



**Federal Democratic Republic of Ethiopia
Ministry of Health**

**Human Resources for Health Management
In-service Training**

Participants Manual

**June, 2014
Addis Ababa, Ethiopia**

Approval of the Training Material

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of in-service (IST) trainings at national level. As part of this initiative the ministry developed a national in-service training directive and implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation Guide. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

All in-service training materials shall to be reviewed and approved by the ministry accordingly; as part of the national IST standardization process, this Human Resources for Health Management IST material has been reviewed based on the standardization checklist and approved by the ministry in June 2014.



Dr Wendemagegn Enbiale Yeshaneh

Human Resources Development & Administration Directorate

Federal Ministry of Health, Ethiopia

Table of Contents

TABLE OF CONTENTS	2
ACKNOWLEDGEMENT	5
MODULE ONE – GLOBAL AND NATIONAL HUMAN RESOURCES FOR HEALTH ISSUES AND TRENDS	11
I.0. MODULE INTRODUCTION.....	11
I.1. HUMAN RESOURCES FOR HEALTH: GLOBAL PERSPECTIVE	11
I.2. STATUS OF HRH IN ETHIOPIA	17
I.3. STATUS OF HRM IN THE ETHIOPIAN HEALTH SECTOR.....	22
MODULE TWO - HUMAN RESOURCE POLICIES.....	24
2.1. WHAT IS POLICY/HR POLICIES?	25
2.2. SIGNIFICANCE OF HUMAN RESOURCE POLICIES	25
2.3. FORMULATING HUMAN RESOURCE POLICIES	26
2.4. ESSENTIAL HUMAN RESOURCE POLICIES	30
MODULE THREE - HUMAN RESOURCE PLANNING AND STAFFING	40
3.1. WHAT IS HUMAN RESOURCE PLANNING?.....	40
3.2. RECRUITMENT AND SELECTION	51
3.3. ORIENTATION AND INDUCTION OF NEW EMPLOYEES.....	60
MODULE FOUR- HUMAN RESOURCES STRATEGY DEVELOPMENT AND RETENTION ..	65
4.1. HUMAN RESOURCE STRATEGY DEVELOPMENT	65
4.2. HUMAN RESOURCE FOR HEALTH ACTION FRAMEWORK (HAF)	70
4.3. HEALTH WORKFORCE RETENTION.....	76
MODULE FIVE -TRAINING AND DEVELOPMENT.....	81
5.1. TRAINING	83
5.2. DEVELOPMENT	91
5.2.1. Career Development	94
5.2.2. Management Development.....	95
MODULE SIX- PERFORMANCE MANAGEMENT	98
6.1. BACKGROUNDS	98
6.2. PERFORMANCE MANAGEMENT SYSTEM.....	99

6.3. LINE MANAGERS AND PERFORMANCE MANAGEMENT.....	109
MODULE SEVEN: HUMAN RESOURCE INFORMATION SYSTEMS AND DATA	
DRIVENDECISION MAKING (DDDM).....	111
7.1. HUMAN RESOURCE INFORMATION SYSTEM (HRIS).....	111
7.2. DATA DRIVEN DECISION MAKING	118
MODULE EIGHT – LEADERSHIP AND MANAGEMENT.....	124
8.1. LEADERSHIP AND MANAGEMENT	124
8.1.1 LEADERSHIP	125
8.1.2.MANAGEMENT	128
8.2. TEAMBUILDING	133
8.3. CONFLICT MANAGEMENT	136
8.4. EFFECTIVE COMMUNICATION IN WORK PLACE.....	138
8.5. CHANGE MANAGEMENT.....	144

Acknowledgement

This participants' handbook on Human Resource Health Management in-service training was produced by the Human Resources for Health Management In-service training material development team established by the Federal Ministry of Health, Ethiopia in collaboration with the Ethiopia Strengthening Human Resources for Health (HRH) Project. Funded by the United States Agency for International Development, Ethiopia Office, the five-year project directly supports the Government of Ethiopia's efforts to improve health outcomes by strengthening the human resources management system—in particular by improving and monitoring the quality of education, deployment and continued professional development of health care providers. Jhpiego is leading the consortium partnership of Management Sciences for Health (MSH), Ethiopian Midwives Association (EMA), Ethiopian Association of Anesthetists (EAA) and The Open University.

We extend our thanks to the following members of the training material development team for lending their time and expertise to generate the first complete draft of the handbook:

- Abebe Asmelash (Tulane University Technical Support to Ethiopia)
- Asfaw Demisse (MSH/HRH Project)
- Demelash Asnake (ALERT)
- Debebe Tadesse (FMOH)
- Mesfin Kifle (MSH/HRH Project)
- Tedla Mulat (AMREF)
- Tesfaye Gudeta (FMOH)

Dr. Shelemo Shawula, Senior HRH Management Advisor, Ethiopia HRH Project and Ummuro Adano, Senior Principal Technical Advisor in the Centre for Leadership and Management at Management Sciences for Health (USA) carefully reviewed and commented extensively on the first draft of the handbook. The feedback that they provided was invaluable and helped to improve and sharpen the focus, structure as well as the process and content-validity of the document.

Finally, we appreciate the support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development for providing the funding, through the Ethiopia HRH Strengthening Project, for the development of this document. We commend their continued investment in efforts to distill, disseminate and expand the knowledge base and best practices in human resources for health management, and put this information into the hands of local organizations and implementers.

List of Acronyms:

AHWO	Africa Health Workforce Observatory
ALERT	All African Leprosy Training Center
AMREF	African Medical Research Foundation
BPR	Business Process Re-engineering
CV	Curriculum Vitae
EAA	Ethiopian Association of Anesthetists
EMA	Ethiopian Midwives Association
(F) MoH	(Federal) Ministry of Health
(F)MoE	(Federal) Ministry of Education
FMHACA	Food, Medicine, Health Care Administration and Control Agency
GHWA	Global Health Workforce Alliance
GoE	Government of Ethiopia
HEWs	Health Extension Workers
HR	Human Resources
HRD	Human Resources Development
HRDA	Human Resources Development and Administration
HAF	Human Resources for Health (HRH) Action Framework
HRH	Human Resources for Health
HR(H) M	Human Resources for (Health) Management
HRH/SP	Human Resources for Health Strategic Plan
HSDP	Health Sector Development Program
IST	In-service Training
JIT	Job instruction Technique
MDG	Millennium Development Goal
MLHP	Mid-level Health Professionals
MSH	Management Sciences for Health
NGO	Non-government Organizations
OJT	On the job Training
PA	Performance Appraisal
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
RHB	Regional Health Bureau
SNNPR	Southern Nations Nationalities Peoples Region
SWOT	Strengths, Weaknesses, Opportunities and Threat
US/USA	United States of America
USAID	United States Agency for International development
WHO	World Health Organization
WISN	Workload Indicators of Staffing Needs
WorHO/WoHO	Woreda Health Office
ZHD	Zonal Health Department

Course Overview

Why this Training

Clearly, people are the lifeblood of any viable organization. In any country, including Ethiopia, sixty to seventy percent of the public health sector's budget goes to recurrent personnel costs. Given this cost, it is important for Ministries of Health to manage their investment in people wisely. The result is a satisfied and motivated workforce that delivers high-quality health services and an organization that fulfills its mission, meets its health objectives, and contributes to its community by providing excellent services. This not only contributes directly to the achievement of the organization's goals, it enhances its efficiency and effectiveness, and competitiveness.

This training is designed to bring the gaps in knowledge, skills and practices in HRHM that were identified through various assessments conducted by Ethiopia Strengthening Human Resources for Health (HRH) project. These include HRH Rapid Situation Assessment¹, HRH baseline capacity assessment², HR managers and staff skills inventories (conducted in the regions)³ and HRM Capacity Assessments⁴ at FMOH, FMHACA and 11 Regional Health Bureaus. These assessments showed that there were fewer than the needed number of HR managers and staff at all levels of health system, and they were lacking educational qualifications, experience and in-service training pertinent to HRH Management. Unlike many health programs, HRHM has no opportunities for in-service training and professional development. Findings from these assessments were in perfect agreement with the findings from a study⁵ conducted in Ethiopia, Kenya, Tanzania, and Uganda by MSH in collaboration with African Medical Research Foundation (AMREF). The eight modules of HRHM in-service training framework was derived from this study.

Therefore, Human Resources for Health Management (HRHM) in-service training meant for human resources leaders, managers, experts and practitioner at Federal Ministry of Health, Regional Health Bureaus, Zonal Health Departments, Woreda Health Offices, Hospitals and Health Centers.

The training was developed by the Federal Ministry of Health in Collaboration with USAID-funded Ethiopia Strengthening Human Resources for Health (HRH) project.

¹ HRH Project, June 2012, Addis Ababa

² HRH Project, March 2013, Addis Ababa, Ethiopia

³ HRH Project, Jan-May 2013, Addis Ababa, Ethiopia

⁴ HRH Project, Jan 2013- February 2014, Addis Ababa, Ethiopia

⁵ MSH & AMREF (2012), Competency Gaps in Human Resource Management in the Health Sector: An Exploratory Study of Ethiopia, Kenya, Tanzania, and Uganda

What this training covers and how it is organized

This training is organized into 8 Modules to cover broad technical areas in HRH Management. These modules include:

Module 1	Global and National HRH Context
Module 2	HRH Policies and Practices
Module 3	HRH planning and staffing
Module 4	HRH Strategy Development/HRH Strategic Planning and Motivation and Retention
Module 5	Training and Staff Development
Module 6	Performance Management
Module 7:	Human Resources Information System (HRIS) and Data Driven Decision Making (DDDM)
Module 8:	Leadership and Management Principles and Practices in HRH

The package of training consists of three main documents to standardize the contents and delivery of this training: Facilitators Guide, Participant Manual, PowerPoint Presentations for each Module.

Goal

This training was designed with overall goal to build capacity of HR leaders, managers and staff in human resources management in health sector (human resources for health).

Specific Objectives

Specific objectives this course will achieve include:

- Describe and analyze Global HRH trends, and HRH crisis in Ethiopia and effectively plan for improved HRH development, deployment, motivation and retention in the country;
- Describe the components of an effective HRM system, their functions, and benefits;
- Identify systems necessary to support good HRM practices;
- Describe leadership and management practices that can support HR strengthening in your facility/region; Identify individual professional development goals in HR management

Core competencies

Upon completion of HRHM in-service training, participants will be able to:

- Improve knowledge in human resources for health needs and the current status of HRH in the country and understand the underlying causes
- Develop skills to plan strategically for the human resource needed for the health sector at all levels in the sector
- Provide effective leadership, management, and good governance in human resources management and development the health sector at all levels;
- Collect, compile, analyse and act upon HR data to improve HR planning, deployment, motivation and retention;

- Communicate internally and externally to develop a good environment for the achievement of the goals of the organization;
- Develop skills in negotiation and conflict resolution;
- Put in place mechanisms for the motivation and retention of human resources in the health sector;
- Keep abreast of relevant policies, legal and regulatory issues that are related to the human resources with an emphasis on the health sector;

Target Audiences

Target audiences of this training are HR staff (leaders, managers, experts/practitioners) and technical program managers at all levels of Ethiopian public health system. Specifically, the training is design for senior and mid-level managers at FMOH and it agencies, Federal Hospital, Regional Health Bureaus, Zonal Health Departments, Woreda Health Offices and hospitals and health centers. It also targets all technical staff with supervisory roles (line managers) at all levels stated earlier- for effective implementation HR systems, policies and practices. To satisfy various needs of the audiences and ensure practicality, the training is delivery in two slightly different approaches for two sets of audience: Senior level HRH policy/decision-makers and Operational level HRH Management experts/leaders. There are slight variations in duration of the two trainings as described below:

Senior level training or training (ToT): this training is meant for potential trainers and conducted for a total of six days. Out of six days, five days are meant to cover the 8 modules while the sixth and last day of this training is devoted to the concepts and practices of experience learning with facilitation skills and teaching practices. All 8 modules stated above PLUS Concepts of Experiential Learning and facilitation skills are covered in this training. See Annex I: Time Table for ToT.

