



Human Resources Management Assessment Approach

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INTRODUCTION

The CapacityPlus partnership has developed this human resources management (HRM) assessment approach to guide policy-makers, managers, and human resources (HR) practitioners toward better understanding and responding to HRM challenges facing their health systems.

The approach is flexible: it can be applied to an overall assessment of the health workforce management environment or modified to focus on a specific problem (e.g., workforce maldistribution). Alternatively, it can be used to examine HRM issues specific to a health program or intervention (e.g., the supportive supervision of skilled frontline HIV, maternal and child health, family planning, or social welfare service providers). Additionally, the approach engages stakeholders in key stages of the assessment process, thereby fostering ownership and commitment as well as ensuring the assessment's outcomes and proposed interventions are responsive to local needs.

BACKGROUND

The global health workforce crisis is underscored by an estimated shortfall of 4.3 million health workers, which impacts access to quality health care, attainment of the health-related Millennium Development Goals, and improved health outcomes. More focused attention on strengthening the management of the health workforce is essential for improved service quality and to ensure that global investments to increase the number of trained health workers are supported and sustained. Strong HRM systems provide the enabling environment within which the health workforce can be deployed and utilized effectively; however, HRM functions and responsibilities are generally fragmented across a broad range of key stakeholders, which can often complicate the approaches needed to strengthen these systems.

HRM is the integrated use of systems, policies, and practices that will provide the range of functions needed to plan, produce, deploy, manage, train, support, and sustain the workforce. HRM focuses on people: how they fit and are utilized within a health system, and how they can be most effective. In the health sector, strong HRM is central to the provision of an effective, enabled, and functional health system. Moreover, targeted interventions to strengthen HRM will yield significant impact. One example of the collection, analysis, and use of HR data to inform decision-making comes from a recent HRM professional development program in Kenya, targeted at a group of public- and private-sector HR leaders and managers—it was reported that the application of data-driven decision-making increased their ability to diagnose critical gaps in human resources for health (HRH) and successfully advocate for additional HRH resources. Participants noted that using HRM information helped them better prioritize and plan specific HR approaches and provided the foundation to implement and sustain these approaches with additional funding and resources (McCaffery and Adano 2009).

What does the approach do?

- Helps understand and respond to HRM systems issues and challenges
- Builds on and expands the evidence base to guide improvements in HRM policy, strategy, capacity, and best practice
- Engages key stakeholders and promotes ownership
- Is adaptable: can be applied HRM system-wide or to a specific intervention or program or to a facility-level assessment (see appendix A for a description of one such adaptation)

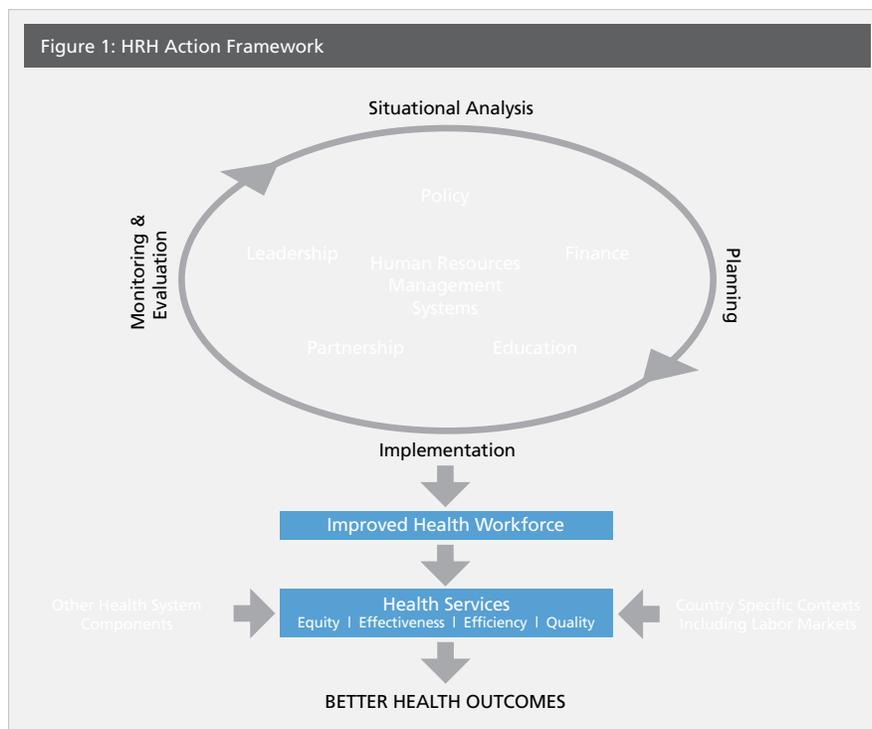
PURPOSE

This assessment approach is intended to help users identify and address HRM systems issues. It promotes the collection and analysis of information on defined key HRM challenges, and informs the development of effective policy, strategy, systems, and process interventions to respond to these challenges. The approach also helps generate the evidence base needed to determine the most appropriate solutions and interventions to address HRM challenges in a systemic, integrated, and holistic manner.

The HRM Assessment Approach supports access to and use of the HRH Action Framework (<http://www.capacityproject.org/framework/>) as a means of assessing and analyzing HRM issues in a comprehensive manner (see Figure 1). It is aligned with the HRH Action Framework's HRM Systems Action Field and its defined key HRM functions:

- Workforce planning and implementation
- Work environment and conditions
- HR information systems (HRIS)
- Performance management.

Collecting and analyzing data on each of these functions helps to provide a broad overview of the HRM situation, allowing the user to further explore, analyze, and target specific HRM-related challenges in context. It complements other HRH-related tools and guidelines (see appendix C), including those incorporated within the HRH Action Framework.



Examples of applications

The HRM Assessment Approach has been adapted and applied to the following:

Carrying out a gap analysis

Adapted for use in social service workforce gap analysis in Ethiopia, Nigeria, and Zimbabwe

Establishing an HRM baseline

Informing HRM mapping of the health workforce in Bhutan

Assessing or designing HRM policy or strategy interventions

Assessing HRH implementation progress in Ghana and developing HRM content for a new five-year HR policy and strategy; developing a new HRH master plan in Bhutan

Strengthening an HRM function or process

Mapping HRM functions and processes in Papua New Guinea and the Dominican Republic

Improving HRM leadership, coordination, and implementation capacity

Supporting the sustainable functioning of the Ghana Health Workforce Observatory.



APPLYING THE ASSESSMENT APPROACH

Users

In general, users of this assessment approach will include leaders and HR managers in government and private-sector agencies—including health and development partners, nongovernmental organizations (NGOs), faith-based organizations (FBOs), ministry of health HR directors and managers, HR practitioners at all levels, consultants, public health practitioners, program and facility managers, professional and regulatory council representatives, and other stakeholders. Users ideally will already have a basic level of understanding and working knowledge of HRM systems and practices; however, the approach is designed to be readily adapted and applied by non-expert users, with a minimum of additional support.

Time frame

The type and range of assessment to be undertaken and the size and composition of the assessment team will determine the actual time frame required. However, as a general rule, the core work of adapting the approach, collecting and analyzing the data, and preparing the preliminary findings can be carried out by as little as one or two people over a period of two to three weeks or more, depending on the size and scope of assessment needed. In terms of approximate scheduling, it may take three to five days of preparatory work for the initial desk review and planning to be completed. The desk review will include searching for and reviewing key source documents. Planning involves deciding on the main focus of the assessment, adjusting or adapting the assessment templates accordingly, and setting up a variety of data-gathering interviews and meetings. The actual data-gathering time will be approximately one to two weeks. The approach will also require an additional three to five days to complete the analysis and compile a final report; again, these estimates will vary depending on the size and scope of the assessment.

Methodologies and data sources

Data collection methodologies can include the following:

- Key informant interviews
- Focus group discussions
- Engagement with a representative range of stakeholders from among the following:
 - Ministry of health departments (e.g., HR, planning, monitoring and evaluation, research, clinical programs)
 - Other government agencies with HR roles and mandates (e.g., ministries of public service, education, finance, and local government)
 - Organizations and agencies from outside the public sector (e.g., HR managers in FBOs, NGOs, private-sector associations, regulatory and health professional bodies)
 - Training institutions
 - Development partners
 - Health workers.

Data sources can include literature and documents reviewed from the following sources:

- **Health-sector information:** policies, strategic plans, reviews, evaluations, service delivery packages, demographic and health surveys, service availability mapping, and facility surveys
- **Workforce information:** policies, strategies and plans, evaluations, reviews, staffing norms, and workforce plans; data on staffing and deployment, recruitment and hiring, remuneration, attrition, and training (disaggregated by age and sex); and professional council registries and databases
- **Public-sector information:** establishment lists, payroll, personnel regulations, schemes of service, job descriptions, performance management schemes, and workforce-related policy guidelines, circulars, and standing orders.

Potential users

Health-sector leaders and managers seeking to analyze and respond to an HRM-related challenge impacting service delivery and/or health outcomes

An organization or agency planning to implement a specific workforce policy or strategy and looking to carry out a risk analysis that may help identify potential implementation constraints

A development partner seeking to support and invest in workforce systems strengthening initiatives and looking to map and assess the HRM situation and target specific areas and interventions for support.

