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the **Capacity Project**
Planning, Developing & Supporting
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Strengthening Human Resources Management: Knowledge, Skills and Leadership

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Introduction

The Capacity Project has made specific technical contributions to shape and advance the human resources management (HRM) professional development agenda at the global, regional and country level since 2005. This brief describes the rationale, process, methodology and some of the results of key approaches that the Project and its collaborating partners developed and implemented in sub-Saharan Africa.

The ways that health workers are planned, managed and supported affects the quality of health services they are able to deliver. At the same time, adequate HRM capacity remains one of the critical missing factors in current efforts to meet the goals of national and global health system strengthening efforts, including large global health initiatives such as the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

HRM system strengthening work is sometimes confused with general management and leadership (M&L) development. Both are necessary but they have mostly different audiences and outcomes. On one hand, HRM system strengthening work is aimed at producing strong units staffed by professional HR managers and staff to carry out HR functions. On the other hand, M&L development is aimed at strengthening the leadership skills of *any* health manager who leads a team—a hospital or clinic director, a matron managing a hospital ward, a district health officer, the head of a unit in the Ministry of Health, etc.

Countries require a critical mass of managers and leaders, at all levels, who view themselves as HR champions and knowledge brokers. They must take responsibility for creating links between the public and private sectors and with the different organizational actors who influence HR decisions—public service commissions, unions, registration bodies and education and training institutions. These linkages are essential for developing and maintaining a fair, equitable and effective HR system that provides opportunities for staff development and the environment in which motivation and job satisfaction can be enhanced. This in turn can result in improved quality of services.

Yet in many resource-constrained countries, we note several common and disturbing patterns:

- Government human resources for health (HRH) policies, practices and procedures are bureaucratic and spread across different government entities
- Many HR departments are weak and ineffective
- Most senior health sector leaders do not view the HR department as a strategic partner.

While in many of these same countries, disease- and health-specific programs for HIV, family planning and other areas tend to be well resourced and enjoy some strategic prominence, HR units tend to be absent, invisible or neglected. Senior health leaders rarely involve HR staff substantively in the organization's strategic planning, and disease-focused program managers seldom ask HR departments to provide guidance on the HR implications of expanding access to their programs. HR units are sometimes involved during implementation. Going forward, there must be an expanded number of HR champions—trained in HRM knowledge and practices—who can then demonstrate how HR can be an integral part of a country's health sector that directly contributes to positive health outcomes.

The Capacity Project's Approach

The process of establishing HRM and developing systems, policies and procedures requires a serious commitment by any organization. In particular, it requires an adequate number of managers with a professional HR knowledge base. A professionalized cadre of HR managers can provide leadership among health sector leaders and managers, and facilitate processes to involve employees in developing and maintaining sound HR policies and applying them consistently and fairly.

HRH Action Workshops

The Capacity Project helped to organize and facilitate two regional HRH Action Workshops; Johannesburg, South Africa in 2006 and Accra, Ghana in 2007. Each workshop brought together an average of 40 people from more than 20 countries—Anglophone and Francophone—to exchange knowledge and promising practices in planning, developing and supporting the health workforce in order to improve HRH management capacity and strategic development at the country level. As part of the Project's global partnering initiative, the first workshop was a collaborative effort with the United Nations Development Program/Southern Africa Capacity Initiative while the second involved the West African Health Organization, World Health

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What Is HRM?

HRM is not just about recruitment, personnel data, supervision or training; it's about planning and managing these functions within a broader system. A strong HRM system integrates recruitment, hiring, retention, payroll, HR information systems, supervision and staff development into a comprehensive management system within an organization. Two commonly cited definitions of HRM:

- *"The formal structure within an organization responsible for all the decisions, strategies, factors, principles, operations, practices, functions, activities and methods related to the management of people"*

- *"The integrated use of systems, policies, and practices to plan for necessary staff and to recruit, motivate, develop, and maintain employees in order for the organization to meet its desired goals" (Adano, 2006).*