HRH Management operational (Roll out) Training: this training is targeted towards mid- and lower level HR managers and staff. This training takes five (5) days. As participants of this training are not meant to provide training, experiential learning and facilitation skills component of the training is excluded and they only cover 8 modules (See Annex II- Timetable). In both trainings the Facilitator Guide and Participant Handbook remain the same for both set of audiences.

Qualifications of the Instructors

Senior level training in HRH Management is conducted by Master Trainers with Master/Doctoral level education and years of experience in HRH field, designing, organizing and delivering (facilitating) training of trainers (ToTs), conducted post-training follow up, mentorship and technical support to leaders and managers at senior levels. For example, the first two training of trainers (ToTs) were facilitated by a team of international and national experts possessed Doctoral/Master level education and 15- 20 years' experience in HRH development and management in health sector, public health programs management and leadership at various levels of public health systems.

For operation level HRM training, facilitators should possess a minimum of first degree in management, Human resources management, and public health with three to five years' experience working in health sector in the functions related to HRH Management and development, program management, and in mid-to-senior level supervisory roles. In addition, they need to receive training of trainers (ToT) on HRHM in-service training including principles of experiential (adult) learning and facilitation skills. During the ToT and facilitation skill training, the potential facilitator should demonstrate his/her knowledge and skill through continuous assessment, participations and contributions to the classes and teaching back sessions.

Purpose of Participant's Handbook

The purpose of this modular handbook is to provide participants taking the Human Resource for Health Management (HRHM) in-service training course with the guidance needed and additional information, tools and resources to expand their knowledge and skill base in HRM so that they can be better planners, supervisors and managers of the workforce at different levels of Ethiopian health system. The handbook will serve as an informational reference resource during and after the training program.

The handbook is organized around eight informational modules, as outlined in the table of contents, which address some relevant themes that respond to the HRM needs and gaps that were identified during the recent HRM capacity assessments that were conducted in all the regions. Each module contains short narratives and notes on the topic being covered. At the end of each module handouts and other resources are provided to reinforce learning and provide additional information on different elements of the topic covered in the module.

MODULE ONE – GLOBAL AND NATIONAL HUMAN RESOURCES FOR HEALTH ISSUES AND TRENDS

1.0. Module Introduction

This purpose of this module is to enhance participants' understanding of the HRH situation from global, regional and local perspectives. It outlines the essential elements of the National HRH Strategy of Ethiopia and update participants on the progress made and challenges faced with regard to HRH at the country level. It also describes the status of HRM in Ethiopian health sector.

The module is organized into three sections, which include: global HRH perspectives, HRH situation in Ethiopia and the status of HRM in Ethiopian health sector. The mode of delivery includes team task, PowerPoint presentations and plenary discussions.

Module Objectives

By the end of this module participants will be able to

- Describe the global perspective of HRH
- Describe the status of HRH situation in Ethiopia.
- Identify HRH progress and challenges at the country level
- Describe the key elements of the National HRH Strategy of Ethiopia
- Describe the status of HRM in the Ethiopian health sector

Time Allowed: 1.5 Hours

Module Contents

Session 1.1: Human Resources for Health: Global Perspective

Session 1.2: Status of HRH in Ethiopia

Session 1.3: Human Resources Management in the health sector

1.1. Human Resources for Health: Global Perspective

Session Objectives

- Describe the global and national perspective on HRH
- Explain global factors that affect national health workers number and distribution such as international migration
- Evaluate the global health workforce influencers to design national health workforce strategy

1.1.1. Background and Introduction

No health system can deliver quality health services without health workers. As such, at the center of every health system are health workers whose knowledge, skills and motivation play a critical role in delivering health services to those in need. Over the years, the human resources for health crisis has been studied and well documented, but many countries, including Ethiopia continue to grapple with HRH policy challenges, such as how to address health worker shortages, how to address outmigration of qualified health workers, how to improve the skills, geographic distribution, performance and retention of health workers.

It is important to stress that the global HR crisis, particularly in developing countries, is a historical challenge that has been left unaddressed for a long time and has been made worse over the last three decades by weak human resource management systems and the advent of HIV and AIDS and its impact on the workforce, communities and health systems. But who are these health workers?

The World Health Report 2006 defines HRH as all people engaged in actions whose primary intent is to enhance health. This includes those who promote and preserve health, those who diagnose and treat diseases as well as those who provide administrative, logistical and management support to the health workforce. The World Health Report 2006 also estimated that there are 59.2 million health workers worldwide with a global short fall of about 4 million health workers to achieve a minimum level of health outcomes. Recent projections by the WHO indicate that by 2035 we will have a shortfall of roughly 12 million skilled health workers including midwives, nurses and physicians. The World Health Report 2006 also identified 57 'crisis' countries: the countries most affected by this dearth in health personnel. Most of these countries are in Sub-Saharan Africa and Asia.

As a result, there has been a strong realization that the global scope of the health workforce crisis demands effective alliance-building efforts at all levels. Developing countries, and especially African governments, cannot tackle this challenge on their own. Complicated HR problems call for an unusual cooperative vision, a unified voice to advocate for change, compelling evidence to support certain strategic innovations, and shared strategies to foster country-level action.

The Global Health Workforce Alliance (GHWA) was created in 2006 as a common global platform for action to address the crisis. The GHWA is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions.

Over the last seven years, representatives of multilateral and bilateral agencies, partner countries and foundations, NGOs and networks, the academic community and the private sector have consulted at various regional and global fora to consider a set of actions to address the growing crisis of human resources in the health sector. Thus far, GHWA has also organized three HRH global forums attended by thousands of participants, including ministers of health, education, and finance; donors; experts in the field; and regional and district-level health professionals; as well as staff from countries spanning all regions. The purpose of these forums is to recognize the importance of the health workforce, share progress, challenges and make new commitments and a call for action and cooperation to bolster and improve the health workforce and ultimately the delivery of health services at country level.

1.1.2. Health systems and Human Resources for Health

A health system is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health⁶. According to the WHO, there are six building blocks of the health system: HRH, financing, information, supplies and governance/leadership and service delivery. The six building blocks are interrelated and the ways in which they interact and work together to create the desired health outcomes can be quite complex (see the figure below). However, none of the building blocks can function without the presence of adequately qualified and motivated health workers. As such, health workers are the ultimate resource or the cornerstone of a strong, vibrant and responsive health system.

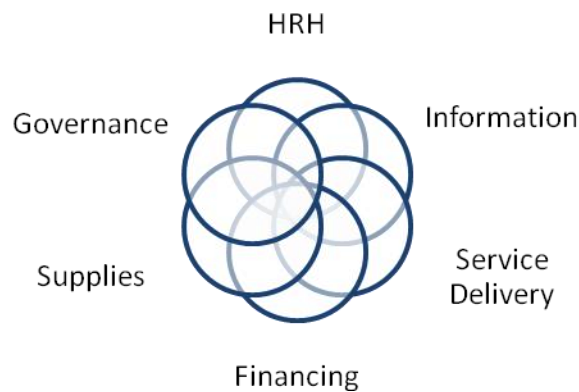


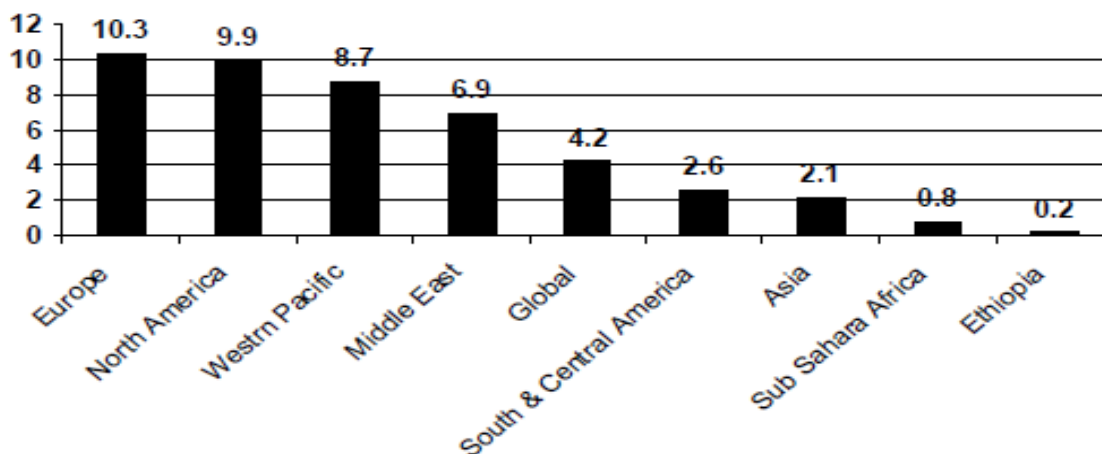
Figure 1: Building blocks of health systems and their interactions

Recommended HRH Standard by regions of the world

Health worker shortages are currently reported by many other countries, both developed and developing. The WHO Region of the Americas, with 10% of the global burden of disease, has 37% of the world's health workers spending more than 50% of the world's health financing, whereas the African Region has 24% of the burden but only 3% of health workers commanding less than 1% of world health expenditure.

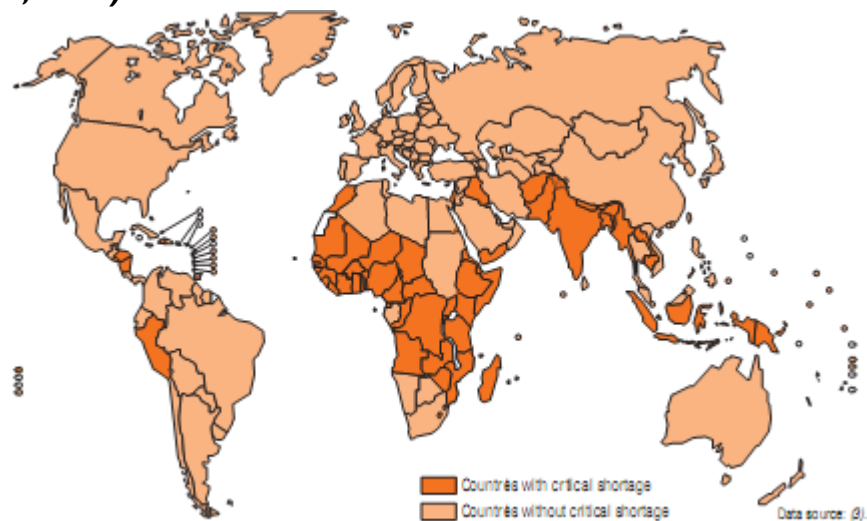
Figure 2: Density of Health Workers per 1000 population

⁶ WHO: <http://www.who.int/healthsystems/topics/en/>



(Source: Samuel Girma et al., 2007)

Figure 3: Distribution of 57 countries with a health workforce crisis (World Health Report-WHR, 2006)



(Source: WHR 2006)

The causes of the crisis are complex, and have to do with insufficient production capacity, but also with an inability to keep the workers that are being produced in the places where they are most needed. The migration of skilled professionals in the midst of so much unmet health need places Africa at the epicenter of the global health workforce crisis. Such shortages are symptoms of a poorly managed health workforce and health care system. Workers seek

opportunities and job security in dynamic health labor markets that are part of the global political economy. This complex web of factors that influences the mobility of health workers, any efforts to scale up the health workforce in response to the crisis must be combined with effective measures to attract and maintain both existent and newly trained health workers where they are needed most.

