PERF☼RM

District Health Management Team

Methods manual

Improving health workforce performance

Contents

Contacts

Table 1: Research partners

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Regular updates and guidelines for the project will be provided to you from time to time. Please contact your Country Research Team if you have any questions in the meantime.

For more information about the PERFORM project please see our website www.performconsortium.com

Please note: This document has been developed for the PERFORM project only. Please do not quote from it yet. It will eventually be available as a public document towards the end of the project.

Sign up to receive updates on the project at www.performconsortium.com and we will let you know when the final version of these guidelines becomes available.

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Introduction

Section 1 - Introduction

Purpose of document

The purpose of this document is to provide you with guidance about the key stages of the PERFORM project and what your role is within it. As we progress through the project, detailed guidelines about each stage will be provided.

What is PERFORM?

PERFORM is a four year research project running from 2011 – 2015 that will enhance understanding of how management strengthening can improve health workforce performance at the district level. Our research will be conducted in Ghana, Tanzania and Uganda.

Our study districts

We are working in

- Ghana: in the Eastern region, Kwahu West, Akwapim North and Upper Manya Krobo
- Tanzania: in Iringa Rural and Urban, Kilolo and Mufindi
- Uganda: in Luwero, Jinja and Kaberole.

PERFORM partners

There are six institutions involved in PERFORM, three in the selected study countries and three in European countries. Each Country Research Team (CRT) will be working collaboratively with a European Partner (EP) during the project. See Table 1 on Page 3 for details of the Country Research Teams and European Partners.

Project outputs and outcomes

We will have developed and tested district-level interventions to improve the management of decentralised health systems, with a specific focus on human resource management, in the three African countries. This means that you will have evidence of what interventions work to improve workforce performance within your district.

The outcomes of the research will contribute to the body of knowledge of how strengthening management in sub-Saharan Africa can improve workforce performance and the wider health system.

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What are the benefits for you?

With your help, PERFORM is a research project that can:
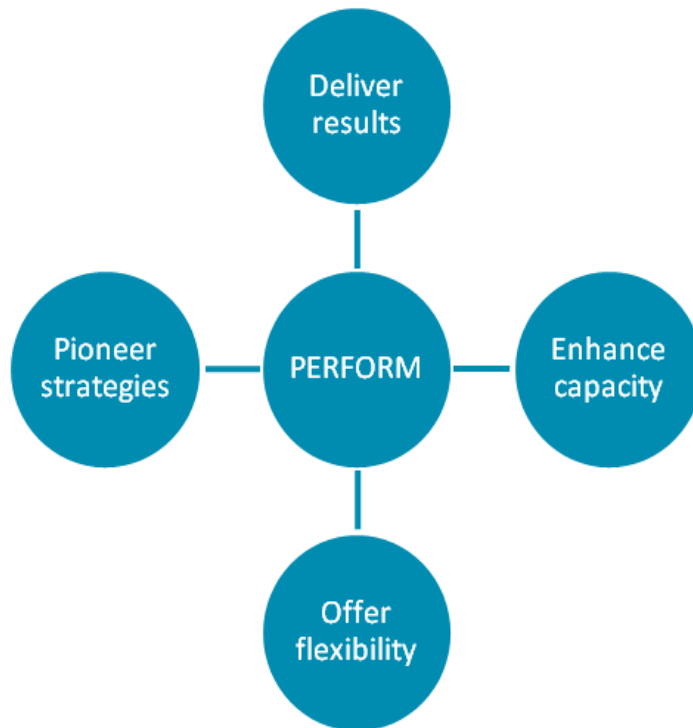
Deliver results

PERFORM is an action research project (read more about this in section 2), this means that once you determine the best ways to improve performance, you can implement these changes and monitor their effects in your districts.

Enhance capacity

The action research approach will contribute to your skills and abilities as a DHMT to resolve problems and maximise the use of your resources.

Offer flexibility

You will have the autonomy to design your own strategies for improving the performance of your workforce, with the support of PERFORM researchers. We will work with you to implement these strategies and observe their effects.

Pioneer improvements

You are the first districts to be involved in PERFORM and are therefore pioneers for our project. We hope to utilise learning from PERFORM to support improved health workforce performance in other districts and potentially other countries.

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The research process

Section 2 - The research process

Research communication

Throughout the research process, we will keep in touch with you regularly through:

- Emails
- Telephone calls
- Meetings
- Progress reports
- Workshops.

You can also find updates on our website www.performconsortium.com

Planning

During this stage we will identify key stakeholders with whom to develop strong links to ensure that our research findings can be used.

Implementation

During implementation, we will share findings from the situation analysis, case studies and stories from the action research cycles with stakeholders.

Findings

Once the research findings are ready, we will communicate these with our relevant stakeholders, including the DHMTs, policymakers, media and other research institutions. We will do this in a number of ways, e.g. dissemination workshops, policy briefs, participation in technical working groups, media releases or newsletters.

Research approach

PERFORM uses Action Research methodology, this means that you play an active role in the project. With support from your CRT, you will complete the steps outlined in Section 2, Figure 1 below.

Section 2, Figure 1: Action Research process
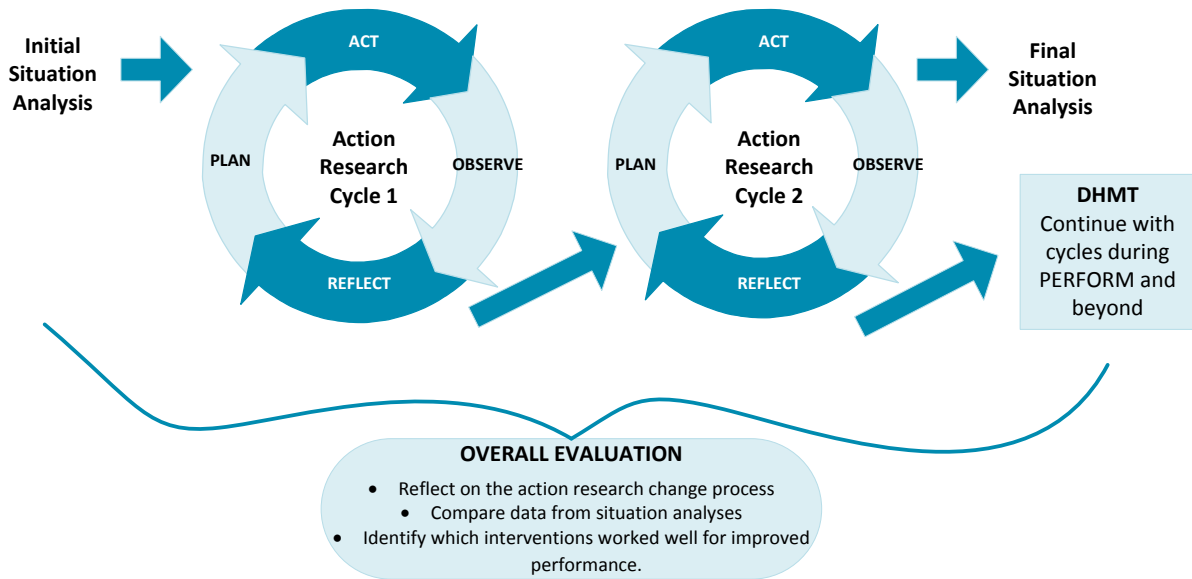
Action research cycle 1