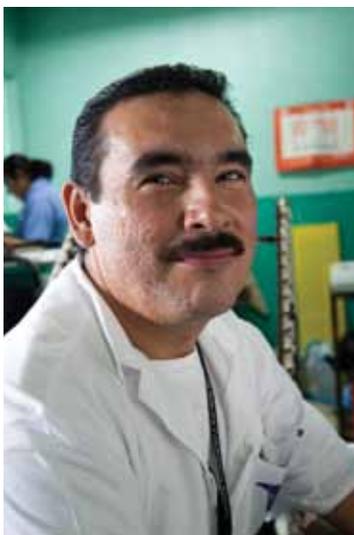
GUIDANCE: HOW TO USE THE HUMAN RESOURCES MANAGEMENT ASSESSMENT APPROACH

ASSESSING KEY HUMAN RESOURCES MANAGEMENT SYSTEMS, FUNCTIONS, AND PRACTICES

HRM systems are defined in the HRH Action Framework (2011) as the integrated use of data, policies, and practice to plan for necessary staff. These systems ensure functions and practices for recruitment, hiring, remuneration, deployment, development (including training and career advancement), and support for health workers are effectively applied. The HRM system includes well-supported HR units with the capacity and mandate to carry out defined HRM functions.

This HRM Assessment Approach addresses the following functional areas:

- **Health workforce planning and implementation**
 - Workforce planning: How well is the existing health workforce planning system organized, informed, integrated, and managed?
 - Recruitment and deployment: Are existing health workforce recruitment and deployment processes and practices responsive to service demands?
 - Retention: Are there persistent problems in attracting and retaining health workers? If so, what are the reasons for this, and to what extent do they impact service delivery accessibility and availability?
- **Work environment and conditions**
 - Employee relations: What management systems and practices are available and in place to promote and sustain a positive working environment?
 - Workplace safety and security: What workplace policies and practices are in place to protect health workers?
 - Job satisfaction: How are staff needs and expectations appropriately recognized and addressed in the workplace?
 - Career development: How well do existing policies and mechanisms address the career and professional development needs and expectations of the health workforce?
- **HR information systems**
 - What systems and capacity are in place to ensure HRH baseline data and information are routinely collected and used for evidence-based decision-making and monitoring of the health workforce?
- **Performance management** (including setting performance expectations, monitoring performance, and providing feedback; providing supportive supervision; and sustaining an environment that supports productivity)



- What policies, mechanisms, and practices are in place to effectively manage, support, and promote health worker performance and productivity?

The assessment approach focuses on problem identification and provides guidance and processes for analyzing specific HRM functions that will result in recommendations and actions needed to address these problems.

GUIDANCE ON THE ASSESSMENT TEMPLATES FOR EACH HUMAN RESOURCES MANAGEMENT FUNCTION

For each HRM functional area (health workforce planning and implementation; work environment and conditions; HR information systems; and performance management), an assessment template with corresponding guidance notes is provided. The template can be used first to hone in on those particular functions you will be focusing on. That is, the functional area description and key question will be good for helping a user or user team decide on which areas need to be studied given the specific context of the assessment. Then, once the functional areas are chosen, users can proceed to determine the most likely specific areas of investigation, information sources, and additional questions that might be asked (we have included a blank template at the end of this document that can be used at this stage for planning purposes).

Overall, the templates are meant to be informative and provide guidance without being overly prescriptive, so we have not included an exact path forward that will fit all situations; rather, users can make choices informed by the material in each functional area and that are aligned with the assessment context.

- **Key question:** Each HRM function contains an overarching key question, which is designed to guide and probe the area of inquiry for that function. Initially, this will be the simplest and most direct question to be asked. The aim is to formulate as complete a response to this question as possible from the range of available sources (e.g., document review, informant interviews, interpretation of existing policy).
- **Aim:** This section is intended to help describe: why this particular function is important for effective HRM; how it contributes to the system as a whole; and how it affects health worker performance—both positively and negatively. In addition, the general area of assessment is set out here, along with guidance on what the user may need to look out for. This section may be especially useful for those applying the approach who have limited broad-based HRM knowledge and practical experience.





- **Areas of investigation:** This includes practical guidance to the user on the specific issues or areas that may be of most importance to investigate, and additional lines of questioning that may be further explored. In addition, depending on the initial data and findings, there are suggestions on potential responses or recommendations that could be adapted or applied.
- **Areas for more in-depth inquiry:** These sample questions are designed to be applied or modified where the assessment process requires more in-depth information on a specific area, or where the user would benefit from additional questions to help guide the work. In some instances, the user may be looking to apply only a limited range of questions, particularly where there is sufficient available data, information, and/or previous work already carried out.
- **Information and data sources:** This section includes the range of potential sources of information and data for each particular HRM function, providing the user with useful information and guidance on available data sources and where to find these.
- **Indicators and milestones:** A set of progress milestones and indicators is provided to facilitate monitoring and assessment of progress. These milestones and indicators correspond with the key questions outlined for each function. In many cases, the indicators are selected from CapacityPlus's Human Resources for Health (HRH) Indicator Compendium. They are intended to serve as guidance for the user and can be adapted to fit various contexts, depending on the availability of data and their appropriateness to the HRM function being assessed. Specifically, these can be used to: cross-check already available HRH data; guide the assessment process by defining benchmarks and anticipated outcomes; help identify additional data gaps and needs; and serve as regular and sustained monitoring and evaluation indicators for each function. In most cases, these milestones and indicators are separate and not specifically linked to each other.

KEY STEPS IN A TYPICAL ASSESSMENT APPROACH

While we recognize there may be many ways to adapt the approach, a typical assessment process is structured around the following key steps:

1. **Agree on aim/key question:** Establish the aim of the assessment from the beginning by framing the overarching HRM issue or key question that you are seeking to address. In almost all cases, the HRM Assessment Approach is used to help address a specific issue or resolve a vexing HRH

problem or question rather than for a comprehensive HRM system-wide assessment. Examples of typical HRM assessment requests include the following:

- To evaluate an ongoing HRM intervention, such as a rural health worker retention scheme
- To respond to an underlying workforce challenge, such as a country's inability to produce sufficient numbers of new health workers
- To identify and assess the root causes of specific workforce problems: for example, recruitment process delays, maldistribution, or the gender-relevant imbalances in employment conditions
- To conduct a gap analysis of health workforce management systems and practices
- To improve coordination, collaboration, and implementation of workforce management interventions.

- 2. Planning:** Outline the planning requirements such as scope of work, activity schedule, deliverables, and identification of counterparts and/or an assessment task team (if required), assignment of key roles, and stakeholder engagement. During this phase, it is helpful to identify which HRM function areas are of greatest importance, given the aim of the assessment. This will help establish which areas and components (assessment templates) of the assessment approach should be applied and which stakeholders should be involved.

For example, if the aim is to assess a rural health worker retention scheme, potentially the main functional areas to look at would be 1) Retention: to gauge workforce availability and attrition trends in problematic locations; 2) HRIS: to find supporting baseline data on the distribution and profile of the workforce; and 3) Workplace environment: to gauge issues impacting worker satisfaction and retention. However, it may still be helpful to carry out some level of data collection across other functions, as needed.

Additionally, the “key question” and “aim” for examining each particular area in the assessment templates provide helpful reference points when fine-tuning the planning and design of the assessment—especially where the user may only have a limited depth of working knowledge in a particular area.

Analyzing the HRH situation for the development of an HRH master plan for Bhutan

- An assigned drafting team used the HRM Assessment Approach and the findings from a preliminary review of documentary evidence to identify key questions and areas for investigation.
- The team modified and applied a selection of key questions and areas for further investigation in a context-specific HRM assessment to collect and analyze existing and new data on key workforce areas.
- In applying the assessment, the team held collaborative discussion sessions with a wide range of key stakeholders—using the HRM assessment to guide these discussions and focus on specific issues.
- This helped compile a broad overview and HRM situational analysis—allowing the team to identify, analyze, and prioritize the most critical HRM challenges affecting the health sector in Bhutan and set the foundation for the HRH master plan.



- 3. Initial data collection:** Begin the assessment by identifying and reviewing existing documentation, evaluations, surveys, data sources, and other available entry points. Collect available assessment reports and data and carry out a desk review of existing workforce data, policies, plans, reports, and assessments to see if the issue or evaluation questions can be answered. To the extent possible during this stage, use the guidance provided in each of the assessment templates as a way to organize an initial desk review of existing documentation. This stage of the process should be planned and carried out in advance of the field-based component of the assessment wherever possible.
- 4. Refine key data gaps and areas for further investigation:** Identify additional key data and information gaps and sources. Define the requirements and methodology for the additional data collection and analysis phases, and align these with anticipated deliverables and assessment areas. Use the assessment templates as appropriate as a planning tool to help define the actual field-based assessment design.
- 5. Field-based assessment:** Reaffirm and implement the assessment scope, workplan, and methodology—including assigned deliverables, roles and responsibilities, interview schedules, engagement with counterparts (individual and/or team), and stakeholder mapping. Use the assessment templates to help establish the range of questions that may be required and to determine data sources for each particular function as well as to guide the investigation.
- 6. Analysis:** Collect and analyze data to further evaluate progress or determine root causes of the main problems identified. Aim to define the nature and scope of the technical interventions required to address each problem. These should be best suited to the prevailing context, simple, realistic, prioritized in terms of expected impact, and sustainable.
- 7. Stakeholder agreement:** Share initial findings with key stakeholders in order to seek input, validation, and agreement on key issues, decision points, and options. Ideally, this process would be facilitated through a formal stakeholder forum and based on the preliminary assessment findings and analysis as above.
- 8. Options and actions:** Prioritize and develop a set of three to five recommended actions or interventions for future implementation—based on the analysis findings and stakeholder dialogue—including milestones, indicators, targets, and measures for monitoring impact. As the user is developing these options and actions, it may be helpful to revisit the assessment template “areas of investigation” and “indicators and milestones” as there are suggested intervention areas included in their descriptions that may potentially be adapted in line with the emerging assessment findings and prevailing context.