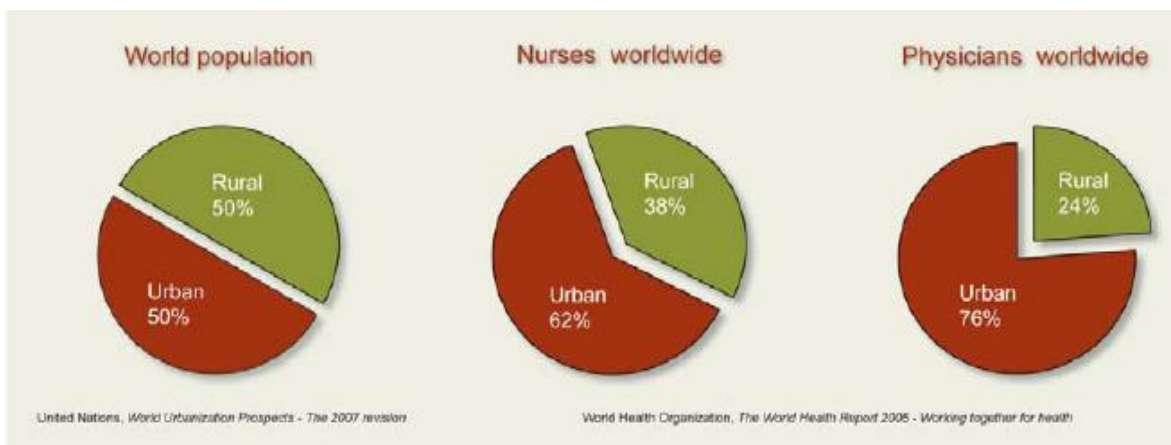
1.1.3. Global Health Workers Disparity at the country Level

Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective health services and improve health outcomes. Insufficient numbers and types of qualified health workers in remote and rural areas impedes access to health-care services for a significant percentage of the population, slows progress towards attaining the Millennium Development Goals and challenges the aspirations of achieving health for all.

The shortages and geographical disparity of the health workers is not uncommon even in the developed world. In many cases, health workers are concentrated in cities and relatively wealthy areas, leaving those in rural and poorer urban areas with limited access to care. Countries all over the world, regardless of their level of economic development, struggle to achieve health equity and to meet the health needs of their populations, especially the undeserved groups. One of their most complex challenges is ensuring people living in rural and remote locations have access to trained health workers.

Approximately one half of the global population lives in rural areas, but these areas are served by only 38% of the total nursing workforce and by less than a quarter of the total physicians' workforce (figure 4). At the country level, imbalances are even more prominent. There are also countries, such as some francophone sub-Saharan African countries (Cote d'Ivoire, Mali, Democratic Republic of Congo), where there is large overproduction of health workers, with medical unemployment in urban areas, and at the same time with shortages in rural areas. Other countries have apparently sufficient numbers on average, but with shortages in rural areas (Germany, France).

Figure 4: Rural/urban worldwide distribution of physicians, nurses and population



(Source: WHO, 2009)

In Bangladesh 30% of nurses are located in four metropolitan districts where only 15% of the population lives. In South Africa, 46% of the total populations live in rural areas, but only 12% of doctors and 19% of nurses are working there. In Kenya, 64% of psychiatrists are located in the capital, Nairobi, which accounts for only 7.5 of the population; and in Mali, 265 midwives were posted in Bamako or in regional hospitals, while only 164 were working at the peripheral level. As a result, only 24% deliveries were attended by a skilled professional.

1.1.4. Characteristics of the Global Health Workforce Challenge

Almost all countries face one or more of the following challenges: shortage of health workers, inadequate skills and competencies, skill mix imbalance, mal distribution, poor work environment and weak knowledge base to plan and manage the health workforce.

At individual level, many workers face daunting working environments, poverty-level wages, unsupportive management, insufficient social recognition, and weak career development. In this context, it is increasingly difficult for managers and policy makers to recruit and retain an adequately skilled and motivated health workforce. Motivation and job satisfaction have been proven to be critical to increasing the performance of health workers and thus the performance of the health system. The challenges in recruitment and retention will lead to workforce shortages, while inability to motivate health workers will lead to decreased productivity. It is, therefore, essential for policy makers to have a good understanding of recruitment, retention and motivation issues.

In addition, HR management within the health sector in many countries is very weak, especially beyond the central level, and this lack of capacity is a major barrier to rolling out successful human resources for health (HRH) interventions. In addition, assessing options and championing interventions to improve rural retention of health workers will require HR management expertise at the central and local levels, while implementation of the chosen policies will require individuals with strong management and leadership skills, especially at the facility level. Most countries will need to invest in professional development programmes

including training, coaching, mentoring and professional support for a strengthened HR management cadre and capacity at all levels. Many countries will need to initiate or strengthen leadership development programmes to improve supervision capacity in rural areas and create a supportive workplace environment to attract and retain health workers.

I.2. Status of HRH in Ethiopia

Session Objectives

- Describe the status of HRH situation in Ethiopia.
- Identify HRH progress and challenges at the country level
- Describe the key elements of the National HRH Strategy of Ethiopia

Table Task: (20 minutes)

In your group discuss the HRH situation in Ethiopia:

1. List some of the progress that has been made in the last 10 years
2. List some of the challenges that still remain

Each group will be asked to share their findings in plenary

I.2.1. Introduction

Ethiopia is a signatory to the Millennium Development Goals (MDGs) whereby the government committed itself to significant improvement of the health of the nation by 2015. The country also signed the Alma Ata Declaration on “Health for All” through universal primary health care. In order to translate those commitments into action, an efficient and effective health system is required. The quality of health systems critically depends on the size, skills and commitment of the health workforce.

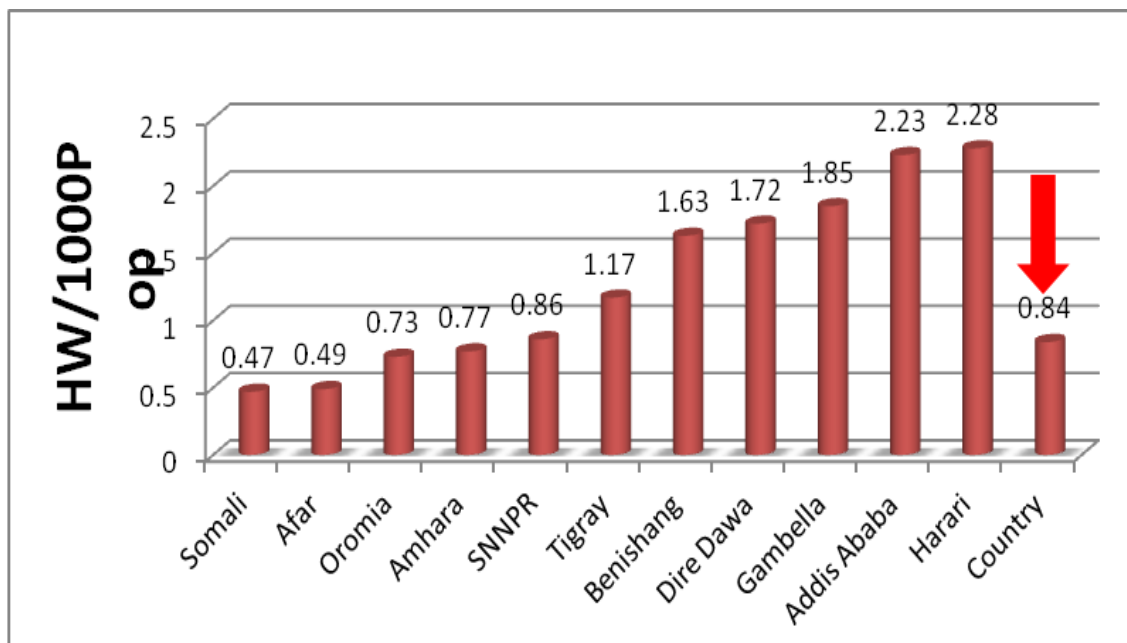
World Health Organization (WHO) has designated Ethiopia as having a ‘critical’ health workforce shortage (WHO, 2006). Like many other countries in the world, the crisis in Ethiopia is also characterized by an absolute shortage of trained health workers; an imbalance in the numbers of different health worker cadres; uneven distribution of health workers between urban and rural areas; under-production of trained personnel, especially at high and mid-levels; low retention, including a “brain drain” of health workers to more developed countries that offer better compensation; and a poorly motivated health workforce.

I.2.2. Health worker to population ratios at national and regional levels

According to the Human Resources for Health Country Profile (AHWO, 2010) the national health worker ratio per 1000 population is 0.84. This is far less than the standard set by the World Health Organization of 2.3 per 1000 population which is required to attain adequate coverage of essential health interventions (WHO, 2006).

Health worker density of the country ranges from 0.24 per 1000 populations in rural areas to 2.7 per 1,000 populations in urban areas. This low health sector workforce density poses a serious challenge to the delivery of essential health care services in the country, especially in rural areas where the majority (83.9%) of the country's population live and work. The density of health workers has also shown variation across regions with the highest in Harari region 2.8 and the lowest in Somali region 0.47 (AHWO, 2010). Moreover, even large regions such as Oromia, Amhara and the Southern Nations, Nationalities and Peoples Region (SNNPR) are less than the national average.

Figure 5: Overall⁷ health workforce density in Ethiopia by Region



(Source: AHWO, 2010)

1.2.3. Distribution of health workers by category (cadre)

The Health Sector Development Program (HSDP III) of Ethiopia has put emphasis on increasing the number of low- and mid-level health cadres to be trained and deployed in the rapidly increasing health centers and health posts. From 2005 to 2009 the total number of the health workforce has shown a significant increase of about 77%. In particular, the number of health officers has increased from 776 to 1606, and HEWs have increased from 2737 in 2004 to 30,950 in 2009. Despite the increase in low- and mid-level health workers, the number of physicians and midwives has shown little increase over the last five years (AHWO, 2010). The greatest deficit in health sector workforce density is for physicians, with only one doctor serving 36,158 people. For instance in Oromiya region physician to population ratio was as low as 1:183,248 (PPD, 2006/7). Among physicians, the shortage is most critical for surgeons and

⁷ All health cadres including health extension workers

obstetricians and gynecologists, with ratios of 1:1.6 million and 1:1.8 million, respectively; the ratio for midwives is 1: 57,350.