During the initial situation analysis you will assess the performance (within your district) of the health workforce, you as a DHMT and the wider health system, and identify the barriers to workforce performance and their causes. Together you will **plan** strategies to address these barriers (within existing resources of the DHMT) and improve workforce performance.

You will then **act** to implement the strategies (known as HR/HS bundles, see Section 4), and **observe** their impact on the performance of your workforce. Finally, you will **reflect** on how well your plans have been achieved and if necessary, revise them. You will now have completed one action research cycle (see Section 2, Figure 1).

Action research cycle 2

During cycle two you will plan how to adapt your workforce improvement strategies (HR/HS bundles) or decide to select new ones and continue through the same process of acting to implement them, observing their effects and reflecting on whether they have achieved your desired improvements. This completes action research cycle two. Your CRT will then support you in completing a Final Situation Analysis.

The action research process will continue throughout the PERFORM project and will be integrated into your existing management practices so that it remains beyond 2015.

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Research implementation

Implementation of the research process requires a series of steps (outlined in the research approach) for the DHMTs, between 2012 and 2014. Your activity steps are described in more detail below approximate dates (subject to change) for activities are included in the timeline in Section 2, Figure 2 below.

Section 2, Figure 2: Timeline (2012-2015)

Jul-Oct 2012	Oct / Nov 2012		Jan 2013	Jan 2013 – Aug 2014		Aug-Oct 2014	Dec 2014	Oct 2014 – Aug 2015
Initial Situation Analysis	National Workshop 1		National workshop 2	Implementation of HR/HS bundles		Final Situation Analysis	National workshop 3	Comparative analysis

	Nov 2012			Nov 2013	
	Consortium Workshop 2			Consortium workshop 3	
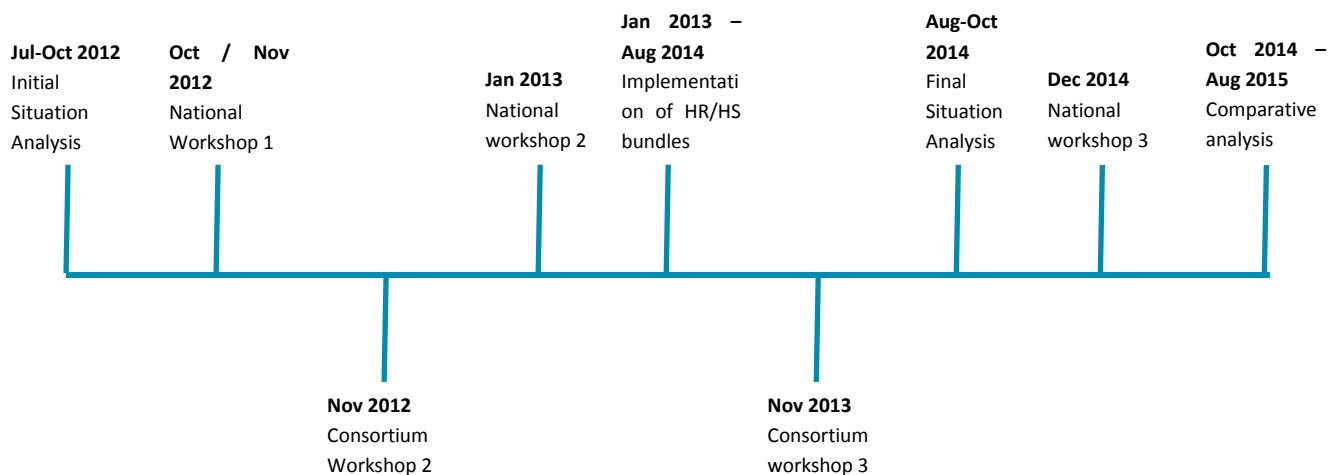
Initial situation analysis

(July to October 2012), guided and supported by your CRT, you will assess the current performance of the health workforce in your district. This will be a two step process:

1. Collect and analyse routine data such as staffing and health service data using a standard form
2. Focus on collecting data to understand the causes of particular issues emerging in step 1. You will then develop clear problem statements related to health workforce performance.

National workshop 1

(October to November 2012), the CRTs will facilitate a workshop for you to discuss the findings from the situation analysis, share learning with other DHMTs, and consider the design of strategies to address the issues.

Strategies can include a mixture of human resource (HR) strategies e.g. developing skills through a training workshop and broad health systems (HS) strategies e.g. repairing equipment so health workers can do better work.

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Consortium workshop 2

(November 2012), the CRTs will share the findings of the situation analysis and discuss initial thoughts on the strategies to address the problems in each district with the EPs.

National workshop 2

(January 2013), you will meet in one district to discuss the bundles of HR/HS strategies. Each DHMT will develop a plan of how to implement them and monitor their effects.

Implementation of HR / HS bundles

Between January 2013 and August 2014, you will implement the bundles and monitor their effects. There will be support from the CRTs through district visits, telephone calls, and attendance at the review meetings.

Consortium workshop 3

(November 2013), the CRTs and EPs will meet to review the progress of the interventions in each country and to plan for the comparative analysis.

Final situation analysis

(August to October 2014), you will repeat the final situation analysis to evaluate the interventions and their impact on workforce performance.

National workshop 3

(December 2014), you will meet to review a report of the findings in the final situation analysis and discuss next steps.

Comparative analysis

The PERFORM researchers will make a plan for the comparative analysis in the first year of the project. They will then compare findings across all study countries (October 2014 to August 2015) and analyse which interventions work well for improved health workforce management in the study countries and beyond.