Organization (WHO)/Regional Office for Africa (AFRO), Global Health Workforce Alliance and USAID.
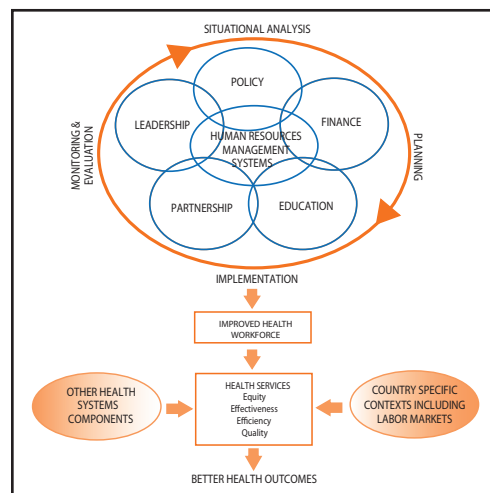
The workshops had four main objectives:

1. Expand the HRH knowledge base by providing technical updates for HRH managers and practitioners, including the HRH Action Framework[1] (see Figure 1), recent lessons learned and promising practices

2. Optimize the opportunity for south-south dialogue by creating the environment for participants to share knowledge about country-level HRH issues and their potential solutions

3. Develop and support a critical mass of HRH advocates (champions) and problem-solvers that will accelerate the appropriate application of the HRH Action Framework, practices and tools in their countries

4. Generate country-level HRH strategies for implementation of new or refined HRH practices and tools after the workshops.

The workshops also featured technical updates and discussions about key topics, including HRM, performance management, HR leadership, partnerships, task shifting, retention, strategic planning and how vertical programs, especially the large global health initiatives, affect HRH and less well supported or highly prioritized areas of health, such as family planning and reproductive health. Participants built networks with other HRH leaders in the region and created key strategic country-level action items that emerged from each workshop's deliberations.

These workshops helped build an expanded number of country-level HRH champions that had a shared understanding of the current "state of play" regarding HRH issues in the region—providing guidance for those in Africa who wish to work and learn across countries and for those internationally who are looking for specific actions that could be supported by donors or technical cooperation to help strengthen the HRM system. As one participant noted, "The rich networking exchange between a diverse group of HRH country leaders, HRH experts and donors was strategic."

Figure 1. HRH Action Framework

HRM Technical Brief

The Project published a seminal technical brief, *Human Resources for Health: Tackling the HRM Piece of the Puzzle* (Adano et al., 2008). It describes the HRM problems that contribute to the health worker crisis, as these have often been downplayed—or not addressed at all. The paper also identifies a series of strategic actions to address HRM obstacles, and concludes with examples of broad, futuristic thinking and innovations to stimulate donor and programmatic funding opportunities for strengthening HRH.

This technical brief was disseminated in a variety of ways, including at the Global Health Council conference, the HRH Action Framework "Taking Stock" workshop, the Africa Regional Meeting on Human Resources Information Systems and others. It was also accepted for presentation and dissemination at the 10th International HRM Conference in Santa Fe, New Mexico in June 2009. Additionally, the themes highlighted in the paper contributed to a two–day Round Table Symposium in Washington, DC in September 2009. Held in collaboration with Realizing Rights' Health Systems Strengthening for Equity Project, this event targeted donors and high-level decision-makers in global health.

HRM Leadership and Professional Development Program

One of the key lessons that emerged from the HRH Action Workshops was the realization that, although long-term HRH sustainability depended on a variety of factors, one vital action required was the growth of a more professional HRH cadre at the country level in general, and within Ministry of Health and faith-based organization (FBO) units in particular. This HRM cadre would need a deeper level of HR knowledge as well as more strategically aligned institutional mechanisms to allow them to become more strategic partners in managing HRH systems. As a result, the Project collaborated with WHO/AFRO and WHO/Geneva to design and pilot a prototype HRM professional development program to develop and support a critical mass of HRH champions who can advocate for appropriate strategies and systems to tackle their organizations' HRM problems.