HUMAN RESOURCES MANAGEMENT FUNCTIONS: ASSESSMENT TEMPLATES

Assessment templates for each functional area are provided in the following sections of the HRM Assessment Approach:

Health Workforce Planning and Implementation	Workforce Planning
	Recruitment and Deployment
	Retention
Work Environment and Conditions	Employee Relations
	Workplace Safety and Security
	Job Satisfaction
	Career Development
Human Resources Information Systems	HRIS
Performance Management	Setting performance expectations, monitoring performance and providing feedback; providing supportive supervision; and sustaining an environment that supports productivity



HEALTH WORKFORCE PLANNING AND IMPLEMENTATION

This section focuses on HRM policies, functions, and practices related to workforce planning, recruitment, deployment, and retention, as well as the implementation of HRH strategic and workforce plans.

WORKFORCE PLANNING

KEY QUESTION

How well is the existing health workforce planning system organized, informed, integrated, and managed?

Aim

- The main purpose is to ensure that the health workforce is planned, organized, and managed in line with priority health needs, sector-wide plans, and strategic health goals—and that this is applied in ways that are context-appropriate and based on reliable evidence and information.
- The aim here is to review and assess existing health workforce planning systems, processes, mechanisms, and capacity—looking for evidence of integrated planning and, specifically, where this has translated to implementation progress and the impact of workforce interventions on improved health outcomes.
- While many HRH crisis countries have developed workforce policies, plans, and strategies, there is a critical need both to accelerate and measure progress on implementing these. In many instances, this has proven to be problematic—often as a result of weak vertical and horizontal integration of workforce planning interventions as well as the fragmentation of mandates, roles, and decision-making responsibilities among a varied and wide stakeholder constituency responsible for the health workforce.
- Recommend practical solutions that will improve and strengthen systems and processes for workforce planning and some key interventions that will lead to the development and implementation of workforce plans that identify future requirements and supply and ensure that human resources are available and distributed to deliver health services and achieve health outcomes.

Areas of investigation

- Look at the existing processes, systems capacities, and mechanisms for workforce planning—including annual implementation and monitoring plans, targets, and related milestones.
- Determine if there is an overarching health workforce plan or strategy in place and, if so, assess the status of its implementation, both at central and subnational and/or organizational levels.
- Analyze and address critical bottlenecks that affect implementation of workforce plans and strategies.
- Further assess the extent that workforce planning is vertically and horizontally integrated (i.e., how well it is aligned with overall national and/or health and/or your organization's strategies, policies, and health systems strengthening interventions).

- Additionally, assess the extent that these plans are prioritized and resourced—including the level of engagement and collaboration of key stakeholders in the broad planning and implementation process (i.e., is there an overarching HRH observatory, technical working group, or stakeholder forum in place and functioning?).
- In terms of capacity gaps and needs, aim to determine: the various mandated HR units and/or departments that are in place; the scope of HRM functions assigned to each of these; and the extent to which they are enabled and staffed with competent and skilled personnel to carry out these assigned functions.

Areas for more in-depth inquiry

- What functional HRM structures and units exist at each level of the health system and/or organization (e.g., a centrally located HRM department, personnel administration unit at the district level, FBO, NGO, private provider)?
- How are FBO, NGO, and private provider health workers integrated and represented within national and subnational level structures across the health sector?
- Which range of HRM functions do these structures and/or units perform related to planning, managing, and developing the health workforce?
- Are there sufficient numbers of competent HR managers and practitioners to support the above functions and structures?
- Do these HR managers and practitioners have the required level of skills, competencies, experience, professional qualifications, and HRM training to perform the functions provided and for the position held? If so, how are these defined?
- Is there a fully costed HRH strategic plan (or scale-up plan) available? Has it been approved? If so, what is the implementation status? If not, what are the main barriers and/or bottlenecks?
- What processes are used to develop, implement, and monitor HRH strategic plans, workforce plans and projections, and annual operational plans?
- What mechanisms are in place to promote wide stakeholder engagement and participation in the HRH planning process (e.g., HRH observatory, technical working group, or HRH stakeholder leadership group/forum)?
- Are training plans (annual, medium-term, or long-term) prepared and available at national and regional/district levels? If so, what is the status of their implementation?
- Do these plans include detailed information, scale-up projections, and costing on the numbers and types of health workers to be produced through preservice education?
- Is this information used to coordinate and integrate sector-wide planning, implementation, and monitoring of in-service training and continuing professional development to meet service delivery needs?
- Are mandates and responsibilities for preservice education clearly assigned, articulated, and acted upon (e.g., roles of line ministries of health, education, finance, planning, public service; teaching hospitals, training institutions; accreditation, regulation, and licensing mechanisms)?

- Are regularly updated staffing norms documented and available for each level of the health system (including private and FBO/NGO sector facilities)?
- To what extent is workforce planning informed by the following: labor market data, service delivery requirements, health indicators and targets, establishment, payroll, professional and regulatory body registries, international labor standards ratified by the government, and other national commitments to gender equality¹?

¹For example: Convention 111, Discrimination in respect of employment and occupation; Convention 100, Equal remuneration (including salary and benefits); Convention 156, Workers with family responsibilities; and Convention 183, Maternity protection. These conventions were developed to assure that life cycle events do not constitute grounds for unequal opportunity for education, employment, and advancement in a career (Newman 2009).

Information and data sources

- National/public sector/ministry of health policy, data, and planning guidelines
- Strategic and operational health workforce-related plans (e.g., for recruitment, promotions, transfers, deployment, training scale-up, HRM professional development), including annual implementation plans at central and subnational levels
- HR leaders, planners, managers, and practitioners at all levels
- Health training institutions
- Professional and regulatory bodies
- NGO, FBO, and private providers.

Table 1: Indicators and Milestones for Workforce Planning

Progress milestones	Output/outcome indicators
Strategic and operational HRM units and functions present at national and local levels	Status of development of strategic and operational HRM functions and units at national and local levels
The existence of a costed national HRH strategic plan—including a workforce plan—that complements or fits into the national health strategy and policy and that is being implemented	% budget allocated to HRH/HRM annually % of health services managers and program managers certified in HRM
HR information system contents used to inform decision-making among health authorities at the national and subnational levels on a regular basis (e.g., meeting minutes, memos, routine reports, annual planning and management review)	

RECRUITMENT AND DEPLOYMENT

KEY QUESTION

Are existing health workforce recruitment and deployment policies, processes, and practices responsive to service demands?

Aim

- Health workers are recruited and deployed in response to service delivery requirements. The purpose here is to assess the number, distribution, and deployment of the health workforce, linking this with the needs of the health sector.
- Workforce maldistribution remains a significant barrier to the availability of quality health services—especially to rural and underserved areas in many countries. The aim is to analyze and respond to imbalances in the size and composition of the health workforce at each level of the health care system; then:
 - Identify where critical cadres may need to be recruited and deployed in line with service demand and available resource limits—particularly at the primary health care level
 - Ensure that recruitment, selection, and deployment criteria, systems, processes, and resourcing are streamlined, timely, and responsive.
- Recommend practical solutions that will improve and strengthen recruitment and deployment systems and processes and some key interventions that will address imbalances and maldistribution, especially in rural and underserved areas.

Areas of investigation

- Look at the recruitment, selection, distribution, and deployment of the health workforce by cadre, service level, geographical distribution, sex, age, etc.
- Assess immediate and long-term recruitment and deployment planning and practices across the sector.
- Identify critical vacancies and the appropriateness of staffing projections with service delivery requirements.
- Look at ways to reduce critical bottlenecks in the supply pipeline and existing recruitment, selection, and deployment policies, systems, processes, and practices—while ensuring that these are responsive to needs, prioritized, merit-based, inclusive, adequately resourced, and consistent.

Areas for more in-depth inquiry

- Are annual and long-term recruitment and deployment plans prepared and documented? If so, how are deployment targets determined? And what is the status of plan implementation?
- Do the plans include information on the numbers and types of health workers recruited and deployed annually—including FBO, NGO, and private provider health workers?
- Do the plans include projections of future requirements based on reliable information such as vacancies, staffing norms, and funding availability?
- Are merit-based recruitment and deployment processes in place, with key functions and responsibilities clearly defined and allocated?
- Are recruitment and deployment processes applied consistently, with established procedures for approval, advertising, short-listing, interviews, appointments, induction, and equitable distribution?
- How long does it take to recruit new workers? Are timely and responsive processes and functions in place for capturing new recruits on the payroll (e.g., within at least three to six months of appointment)?
- Do annual recruitment targets and projections include expected new graduates from health training institutions?
- What functioning structures and mechanisms exist to approve and endorse recruitment (e.g., structures and mechanisms in ministries of health, other ministries and government agencies, FBOs, NGOs, and private-sector organizations at central and subnational levels)?
- Is there adequate planning, disbursement, and utilization of annual funding for recruitment (i.e., percentage of personnel emolument against total budget), including recruitment of new graduates?
- Are equal employment opportunity policies actively promoted and applied to all health workers—ensuring that there are no restrictions on recruitment and deployment in terms of age, sex, and ethnicity?

Information and data sources

- Public sector/ministry of health policy, data, and guidelines
- Staffing norms
- Workforce projections
- Staffing establishment lists
- Salary structures
- Payroll and routine staffing returns
- Recruitment and deployment plans (central and subnational levels), including selection criteria and processes
- Anticipated annual outputs of new graduate health workers from training institutions
- HRH country profile
- Service availability mapping surveys
- Professional and regulatory body registration and licensing databases
- NGO, FBO, and private providers.