This strikingly low physician-to-population ratio in Ethiopia is a result of a high annual attrition rate of medical doctors, fast population growth and lack of capacity to train doctors fast enough. Therefore, it is high time to consider the disparity of health workers between regions and to improve the overall health system nationally.

Furthermore, the unavailability of quality health worker training affects the quality of graduates in the short-term as well as, subsequently, the provision of health services in the mid and long term. The Government of Ethiopia (GOE)'s current HRH Strategic Plan focuses on training and educating as many health professionals as possible. To accommodate the planned new graduates, the GOE has rapidly expanded training institutions. However, the instructors, teaching materials and infrastructure have not grown proportionately to the rapid expansion of training institutions and the increased number of student enrolled for the programs. This, together with overburdened clinical training sites and insufficient numbers of patients with relevant ailments to treat at these sites, has compromised the quality of the education provided.

1.2.4. Strengths and Weaknesses of HRH in Ethiopia

In a multi-country HRM study conducted by AMREF and MSH in 2008, it was found that 68-75 percent of respondents indicated that they lacked the knowledge and skills to carry out many of their HR functions and address the many challenges in their work. Challenges described by the respondents include understaffing, lack of employee satisfaction, lack of skilled clinical staff, poor working conditions, and inadequate mechanisms for dealing with staff grievances.

Federal Ministry of Health has made some progress in terms of improving the HRH situation in the country. For instance there is now a relatively good body of knowledge on HRH situation, professional associations are active and engaged, particular attention has been given to policy documents from Ministries of Health and Education, and training curriculums are consistently being revised. While Ethiopia is making great strides to train new cadres of health workers to meet the MDG targets; promotion, performance assessment and reward systems are not functioning properly as evidenced by feedback from employee surveys and various reports. The following provides a summary of the overall strengths, weaknesses, opportunities and threats of the HRH situation in Ethiopia:

Table I: Human Resources for Health SWOT Analysis, Ethiopia

Strengths	Weaknesses
<ul style="list-style-type: none"> • There is a good leadership and management from FMOH 	<ul style="list-style-type: none"> • Limited capacity of FMOH to plan and monitor HRH recruitment, training, deployment and

<ul style="list-style-type: none"> • The GOE is committed to ensuring the availability and skill mix of health workers • The GOE has trained and deployed more than 34,000 HEWs in rural areas and 3,000 in urban areas; • There is an expansion of health facilities as the primary health care unit throughout Ethiopia; • There is a draft HRH Strategic Plan 	<ul style="list-style-type: none"> retention; • There is no clear link between FMOH and FMOE to address HRH cross-cutting issues such as training and certification of health science professionals and accreditation of training institution as well as health workers; • There is no well-functioning mechanism for licensing and providing continuing education for health workers; • Inadequate incentive mechanisms to reduce the high attrition of health workers; • The current “flooding health workforce labor market” strategy has compromised the quality of health science education and thus the quality of graduates. • Current information system is inadequate for human resource planning and decision making. • Health workers lack incentives to expand their roles • Supportive supervision system is not functioning adequately
Opportunities	Threats
<ul style="list-style-type: none"> • Global Health Initiative focuses on Health system Strengthening and HRH; • The anticipated finalization and implementation of the HRH Strategic Plan; • The improvement of in-service training initiatives • The GOE prioritizes the availability of health workers throughout the country; • HSDP IV incorporates HRH as health priority. 	<ul style="list-style-type: none"> • High turnover of health workers in the country; • The growing population increasing the demand for health services; • Increased intake of health science students in health science education institutions and imbalanced investments in teachers/trainers and training facilities.

(Source: Adapted from USAID, 2011)

1.2.5. The Progress of HRH in Ethiopia

1.2.5.1. Health Sector Development Program (HSDP)

Human Resource Development (HRD) has been a key component in the successive health sector programs (HSDP) I-IV. The main objective of HRD in HSDP-III was improving the staffing level and to establish implementation of transparent and accountable Human Resource

Management (HRM) at all levels. To improve the staffing number and composition at various levels, taking into account the HRH requirement for the universal Primary Health Care (PHC) coverage by the end of HSDP III period, the focus has been on scaling up the training of community and Mid-Level Health Professionals (MLHPs).

In the HSDP-III period special attention was given to increase the number and distribution of HEWs, health officers, midwives, emergency surgery practitioners and other critical health cadres. To address the critical shortage and mal-distribution of doctors the existing medical schools expanded their annual intake and new medical schools opened. New Medical schools use an innovative approach such as shorter duration of training and integrated curriculum to enhance the clinical skill and social accountability of medical doctors. HSDP-III met its overall target for community level and most of mid-level health professionals (MLHP). The number of all professional cadres has significantly increased compared to the levels in the previous HSDPs. However, there is still major gap with regard to medical doctors, midwives and anesthesia professionals.

I.2.5.2. HRH Strategic Plan

Ethiopia, like other countries with limited resources, has been suffering from an HRH crisis. In recognition of this, Ethiopia's Federal Ministry of Health has developed a draft HRH Strategic Plan 2009-2020 as a first step to addressing health workforce challenges and developing the health workforce strategy of the country. Based on this comprehensive HRH strategic plan that details the HRH planning, management, education, training and skill development, a legal framework as well as financing mechanism have also been developed through the involvement of relevant stakeholders, development partners and international consultants.

This strategic plan identifies many strategic issues related to health workforce development and management in Ethiopia which include:

- low health workers to population ratio,
- insufficient skill mix of health cadres
- low training capacity with low output for major HRH categories
- pre-service education output not well aligned with the needs of the health sector
- uneven distribution of health staff with significant deficits in rural areas and emerging regions;
- high attrition rate
- lack of standardized in-service training
- weak HRH management structures
- lack of organized human resource information system (HRIS)
- Absence of monitoring and evaluation framework for HRH.

The GOE's main strategy for addressing the health workforce crisis is to rapidly expand the health workforce to adequately staff existing and planned expansion of public and private health

facilities. The total requirement for all health workforces is estimated to be nearly 188,000 by 2020 - a more than three-fold increase compared to the 2008 figure. According to the targets set by the HRH Strategic Plan, medical doctors, midwives and anesthesia professionals are cadres with the greatest deficits. The strategy also involves expanding the number of doctors and midwives and establishing a post-graduate program in integrated emergency surgery for health officers. In order to retain the health workforce and maximize performance, the strategy proposes implementing incentive (including non-monetary) and retention mechanisms, career development strategies, and institutionalizing continuing education and in-service training through credit-based standardization.

To improve human resources for health management in Ethiopia, a Directorate of Human Resource Development and Administration (HRDA) has been established under the Ministry of Health (MOH). Besides, with the aim of improving the overall HRH situation in the country the government has initiated Business Process Re-engineering (BPR) that thoroughly analyzed the HRH situation in the country.

1.3. Status of HRM in the Ethiopian Health Sector

Session Objectives

- Describe the status of HRM in the Ethiopian health sector
- Identify the basic elements of an effective HRM system
- Describe the benefits of an effective HRM system to the health sector

Table Task (20 minutes)

In your group discuss the following questions:

1. What is HRM?
2. Why is a strong HRM system important?
3. What are some of the challenges of Human Resources management facing your organization?

HRM is the integrated use of procedures, policies, and practices to recruit, maintain, and develop employees in order for the organization to meet its desired goals. In this context, there are three pillars of effective HRM are systems, policies and management and leadership practices.

There has been a multi-faceted effort by GOE to improve HRM in the health sector. Cognizant of the fact that the availability of dedicated HR unit is an essential component of HRM system, FMOH and all RHBs have established their own HR directorates and processes. Despite these commitments at federal and regional levels, a recent baseline survey conducted by HRH

project⁸ showed that about half of the zonal health departments and Woreda health offices relied on shared HR unit that serve health, education and other civil service sectors. Moreover, 36% of RHBs, 16% of ZHDs and 33% of Woreda health offices do not have up-to-date job descriptions for their staff.

The overall attrition rate of health workers was 30 per 1000. With further disaggregation by cadre, attrition rates were 60, 40 and 20 per 1000, respectively, among HEWs, midwives and anesthetists; and as high as 120 per 1000 for biomedical engineers, radiographers and integrated emergency surgery practitioners. The attrition rates also varied by region, with some regions (e.g., Dire Dawa, Benishangul-Gumuz, Afar, Tigray, Somali) having rates of more than 40 per 1000. The FMOH also reported an attrition rate of 70 per 1,000. In its effort to reduce the turnover of health workers, FMOH developed allowances guideline for health workers and the guideline has been implemented in all health facilities throughout the country as of July, 2013.

HRH project also conducted HRM capacity assessment with each of the 11 regional Health Bureaus in the country. Many critical gaps in the HRM policies and practices were identified and the following are the some of the key gaps of HRM in Ethiopia⁹: , among others

- Existing HR staff has limited technical skills and experience in HRM.
- There is a limited budget, or non-existent budget dedicated to HRM activities such as staff training and other operational activities.
- There is no system in place for comprehensive HR planning.
- HR policies and procedures are not consolidated into an HR manual and are not accessible to staff.
- There is no orientation program for new staff. Existing job classification, recruitment, compensation, deployment and discipline policies and procedures are not applied consistently.
- Health & safety and HIV/AIDS program is not fully implemented or understood by staff.
- The HRIS is not fully functional and has a huge data backlog and a critical shortage of computers.
- Employee data collection is incomplete and there are no staff dedicated to this role.
- No data on staff turn-over or retention is available except at some hospitals and there is no established mechanism to collect this data.
- Supervision is ad hoc, and the system is not widely understood or used.
- The performance appraisal system is not strong and the proposed Balanced Score Card (BSC) system is yet to be tested.
- The existing performance appraisal practices are not linked to rewards or sanctions mechanisms.
- Training is not linked to employee and organizational performance needs.

⁸ (March, 2013)

⁹ HRH Project. HRM Rapid Capacity Assessment Synthesis Report. MSH, 2013

- There is no initiative to develop leadership and management skills in HRH.

Bibliographical References

- World Health Organization .Working together for health. World health organization report. Geneva, Switzerland, WHO, 2006.
- World Health Organization. Increasing access to health workers in remote and rural areas through improved retention. Geneva, Switzerland: WHO; 2009.
- World Health Organization. Human resources for health: Developing policy options for change. Geneva, Switzerland: WHO, 2002.
- Dayrit, Manuel M. et al. Addressing the HRH crisis in Countries: How far have we gone? What can we expect to achieve by 2015? *Rev Peru Med Exp Salud Publica.*; 28(2): 327-36. 2011.
- Girma, Samuel et al. Human resource development for health in Ethiopia: Challenges of achieving Millennium development Goals. *Ethiopian J.Health Dev.*;2(3):216-231, 2007.
- FMOH, 2010. Health Sector Development Program IV,2010/11 – 2014/15
- FMOH, 2010. National HRH Strategy, Draft Version
- HRH Project (2013): Human Resource Capacity Assessment Synthesis Report. Addis Ababa, August 2013

MODULE TWO - HUMAN RESOURCE POLICIES

Module Introduction

The purpose of this module is to describe and explain the importance of HR policies in Human Resource Management. It equips the participants with the knowledge and skills needed to formulate sound and effective HR policies that can form the basis for good human resource management. The module describes specific HR policies such as promotion, transfer, compensation and reward, employee relations, discipline, grievance, termination and occupational health and safety.