Initial **situation analysis**

Section 3 - Initial situation analysis

In the initial situation analysis you will assess the current performance of the workforce in your district. This serves two purposes: firstly to inform the development of strategies to address workforce performance in the district; and secondly act as baseline information, against which improvements in performance can be measured.

Guided and supported by your CRT, you will carry out the situation analysis in two steps (see Section 3, Figure 1).

Step 1

The CRT will complete a district questionnaire with some of your team members which will include data about service delivery, staffing, health system and the DHMT in each district. Existing data from reports and databases will help to complete this questionnaire. In addition, the CRT will also facilitate a group discussion or individual interviews with DHMT members to understand in more detail about your role (s) in workforce performance in the district.

Using this information, the CRT will facilitate a workshop, where you will discuss the problems in service delivery and workforce performance and prioritise areas to explore in more detail in step 2. Together you will ask the question 'but why?' in order to identify what further data is required to explore the underlying issues of the problems in service delivery/workforce performance.

At the end of the workshop there will be a clear plan including the data required, methods of data collection, responsibilities (between DHMT and CRT) and timing of data collection. The methods may include interviews, focus group discussions with health care providers or managers, surveys, interviews with key personnel in the district government or collection of more routine data.

Step 2

The data identified in Step 1 will be collected, then together with the CRT; you will analyse and interpret the data. Another workshop will be held where the CRT will facilitate problem tree analyses. Through discussions, you will identify the underlying causes (roots of the tree) to the problems (tree trunk) you have identified.

An example of a problem tree is provided in Section 3, Figure 2 overleaf.

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Section 3, Figure 1: Initial situation analysis

Step 1

Workshop

District questionnaire, document analysis, interviews / FGD

Problem discussion

Prioritisation

But why?

Inform LSTM ethical committee ← Data requirements & collection plan ← Partners support tools development

Data collection by DHMT

Step 2

Data collection by DHMT & CRT

Data analysis ← Partners support

Problem tree

Problem statement

District report

National workshop 1

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Section 3, Figure 2: Example problem tree
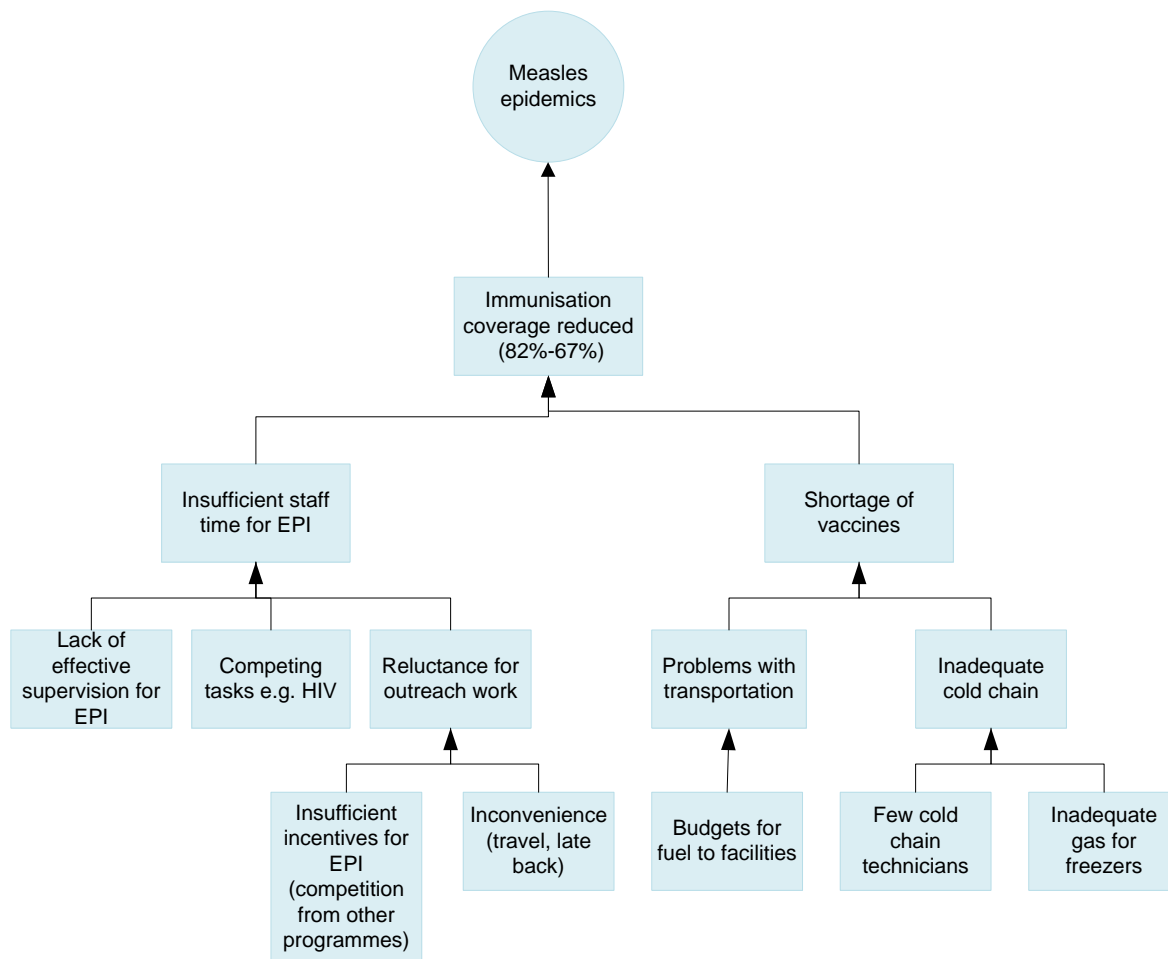
Developing your problem statements

After developing your problem trees, you will then develop problem statements. The statements should include:

- Who does the problem affect? Staff, patients, DHMT etc
- What are the boundaries of the problem? E.g. organisational, geographic, financial etc. What is the impact of the problem? What will happen when it is fixed? What will happen if we do not solve the problem?
- When does the problem occur? When do we need to solve this problem?
- Where is the problem occurring? Does it only occur in certain facilities? To certain people?
- Why is it important for us to solve this problem? What impact will solving this problem have on staff? Patients? Regional and national stakeholders?

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An example of a problem statement:

"Immunisation coverage has declined in the last two years resulting in measles epidemics. This is partly because of insufficient staff time for EPI and caused by competing tasks, staff being reluctant to do outreach work and ineffective supervision."