Table 2: Indicators and Milestones for Recruitment and Deployment

Progress milestones	Output/outcome indicators
<p>Existence of institutional models (plans) for projecting, financing, monitoring, and evaluating staffing requirements</p> <p>Existence of fair, consistent, and merit-based recruitment and deployment processes and systems (e.g., job boards or similar mechanisms to facilitate recruitment of newly-trained health workers)</p> <p>Implementation of a staffing establishment, with related salary and grading structure, consistent with service demand and geographical needs</p> <p>A recruitment and deployment process in place that takes four months or fewer from application to placement</p>	<p>Number of health workers distributed and deployed according to health needs and available resources: disaggregated by cadre and position level, sex, geographic location, age, and sector of activity</p> <p>Availability of annual recruitment and deployment plans, including numbers and types of health workers required at all levels (e.g., national, subnational)</p> <p>Average length of time from application to placement</p>

RETENTION

KEY QUESTION

Are there persistent problems in attracting and retaining health workers? If so, what are the reasons for this and to what extent does it impact service delivery accessibility and availability?

Aim

- Workforce maldistribution is the principal barrier to ensuring availability and coverage of quality health services—especially in rural and underserved areas in many countries.
- The aim is to strengthen the health system’s ability to attract and deploy health workers to a wide range of facilities and service sites—particularly in underserved rural locations and primary health care centers; additionally, to ensure that these health workers are adequately distributed, enabled, and retained in these sites in order to provide accessibility and availability of health service delivery in areas of greatest need.
- Look to assess the number, distribution, and turnover rates of the health workforce, particularly determining whether there are important geographical trends affecting service access; analyze and respond to imbalances in the size and composition of the health workforce caused by low retention rates.
- Identify where retention schemes need to be developed to respond to the need to retain critical cadres in line with service demands; and ensure that workplace support and/or retention schemes are designed and applied as appropriate and that they are well-managed, streamlined, timely, and responsive. (It is important to note that retention schemes and programs for existing health workers may not always share the same characteristics as recruitment and deployment programs for new workers.)

Areas of investigation

- Assess the number, distribution, and turnover rates of the health workforce by cadre, service level, sex, age, etc., to determine whether there are important geographical trends affecting service access.
- Review available retention data from routine sources (e.g., HRIS/health management information systems) and non-routine sources (e.g., professional council registries, facility and/or service availability mapping studies, FBO network offices).
- Map and assess the effectiveness of existing retention interventions (e.g., career development and advancement opportunities, recruitment of local people, provision of adequate supplies and equipment, clear job roles), including in the private and NGO sectors.
- Examine the reasons for shortages in rural and remote areas, including the numbers and types of health workers being produced; the proportion of those produced that are entering the public health service and the length of time they stay; alternative employment opportunities; and migration trends.
- Examine the reasons for maldistribution to determine the underlying cause of the problem; is it due to a

lack of information on where the vacancies and needs are; ineffective deployment systems and processes; or unwillingness of staff to go to where they are posted?

- Analyze the incentive structure that influences an individual’s choice of job and location, e.g., the “push” and “pull” factors that affect different categories of staff.
- To the extent possible, examine workforce flows and reasons for international outflows, flows from one sector to another (public to FBO or vice versa), and the number of personnel who exit the health sector.

Areas for more in-depth inquiry

- What is the status of immediate and long-term retention planning and practice across the sector?
- How robust is the system that provides retention data? In what ways could it be strengthened?
- Are there practical ways to increase the effectiveness of retention schemes, or to develop such schemes for underserved areas, where they are most needed or as yet do not exist?
- Is there partnership and collaboration between the private and public sectors to improve the distribution and retention of staff and expand access and availability of services in areas of greatest need?

Information and data sources

- Public sector/ministry of health policies, plans, and guidelines
- Staffing norms
- Workforce plans and projections
- Staffing establishment lists
- Salary and allowances structure
- Remote/rural area guidelines
- Retention schemes
- Payroll and routine staffing returns
- Deployment policies and plans
- HRH country profile
- Service availability mapping surveys
- Facility mapping data
- Professional and regulatory body registration and licensing databases
- NGO, FBO, and private providers.

Table 3: Indicators and Milestones for Retention

Progress milestones	Output/outcome indicators
Existence of documented policies, systems, and procedures to manage retention schemes	Ratio of exits from the health workforce (can be subdivided based on data available for cadre, reason for leaving, etc.)
Availability of regularly updated monitoring data on retention schemes and results	Existence of monitoring and evaluation plan to measure progress against goals of retention interventions
Retention schemes designed according to evidence-based priorities of female and male health workers	

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- ALL MEDICAL CASES
- VCT SERVICES
- MCH FP SERVICES



WORK ENVIRONMENT AND CONDITIONS

This section focuses on HRM functions, practices, and processes related to employee relations, workplace safety and security, job satisfaction, and career development.

EMPLOYEE RELATIONS

KEY QUESTION

What management systems and practices are available and in place to promote and sustain a positive working environment?

Aim

- To ensure quality health care delivery at all levels, it is imperative there are HR policies, systems, processes, and practices in place that actively provide the type of positive working environment that is required to sustain and promote employee commitment—particularly because health workers' behavior in terms of how they treat, care for, and manage their clients is often mirrored in how the health workers themselves are treated, cared for, and managed.
- The assessment purpose here is to identify and analyze the present state of HR policies related to employer-employee relationships and engagement, participation, job roles, and responsibilities to determine the extent to which these are present, up-to-date, and of appropriate quality. It is important to note that work environment also includes a physical component as this often affects employees' perceptions.
- Moving from policy to practice, examine data on the actual day-to-day work environment in facilities and workplaces to compare policy against practice on the ground. For example, a starting point will be to assess the extent to which staff members have formal relationships in place that allow for effective engagement among employees, management, and professional associations (where applicable).
- Further look at access to up-to-date job descriptions and find out if job roles, responsibilities, and expectations are clearly documented and assigned in line with these descriptions.
- Where there are significant needs and gaps, the goal is to assess these and offer suggestions on new or adjusted HR policy and practice interventions that can provide, set, and maintain standards on workforce engagement, participation, and clarity of job roles, expectations, and other related employee practices.

Areas of investigation

- Look into the existence, clarity, and timeliness of HR policies and policy manuals as a first step; then, to the degree that data exist, compare how polices are actually being practiced to determine whether there is alignment.
- Analyze whether the HR policies and practices promote appropriate levels of employee engagement and participation—in particular among employees, professional associations, and employers. Data from employee surveys or special organizational studies are often helpful here to get employee perspectives.
- Examine how well policies about engagement, job descriptions, roles, performance, the physical work environment, and terms of service are made clear to employees and their representative associations, and in what ways, as there are often gaps between theory and practice in this area.
- Look for practical recommendations to increase engagement and to communicate clear job and performance expectations. Unclear expectations are a major cause of poor employee relations as well as poor performance.

Areas for more in-depth inquiry

- What is the current workforce policy environment in this area (employee involvement, participation)? Are there up-to-date workforce and employee policies, instruments, and guidelines in place? Are they accessible? Are they clear? Are they available to staff at all levels?
- Do all health workers have access to up-to-date job descriptions, documentation, and related information on their expected functions, roles, responsibilities, and performance expectations?
- Are staffing schedules, rosters, etc. available and communicated to all staff—and are these regularly updated?
- To what extent does the physical work environment have signage and bulletin boards providing access to workplace-related information and guidance?
- Which specific HRM processes and practices are used in the workplace to promote employee involvement in decision-making, information-sharing, equal opportunity, and nondiscrimination, and to provide learning opportunities and career advancement?
- How do employees describe their present day-to-day work environment (both the psychosocial as well as the physical work environment—including restrooms and other related facilities)?

Information and data sources

- HR policy manuals; existing HR policies describing expectations and standards about employee engagement and participation
- Descriptions of engagement practices, either at the central or site level or both, that can be compared to policy
- Documents containing written job descriptions and/or performance expectations for different cadres; employee surveys that contain data about engagement, participation, and clarity about job roles, functions, and responsibilities
- Gender or other equity analyses or reports
- Workplace environment studies (if available)
- Data and reports from NGO, FBO, and private providers.

Table 4: Indicators and Milestones for Employee Relations

Progress milestones	Output/outcome indicators
Mechanisms and processes in place to promote health workers' engagement and participation in problem-solving and decision-making	Availability of documentation on health worker engagement and participation as well as roles and responsibilities (e.g., job descriptions)
Relationships and engagement among employees, professional associations/workforce representatives, and employers formalized	Existence of documents such as equitable workforce policy or personnel policy manual that outlines conditions of service and promotes positive working environment
Workplace data used to inform interventions to improve the work environment (e.g., as documented through minutes, memos, improvement plans)	Existence of a system or process (e.g., surveys, focus groups, interviews) to collect employee data on and/or measure quality of the work environment

WORKPLACE SAFETY AND SECURITY

KEY QUESTION

What workplace policies and practices are in place to protect health workers?

Aim

- Workplace safety is a base need of all health workers, given that they are often exposed to a wide variety of everyday infections and communicable diseases while caring for patients and clients. Health care providers who are often made to work in unsafe environments may generally be more cautious about treating their clients, are less available to attend to clients, and often tend to work fewer hours.
- The aim here is to examine the current status of workplace safety and security; to examine whether there are up-to-date policies that have been communicated and disseminated to work sites and workers; to assess whether these policies have been put into practice; and to look for significant workplace safety gaps or problems and recommend actionable solutions to address these.
- It is important here to note that this assessment area focuses on psychological security and well-being, as well as physical safety.

Areas of investigation

- Look into the existence, clarity, and timeliness of workplace safety policies and policy manuals as a first step; then, to the degree data exist, compare how policies are actually being practiced to determine whether there is alignment.
- Given that basic workplace safety supplies are often absent, identify supply trends at the site level.
- Analyze whether the HR policies and practices address issues of workplace violence.
- Look for any data from employee surveys or special organizational studies as they are often helpful to get employee perspectives, both in terms of physical safety from infection and other health threats as well as workplace risks and violence (either internally or externally driven, such as by working in areas of conflict).
- Examine how well workplace safety policies are made clear to employees and in what ways.
- Identify gaps between theory and practice.
- Look for practical recommendations to increase the degree of workplace safety.