The module is organized into four sections. Section one deal with the essentials of HR policies, section two elaborates the significance of HR policy, section three describes the HR policy formulation process and section four outlines examples of specific HR policies. The mode of delivery includes team task, PowerPoint presentations and plenary discussions.

Module Objectives

By the end of this module participants will be able to:

- Describe the importance of Human resource policies in managing human resources
- Explain the human resource policy making process
- Describe specific human resource policies and procedures

- Explain specific and pertinent Ethiopian HR policies

Time Allowed: 4 Hours

Module Content

- Session 2.1: What is policy/HR Policies?
- Session 2.2: Significance of Human Resource Policies
- Session 2.3: Formulating Human Resource Policies
- Session 2.4: Essential Human Resource Policies

2.1. What is policy/HR Policies?

Session Objective:

- Describe the policy in general and HR policies in particular

Start-up Individual Task

1. What is policy/HR Policies?
2. Mention the HR policies you are familiar with.
3. Are the employees of your organization familiar with the civil service proclamation 515/2007 and rules and regulations that are pertinent to Human resources?

Policies are general statements that guide actions in decision making process. Strong HR policies are the foundation of an effective HRM system. As such, it is essential to begin by clarifying the policies that should guide the development of your organization's HRM system.

HR Policies can be defined as a set of rules, values and guiding principles that define how an organization addresses human-resources-related matters. Human resource policies should reflect sound practice, be written down, be communicated across the organization, and reviewed and modified periodically to reflect changing circumstances.

2.2. Significance of Human Resource policies

Session Objectives

- Discuss the importance of Human resource policies in managing human resources
- Describe or identify types important HRM policies in the work place
- Source and apply HR polities for effective management of human resources

Team Task: (20 minutes)

1. What are some of the factors that make HR policies significant in the planning and management of the health workforce in Ethiopia?

Human resource policies serve a variety of important goals. Some of the key goals include:

- First, human resource policies help managers to ensure that people management is in line with organizational values. It is not an easy task to solicit employees' commitment to the organization if what is contained in the organizational vision, mission, and values is not further developed and put across in such a way that both managers and employees feel that they are contributing to the vision and mission of the organization.
- Second, HR policies ensure that human resource management decisions are made consistently. Managing employees is about decision-making and implementation of human resource intents in the whole spectrum of the terms and conditions of employment. Human resource policies provide a reference and guidance for avoiding inconsistent decision making by substantive managers or those who make decisions in similar matters and thus affecting different employees over time. This builds confidence and trust between managers and staff.
- Third, HR policies minimize inequality in the treatment of employees. Although the mere presence of human resource policies cannot guarantee equality in the treatment of employees in various areas such as training, employment benefits or gender; lack of specific policies can create even more disparity between employees. It becomes difficult for employees to demand equal treatment when there are anomalies and when there are no clear definitions and criteria for judging equality.
- Fourth, human resource policies facilitate decentralization, delegation and empowerment. Staffing decision making can be delegated to lower levels of management without the risk of the wrong decisions being taken because the policy will provide guidance on how certain issues or problems on staffing should be handled. The human resource policy document becomes the source of power and authority for those entrusted with the execution of duties affecting employee's work and welfare.

2.3. Formulating Human Resource Policies

Session objective

- Explain the human resource policy making process
- Apply the process to formulate HR policies and standard operating procedures in the work place

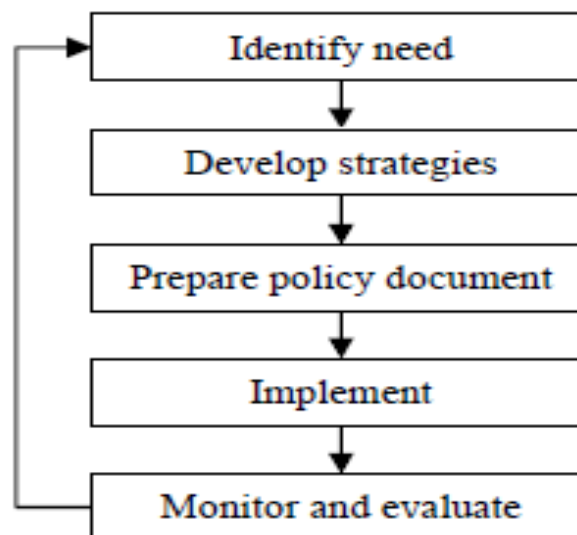
Team Task:

1. Have you ever participated in HR policy making? Share the experience with colleagues
2. What are the basic processes of HR policy making?

It is strongly recommended that an organization formulates human resource policies that will cover all human resource management functions. These include: recruitment, selection, performance management, training and development, pay, promotion, and transfer. The formulation of human resource policies requires thorough preparation and commitment to provide the necessary impetus for the preparation of the policy document, its implementation and continuous review. In fact, it is better to have no policy at all than having one that is not implementable as it will be a potential source of conflict between the management and staff and could seriously hinder productivity.

Some organizations may have the expertise and financial resources required but may not have the time to go through the task of preparing human resource policies. As a result, consultants may be engaged to do the job alone or in collaboration with some technical staff from within the organization, particularly the human resource manager or focal person. Regardless of whether the policy is formulated by the organization or consultancy firm, some basic procedures and processes need to be followed (see figure 6).

Figure 6: Formulation and implementation of human resource policy



(Source: Josephat, Stephen I., 2011)

2.3.1. Identifying the Need

The process of identifying the need for a particular HR Policy should emanate from the review of the organizational vision, mission, goals, strategies, objectives and activities on the one hand, and human resource strategies (if available) on the other. These sources may explicitly or implicitly provide the necessary starting point for building arguments for a particular HR policy. For example, if one of the statements observed says that ‘the organization strives to excel in medical services’, it means that there should be particular policy guidelines for human resource

recruitment, rewards, retention and development in order to ensure the availability of staff that possess the required qualification and personal quality and in adequate numbers to enable giving quality medical service.

2.3.2. Developing Appropriate Strategies

Effective human resource policies will also depend on the ability to identify and use appropriate strategies to establish the foundation for generating relevant human resource policy documents. Such strategies include:

- **Seeking top management opinion and support:** Human resource managers as partners in human resource functions have an obligation to seek support from the top management in order to get the necessary resources and commitment. For example, a policy on certain financial incentives will affect the budget and the wage bill while the interest of the top management may be to reduce costs. Winning top management support and commitment requires a well written proposal, strong and convincing arguments and sometimes lobbying. Early management inputs to the policy will reduce resistance at later stages.
- **Seeking mid-level management opinion:** Mid-level managers are the implementers of policies. For instance, implementing a particular component of health policy could lead to a higher workload for the remaining staff; some kind of reward may be required in order to keep work performance at the same level. Therefore, the implementation of one policy may affect another policy or create room for the improvement of other policies. When such effects are noted early enough, it becomes easier to foresee policy consequences and provide some policy clauses to cover such possible policy overlaps or shortfalls.
- **Assessing awareness and the level of policy desirability:** The introduction of any policy in an organization will change the way employees see their relationship with their employer. Some employees may feel that the policy is not good enough because it does not sufficiently take care of their interests. Despite the fact that this perception may be incorrect, it still affects the way the policy is received by staff, as well as the ability of the policy to meet the intended objectives. Opinion surveys can be used to assess employees' awareness of policy gaps and the extent to which a particular area of human resource functions require policy or policy instruments.
- **Assessing other factors:** There are a number of other factors that may facilitate or hinder the adoption and effectiveness of the day-to-day implementation of the expected policy. This will cover resources, legal issues, trade unions and the working culture.

2.3.3. Preparing Policy Document

The various strategies will provide the necessary data and information for drafting the policy document. Usually, the policy document will have a number of sections that point to specific aspects of the policy. Such sections may include:

- **Policy title:** The title of the policy has to be clear, focused, short and without ambiguity. It has to reflect the contents of the policy itself.
- **Definition of key terms:** Any policy will have specific terms, concepts or acronyms that have to be clearly defined so that all key stakeholders including management and staff will clearly understand what it means. This will minimize conflicts that may arise from misinterpretation and misunderstanding.
- **Purpose:** The best way to establish the purpose of a policy is to ask the question. 'What would happen if the organization did not have that particular policy in place? The policy has to be outcome oriented i.e what will be achieved at the end of the day if the policy is well implemented? Usually, the purpose is established from the review of the strategic plan by using specific tools such as stakeholders' analysis, problem tree, or mapping.
- **Relevant sections of the policy:** Since the policy will aim at addressing specific aspects of particular staffing functions, each of the aspects have to be sufficiently covered by giving specific policy statements, roles and responsibilities, of each of the key stakeholders', rewards and sanctions.
- **Annexes:** Usually annexes are in the form of policy instruments or references to particular sections of certain relevant laws. For example, well designed forms for filling in (if required), extracts from employment law.

Characteristics of a sound Human resource policy

- It has to be linked to corporate mission, values, objectives and strategies of the organization.
- It has to complement other policies in addressing human resource management issues. It is natural to see for example, a training policy complementing a promotion policy because training will provide the necessary competencies required for higher positions.
-
- It has to be flexible but robust enough to match the changing business environment. It is important that there are some policy provisions to help managers make sensible decisions without faulting the fundamentals.
- It has to be realistic and implementable. Unrealistic policy may raise unrealistic hopes, it

may look futile if implemented and may even demotivate staff.

- It has to be clear, unambiguous, and objective. Lack of clarity and the use of ambiguous concepts, verbs and phrases create room for misinterpretation of the same policy by different managers in the same organization.
- It has to be accessible to all staff. A policy document has to be available for reading, discussion and referencing for all employees. If the organization has a library or lounge, it will be useful to display some copies of the policy for reading.
- It has to be open to continuous review and improvement. For organizations with strategic plans, operational plans and annual action plans, such plans may include review of human resource policies. The reviews have to be participatory in order to ensure that all key stakeholders give their opinions on the appreciation or limitation of the policy or sections of it. The spirit should be one of continuous improvement rather than criticism

2.3.4. Implement HR Policy

The modality and pace of the implementation of the policy will depend upon many factors including the technical quality of the policy document, the extent to which the need for the policy is established and strategies used to involve different stakeholders during preparations. The most successful organizations implement policies after a series of sensitization seminars and workshops covering top, middle and lower level management as well as employees and employees' associations. This helps to create a common understanding and a sense of ownership for all key stakeholders. While policy implementation will mainly be the responsibility of line managers, the human resource department will provide support and technical services.

2.3.5. Monitoring and Evaluation

Policies exist to assist organizations and not vice versa. Continuous monitoring and evaluation is necessary in order to remove rigidity and address emerging situation and needs. For example, a change in organizational vision, mission and objectives, or a change of government policies and laws related to employment relationships or the labour market may make it necessary to look back at human resource policies and see how they may better assist both the organization and the employees.