The program had several interrelated objectives:

- Expand participants' HRH knowledge base by providing HRH technical updates interspersed with critical issue discussions

- Build capacity to influence a broad range of stakeholders to develop strategies and take actions that will strengthen HRM systems at all levels to support needed HRH changes

- Ensure a close linkage between institution-based learning and practical application by blending in-class knowledge sharing with *in situ* consultation, support and mentoring

- Work together to solve practical HRM bottlenecks and challenges

- Coach participants to develop a strategic action plan for medium–range (six months)

accomplishments, including the definition of key indicators to measure progress.

We piloted this participatory program for a multidisciplinary group of senior HR leaders and managers drawn from public, private and FBO sectors in Kenya. The blended learning program included a series of three short workshops (three to four days each) delivered over a period of six months with support and coaching between workshops—both face-to-face and electronic. The program's design utilized the six thematic action fields of the internationally-recognized HRH Action Framework as the organizing principle, and made use of Capacity Project experiences, tools and products. During the periods between the three workshops, participants worked on practical assignments to solve HRM problems.

This program resulted in several important findings and outputs for future planning and implementation in other settings.

- **Networking, partnership and building an HRM cohort group:** Participants frequently stated networking with other HRH professionals as one of the most significant gains. Several noted that the program led them to view themselves as a team. This value extended to the way participants approached ongoing or newly initiated activities—such as including other stakeholders in the process of identifying problems, establishing common understandings of issues, using data-driven decision-making and planning. Participants often used the term link (or linking, linkages) to describe the workshop's substantive material on HRH issues and in reference to the institutional relationships created by networking skills.

- **Collaboration and sharing:** Several participants described sharing data and tools to accomplish activities throughout the program, as well as having introduced tools such as the HRH Action Framework and the HRH scorecard (a simple self-administered survey to establish the strengths and weaknesses of HR roles and functions in an organization) with colleagues at their respective institutions.

- **Data-driven decision-making:** Participants reported that their use of data-driven decision-making increased their ability to illustrate gaps and argue for improved allocation of resources—i.e., enhanced their negotiation skills and ability to influence stakeholders. They felt that data-driven decision-making increased the leveraging and sustainability of proposed plans because of both increased validity from data and ownership through stakeholder inclusion. Some participants cited the value of institutionalizing monitoring and evaluation as a function of any workplan to increase implementation accountability, revise failing activities and demonstrate effectiveness. Participants described their increased assessment skills as useful in identifying what actions could be taken without additional financing and putting those in the

workplan immediately, and being better prepared for negotiating budgets for other activities.

- **Leadership:** Many participants described a newfound identity as HRH leaders. Even those without previous training or roles in HR felt they were now in a position to conduct the HR activities their organizations needed. They felt they now had strategies for engaging their senior and subordinate colleagues more effectively, by thinking strategically, delegating responsibilities, being proactive and involving stakeholders.

- **Tools:** Participants stated that they used and appreciated the HRH Action Framework and the HRH scorecard, as well as case studies that informed them of the use of tools such as M-PESA (M is for mobile, PESA is Swahili for money), an innovative cell phone banking service that offers great potential to get money to health workers in rural and hard-to-reach places. The HRH Action Framework was considered an impressive and useful structure for the workshop activities, provided links between issues not previously considered as HRH functions and gave a holistic perspective on HRH without being inflexible.

- **Common language and understanding:** Many participants also noted the benefits of gaining a shared language and tools to understand and engage in common problems, issues and bottlenecks as HRH professionals. According to participants, this made contacting others in the cohort much easier because they knew they shared a basis for understanding and could assist each other in collaborative problem-solving.

Recommendations

It is important to emphasize that the careful selection of a diverse group of participants in a program like this was an essential component of the learning experience. Despite their different institutions and backgrounds, participants learned that they shared many common issues and day-to-day problems, and they formed the beginning of a sustainable HRM reference group.