Areas for more in-depth inquiry

- What occupational health and safety policies, plans, and programs exist? What is their scope and coverage of implementation?
- What HIV/AIDS workplace policy interventions are in place? To what extent is there compliance?
- What policies, provisions, and programs are in place to assess and manage the risks of workplace violence?

Information and data sources

- HR policy manuals; beyond the manual(s), any specific policies related to workplace safety and security
- Descriptions of actual workplace safety and security procedures and practices at the site level (including availability of related equipment, supplies, and consumables; waste disposal, sharps, appropriate signage, and safety notices, etc.)
- Studies on workplace safety, or comparisons between policy and practice
- Employee surveys that contain data about perceptions of workplace safety and security
- Workplace physical environment studies (if available)
- Data regarding the presence or absence of supplies at the site level (especially in more rural and remote locations) used to ensure workplace safety.

Table 5: Indicators and Milestones for Workplace Safety and Security

Progress milestones	Output/outcome indicators
Existence of clear and regularly updated workplace safety policy to protect health workers	% of health jobs covered by health and safety policies % of facilities that comply with policies and practices to protect health workers

JOB SATISFACTION

KEY QUESTION

How are staff needs and expectations appropriately recognized and addressed in the workplace?

Aim

- A high level of job satisfaction contributes to a positive working environment, the quality of services provided, and improved retention and lower staff turnover. In order to ensure that job satisfaction of existing staff is optimized, enabling HR policies and management practices that can create a positive environment for health workers should be put in place. The goal here is to:
 - Identify mechanisms that are in place to determine current levels of worker satisfaction
 - Analyze any available data that are used to measure and assess job satisfaction
 - Examine HR policies and practices that contribute to (or inhibit) job satisfaction
 - Determine whether policies are up-to-date and implemented in the workplace
 - Look for significant problems or issues that negatively impact job satisfaction
 - Recommend actionable solutions to address these.

Areas of investigation

- Having ways to solicit employee input in this area is important, as job satisfaction is affected by many factors. Start by looking into the existence and timeliness of any mechanisms (routine employee surveys, periodic studies, employee meetings) that are used to determine the level of employee satisfaction.
- If available, analyze how well these appear to be administered, and how well the data are used to inform new or refined policies or practices.
- Identify policies that have an impact on job satisfaction to determine how up-to-date they are, as well as the extent that they are communicated and implemented (e.g., policies related to terms and conditions of service such as health insurance, pension, expectations on salary payment, ways providers get assigned and promoted).
- Identify any gaps in the mechanisms available for soliciting employee perspectives.
- To the degree that data are available, look for issues that appear to be positively or negatively impacting job satisfaction.
- Where there are identified problems, look for realistic, low-cost, and practical solutions to strengthen the enabling environment.

Areas for more in-depth inquiry

- Are there specific mechanisms in place to measure and monitor employee satisfaction? If so, what is the defined measure of job satisfaction among the health workforce at all levels? Are decisions made and actions taken to respond to measurement data to improve satisfaction?
- Are there specific HRM systems and processes in place to ensure timely and predictable salary payment?
- Do regular assessment and support of the enabling environment take place to improve health workers' effectiveness, including provision of resources, tools, supplies, and supportive supervision?
- Are there policies and systems to prevent and respond to sexual harassment? Do these policies appear to be enforced or actually working?

Information and data sources

- Existing job satisfaction survey mechanisms or recent studies
- Examples of interventions to address perceived job satisfaction issues
- HR policy manuals; beyond the manuals, any related policies and practices that impact, either positively or negatively, job satisfaction (e.g., regular or sporadic salary payment, available or inadequate equipment, provision of health insurance, supportive or abusive supervisors)
- Descriptions of actual practices at the site level, and their effect on job satisfaction.

Table 6: Indicators and Milestones for Job Satisfaction

Progress milestones	Output/outcome indicators
System or mechanisms in place for determining staff/volunteer job satisfaction, including a baseline measure and schedule for regular monitoring	<ul style="list-style-type: none"> • % employees who report job satisfaction • % of health service employment positions with social protection (e.g., health insurance, pension, sick/maternity leave)

CAREER DEVELOPMENT

KEY QUESTION

How well do existing policies and mechanisms address the career and professional development needs and expectations of the health workforce?

Aim

- Enabling policies and mechanisms are needed so that health workers have access to structured levels of professional development and career advancement opportunities, the former ensuring that providers can access continued learning in their professional or clinical area, and the latter providing a pathway toward future career progression and professional growth. Together, they increase provider competency and serve as a key long-term motivator for individuals and health professionals.
- In terms of career opportunities, the aim is to determine the extent that there are structures, steps, posts, or jobs through which the health worker can progress professionally; to analyze how well this knowledge is distributed in the workforce; and to analyze the extent that these policies are operationalized, accessible, and effective.
- In terms of professional development, the aim is to identify what mechanisms are in place to provide access to in-service training, mentoring, or emerging eLearning opportunities; to examine HR policies and practices that both inhibit or contribute to wider access and use of development opportunities; and to look at the actual use, accessibility, and impact of career and development opportunities.
- Overall, look for significant problems that are causing barriers and quality issues with career or continuing professional development, and recommend actionable solutions to address these.

Areas of investigation

- Assess clarity of career pathways and promotion decision trends and practices across the sector by cadre, service level, geographical distribution, sex, age, etc.
- Determine how easy or difficult it is for workers to obtain information about professional or career development opportunities, and whether the policies and mechanisms work well.
- Assess how well training and career path decisions are responsive to needs, merit-based, inclusive, adequately resourced, and consistent. With professional and career development, look at whether there are any undesirable trends related to geographic location (providers in rural posts are often forgotten) or gender (women are sometimes missing at the management level). Identify ways to improve existing professional and career development policies, processes, and practices.

Areas for more in-depth inquiry

- What processes exist for providing continuous development of health worker skills and knowledge to meet personal and organizational needs?
- Are training interventions continually coordinated, implemented, and monitored to ensure that all staff members have equal opportunities to upgrade their skills and knowledge with minimal disruption to service delivery?
- What specific policies and practices exist to enhance skills mix and new role development of the health workforce?
- Are health workers provided with regular and up-to-date access to information on career advancement opportunities? Do these career advancement mechanisms actually appear to work?
- How well are these career pathways informed by the practical, management, and leadership skills, competencies, and knowledge required for service delivery, both current and evolving?

Information and data sources

- HR policy manual sections related to professional and career development; beyond the manuals, any specific policies that may be related to either
- Samples of continuing professional development or other in-service training programs, including where offered, how often, and who they are aimed at
- A summary or database of training attendance or participation by cadre
- Descriptions of steps or jobs for different cadres that constitute career advancement
- Payroll and staffing returns
- Promotion boards or decision documents
- Any routine data (if available) from the HRIS on employee training received and career progression.

Table 7: Indicators and Milestones for Career Development

Progress milestones	Output/outcome indicators
Existence of policies and protocols to address skills mix, career advancement, and new role development	% of facility staff receiving in-service training during a reference period (e.g., annually), by cadre and type of training
Health workers receiving regular information on and access to continuing professional development and in-service training opportunities (practical, management, and leadership development)	% of facility staff participating in continuing professional development, by cadre and type of training
	% of total HRH budget allocated to in-service training



HUMAN RESOURCES INFORMATION SYSTEMS

This section focuses on practices and processes related to human resources information systems (HRIS), including systems (electronic, paper-based, or combination), infrastructure, and HR capacity.

HUMAN RESOURCES INFORMATION SYSTEMS

KEY QUESTION

What systems and capacity are in place to ensure HRH baseline data and information are routinely collected and used for evidence-based decision-making and monitoring of the health workforce?

Aim

- The HRIS consists of two distinct elements: 1) the systems—i.e., mechanisms (electronic, paper-based, or combination), infrastructure, and HR capacity—that ensure the collation, integration, utilization, and analysis of workforce data and information; and 2) the processes to ensure that data are used to inform evidence-based decision-making on how to effectively plan, produce, deploy, utilize, develop, retain, support, and sustain the health workforce.
- Without a relatively solid foundation of up-to-date workforce information and baseline data, critical workforce planning decisions and targeted scale-up interventions become difficult if not impossible to project, implement, and measure with any great degree of accuracy.
- The aim here is to determine and analyze the present state of workforce data and information mechanisms:
 - Where and how are data routinely collected and stored?
 - What is the level of accuracy?
 - Who staffs and manages the system?
 - How is the data output shared among interested stakeholders?
 - How up-to-date is it?
 - How well is it integrated with broader health management information systems?
 - Identify and map the extent that the data are accessible and used by stakeholders.
 - Determine efficiencies, challenges, or significant barriers to workforce data collection and use.

Areas of investigation

- While many countries have not yet fully invested in the wide-scale application of HRIS, there are often pockets of accurate workforce data available within different agencies and organizations. Where the assessment of HRIS capacity becomes a key goal of the HRM assessment, it is important to look for—and at—the varied workforce data sources that are currently available.
- Assess the types of data collected and how widely these data are known and shared across stakeholder groups.
- Assess the efficiency and effectiveness of a centralized (or to the degree that it is) HRIS.
- Check on user perceptions of data quality, timeliness, and access, and determine the current status of how the HRIS is staffed and managed.
- Inquire about and identify known mechanisms where data are reported and used.
- Map out specific examples of ways that workforce data are used to inform policy-making and decisions (while people may often state that data are used, it is helpful to have concrete examples of their use—or lack of use—to inform recommendations in this area).
- Look for practical steps and recommendations to upgrade the HRIS, as well as some key interventions that will incrementally lead to increased workforce data use to inform policy, decision-making, and service delivery improvements.