District situation analysis report

The CRT with your input will develop a district report which will include the findings from the situation analysis, the problem trees and problem statements. This will be used in National Workshop 1.

National workshop 1

You will present your situation analysis, problem trees and statements. You will then review (with one CRT member) your problem trees and brainstorm to develop a list of possible HR and complementary HS strategies to address the problems. Your strategy list is reviewed against the following criteria:

- Focused on improving health workforce performance in the district
- Measurable and observable effect on workforce performance within 12-18 months
- Implemented within resources available to the district
- Linked to existing policies / strategies
- Reflects the data in the district report i.e. based on evidence accumulated in the situation analysis.

The final district report including the list of possible HR and HS strategies will be presented by the CRT at Consortium Workshop 2. Working together the CRTs and the EPs will provide feedback on the situation analysis and the list of strategies.

You will then be ready to move on to the next stage of the project: selecting the HR/HS bundles to improve workforce performance.

Ethical considerations

We have received ethical approval from national and international review boards. PERFORM will follow research ethics principles. These include:

- Obtaining informed consent from participants of interviews, focus group discussions and observations
- Maintaining confidentiality of participants and information, so that no named person can be linked to the data
- Maintaining privacy during interviews and focus group discussions.

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Selecting **bundles of HR/HS strategies to improve workforce performance**

Section 4 - Selecting bundles of HR/HS strategies to improve workforce performance

Overview

This section follows on from the Initial situation analysis described in Section 3. It describes the process of developing interventions to address priority problems identified in the situation analysis. This is continuation of the 'planning' phase of the Action Research cycle.

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

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

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

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

What makes good performance?

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

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[1] Terms in bold are explained in Annex 2

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clinicians, vaccinators), managerial (e.g. DMO, head of HMIS) and support staff (e.g. cleaning and maintenance).

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

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

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

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

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[2] There are other important areas, but these are key ones to start with.

[3] See MSH (2009). Strengthening Human Resource Management to improve Health Outcomes - e-Manager No.1. http://www.msh.org/Documents/emanager/upload/eManager_2009No1_HRM_English.pdf

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If the three requirements above are met (clear direction, appropriate competencies and adequate resources), this will be sufficient for staff who already want to do a good job and help people (this is referred to as **intrinsic reward** as the reward comes from the job itself). For others – as staff will have different needs – it may also be necessary to use more tangible **rewards and sanctions**[4] to influence their behaviour and therefore their performance. They need to know that there will be **consequences** – positive or negative – based on their performance. These tangible rewards or sanctions are a way of providing feedback on performance and influencing future behaviour. However, these systems will only be effective if staff have trust in them and can see the direct link between their performance and rewards and/or sanctions, as shown in Section 4, Figure 1 below[5].

Section 4, Figure 1: Factors affecting individual staff performance

Understanding individual staff performance

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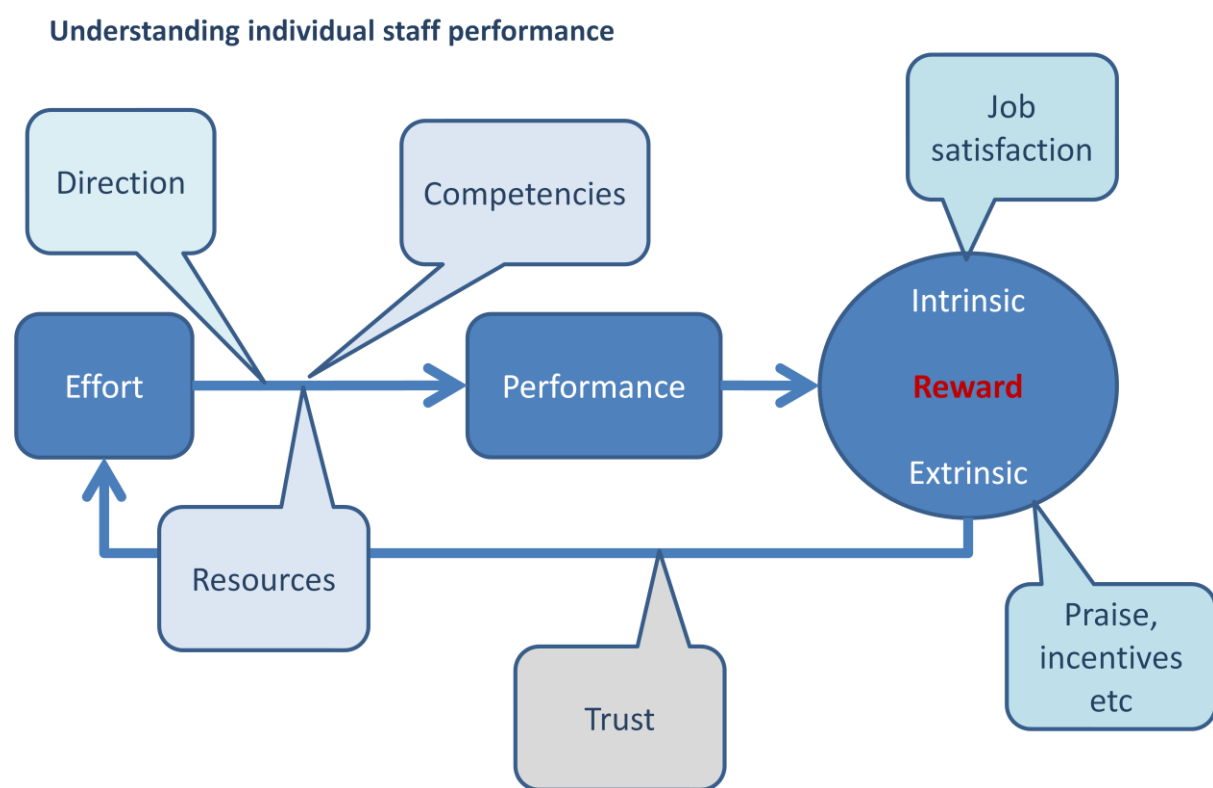
[4] Sometimes referred to as 'extrinsic rewards'; unlike intrinsic rewards these come from outside the job itself.

[5] Examples of more ways of improving workforce performance that could be included in discussions with the DHMTs:

Improving commitment towards the aims and targets of the district
Change the technology – employing more efficient or effective ways of carrying out tasks (e.g. introduction of ultrasound scan in antenatal care and labour to improve services). This might need changes in the direction given, the competencies and the equipment and supplies.
Increase the demand for services through health promotion activities etc.