2.4. Essential Human Resource Policies

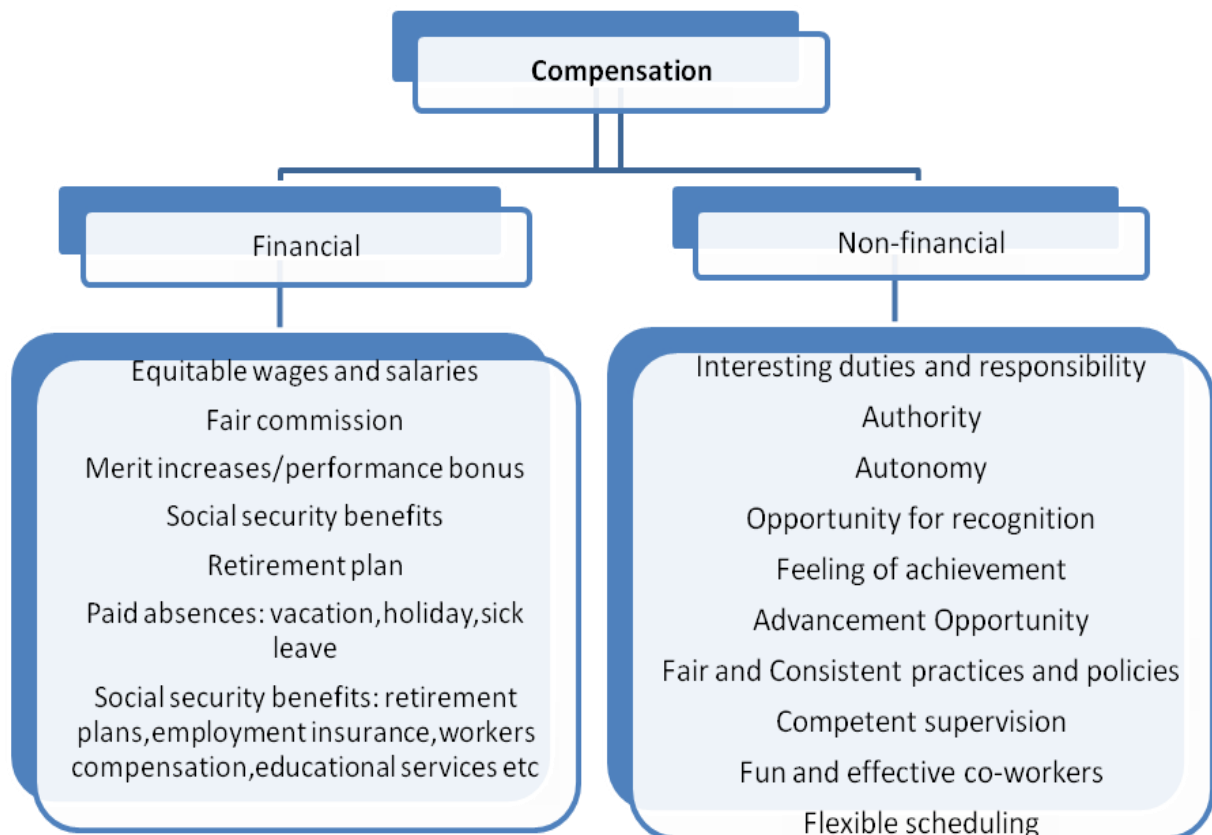
What are some of the HR policy essentials that your organization needs to consider when developing such policies? The following section outlines some of the common HR policy areas:

2.4.1. Recruitment policies and procedures: this refers to the rules and practices surrounding hiring including how job descriptions are developed, positions advertised, candidates vetted and selected, job offers made, and what the organization’s policy is on hiring friends or relatives. . This topic will be addressed in more detail in module 3.

2.4.2. Compensation, Benefits and Reward policies: When most people hear the term compensation they think about "what a person is paid". Although this is true, it is only one aspect of a complex topic. Compensation includes not only salary, but also the direct and indirect rewards and benefits the employee is provided in return for their contribution to the organization. Total compensation is all of the resources available to employees, which are used by the employer to attract, motivate and retain employees. To determine compensation, organizations should develop a compensation and rewards policy. A well- structured compensation and reward policy with a good balance of wages, benefits and rewards will support an organization to remain competitive.

Compensation package could take different forms and the major categories are financial and non-financial compensation. Figure 2 shows examples of the different components of the two categories.

Figure 7: Types of Compensation



2.4.3. Benefits: Employee benefits provide for the personal needs of employees and they are a means of increasing their commitment to the organization and demonstrating that their employers care for their well-being. Not all employers care, but, like the ones that do, they still provide benefits to ensure that the total remuneration package is competitive. Some benefits like maternity leave have to be provided by law.

Employee benefit strategies will be concerned in general terms with the direction the organization wants to go with regard to the range and scale of benefits it wants to provide and the costs it is prepared to incur. The strategy forms the foundation for the formulation of employee benefit policies.

The focus of employee benefit policies are:

- the types of benefits to be provided, taking into account their value to employees,
- their cost, and the need to make the benefit package competitive;
- the size of the benefits;
- the need to harmonize benefits
- the total costs of benefits provision in relation to the costs of basic pay and the use of flexible benefits

Examples of employee benefits include: personal security, financial loan, personal needs, company cars and voluntary benefits.

2.4.4. Promotion policy: promotion is the advancement of an employee from one job position to another job position that has a higher salary range, a higher level job title and, often, more and higher level of responsibilities. Promotion policy would attempt to reconcile the demand of employees for growth and organization's demand for fresh and much more potential blood. Promotion policy should be fair and just to all. The policy should define the approach the organization adopts to engaging and promoting employees. It should emphasize that the only criterion for selection or promotion should be ability to do the job.

2.4.5. Transfer policy: In the transfer policy the requirements of the transfer should be clearly stated. A transfer provides a career path for an employee when a promotion is not available. It provides advantages for an employee. In a transfer, the employee gains new knowledge and skills by performing a different job that requires new skills and provides different responsibilities. It helps an employee overcome boredom and dissatisfaction with his or her current job by having a new and different job with changed responsibilities and tasks.

2.4.6. Employee Relations policy: These are rules that guide the overall management of the employment relationship with particular reference to terms and conditions of employment, issues arising from employment, providing employees with a voice and communicating with employees.

The purpose of employee relations is to provide for effective and consistent procedures for rule-making, consistency in dealing with employee relations issues, fairness, processes that can

affect and improve employee behavior or mechanisms to resolve differences/disputes. The value added outcomes that can result from good employee relations include improved morale and commitment, fewer grievances, productivity increases and better control of labour costs.

2.4.7. Disciplinary policy: These are rules that outline employee rights and disciplinary procedures that will be followed to handle disciplinary cases in accordance with local labor laws and the principles of natural justice.

Team Task:

At your table discuss these questions:

- Do you have a discipline and grievance policy/regulation document in your organization?
- Do you have a system in place that would help employees to familiarize themselves with discipline and grievance policy/regulation?

A disciplinary policy sets out the procedures and stages through which any disciplinary action should proceed. For example, if disciplinary action has to be taken against any employees it should:

- be undertaken only in cases where good reason and clear evidence exist;
- be appropriate to the nature of the offence that has been committed;
- be demonstrably fair and consistent with previous action in similar circumstances or incremental with organization's policy/procedure guidelines (progression of sanction);
- take place only when employees are aware of the standards that are expected of them or the rules with which they are required to conform;
- allow employees the right to be represented by a representative or colleague during any formal proceedings;
- allow employees the right to know exactly what charges are being made against them and to respond to those charges;
- allow employees the right of appeal against any disciplinary action.

According to Ethiopian civil service proclamation number 515/2007, one of the following penalties may be imposed on a civil servant for breach of discipline depending on the gravity of the offence.

- oral warning;
- written warning;
- fine up to one month salary;
- fine up to three months' salary;
- down grading up to the period of two years ;
- dismissal.

Furthermore the proclamation elaborates offences entailing rigorous penalties as follows;

- to undermine one's duty by being disobedient, negligent or tardy or by none-observance of working procedures;

- deliberate procrastination of cases or mistreatment of clients;
- to deliberately obstruct work or to collaborate with others in committing such offence;
- unjustifiable repeated absenteeism or nonobservance of office hours in spite of being penalized by simple disciplinary penalties;
- to initiate physical violence at the place of work;
- neglect of duty by being alcoholic or drug addict;
- to accept or demand bribes;
- to commit an immoral act at the place of work;
- to commit an act of theft or breach of trust;
- to commit an act of misrepresentation or fraudulent act;
- to inflict damages to the property of the government due to an intentional act or negligence;
- abuse of power;
- to commit sexual violence at the place of work;
- to commit any breach of discipline of equal gravity with the offences specified under this

2.4.8. Grievance policy

Team Task:

I. Discuss the steps and procedures to be followed in handling disciplinary and grievance procedures in your organization.

These are rules that state that employees have the right to raise their grievances with their supervisor or manager, to be accompanied by a representative if they so wish, and to appeal to a higher level if they feel that their grievance has not been resolved satisfactorily. A grievance procedure spells out the policy on handling grievances and the approach to dealing with them. An example of a grievance procedure is given below.

A grievance policy of an organization must state that employees should:

- be given a fair hearing by their immediate supervisor or manager concerning any grievances they may wish to raise;
- have the right to appeal to a more senior manager against a decision made by their immediate supervisor or manager;
- have the right to be accompanied by a fellow employee of their own choice when raising a grievance or appealing against a decision.

The aim of the procedure is to settle the grievance as near as possible to its point of origin.

The Ethiopian Civil Service Proclamation 515/2007 states any government institution shall establish a grievance handling committee that conducts grievance inquiry, and submits recommendation to the Head of the government institution. The Grievance Handling

Committee shall investigate complaints lodged by civil servants and submit recommendations relating to:

- interpretation and implementation of laws and directives;
- protection of rights and benefits;
- occupational safety and health;
- placement and promotion;
- performance appraisal;
- undue influence exerted by supervisors;
- disciplinary measures provided under Article 67(1)(a)-(c);
- other issues related to conditions of service

2.4.9. Termination policy: There are different reasons for termination of employment with organizations; some of them may include redundancy, dismissal and retirement.

2.4.10. Dismissal: Dismissal takes place when an employer terminates the employment of someone with or without notice. Dismissals should be handled in accordance with the principles of natural justice. These principles should form the basis of a disciplinary procedure, which is staged as follows. If an employee faces serious disciplinary action such as dismissal the minimum statutory procedure should be followed, which involves:

Step 1: a written note to the employee setting out the allegation and the basis for it.

Step 2: a meeting to consider and discuss the situation.

Step 3: a right of appeal including an appeal meeting.

It is advisable to have all written warnings and any final action approved by a higher authority. The importance of obtaining and recording the facts should be emphasized. Managers should always have a colleague with them when issuing a final warning and should make a note to file of what was said on the spot. In cases of gross misconduct, the management may suspend employee for the period specified in the policy.

2.4.11. Retirement: Retirement is a natural way of employees leaving the organization. On some occasions, the organization may need the services of retired staff. Retirement policy allows the management to enter into a contractual agreement with retirees for employment purposes when it is clearly established that doing so would be in the best interests of the organization. It is a major change and should be prepared for. Retirement policies need to specify:

- when people are due to retire;
- the circumstances, if any, in which they can work beyond their normal retirement date;
- the provision of pre-retirement training on such matters as finance, insurance, state pension rights and other benefits, health, working either for money or for a voluntary organization, and sources of advice and help;
- the provision of advice to people about to retire.