Areas for more in-depth inquiry

- Which types of HRIS are in place at each level of the health system (e.g., paper-based, electronic, or both)?
- What functions, structures, and capacity exist at all levels for the management of HR information (e.g., assigned responsibility for maintenance, data collection and analysis, reporting, and utilization)? Are these effective?
- Are sufficient numbers of skilled and competent staff in place to manage and sustain the HRIS, including regular data collection, analysis, reporting, and utilization?
- Are HRIS and related mechanisms integrated and linked with other health management information systems?
- What routine HRM reports and information are regularly generated, analyzed, and used to inform decisions to help plan, produce, deploy, utilize, develop, retain, support, and sustain the health workforce?
- Who is responsible for compiling and producing these reports?
- How might these reports be improved?
- Where and how are age- and sex-disaggregated data collected and used at all levels to track the number, distribution, and type of health workers across the sector, including data on retention, attrition (in particular, retirement), and migration?

Information and data sources

- Public service or ministry of health personnel records and record-keeping mechanisms (paper-based or computerized)
- The HR or workforce component of any existing health information system or health management information system
- Registration and licensing data from the various professional councils or other regulatory bodies
- Planning and/or payroll data from the ministries of finance, public service, etc.
- Student intake and graduate output data from health education and training schools
- Scholarship data from the ministry of education on students studying abroad
- Specific components of existing national development plans, health and/or HRH strategic plans, and national orphans and vulnerable children and/or HIV plans of action that inform the status of the HRIS
- Any recent studies on HRIS and workforce data trends; to the extent that they exist, similar data sources for FBOs, NGOs, and the private sector
- Identify and assess mechanisms and units that exist to examine and use HR data (e.g., HR units, workforce observatory, health management information system units, research, statistics, monitoring and evaluation and/or program implementation departments).

Table 8: Indicators and Milestones for Human Resources Information Systems

Progress milestones	Output/outcome indicators
<p>National HRH information and monitoring system populated with workforce demographic data at the subnational and national levels on a regular basis (e.g., quarterly/annually)</p> <p>Existence of a national coordinating mechanism with a dedicated unit—with sufficient resources (human, financial, and technical)—to develop, implement, and monitor the information system</p> <p>HRIS content and data available and used to track and measure trends and inform decision-making among agencies and health authorities at national and subnational levels on a regular basis (e.g., annual planning projections, registration and licensing, performance and management reviews, decision memos)</p>	<p>% of units (e.g., HR planning units, facilities, professional councils) that maintain up-to-date data in HRIS</p> <p>% of units (e.g., HR planning units, facilities, professional councils) that use HRIS data to inform policies, decisions, and action</p> <p>% of subnational units (e.g., district, regional) that have local HRIS data aggregating into a central-level HRIS</p> <p>Presence and availability of relevant indicators and data within the HRH information and monitoring system: disaggregated by cadre, age, sex, geographical area, sector, or other characteristics</p>



PERFORMANCE MANAGEMENT

This section focuses on practices and processes related to performance management, including setting performance expectations, monitoring performance and providing feedback, offering supportive supervision, and sustaining an environment that supports productivity.

PERFORMANCE MANAGEMENT

KEY QUESTION

What policies, mechanisms, and practices are in place to effectively manage, support, and promote health worker performance and productivity?

Aim

Performance management consists of the three key, interlinked areas of performance, supervision, and productivity. The goal here is to probe and assess the following key questions:

- Do health workers know what to do? Identify whether there are up-to-date job descriptions and performance expectations; if so, how widely are they communicated and shared, and to what extent are they aligned with national standards and guidelines?
- Do health workers know how well they are doing? Look for evidence that workers receive objective, regular, and timely feedback on their performance.
- What systems are in place to support the workforce at the delivery site? Look for indications of positive teamwork and interactions; identify to what extent health workers have access to the minimum tools and resources required for the job.
- Do supervisors provide supportive assistance? Determine the extent that there is a supportive supervision system in place, and how regularly and effectively this is applied.
- How is productivity measured and sustained or improved? Look for indications on how productivity is measured and monitored, and that there are remedial actions taken to improve productivity as needed.

Based on the findings, look for gaps in any of these areas, and develop two to three simple, sustainable, and high-impact options that can be applied incrementally toward improving workforce performance and effectiveness.

Areas of investigation

- As there are various factors in place that influence performance management and measurement, it is important to get an overall sense of what systems and mechanisms currently exist, how widely they are being applied, and what the main barriers are to their effectiveness. For example, written job descriptions may not be widely available or easily retrievable, or perhaps they are outdated.
- Evidence of the application of the performance management or appraisal system may be difficult to locate—which may indicate that there are key gaps or limitations in the existing system. However, even if these systems and processes exist on paper, it is necessary to assess the extent that they are being widely implemented.
- With performance management and appraisal, it is important to locate and look at typical source documents (e.g., job descriptions, performance agreements) that set out job roles and expectations, checking for clarity and whether they are up-to-date.
- Assess the format of performance appraisals that have been applied for quality and timeliness.
- Look for studies, surveys, or anecdotal data on how seriously employees and managers take the whole performance management, planning, and appraisal cycle.
- In terms of supervision, analyze supervisor reports to find out the typical number and frequency of visits, and then look for qualitative data to determine what happens as a result of these visits—e.g., whether supervisory actions are supportive or punitive.
- Look for other ways that supervision is exhibited at the site level.
- To the extent that these exist, look for reports that describe the day-to-day working environment: how employees interact and are treated, evidence of effective working in teams, and whether employees have access to the minimum tools and resources required.
- Finally, look to prioritize the most important gaps in this area, and recommend a limited number of suggestions to improve and operationalize performance management. One important and low-cost area to focus on is to ensure that there is clarity on agreed-upon performance expectations and standards, given that unclear performance expectations are frequently cited as a major cause of underperformance.

Areas for more in-depth inquiry

Setting performance expectations, monitoring performance, and providing feedback:

- Is there a functional performance management system in use for all health workers at all levels (e.g., documented, up-to-date, and available job descriptions, job plans, and performance standards)?
- What types of tools and mechanisms exist and are in use at all levels to provide:
 - Periodic discussions on performance expectations?
 - Regular performance monitoring?
 - Feedback on performance and improvement areas (e.g., existence and use of performance expectations, appraisal guidelines, documentation and data on health worker performance)?
- Are managers empowered with the capacity, mandate, and skills to appraise and manage performance?

Providing supportive supervision:

- What mechanisms and approaches are used at all levels to ensure that health workers receive regular personal supervision visits (e.g., documentation on the number, content, method, and frequency of supervision visits)?
- What mechanisms exist to ensure that supervision is truly supportive? How are the supervisors monitored?
- What additional supportive supervision mechanisms are used to monitor and improve quality (e.g., joint expectation-setting, mutual feedback, joint problem-solving, training, incentives, tools and supplies, or other organizational support)?
- Are key staff members provided with supervisory skills such as regular training in supportive supervision, clinical updates, equal opportunity, and nondiscrimination?
- Are sufficient funds and resources allocated and utilized for supervisory visits (e.g., transport, materials, and supplies)?

Sustaining an environment that supports productivity:

- Are essential supplies, tools, and equipment regularly available to enable health workers to perform their duties?
- What mechanisms and interventions exist to track, monitor, and manage health worker authorized and unauthorized absenteeism (e.g., the number of days absent relative to the total number of scheduled working days over a given period)?
- Are workplace mechanisms used to measure and analyze the number and type of tasks performed daily relative to the job (e.g., surgeries, immunizations, patient contacts compared across facilities or by sex of worker)?

Information and data sources

- Public sector/ministry of health performance management records (to the degree that they exist)
- Recent studies or data on performance management (in many countries, there have been recent efforts to modernize the performance management system across the entire public service)
- Employee surveys related to any of the aspects of performance management
- Supervisor trip reports (if the visiting supervisor system is in place)
- Records on supervisory training, coaching, and performance support
- Site-level reports on the workplace—physical description, including level of supplies, and the psychosocial environment
- Productivity measures in place
- Indications of productivity improvement initiatives (national or local)
- To the extent that they exist, identify similar data sources for FBOs, NGOs, and the private sector.

Table 9: Indicators and Milestones for Performance Management

Progress milestones	Output/outcome indicators
<p>Existence of documentation and regularly updated data on health worker performance</p> <p>Availability of mechanisms and approaches for the planning, monitoring, and improvement of health worker performance, including an objective performance appraisal system and regular supportive supervision</p> <p>Existence of guidelines for supervision and performance review (% of supervisors trained)</p>	<p>Number of days of health worker unauthorized absenteeism relative to the total number of scheduled working days over a given period at a facility</p> <p>Proportion of health workers currently employed at more than one location</p> <p>% of workers who report having received clear job and performance expectations</p>

PLANNING TEMPLATE

The following blank template may be helpful during the planning stage for an HRM assessment. The template can be used to hone in on those particular functions you will be focusing on, and to determine the most likely specific areas of investigation, information sources, and additional questions you might ask.

Key question			
Aim			
Areas of investigation			
Questions for more in-depth inquiry			
Information and data sources			
Indicators and milestones	<table border="1"><tr><td>Progress milestones</td><td>Output/outcome indicators</td></tr></table>	Progress milestones	Output/outcome indicators
Progress milestones	Output/outcome indicators		

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APPENDIX A: EXAMPLE OF THE ADAPTATION OF THE HUMAN RESOURCES MANAGEMENT ASSESSMENT APPROACH

It is our assumption that users will adapt the HRM Assessment Approach in ways that fit their context and needs. On the next few pages, we have included an example of one such approach. The intent of this pilot adaptation was to develop a survey instrument (the HRM Scorecard) using the core HRM Assessment Approach questions as the basis for carrying out a participative facility-level HRM assessment. In this case, the assessment activity was used within the faith-based health provider network in Ghana.