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Given the variety of human resource management (HRM) strategies to improve performance linked to 'direction' (e.g. job descriptions, work plans, processes) and 'competencies' (e.g. in-service training, supportive supervision) and the provision of rewards and sanctions (e.g. praise or disciplinary action) it is essential to have some coordination as it is usually necessary to have more than one HRM strategy (for example in-service training followed by supportive supervision to help staff put new skills into practice). Where there are several strategies they are often referred to as "bundles" of HRM strategies[6].

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

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

Selecting strategies and making plans

There is a wide range of strategies that can be used to improve workforce performance, depending on the particular problem(s) you are trying to address. The challenge is to identify those strategies that are <u>possible to implement</u> (i.e. within the DHMT's boundaries of budget and authority and should whenever possible be aligned to annual priority/activity planning of districts) and are likely to be effective in your situation. An additional challenge is to ensure that strategies selected <u>complement</u> each other and are not contradictory.

Take an example based on the problem of high maternal mortality in the district (see Figure 2 below). In this example, the relevant health workforce problems identified might include the shortage of skilled birth attendants (SBA), poor quality due to insufficient skills and amongst those staff actually in post, poor attendance at work leading to low productivity.

The HR strategies are collectively designed to address these problems. Incentives are offered to attract more SBAs to work in the district. In-service training is provided to improve the quality of work. Absence monitoring is introduced to improve staff attendance

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[6] See glossary in Annex 1

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and thereby improve productivity of the existing staff. Poor equipment (e.g. incomplete delivery sets, lack of vacuum extractor) is identified as contributing to low quality, so this is addressed by the renovation and maintenance of this equipment.

Section 4, Figure 2: Example of the use of bundles of HR/HS strategies
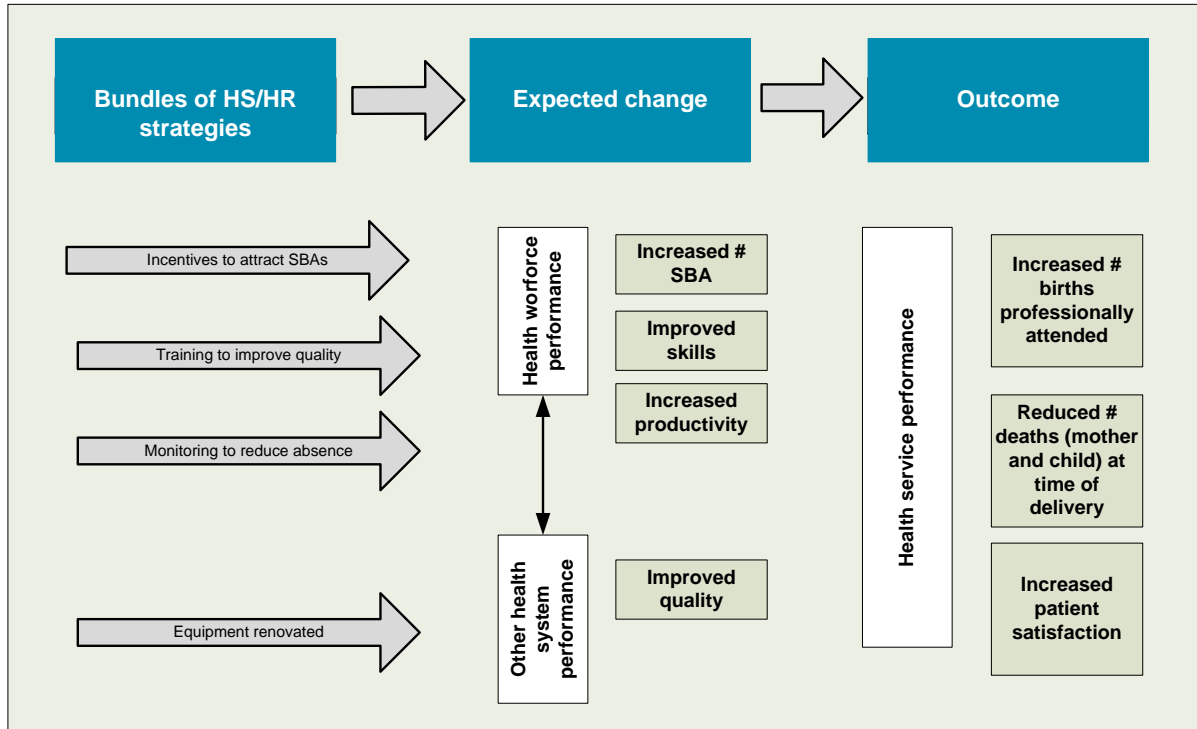
The expected change from this bundle of HR/HS strategies will be more and better skilled SBAs available for and attending work; and working with functional equipment to do the job.

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

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

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

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Reviewing options for bundles of HR/HS strategies

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

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

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

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

If you are unsure of the options available for developing the strategies, read through the rest of this section, as a "menu" of strategies has been developed to help you with the selection (see Annex 1 of this section). We have covered the majority of human resource management strategies that could be used to improve workforce performance, but you might also think of others. We have also included a selection of health systems strategies. However, the choice of health systems strategies is potentially limitless, so what we have included is largely for illustrative purposes.

The purpose of the table in Annex 1 is to provide ideas to help you with planning the bundles of HR/HS strategies. The ideas for the strategies, M&E indicators, links to other HR/HS strategies etc are definitely not comprehensive and may not be suitable for your situation. But they should help you think through what is need for your plan.

The following steps will help you to navigate this menu, identify areas relevant to your problem(s) and to select appropriate strategies for improving workforce performance in your situation. However, before you start on identifying solutions, be clear what problems you are trying to address and the potential causes identified – and what the priorities are. It would help to express each, where possible[7], as a clear problem (this stage is covered in the guidelines on analysing the situation). You will also have identified health service problems and in broad terms the health workforce problems associated with these. Be as specific as possible and identify which types or cadres of staff and in what type of facilities or departments are relevant to the problem and therefore should be included. Keep referring

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[7] Some problems are very unclear when you start working on them. The problem definition could be refined as the problem itself becomes clearer.

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to these as you select the strategies to ensure that you are in fact addressing the right problem.

