans are based on and comply with the strategic plan.
- The county should have a HR policy manual that is disseminated to all its employees and is used as a point of reference to answer all questions pertaining employment. They also should ensure that an audit system exists to monitor and evaluate adherence to the compensation and benefits system.
- The county should put in place mechanisms to support timely and up to date data. This can be done through improving the infrastructure through procurement of adequate hardware (computers, modems etc.) supported by critical number of trained staff to ensure timely data entry.
- The county should ensure ICT equipment and information management systems are in place, widely available and used as the standard tool by well trained staff with up to date HRH information.
- The county should plan, forecast and develop a blueprint for e-learning training infrastructure. This should take into account the current and anticipated future e-learning needs of the county (and any neighboring counties that would benefit from such an initiative). Further, it should establish formal systems/partnerships with in-service training institutions to strengthen health worker supportive supervision.
- Health workers registration and licensure should be up to date to ensure they are duly accredited and recognized by both the relevant governing bodies and signed off by the county health department.
- The county should either develop their own or customize the national gender strategy/policy/guidelines and integrate them into the County HRH plan and/or County HR manual. This gender strategy would help to streamline issues like optimum gender ratios the county had not attained at the time of the assessment. The department of health should also disseminate (share widely) through existing and new channels to ensure all health workers receive sufficient accurate information on issues around reporting and documenting gender discrimination and/or harassment at the CDH.
- The county should ensure there is a practice that provides gender equity in opportunities for in-service education, promotions, transfers, maternity/paternity leave uptake including special circumstances like health workers' lifecycles and a system that monitors the adherence to it.