We have included two documents that help describe the actual field test process: 1) A summary report that describes the HRM assessment pilot as it actually developed; and 2) the draft HRM Scorecard that was refined and used during the pilot.

CAPACITYPLUS PARTICIPATIVE FACILITY-LEVEL HRM SCORECARD: SUMMARY REPORT FROM FIELD-TESTING WITH THE CHRISTIAN HEALTH ASSOCIATION OF GHANA'S PENTECOST HOSPITAL, MADINA-ACCRA, MARCH 20, 2012

Introduction

CapacityPlus has been supporting the strengthening of the African Christian Health Association Platform (ACHAP)'s members through the provision of HRM technical assistance, including working with the Christian Health Association of Ghana (CHAG) to support the development and piloting of an HRM assessment tool. This tool is intended for a national facility-level HRM assessment by CHAG of its 150 member facilities.

It is important to note that the field test conducted by CHAG did not use the templates incorporated in this HRM Assessment Approach. Rather, it used the functional areas, the key questions from each area, and some of the assessment questions as source material to be adapted and refined to develop the HRM Scorecard. Some adaptation also had to be done because the HRM Scorecard is meant to be used at the facility level and not for an overall system-wide HRM assessment.

Process

In conjunction with CHAG, CapacityPlus reviewed the HRM Assessment Approach and HRM Scorecard and developed a tailor-made participative facility-level HRM assessment tool that CHAG would test with one of its facilities prior to administering the assessment to its wider membership. After further review within CHAG, changes were made to the assessment tool to include additional rating of specific areas on the 10 HRM components identified for assessment. In order to test the assessment tool, two versions of a facility-level scorecard (Tool A and Tool B) were administered for comparison.

The field testing of the HRM assessment tool was carried out at the Pentecost Hospital in Madina-Accra and facilitated by the ACHAP human resources technical advisor and CHAG's leadership, governance, and HR advisor. The hospital management team participated in the assessment process with four members using one tool and the other three members using the other tool. The role of the facilitator was to explain the purpose of the assessment and to make clarifications to the instructions and answer any questions that were not clear to the respondents. The responses were timed, and it was noted that respondents took an average of 20 minutes to complete the questionnaires regardless of which tool they used.

Following completion of the self-assessment, the respondents shared their comments and any challenges they faced in undertaking the self-assessment. It was noted that:

- There is a need for a glossary of key terms that may not easily be understood by respondents, especially those not well-versed in HRM terminology.
- There is a need for more clarity on the scale applied to facilitate the rating process.
- Respondents indicated that they found it easier to rate without giving specific comments for each rating but preferred to keep the comments to the group discussion. In using the second tool (Tool B), the respondents noted a preference to have only one comment per component rather than to comment on each rating.
- Respondents who used the initial tool (Tool A) stated that they preferred rating each indicator under each main component because it took them longer to decide on a score when they had to first think about the indicators prior to scoring. Those that used Tool B said they found it easier to rate the component by rating the individual indicators first then getting the overall average for the component.
- Respondents found that using Tool B also helped them identify specific components that they needed to pay attention to in their everyday human resources management.
- Respondents suggested the use of this tool on an annual basis as a facility management self-review of HRM processes and practices.

The review of the results of the pilot showed that analysis of Tool B was more complicated than Tool A, as it involved averaging the group scores then finding the final average score; Tool A only required directly finding the average score, as only one rating was given per component. Following the rating experience, CHAG realized that it would be better to have the analysis carried out at the facility level. To support this process, CHAG would like to develop a simple analytic tool. CHAG member facilities would therefore need only to forward a one-page analysis with the assessment team comments to CHAG. Results will be used by CHAG to assess the general HR management status among member facilities and to tailor facility-specific support from the secretariat level.

In terms of a time frame, this field test took approximately three working days of preparation to adapt and refine the HRM Scorecard, and five days to complete the work.

HEALTH FACILITY HUMAN RESOURCES MANAGEMENT SCORECARD

Introduction

The purpose of this exercise is to help you examine the status of the existing human resources management function and system in your health facility. This is a self-assessment exercise administered by the facility management team, two senior staff and two junior staff in your health facility. Your responses are very important, and will be helpful to your institution and the Christian Health Association of Ghana in planning for the necessary support towards improving health outcomes through improved human resources management processes and practices.

Instructions

- Carefully consider each of the statements below.
- Read each statement and consider your observations about how your institution / facility is rated for each component.
- On a scale of 1-5, give a rating for each statement; 1 being that the practice occurs minimally or not at all, 2- the practice occurs to a little extent, 3- the practice occurs moderately, 4- the practice is applied to a great extent and 5- the practice is applied to a very great extent in your facility.
- In each case provide a brief comment to support your rating.
- The average rating of the statements will give your average score for the HRM component in question.

If you wish to learn more about any of the HRM components, there is a more in-depth description on the corresponding scorecard key on page 4.

Survey Statements

On a scale of 1-5, give a rating for each statement; 1 being that the practice occurs minimally or not at all, 2- the practice occurs to a little extent, 3- the practice occurs moderately, 4- the practice is applied to a great extent and 5- the practice is applied to a very great extent in your facility. Put a mark (X) in the appropriate box. Then add any comments which would help explain your rating.

Statements	1	2	3	4	5	Comments	Average Score
1. Workforce Planning —The existing health workforce planning system is well organized, integrated, and managed							
Staff projections are made periodically							
Workforce data and information are used for HR planning							
My facility uses or refers to health sector plans and strategies for its HR planning needs							
2. Workforce Data —HR data and information are routinely collected and used for sound evidence-based, planning, decision-making and monitoring of health workers at my facility							
Key staffing information is available and current							
HR and personnel records are kept and updated							
HR reports are regularly prepared and shared with management							
3. Recruitment and Deployment —Health worker recruitment and deployment processes and practices are responsive to service demands at my facility							
Our staff establishment is current and approved							
The recruitment process has a short turn-around time of four months or less							
An orientation program exists for all new hires deployed							

Statements	1	2	3	4	5	Comments	Average Score
4. Retention —We have few problems in attracting and retaining new health workers at my facility							
Attrition rates are low and generally stable							
Retention strategies are developed and reviewed periodically, e.g., succession plans							
Most staff express an intention and willingness to stay							
5. Work Environment —There are HRM systems and practices used to promote and sustain a positive working environment at my facility							
The physical working environment is good							
Staff have necessary equipment and resources available							
There is regular and supportive management and leadership							
6. Workplace Safety —There are effective policies and practices in place to protect staff at this facility							
Institution complies with workplace safety procedures and health regulations							
Staff are provided with safety equipment and training							
Clear procedures are in place for reporting accidents and hazards							
7. Employee Satisfaction —Staff needs and expectations are appropriately recognized and addressed in my facility							
Staff are given regular opportunities to express their views and contribute to joint problem solving							
Mechanisms are in place to deal with staff grievance							
Employee satisfaction surveys and exit interviews are carried out							
8. Career Development —Existing policies and mechanisms effectively address career and professional development needs and expectations at my facility							
There is optimal utilization and development of staff skills							
Staff training addresses current and future needs							
Career ladders and succession plans exist and are used							
In-service training opportunities exist							
9. Performance Management (Productivity) —There are policies, mechanisms, and practices in place to effectively manage and promote health worker productivity in my facility							
Staff shift programs and rosters are well managed							
Alternative staffing methods are applied, e.g., locums, sub-contracting, outsourcing, temporary hires							
Effective workflow and supply management systems are in place							
10. Performance Management (Planning and Assessing Performance) —There is a functional performance management system in use for all health workers at all levels at my facility							
Clear job descriptions, standards and performance expectations exist and are available							
Supportive supervision is practiced							
Periodic performance evaluations are carried out							
Reward/recognition and remedial systems are in place							

Scorecard Key—Short Explanations Describing Why Each HRM Component Is Important

This scorecard key describes the purpose and importance of each HRM area. It also goes into some depth about more extensive data gathering and analysis that could be done for those areas that get an initial low rating from facility level respondents.

1. Workforce Planning

The main purpose of inquiring in this area is to determine whether the facility's health workforce is planned, organized and managed in line with priority health needs in this location and strategic health goals—and that this is done in ways that are context-appropriate and based on reliable evidence and information. Further study here would review and assess existing health workforce planning systems at the facility, including identifying processes, mechanisms and capacity; looking for evidence of integrated planning and specifically, where this has translated to implementation progress and the impact of workforce interventions on improved health outcomes.

2. Workforce Data

Without relatively sound and up-to-date workforce information, almost all other workforce planning and intervention decisions become very difficult if not impossible to make in a meaningful manner. The more in-depth aim in this area is to determine the present state of workforce data and information mechanisms at the hospital or clinic—that is, where are data routinely collected and stored, how, what is the level of accuracy, who staffs and manages the system, how is the output shared amongst interested stakeholders, how up-to-date is it, and so on; to identify or map how well the data produced are accessible and used by significant stakeholders; to determine significant issues, inefficiencies or blockages to data collection and use, and to recommend practical solutions to strengthen the mechanisms for data collection and integration, and the use of the data to inform decisions, or both.

3. Recruitment and Deployment

Health workers are recruited and deployed in response to service delivery requirements. The purpose here is to assess the number, distribution and deployment of the facility's workforce, linking this with the health needs faced in this location. More in-depth work in this area would seek to analyze and respond to imbalances in the size and composition of the hospital's health workforce; identify where critical cadres may need to be recruited and deployed in line with service demand; and ensure that recruitment, selection and deployment criteria, systems, processes, and resourcing are streamlined, timely, and responsive.