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

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

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

Section 4, Table 1: Choosing strategies for improving health workforce performance (a sample of the full table for "availability" - the first performance area)[8]

A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to/conflict with other HR/HS strategies	G. Comments
1. Availability						
Increase # staff in post	Additional recruitment	Advertise for specific vacant posts	More staff available	% posts vacant by cadre and facility type	Induction Workforce planning	Which staff can DHMT recruit?
	Attraction incentives	Funding initial training with bonding	More applications for jobs	# applications/post by cadre	Ensure staff are also being retained	Check whether the main problem is attraction or retention
	More strategies …					
Improve distribution between rural and urban facilities	Attraction incentives for rural areas only	Funding initial training with bonding	More staff available in rural areas	% posts vacant by cadre in rural districts % trainees who complete the bond	Workforce planning	Training takes staff away from the workplace; may need to stagger training
	Retention incentives for rural areas	Identify financial and/or nonfinancial incentives that can be funded from the district budget	More staff available in rural areas	% posts vacant by cadre in rural districts % trainees who complete the bond	Less money available in operational budget for equipment and supplies for staff to work with	Note that 'non-financial incentives still cost money
More objectives …	*More strategies …*					

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[8] This table is available in annex 1

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Steps 1 to 7 in Section 4, Figure 3 below refer to the process to help you to review options for bundles of HR/HS strategies. Each step corresponds to the relevant columns in Section 4, Table 1.

Section 4, Figure 3: Key steps for reviewing options for bundles of HR/HS strategies

Step	Description
Step 1 Select relevant **performance areas** for your problem	What are the overall causes of the problem? Is it that staff are not available – or in the wrong place? Or are not clear about what they are supposed to do? Or don't have the skills? Or don't have the equipment and supplies? Or there insufficient reward (intrinsic or extrinsic) or sanction? Review your problem trees to check. It may be only one of these areas that is the problem, but very often it is several of these. Start by selecting the key problem areas you are trying to address. These are in bold in **Column A**. Review and select appropriate **objectives**. For each of the problem areas you select there are one or more broad objectives listed in **Column A**. Review them carefully and identify those that might be possible or note down additional ones that are appropriate to your context. For example if a major problem is availability of staff, you may be able to address the problem of existing staff being absent from work, but you may not have the authority to increase the overall number of staff within the district.
Step 2 Review and select appropriate **strategies**	For each objective you select , review the possible strategies in the list in Column B and select one or more that seem appropriate (i.e. are feasible in terms of resources and acceptance by staff, and are likely to be effective in addressing the problem within a period of 12 – 18 months). There may be other strategies not listed that would also be suitable. Write these down for consideration when you are making the actual plan of strategies. Note that some strategies may serve several different purposes – e.g. supervision may be useful for improving skills *and* provision of feedback on performance.
Step 3 Review **sample activities**	There are usually quite a wide range of activities that can be used to carry out a particular strategy. We have provided some sample activities in Column C, but you will need to consider others. Write these down.
Step 4 Check that the **expected change** given in the table fits with what you want to achieve	It is easy in planning processes get distracted by details and to forget exactly what you are trying to achieve. It is therefore useful to check at this stage what change you are expecting to see as a result of the implementation of your strategies. We have provided examples of expected change in the table in **Column D**.

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Step	Description
Step 5 Identify possible **indicators** for M&E	Think how you will measure the change. We have also provided some sample indicators for measuring change in **Column E** but you need to consider others that are relevant to your bundle or outputs/outcomes.
Step 6 Review **Link to other HR/HS strategies** to identify other strategies to be added to the 'bundle'; or identify conflicts	It is important to ensure that the different strategies and activities selected will achieve the overall effect needed. In most cases a single HRM strategy will not be very effective. Additional compatible strategies need to be added into the bundle to achieve the overall effect (or some may already be in place). In some cases one strategy may even contradict or reduce the effectiveness of another strategy. For example, if one strategy is being used to improve attendance at work in order to improve productivity, this will be undermined if another strategy of sending people away for in-service training is used to improve quality of performance. Use **Column F** to check **compatibility** of different strategies selected. For example, for each strategy think systematically about the effects it may have in other health systems domains and its unintended effects.
Step 7 Review comments	Additional comments are provided in Column G for checking the appropriateness of the strategies in the table.

When you have carried out a thorough review of the full Table in Annex 1 to this section and have made careful notes of your ideas for strategies to address the problem, move to the next section to develop a plan.

Planning the bundles of HR/HS strategies

If you have been exploring options of strategies as described in 3.1 above, or come straight to this section, the next step is to transform your thinking into a plan, continuing to involve all members of the DHMT in the process.

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

We suggest you start by using the format in Table 2[9] below to ensure there are clear linkages across the rows (e.g. from broad objective to M&E) and to ensure that the link to or possible conflict with other HR and HS strategies have been considered. You may also have existing HR plans and targets, so you could include them in Table 2 and check the linkages in Column F. When you are satisfied that you have a coherent plan (all the strategies are compatible with each other) then you could translate this to your normal planning format which will probably have space for resources, persons responsible for activities and a schedule for the activities (start and finish dates).

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[9] Copies of this table are available in electronic form either in Word or Excel

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Section 4, Table 2: Possible planning format for bundles of HR/HS strategies for improving health workforce performance

A. Broad objective	B. Strategy	C. Activities	D. Expected change	E. Possible indicators for M&E	F. Link to/conflict with other HR/HS strategies	G. Comments
Notes	*We suggest that only strategies that are likely to show some kind of effect in addressing the problem within 12 – 18 months should be included. This is to allow for completion of the action research cycle within a reasonable period and to fit in with the time frame of PERFORM.*	*Identify the activities needed to implement the strategy.*	*This should clearly relate to your problem analysis*	*These will be based on improvements on what you found in the situation analysis. The targets should be time-bound and achievable in 12 – 18 months.*	*Identify linkages to other strategies in your bundle to ensure coherence and avoid conflicts – or to existing HR strategies being used in the district (see examples in the big table in Annex 1)*	*Use this for any notes you might want to add. These could be about additional information needed before finalising the plan. Or about risks relating to the strategies that you want to check.*

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Implementation

Approach

The approach to implementing the plan you have developed in the format of Section 4, Table 2 will be the same as you normally use in your district and should whenever possible be related to the annual workplans of districts.