The Ethiopian Civil Service Proclamation 515/2007 mentions the following as reasons of termination

- Resignation
- Termination due to illness
- Termination on grounds of inefficiency (performance evaluation result is below satisfactory for two successive evaluation periods)
- Termination due to Force Majeure Situations (Absence from work for reasons beyond one's control)
- Nullification of Appointment (false representation regarding educational qualification or work experience)
- Retrenchment (if position is abolished, the government office is closed or redundancy of man power is created)
- Termination of Service on Disciplinary Grounds
- Retirement
- Termination on the Ground of Death

2.4.12. OCCUPATIONAL HEALTH AND SAFETY

Occupational health and safety policy is a general statement that declares the management's intention, means and guidelines for the protection of the organization's employees from hazards at work. They cover how organizations intend to provide healthy and safe places and systems of work. Health and safety policy should emphasize the following:

- The importance of safety for the employee and the public,
- Safety has precedence over expediency,
- The role of managers, team leaders and employees in the development and implementation of health and safety procedures, and compliance with health and safety legislation.

There are several components of a health and safety policy that cover different aspects of health and safety for workers. The key components are as follows:

- The role of each party in the management of health and safety.
- Procedures for reporting accidents, illness and safety hazards.
- The precautions to be taken when handling or processing dangerous substances.
- Monitoring and maintaining high standards of hygiene.
- Training, coaching, and mentoring programs on health and safety.
- Rules on working habits, safety inspections provision and use of personal protective equipment.

There are different types of health hazards in the work place. These include:

- Physical – heat, radiation, noise, and vibration.
- Chemical – Dust, poisonous gases, and toxic chemicals.
- Biological – Insects, fungi, and bacteria.
- Stress – Work, physical and chemical environment.

2.4.12. Workplace Safety Policy Essentials

The specific elements or components of a workplace safety policy are best determined by the context of each organization. However, there are certain universal elements that are essential and applicable in any given context. These include:

2.4.12.1. Workplace analysis

- Analyze all workplace conditions to identify and eliminate existing or potential hazards
- Perform such analysis on a regular basis
- Ensure all employees know and understand all the hazards associated with their jobs and know how to protect themselves or seek help when exposed to harm.

2.4.12.2. Hazard prevention and control

- Regularly and thoroughly maintain all equipment
- Ensure that employees know how to use and maintain personal protective equipment
- Train employees in proper procedures for handling medical waste and other specific situations

2.4.12.3. Safety and health training and education

- Ensure that everyone, including volunteers and outreach workers, in the workplace is properly trained
- Make sure no employees do any job that appears unsafe
- Train supervisors and managers to recognize hazards and understand their responsibilities

2.4.12.4. Organizational leadership and employee involvement

- Senior management and staff involvement and communication on workplace-safety and health issues are essential
- Develop and post the organization's safety policy for all to see
- Senior leadership must take an active part in safety activities.

Below is an example of a workplace safety statement. How can you adapt it for your own organization?

"It is the intent of [organization name] is to provide a safe environment for employees, and volunteers. It is also our intent to properly manage any incidents that occur so as to minimize injury and other forms of loss. A well-managed workplace safety program can benefit our organization and its people in countless ways. In order for [organization name] to achieve our goals, we have developed a workplace safety program outlining the policies and procedures regarding employee and volunteer health and safety. Each and every individual must become familiar with the program, follow and enforce the procedures, and become an active participant in this workplace safety program.

While management will be responsible for developing and organizing this program, its success will depend on the involvement of each employee and volunteer. We look forward to your cooperation and participation”.

A workplace safety policy checklist that you can use to rapidly assess your organization’s safety culture can be found at Annex A.

In conclusion, the policy areas discussed above are not the only ones in HR practice. Rather there are as many areas where human resource policies could be developed as there are human resource functions. It is up to managers to decide which areas are critical and requires policy directives, although in any case having policy is better than having none, even in what might seem to be trivial issues in day-to-day human resource management. This is because there may be cost implications if policy guidance is lacking. Policies should not be taken as just something good for the organization and end there. There should be proper preparation and commitment to meeting policy demands particularly where resources are required. Otherwise, policies that cannot be implemented put the organization at the risk of frustrating not only the employees but also the officers in charge of execution. This is fertile ground for low morale and productivity in the organization.

ANNEX A: WORKPLACE SAFETY POLICY CHECKLIST

Answer: Yes or No.

1. The senior management has adopted a workplace safety policy.
2. The senior management, employees and volunteers understand that workplace safety is an essential element in safeguarding the organization's mission.
3. Procedures are in place to ensure that workplace safety practices are identified and adhered to in each department.
4. Workplace safety policies are communicated clearly and reinforced in everyday activities.
5. Workplace safety training is ongoing.
6. Supervisors are held accountable for workplace safety and the number of accidents in their units.
7. Safety committee meets on a regular basis and is well-attended.
8. There are rewards for excellence in workplace safety

Bibliographical References

- Josephat, Stephen I. Fundamentals of Human Resource Management: Emerging Experiences from Africa. African Public Administration and Management series, vol., 2011.
- Armstrong, Michael. (2009). Hand Book of Human Resource Management practice. London and Philadelphia, KOGAN PAGES.
- Com, M. (2004). Human Resource Management. ROHTAK, Maharshi Dayanand University.
- Federal Civil Service. Proclamation No. 515/2007.
- Human Resources Management Guide. Canadian Information and Communications Technology Company, 2013

MODULE THREE - HUMAN RESOURCE PLANNING AND STAFFING

Module Introduction

In module one and two we learned about the status of the human resources for health and the basics of human resource policy issues and their application in the context of Ethiopia. In this module, we will look into the four interrelated human resources functions related to employees' acquisition and integration into the organization. This includes Human resource planning, recruitment, selection and orientation.

Module Objectives

By the end of this module, participants will be able to:

- Explain the importance, process and methods for HR forecasting and planning,
- Apply essential elements and processes of recruitment and selection
- Describe the principles and procedures of induction/orientation of new employees
- Evaluate the HR planning, recruitment, selection and orientation activities in their organization and outline areas that need improvement.

Total Duration: 7 hours

Session 1: Human Resources planning

Session 2: Recruitment and Selection Process

Session 3: Orientation and staff induction

Session 1: Human Resource planning

Session Objectives

- Describe human resources for health planning and discuss the reasons for formal human resource planning.
- Describe the steps involved in the HR planning process including what goes into each step of the planning process.
- Recognize the methods available for forecasting demand for human resources.
- Describe the options available for follow-up action. Understand when each option is appropriate.

3.1. HR Planning: what is it and how it is defined?

Individual Reflection:

- Is there an HR plan in your organization?
- How was it developed
- What does it contain?
- How is it being used/implemented?

One of the important responsibilities of human resource managers is to carry out human resource planning in order to acquire the right people needed for effective performance of the organization. Different scholars of human resource management functions define human resource planning differently, however, for our purpose we have defined Human Resource Planning as “a process by which an organization ensures that it has the right number and kind of people at the right place and at the right time capable of effectively and efficiently completing tasks that will help the organization achieve its overall objective. HR Planning then translates the organization's objectives and plans into the number of workers needed to meet those objectives.”

HR planning is the process that links the resource needs of an organization to its strategic plan to ensure that staffing is sufficient, qualified, and competent enough to achieve the organization's objectives. HR planning is becoming a vital organizational element for maintaining a competitive advantage and reducing employee turnover.

3.2. Need / Advantages / Role / Benefits/ Importance of Human Resource Planning

Successful organizations understand benefits of effective their HR planning as an integral part of planning their service targets, financial, material and knowledge/information resources. Effective human resource planning has many benefits for the organization as it does for the employees. Some of these benefits include¹⁰:

- **To make optimum utilization of human resources:** HRP helps to make optimum utilization of the human resources in the organization. It helps to avoid wastage of human resources.
- **To forecast manpower requirements:** HRP helps to forecast the future manpower requirements of all organizations. It helps to forecast the number and type of employees who will be required by the organization in a near future.
- **To provide manpower:** Every organization requires manpower to conduct its business activities. HRP provides different types of manpower as per the needs of the organizations.
- **To face manpower problems:** HRP helps to face the manpower problems, which are caused by labor turnover, introduction of new technologies, etc.

¹⁰ <http://kalyan-city.blogspot.com/2011/04/steps-in-human-resource-planning-hrp.html>

- **To integrate different plans:** HRP helps to integrate the personnel plans with the other important plans of the organization.
- **To make employee development programmes more effective:** HRP selects the right man for the right post. The right man will get maximum benefits from the employee development programmes. Therefore, HRP helps to make the employee development programmes more effective.
- **To reduce labor cost:** Today the cost of labor is about 25% to 45% of the cost of production. So the labor cost is increasing very quickly. Labor cost has to be reduced in order to face competition. HRP helps to avoid both shortage and surplus of labor. It helps to make optimum utilization of labor. It also helps to reduce labor turnover. All this helps to reduce labor cost.
- **To enable organizations to grow:** When an organization grows, the number of jobs also increases. More employees are required to perform these jobs. HRP helps to supply these employees to the organizations. So HRP enables the organization to grow.
- **To identify potential replacements:** Each year many employees either retire or leave or are taken out of the organization. HRP helps to find replacements for these employees. These replacements may be either from inside or from outside the organization.
- **To avoid disturbance in production and/or service Delivery:** In HRP, the manpower requirements of the organization are determined well in advance. So the manpower is supplied continuously to the organization. This helps the production process to run smoothly. Thus, HRP helps to avoid disturbances in the production process.
- **Basis for effective recruitment and selection:** HRP is the basis for effective recruitment and selection in the organization. It helps the organization to select the right man for the right post.
- **Basis for employee development programmes:** HRP is the basis for employee development programmes.

3.3. Key steps in HR Planning

Team Task (25 minutes)

- Groups of 3-4 participants
- Discuss and develop HR planning protocol for your organization for the coming year (outline the steps that need to be followed and actions to be taken, and by when, by whom)
- Share you protocol with other participants in the plenary

Human resource planning is a critical element of HRM for any organization including health service organizations. Effective HR planning requires systematic approach to gather, analyze and interpret HR data. This enables generating meaningful information to decide on the organization's current and future needs of human resources. There are five basic phases of

action that any HR planning process should follow in determining current and future HR needs of an organization. Each of these phases is described below.

Step 1: Review of Organization's Objectives

Human resource planning ideally starts by reviewing objectives of the organization for the period of planning. HR managers and experts with relevant staff in the organization conduct organization's scan to prepare a list of all the activities (jobs) that are required to achieve the objectives. Major components of organizational scan include:

- **Estimating the service demand:** Organizations are dynamic and they may change in response to both internal and external influences. These influences may lead to revision of its organizational objectives and strategies and may require the organization to restructure, introduce new technology, and redesign its work processes and other similar changes. All these changes may, in turn, have an implication on the size and mix of employees the organization will need in the future. Hence, it is important to analyze the plans of the organization to identify its future human resource requirements.
- **Assessing Current Human Resources (Human Resource Audit):** The assessment of the current/existing HR of an organization helps to determine the size and mix of HR of the organization at a given point in time. It involves developing a profile of the current status of human resource within the organization. This is an internal analysis that includes an inventory of the current staff and skills already available along the variables such as: name, age, date of employment, current position, present duties and responsibilities, educational background, previous work history, skills, abilities, and interests. Such assessment is done by preparing a human resource inventory report. The input to this report would be available from human resource information system (HRIS), personnel record or database where it exists. Human resource inventory report is valuable in determining what skills are currently available in the organization and also in identifying current or future threats to the organization's ability to perform its core mandate from human resources perspective. It is also possible to use job analysis report to understand about the nature of the jobs in the organization and the behaviors necessary to perform those jobs. Based on this information, the assessment of the current human resources in the organization can be done more accurately.

