Management of Human Resources for Health in Health Districts in Uganda: A Decision Space Analysis Authors: Wesam Mansour¹, Adelaine Aryaija-Karemani², Tim Martineau¹, Justine Namakula², Paul Mubiri², Freddie Ssengooba², Joanna Raven¹ Author affiliation: 1. Liverpool School of Tropical Medicine 2. Makerere University School of Public Health ID Abstract: 1578 Background Findings Table 1: Decision space of HRM functions in three districts in Uganda

Decentralisation has been adopted by many governments to strengthen national systems, including the health system. Decision space is used to describe the decision-making power devolved to local government. Human resource Management (HRM) is a challenging area that District Health Management Teams (DHMT) need some control over its functions to develop innovative ways of improving health services. The study aims to examine the use of DHMTs' reported decision space for HRM functions in Uganda.

Methods

Mixed methods approach was used to examine the DHMTs' reported decision space for HRM functions in three districts in Uganda, which included self-assessment questionnaires and focus group discussions.

Framework for analysis



- The HRM decision space available for the DHMTs variant Ntoroko DHMTs reporting having more control than
- All DHMTs reported full control over the functions of implementation, forecasting staffing needs, staff dep
- DHMTs reported narrow decision space for developing and organising training; and, no control over modifyi developing an HR information system (HRIS).
- DHMTs tried to overcome their limitations by adjusti available resources.



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ried across districts, with Bunyangabu and		
Kabarole.	1.	The
f performance management, monitoring policy		for
ployment, and identifying capacity needs.	2.	The
ng job descriptions, resources mobilisation,		the
ng staffing norms, setting salaries and		Dist
	•••	HR
ing HR policies locally and better utilising		can

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Domain	HRM functions	D-1	D-2	D-3
HRH policy	Setting HR policy/regulations locally	1	1	0
	Monitoring policy/regulation implementation	2	2	1
HRH planning, recruitment and deployment	Forecasting staffing needs	2	2	2
	Modifying/adjusting staffing norms according to need	1	0	0
	Developing job descriptions for staff	1	1	0
	Hiring and dismissing staff	1	1	1
	Deploying/posting staff to the health facilities in the district	2	2	2
HRH financing	Setting salaries/benefits for certain staff categories	0	0	0
	Mobilising, investing and managing local resources for HR	1	1	1
	Establishing incentive schemes for staff	1	2	1
Performance	Appraising staff performance	2	2	1
management and supervision	Supervising staff	2	2	2
Continuing	Identifying staff capacity needs	2	2	1
education/in-service training	Organising in-service training for staff	1	1	1
HRH information	Developing and/or adapting HRH information systems	1	1	1
	Managing the HRH information system	2	2	0
	Using data generated by the HRIS to make decisions	2	2	0
	Scores	24	24	14

None = 0 (red); Some = 1 (amber); full = 2 (green)

Observations

e DHMTs do not have any control on adjusting staffing norms or setting salaries and benefits staff, which was unsurprising, because these HR functions are decided by the central level.

e DHMTs unexpectedly have full control over many HR functions (green areas) which means ey have a wide decision space for much of their routine work in the district. strict 3 has much difference in HR information to other districts with no control over managing H information system or using data generated from it. It will be useful if the DHMT in district 1 learn from District 1 and 2 since they showed full control over these functions