Monitoring and making adjustments to the bundles of HR/HS strategies

It is important to monitor the progress of implementing each of the strategies in the HR/HS bundles you have designed and share the findings with the team and staff affected. You will also want to monitor the overall change in health workforce performance – and health service delivery compared with what you found in the situation analysis. The CRTs will work with you to do this during the regular review meetings and occasional visits. If you find that one of your strategies is not working – or perhaps it is affecting another strategy quite negatively (for example there is a risk that the upgrading training will have a negative impact on the strategy of reducing staff absence – especially if the number of staff in the facilities is already very low), consider modifying it to minimise the risk (check the big table in Annex 1 for ideas) or even dropping it from the bundle. Note that dropping a strategy should not be considered as failure. What is important is to understand why it failed. This will help with learning about developing appropriate strategies to improve workforce performance.

On the other hand, you might identify part of the overall problem that you have not addressed (using the same example, this could be staff retention). New strategies could be added to the bundle. In either case, revise the contents of Section 4, Table 2 and put in the new date.

Learning

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

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Annex 1 – Choosing strategies table

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

A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
1. Availability						
Increase the number of staff in post	Additional recruitment	Advertise for specific vacant posts Request higher authorities to fill specific vacant posts Allocate funds from operational budget for staffing costs	More staff available	% posts vacant by cadre and facility type	Induction Workforce planning HR information	Which staff can DHMT recruit themselves?
	Attraction incentives	Funding initial training with bonding	More applications for jobs	# applications/post by cadre	Workforce planning	Check whether the main problem is attraction or retention; often confused
	Retention incentives	Develop career opportunities within the district Sponsoring further training Job redesign to increase job satisfaction[10]	Fewer staff leaving (or getting transfers from) the district	Staff turnover rate	Workforce planning	Check whether the main problem is attraction or retention; often confused
	Use of volunteers/non-	Identify tasks that could be done by	Increase in volume	% coverage of	Task shifting	Advantage of better community links; but

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[10] E.g. providing some additional responsibility

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
	formal health workers	volunteers Develop scheme for recruiting/training/supporting/compensating volunteers	of services provided	specific programmes		consider the additional time needed for training and supervision
	Collaboration with other health service providers	Contracting out selected services	Improved coverage Possibly improved quality	% coverage of specific programmes Level of patient satisfaction	Service delivery (relates to the way that services are delivered)	Check national policy; additional work to manage contract
	Operational HR information system used for decision-making	Ensure regular returns from facilities Establish simple database using Excel or Access Schedule the production of simple reports for review at DHMT meetings	Managers know how many of what cadres needed and where Understanding of staffing dynamics (e.g.age profile, retention rate)	# HR data requests by DHMT for planning and management tasks	Workforce planning Information systems	A national information system may exist, but data is not used by DHMT
	Regular workforce planning	Develop planning schedule to link with budget planning Request support from higher level HR units	Managers can plan for additional recruitment	Annual update of workforce plan		This might be included in the process of national workforce planning
Improve distribution between rural and urban facilities	Attraction incentives for rural areas only	Funding initial training with bonding	More staff available in rural areas	% posts vacant by cadre in rural districts % trainees who complete the bond	Workforce planning	Training takes staff away from the workplace; may need to stagger training
	Retention incentives	Identify financial and/or nonfinancial	More staff available to provide service in	% posts vacant by cadre in rural	Less money available in	Note that 'non-financial incentives

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
	for rural areas	incentives that can be funded from the district budget[11]	understaffed areas	districts % trainees who complete the bond	operational budget for equipment and supplies for staff to work with	still cost money
	Use temporary staffing measures	Staff rotation for 2-3 months with additional allowances Outreach services to cover specialist skills	More staff available to provide service in understaffed areas	# days/year facilities are staffed	Will probably create absences in other facilities	
Increase number of staff present at workplace	Attendance monitoring	Use attendance register at facilities Spot check on attendance register Visible presence of facility manager at start of working day Involving local health committees in attendance monitoring	Improved attendance	# working days lost	Reduce unnecessary training courses and workshops Complement strategies for increasing numbers of staff	It may be necessary to address this with incremental steps
	Rewarding good attendance	Develop simple rewards e.g. best attendance for the month award	Improved attendance; reduced	# working days lost	Reduce unnecessary training courses and workshops Complement strategies for increasing numbers of staff	
	Monitoring of dual	Collect data on government staff	Better information on possible cause of	Data collected and reviewed by DHMT	Reduce unnecessary training courses and	This will not solve the problem of

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[11] Non-financial incentives might include improved living facilities (solar panels, monthly shopping trips)

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
	working	working in additional jobs for non-government employers (using formal or informal means)	absence No. of HW currently employed at more than one location/Total no of HW	on a regular basis	workshops Complement strategies for increasing numbers of staff	absence, but may help understanding of the causes; may be difficult to collect the data as staff
	Reward team work	Give prizes to well-performing teams	Greater collaboration of staff with each other	Prizes given on a regular basis	Reduced staff absence (need to support the team effort)	The criteria for measuring team performance must be clear and staff must trust the process for this strategy to be successful
2. Direction						
Improve staff understanding of general work and feedback on performance	Ensure staff have updated job descriptions (JD)	Develop new JDs (if none) Update if JDs exist Pilot the process to understand what work is involved and what difficulties might be encountered	Staff know what tasks they should perform	% staff with recently updated job descriptions	Competencies Use of the work plan	Check what authority is needed to change JDs; it might be possible to make minor adjustments.
	Induction/orientation of new staff	Develop basic induction checklist Brief managers in induction process Assigning mentor to new staff	Staff know what tasks they should perform and know routine procedures[12]	% staff employed in past 3 months who received a basic induction	Increased recruitment	Will improve productivity is staff can quickly staff working effectively

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[12] E.g. how to get supplies needed for their work; who to contact for advice

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
	Regular open appraisal	Develop simple process and form or adapt from existing materials Re-instate existing lapsed appraisal system Brief managers and staff on procedures and advocate benefits	Staff get feedback on performance and support	% staff appraised in past 12 months	Linked to use of updated job descriptions	The confidential review system (ACR) has generally been discredited; the system needs to be open for staff to receive useful feedback
	Regular supportive supervision	Develop regular supervision schedule Training supervisors in effective supportive supervision Develop/adapt existing supervision tool and set of guiding principles Involve community-based organisations in basic supervision	Staff get feedback on performance and support	% staff supervised in past 3 months	Link to skills development Link to job descriptions	Remote staff feel neglected without supervisory visits; however, the quality of the supervision is more important than the quantity
Improve understanding of daily/weekly work and feedback on performance	Use of workplans	Ensure staff are provided with regular work plans Share facility work plans and targets so staff know what needs to be done/achieved	Staff can prioritise work	% staff with minimum of weekly workplans	Link to job descriptions	The work plans should be based on wider and longer-term plans for the district, as well as including emerging priorities where necessary
	Team meetings	Ensure DHMT acts as role module for	Staff can prioritise	% facilities/programme	Link to work plans	Team meetings may be difficult to arrange