In addition to the importance of participant selection, the following are useful recommendations to consider for replication:

- Use the HRH Action Framework as the organizing principle and the basis for overall program design to ensure a comprehensive approach and coverage of all key HRH components

- Plan an interim practical period between each of the three phases that gives participants the opportunity to identify specific HRH projects and assignments that they can work on using the skills and competencies developed through the program. In the case of the Kenya program, an interim time period of eight to 12 weeks worked very well

- Engage staff for the program who have HRM knowledge, but who also have strong facilitation skills and can stimulate substantive discussions among participants and build on outcomes to adapt or design future sessions in the program

- Provide support and coaching in the interim phase (either real or virtual), including assistance in setting up one or two meetings where participants can gather to address a real issue. In the Kenya program, this worked particularly well as one of the meetings addressed refinements to the HRH strategic plan

- Make certain the face-to-face workshops include a blend of new HRM technical knowledge; practical tools that participants can apply in interim phases and beyond; and ample time for discussion about real issues that are stimulated by the HRM inputs

- Ensure there is strong, proactive program logistics and administrative support for smooth planning and delivery.

Conclusions

The focus of most of the recent HRH interventions as well as the current health system strengthening efforts in developing countries has been on *what* to introduce, rather than the managerial issues on *how* the changes can be achieved or sustained, especially in terms of necessary management changes and skills. Changes have often been planned separately from HRM policies and practices.

The actual methods used to manage HRH may in fact hinder or facilitate the accomplishment of some of the core objectives and benefits of health system strengthening. HRM is central to improved health care delivery and thus integral to the system strengthening process. As such, the Project's work in writing and disseminating a landmark HRM paper helps to call attention to the issue, raise consciousness about what can be done and stimulates donors to consider how they can fund HRM strengthening work. This global-level work is an important contribution by itself. Because the need for HRM strengthening is a new issue, the specific proposals outlined in the HRM paper can be very helpful, especially for donors as they consider what to support and fund.

At the regional level, the HRH Action Workshops helped create a network of more informed HRH professionals who can support one another across countries as they work to strengthen HRM systems. This network can also be used as a core resource to grow the number of people in sub-Saharan Africa who are more powerful HRH champions, and help create a vibrant and ongoing south-south HRM dialogue.

At the country level, there is a great need to expand the critical mass of professional HRM leaders. Initial evidence indicates that the six-month blended learning program is a potent tool for achieving this goal. Ultimately, the cohort will expand to a critical mass that can serve as an ongoing HRM institutional mechanism and perhaps become an HRH Observatory.

References

Adano U. Human resources management (HRM) in the health sector. Technical Brief No. 2. Chapel Hill, NC: Capacity Project, 2006. Available at: *http://www.capacityproject.org/images/stories/files/techbrief_2.pdf*

Adano U, McCaffery J, Ruwoldt P, Stilwell B. Human resources for health: tackling the human resource management piece of the puzzle. Technical Brief No. 14. Chapel Hill, NC: Capacity Project, 2008. Available at: *http://www.capacityproject.org/images/stories/files/techbrief_14.pdf*

World Health Organization. Africa health workforce observatory: concept and implementation strategy. Draft Paper. Geneva, Switzerland: World Health Organization, n.d. Accessed 20 Aug 2009 at: *http://www.afro.who.int/hrh-observatory/documentcentre/concept_implementation_strategy.pdf*

Additional Resources

Adano U, McCaffery J. Planning, developing and supporting the health workforce: Human Resources for Health (HRH)

Action Workshop. September 23-28, 2007; Accra, Ghana. Chapel Hill, NC: Capacity Project, 2007. Available at: *http://www.capacityproject.org/images/stories/files/hrh_action_workshop_2007_report.pdf*

Capacity Project. HRH Action Framework [website]. Capacity Project, 2009. Available at: *http://www.capacityproject.org/framework/*

Capacity Project. Planning, developing and supporting the health workforce: HRH Action Workshop. January 16-20, 2006; Johannesburg, South Africa. Chapel Hill, NC: Capacity Project, 2007. Available at: *http://www.capacityproject.org/action_workshop/*

Fogarty L. Human Resources for Health (HRH) Action Workshop assessment. Chapel Hill, NC: Capacity Project, 2008. Available at: *http://www.capacityproject.org/images/stories/files/hrh_action_workshop_assessment.pdf*

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