4. Retention

Once health workers are deployed and at their sites, it is important that they be retained and well distributed in order to provide access to health service delivery. The purpose of more in depth work here is to assess the number, distribution and turnover rates of the health workforce, particularly determining whether there are important trends affecting service access. The aim is to analyze and respond to imbalances in the size and composition of the health workforce caused by low retention rates; identify where retention interventions need to be developed to respond to the need to retain critical workforce gaps in line with service demands; and ensure that work place support and/or retention schemes are in place as appropriate, and that they are managed well, streamlined, timely, and responsive.

5. Work Environment

Providers tend to treat their patients as they themselves are treated. In order to ensure quality health service delivery, it is imperative there are HR systems and practices in place to promote a positive working environment. The purpose of assessment work in this area is to identify the present state of HR policies related to employee engagement, participation, job roles and responsibilities to determine if they are present, up-to-date and of high quality. Moving from policy to practice, it is helpful to examine data about the actual work environment and compare policies against practices. If there are significant gaps, the goal is to describe the gaps, and offer suggestions about new or adjusted HR

policies—and practices that align with the policies—that set standards around engagement, participation, clarity of job roles, expectations, and other employee practices.

6. Workplace Safety

Workplace safety is a basic need for every health worker as they face everyday infection (especially in those facilities dealing with HIV) and communicable disease threats. Providers who work in an unsafe workplace environment are understandably cautious about treating certain kinds of clients, are often absent more, and tend to work fewer hours. The more in depth aim here is to examine the current status of workplace safety and security; to examine whether there are sound and up-to-date policies that have been communicated and disseminated throughout the facility and to workers; to assess whether these policies have been put into practice; to look for significant workplace safety gaps or problems and to recommend actionable solutions to address gaps. It is important to note that this assessment area focuses on both psychological security (i.e., absence of workplace violence, especially gender-based violence) as well as physical safety.

7. Employee Satisfaction

A high level of worker job satisfaction contributes to a positive work environment, to quality of services provided and to lower turnover rates. In order to ensure that job satisfaction is optimized, there must be in place HR policies and management practices that create an enabling environment for workers. The longer term goal in this area is to identify what mechanisms are in place to determine current levels of worker satisfaction; to analyze how these data are used to respond to perceived issues; to examine HR policies and practices that contribute to (or inhibit) job satisfaction; to determine whether policies are up-to-date and implemented in the workplace; to look for significant problems or issues that are materially causing a negative impact on job satisfaction, and recommend actionable solutions to address gaps.

8. Career Development

Policies and mechanisms must be in place so that health workers have some level of access to professional development and career advancement opportunities. The former means that providers will continue learning in their clinical areas, and the latter provides a pathway towards future career growth. Taken together, they increase provider competency and serve as a key long-term motivational factor. In terms of career opportunity, if this item were to score low on the scorecard, the more in depth aim is to determine whether there is a set of steps, posts, or jobs through which the health worker can progress professionally; to analyze how well this knowledge is distributed in the workforce at the hospital; and to analyze how well policies are currently operationalized. In terms of professional development, the goal is to identify what mechanisms are in place to provide access to in-service training, mentoring or emerging e-learning opportunities; to examine HR policies and practices that contribute to (or inhibit) access to and use of development opportunities; and to look at actual use of opportunities. Overall, look for significant issues that are causing either access or quality problems with career or professional development, and recommend actionable solutions to address them.

9. Performance Management (questions 9 and 10)

Performance management consists of three key, interlinked areas: Setting performance expectations, monitoring performance and providing feedback; supportive supervision; and sustaining an environment to support productivity. The goal in this area is to determine answers to the following questions: Do health workers know what to do—identify whether there are up-to-date job descriptions, how well are they communicated, and whether they are connected to national standards; do health workers know how well they are doing—look for evidence that workers receive timely feedback; what systems are in place to support a positive work environment—look for indications of a positive team environment at the site level, identify whether workers have the tools and resources to do the job, determine if workers provide input; do supervisors provide supportive assistance—determine whether there is a supportive supervision system in place; and finally, how is productivity measured and sustained or improved—look for indications that productivity is measured, and that there are actions taken to improve productivity if needed. Based on the findings, look for gaps in any of these areas, and develop two or three recommendations only that would make the most impact in improving performance.

APPENDIX B: GLOSSARY

Cadre: A specific grouping of formally trained and recognized health workers. Examples of cadres include nurses, pharmacists, clinical officers, radiographers, and physicians.

Career development: Systematic planning, management, and movement of health workers from one job position to another with higher levels of authority, income, and skill requirements—linked to a predefined pathway, set of steps, posts, or jobs through which a health worker can progress.

Continuing professional development: A continual process of updating and acquiring new skills and knowledge throughout an individual's working life—typically through a mix of informal learning and skills development, on-the-job training, and formal study.

Deployment: The way health workers are assigned to different posts or how their distribution is determined; the allocation of health workers to various types and levels of service throughout the country—both urban and rural—in response to service delivery requirements.

Establishment: The approved allocation and structure of the total number of employee posts in a government department or division (e.g., the staffing establishment list for the ministry of health).

Faith-based organization (FBO): A faith-based entity providing a range of facility- and community-based health services—Independently or through formal umbrella associations of its member institutions. FBOs often represent a significant percentage of the total health workforce in many countries, particularly in sub-Saharan Africa.

Gender equality: The state of being in which women and men have an equal opportunity to choose an occupation, develop skills and knowledge, receive fair remuneration, and enjoy equal treatment in advancing their careers without regard to their gender.

Health management information system: The integrated system of information and data collation needed to monitor and measure key indicators, policies, trends, and improvements in health-related goals and performance.

Health workforce planning: The organization and management of the health workforce based on sound information to align workforce needs with sectoral plans and strategic health goals.

HRH Action Framework: A comprehensive framework, developed as an initiative of the Global Health Workforce Alliance/World Health Organization, to assist national governments and health managers to address human resources for health challenges and to develop and implement health workforce policy and strategy interventions.

Human resources for health (HRH): The World Health Organization's definition includes all people engaged in actions whose primary intent is to enhance health. This includes public- and private-sector nurses, doctors, midwives, and pharmacists, as well as technicians and other paraprofessionals.

Human resources for health (HRH) strategic plan: A country-specific roadmap that sets out the projected vision, HRH-related strategies, and anticipated courses of action to be taken by the health sector over a predetermined time frame.

Human resources information system (HRIS): Systems and capacity to ensure the collation, integration, utilization, and analysis of HRH data and information for evidence-based decision-making, planning, training, appraising, and support related to the health workforce.

Human resources management (HRM) capacity: An organization's or entity's level of HRM capability in terms of both the availability and application of HRM policies, systems, processes, and practices, and the availability and utilization of skills, staff, and resources to implement these.

Human resources management (HRM) functions: The mix of core strategic, operational, and administrative HRM functions and tasks that are in place. The HRH Action Framework defines the key functions of an effective HRM system to include personnel systems, work environment and conditions, HR information systems, and performance management.

Human resources management (HRM) governance: The overarching framework for HRM that sets out institutional mandates, stewardship roles, and general responsibilities for all stakeholders engaged in HRM.

Human resources management (HRM) policies: The defining HRM guidelines, norms, and directives that regulate the utilization of the health workforce across the sector.

Human resources management (HRM) structures: Assigned units or departments that are responsible for implementing the core HRM functions of an organization or entity.

Human resources management (HRM) systems: Integrated use of data, policy, and practice to plan for necessary staff and recruit, hire, deploy, develop, and support health workers. The system includes well-supported HR units with the capacity to carry out defined HRM functions.

Management and leadership development: The application of knowledge of current approaches to leadership and management to promote good practices, assess the state of leadership and management within the health system, and organize improvement programs as needed. Management and leadership development also empowers leaders and managers with the competencies for what they do.

Nondiscrimination: The absence of any distinction, exclusion, or restriction made on the basis of socially constructed gender roles and norms that prevent a person from enjoying full human rights. In HRM, important forms of gender discrimination include pregnancy and family responsibility discrimination, occupational segregation, wage discrimination, and sexual harassment.

Performance appraisal: A formal process of providing feedback to health workers on their performance—typically aimed at improving the quality of services provided.

Performance management: A process to ensure there is an effective performance appraisal system in place within the health system, and to lead and support systemic productivity improvement interventions.

Personnel emolument: The designated salary payment and allowances provided to health workers throughout their period of employment.

Productivity: Health worker efforts and performance that lead to the achievement of service delivery goals and objectives.

Recruitment: The set of processes to seek and employ health workers for a particular job or position. Recruitment also increases the supply of personnel to deliver health services.

Retention: Maintaining adequate availability of health workers by offering opportunities for retraining, workplace support, and career management assistance, particularly to sustain staffing levels in rural and underserved areas.

Supervision: The system of continuous guidance, monitoring, and support that enables health workers to function effectively in their jobs and ensure quality of care.

Work environment and conditions: The systems that monitor and support positive workforce environment practices that include effective employee relations, workplace safety, job satisfaction, and career development.

Workforce plan: Outline of what is needed over a projected time frame in terms of the size, type, distribution, and quality of the workforce—includes the mix of workforce experience, knowledge, and skills required.

APPENDIX C: ADDITIONAL RESOURCES AND TOOLS

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CapacityPlus is the USAID-funded global project uniquely focused on the health workforce needed to achieve the Millennium Development Goals. Placing health workers at the center of every effort, CapacityPlus helps countries achieve significant progress in addressing the health worker crisis while also having global impact through alliances with multilateral organizations.



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