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
		team meetings Encourage facility/programme managers to establish regular team meetings for planning and reviewing progress against plans	work	s holding team meeting in past month		when everyone is busy, but if done well it is time well spent
3. Competencies						
Ensuring appropriate competencies available to carry out the work	Introduce merit-based recruitment	Use person specification based on updated job description for selection process Use tests in selection process Introduce more transparent selection processes	Better skilled staff	% new staff with skills that match needs of job description	Link to increase in recruitment	
	Improving skills mix	Decisions in recruitment	More appropriate skills available in the workplace	No. of physicians, nurses, and midwives (or other categories of health service providers)/Total no. of health workers	Link to task shifting	
	Task shifting	Analysis of opportunities for task shifting	Better use of staff with scarce (more specialist skills)	Will depend on task shifting plan	Training and development (for taking on new skills)	See WHO guidelines of task shifting for HIV/AIDS and

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
		Selection Implementation			Workforce planning	Maternal and Newborn Health[13] Prepare for opposition by some staff groups Check current scopes of practice
	Introduce regular appraisal	Competencies audit included in appraisal process	Training and development needs identified	% staff who have undergone a competency audit	Training and development	Staff may be anxious about their first appraisal, so prepare well
	Training and development	Competencies audit Identify learning opportunities in addition to formal training	Staff have more appropriate competencies	# staff with adequate competencies for the job	Reduction of absence (if off-site training is used)	Check for other causes of performance problems before choosing training as the solution
4. Rewards and sanctions						
	Introduce team incentives	Identify behaviour to be influenced Identify rewards that could be given Develop system Ensure robust system of monitoring	Staff perceive direct link between incentives and good performance Improved staff performance	Incentive system introduced Specific performance indicators related to areas of service delivery could be added	Direction (ensure staff know what they are supposed to do) – job description, work plan, etc	This avoids individualistic approach

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[13] See WHO (2007). Task Shifting: Rational Redistribution of Tasks among Health Workforce Teams. Geneva, WHO. http://www.hrhresourcecenter.org/node/1811 and Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting http://www.optimizemnh.org/

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
		in place				
	Introduce individual incentives	Identify behaviour to be influenced Identify rewards that could be given Develop system Ensure robust system of monitoring in place	Staff perceive direct link between incentives and good performance Improved staff performance	Incentive system introduced Specific performance indicators related to areas of service delivery could be added	May be detrimental to team work	Be careful to prevent incentives as being seen as a "right"; otherwise this will end up being a general pay rise with no improvement in performance.
	Give staff additional responsibility	Expand job description	Improved job satisfaction	Level of job satisfaction (from staff survey)	Job description	Take care not to raise expectations of extra pay if it cannot be provided
	Transfer staff to more desirable posting	Include performance in transfer criteria	Staff motivated by possibility of being transferred to more desirable location	# transfers of staff meeting positive performance criteria	Avoid negative impact on strategies to address maldistribution	Use with care and ensure transparency of the system so it is perceived as fair
	Issue verbal and written warnings	Use personnel guidelines or develop if not available	More staff follow rules and regulations Improved staff behaviour	# warnings given	Supervision Appraisal	If used in a timely way, this will reduce the need for more drastic sanctions e.g. withholding pay or dismissal
	Withhold pay	Ensure staff know what performance is expected Ensure staff are aware this sanction might be used	More staff follow rules and regulations Improved staff behaviour	# times pay withheld	Use of verbal and written warnings	May be an option for contract staff
	Transfer staff to less desirable posting	Include performance in transfer criteria	More staff follow rules and regulations Improved staff	# transfers of staff meeting negative performance criteria	Avoid negative impact on strategies to address	Use with care and ensure transparency of the system so it is

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
			behaviour		maldistribution	perceived as fair
	Dismiss or recommend staff for dismissal	Orient managers and supervisors on use of dismissal procedures	More staff follow rules and regulations Improved staff behaviour	# persons dismissed	Use of verbal and written warnings Withholding pay	Use only as last resort
5. Health systems						Select activities within the control of the DHMT or lobby higher levels
	Ensure equipment, drugs and supplies are available	Ensure requisition/ordering systems functioning Ensure regular maintenance of equipment	Staff have equipment, drugs and supplies to carry out jobs effectively		Improving individual and team performance	
	Infrastructure (buildings etc)	Regular maintenance Infrastructure planning	Better working facilities improving productivity and staff morale		Staff retention	
	Transport	Regular maintenance Transport planning	Staff able to travel more often		Supervision Service delivery (especially outreach work)	
	Information systems	Use service delivery data to monitor productivity	Strategies to improve staff productivity monitored		Workforce planning Improving individual and team performance	
	Finance	Ensure not too much of the operational	Balance between staffing costs and		Workforce planning	

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A. Performance area/broad objective	B. Strategy	C. Sample activities	D. Expected change	E. Possible indicators for M&E	F. Link to other HR/HS strategies	G. Comments
		budget is used for additional hiring	operational costs		Rewards	
	Governance	Ensure transparency of HR-related systems Involve staff in planning Involve staff in problem solving	Staff trust HR systems Increased ownership of plans		Improving individual and team performance Staff retention	
	Service delivery	Rearrange delivery of services to make best use of staff Modify the way services are delivered	More efficient use of existing staff		Improving individual and team performance Workforce planning Scheduling and sharing resources	

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Annex 2 – Glossary of terms

Action research: See explanation in Section 2.

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

Available for work: staff in post

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

Direction: information and guidance on what work staff should do

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

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

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

DHMT performance: Not defined in the literature, please see suggestion on page 7 for performance output and outcome

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

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

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

Health system component: information systems, finance, governance, human resources, service delivery, and medicines and health products[14]

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[14] See WHO (2007). Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action. Geneva, WHO.

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

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

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

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

Research Evaluation/assessment: The research evaluation assesses

a) changes to the DHMT's capacity to manage HR/HS bundles

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

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

Skills: see **competency**

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

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

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

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

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