Step 2: Forecasting Human Resource Needs (Demand Analysis)

Demand forecasting is usually done by identifying the most appropriate measures that can be related to the need for human resources. Such measures are usually the main outputs of the organization such as service level. Demand forecasting can be done for the whole organization first and then the estimated figures can be allocated to each sub-unit (top down approach). Alternatively, it can be done for each sub-unit first and then the estimated figures can be aggregated to project demand for the whole organization (bottom-up approach). Several

methods of forecasting demands are available, e.g. Managerial Judgment or Delphi method or the ratio- trend analysis or Workload analysis.

Managerial Judgment (Delphi Method)

This is expert-panel or management judgment approach to solve the complex problems such as projections and forecasting health workforce. As described by Linstone & Turoff, Delphi method is a structured communication technique originally developed as a systematic, interactive forecasting method which relies on a panel of experts¹¹. The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers will decrease and the group will converge towards the "correct" answer. Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus, and stability of results) and the mean or median scores of the final rounds determine the results.

The Delphi method is based on the assumption that group judgments are more valid than individual judgments. First applications of the Delphi method were in the field of science and technology forecasting. The objective of the method was to combine expert opinions on likelihood and expected development time, of the particular technology, in a single indicator. Later, the Delphi method was applied in other areas, especially those related to public policy issues, such as economic trends, health and education. It was also applied successfully and with high accuracy in business forecasting. Human resources for health forecasting and planning also make use of Delphi in combination with other approaches described below.

Ratio-Trend Analysis

The ratio trend analysis is the most widely used technique for forecasting the future demand. This technique seeks to calculate a ratio between activity level or output and staff number and between one type of employee compared with another. This can be expressed as the number of people required for a certain activity level or the number of work hours for a given level of outputs. It is carried out by studying the existing ratios. The figures thus arrived at are adjusted for the planned productivity enhancement measures and anticipated human wastage. The following is an illustration of the application of the ratio-trend analysis method.

Example: For instance the estimated family planning service of a health center for next year is 40000 visits and the ratio of service level to the number of health professionals is given as 1:2000. The estimated number of workers needed will be calculated as follows:

$$40000 \text{ visits}/2000 = 20$$

Accordingly, the estimated number of workers required to provide family planning services for 40000 visits is 20 health professionals.

¹¹ Source: http://en.wikipedia.org/wiki/Delphi_method Accessed 21 May 2014

Work-Study Technique such as Workload Indicators for Staffing Needs (WISN)¹² this technique is also known as '**work-load analysis**'. The technique is suitable where the estimated work-load is easily measurable. Under this method, estimated total production and activities for a specific future period are predicted. This information is translated into number of man-hours required to produce per unit items taking into consideration the capability of the workforce. Past-experience of the management can help in translating the work-loads into the number of man-hours required. Thus, demand of human resources is forecasted on the basis of estimated total production and contribution of each employee in producing each unit items. The following example illustrates how this technique can be applied:

Let us assume that the estimated family planning service of a health center is 20000 visits. The standard man-hours required to provide each service are 2 hours. The past experiences show that the work ability of each health professional in man-hours is 1500 hours per annum. The work-load and demand of human resources can be calculated as follows:

- a) Estimated total family planning service = 20, 000 visits
- b) Standard man-hours needed to provide each service = 2 hrs
- c) Estimated man-hours needed to meet estimated annual family planning service is calculated as: estimated family planning service multiplied by standard man-hour needed (a x b) i.e. = 40,000 hrs
- d) Work ability/contribution per health professional in terms of man-hour = 1500 hours
- e) Estimated no. of workers needed (c / d) = 40,000/1500 = 27 units The above example shows that 27 health professionals are needed for the year to provide the estimated total family planning service at the health center. Further, absenteeism rate, rate of labor turnover, resignations, deaths, etc. should also be taken into consideration while estimating future demand of human resources/ manpower.

Step 3: Forecasting Human Resource Availability (Supply Analysis)

This looks at the availability of human resources in the organization at a particular point in time and also in the labor market. The internal supply assessment is done by flow analysis. Flow analysis tracks the movement or flow of people which either increases or decreases their number in a given period of time.

An increase in the supply of human resources can come from new hires, or transfer-in. Similarly a decrease in supply can come from retirements, dismissals, transfer-out, layoffs, voluntary quits, death, and sabbatical leave. An estimation of such changes needs to be made based on the past trends. The decrease in supply is usually expressed as a turnover rate calculated on the basis of past trends.

¹² This is a methodology developed by the WHO for determining health workforce needs. The software and supporting manuals can be accessed at www.who.int/hrh/resources/win_user_manual/en/

Some of the methods we utilize to make internal supply analysis are: skill inventory, replacement chart and succession plan. Each of them is briefly described below:

- *Skills Inventories/management Inventories /human resource audit:* skills inventories contain comprehensive information about the capabilities of current employees. Data gathered for each employee include name, age, date of employment, current position, present duties and responsibilities, educational background, previous work history, skills, abilities, and interests. Information about current performance and readiness for promotion is generally included as well. Data pertaining to managerial staff are compiled in **management inventories**.
- *Replacement Charts:* are typically used to keep track of potential internal candidates for the organization's most critical positions. It assumes that the organization chart will remain static for a long period of time and usually identifies potential candidates for a top-level position, should it become vacant.
- *Succession Plans:* refers to the plans an organization makes to fill its most important executive positions. It focuses on identifying, developing, and tracking future leaders for executive positions or positions that are critical to the success of the organization. Succession planning is a long-term process of grooming a successor (selected from a pool of candidates on the basis of perceived competency) for management or critical positions.

Step 4: Determining Human Resource Requirements (Gap analysis)

This step involves matching both demand and supply and determining the shortage or surplus of people. The final forecast is an estimate of short-term and long range HR requirements. Long-range plans are general statements of potential staffing needs and may not include specific numbers. Short-term plans—although still approximations—are more specific and are often depicted in a **staffing table**. A staffing table is a pictorial representation of all jobs within the organization, along with the number of current positions and future employment requirements for each.

Simply put, at this step, human resource manager and experts compare the manpower requirements and manpower supply and act accordingly. For example, If there is no difference between the manpower requirements and the manpower supply, then the HR Manager does not take any action. This is because manpower requirements are equal to the manpower supply. If the manpower requirements are less than the manpower supply then there is a surplus. During manpower surplus, the HRD manager takes the following actions: termination i.e. removal of staff, lay-off or voluntary retirement. If the manpower requirements are greater than the manpower supply then there is manpower shortage. During manpower shortage, the HRD manager takes the following actions: promotions, overtime, training to improve quality and hire staff from outside, etc.

Step 5: Designing Human Resource Programs

HR Program includes various components of HR plan for annual or multi-year operations. Once the supply and demand of human resources have been estimated, various components of HR plan put together to create the plan document. These components include:

- **Recruitment plan** to show how many and what type of people is required and when they are needed;
- **Redeployment plan** to help chart out the future movement in terms of training and transfers.
- **Training plan and Professional development** to chart out if training is required. If yes, when and to which level;
- **Motivation and Retention plan:** Will indicate reasons for employee turnover and show strategies to avoid wastage through compensation policies, changes in work requirements and improvement in working conditions.
- **Redundancy plan** will indicate who is redundant, when and where; the plans for retraining, where this is possible; and lay-off,

3.3. Budget for HR Plan

Every organizational function and activity needs money to run and manage properly. Availability of adequate financial allocation is needed for development and improvement purposes. This is also true of HR¹³. Continuous development and improvement in HR is as important as those in the business activities of your organization. HR planning can no way be complete without comprehensive costing of planned activities and allocation of budget. As human resources manager and/or expert take time to think through and to prepare a good and facilitative HR budget.

Your HR budget must cover every important head of expenses, whether present or future, and even for seemingly insignificant items. Funds for HR contingencies are also required. If you do not have an HR budget you will not know how much HR is costing the organization, whether for the month, year or per each employee. You will have no indication on the return on your HR investments (ROI).

Effective HR planning can help in the preparation of a good HR budget. With the figures written down clearly, you will know whether you can carry out the planned HR activities or

¹³ Source: <http://www.hrutilities.com/2011/07/hr-budget/> 21 May 2014

not, and whether you can implement them immediately, fairly soon, in the short term or after five years, or not at all.

Justifications of Budgeting for HR Plan

Nearly all activities in HR Plan have cost implications and it is important to understand what the HR budget provides for or where HR budget will be invested in during the planning period. In simple language, HR Budget is important for two broad functions i.e. maintaining HR functions and for continuous improvement of HR functions. To shade more light, some of the activities under each category are summarized in the table 3.1, below:

Table 3.1. HR activities that require budget in two major functional categories

In the maintenance of current HR activities	In the improvement of the HR function
<ul style="list-style-type: none"> • Current overheads for salaries, wages, allowances, and benefits; • Training to maintain and develop skills and capabilities; • Office supplies and equipment for HR Department; • Logistical overheads of the HR department such as vesicles for dispatch; • Administrative costs including maintenance of HRIS system, intranet; • Outstations duties; • Meetings, briefings, etc. • Traveling and accommodation costs; • Superannuation, provident fund contributions; • Insurance premiums for group personal accident, group life, medical consultation and hospitalization, professional negligence liability, etc. • Safety and security costs; • Labor relations costs; • Amenities and facilities; • Contingencies. 	<ul style="list-style-type: none"> • Estimated costs for recruitment plan for the coming year or next six or twelve months; • Estimated increase in personnel overhead costs, namely, salaries, allowances, benefits for new employees; • Estimated costs for training new employees, and training to provide serving employees with new skills or to enhance their professionalism; • Estimated costs for conducting employee surveys for improvement purposes; • Estimated cost for salary increases including those of employees identified for promotion; • Estimated cost for bonus payments; • Estimated costs of purchases of new office equipment whether as replacements or not; • Estimated increases in logistical costs; • Estimated increase in superannuation contributions, provident fund, insurance premiums, etc. • Purchase of capital items for HR department; • Contingencies

Approaches and components of HR budget

As described above, there are many HR activities that require financial and materials resources to achieve organizational goal and resources need to budgeted and allocated for HR functions on the basis of HR Plan. Budgeting involves the systematic collection of information and data so

that the finances needed to support an organization's objectives can be projected. Most organizations have established system and process for developing a budget. Two common methods for developing budget are:

- **Incremental (historical incremental) budgeting:** a new budget is developed by using the current budget with making adjustments upwards or downwards to each item based upon expectations.
- **Zero-based budgeting:** every item included in the budget must be justified before being included; therefore, the process begins with a clean slate.

Generally, process for developing budget requires the collection of many forms of data. From a human resource perspective, the data needed to create a new budget include the following:

- Number of employees projected for next year.
- Benefits cost increases or projections.
- Projected turnover rate.
- Actual costs incurred in the current year.
- New benefits/programs planned.
- Other changes in policy, business strategy, law or regulation that may impact costs.

While there are many items that may or may not be included in an HR budget, Table 3.2. below contains a list of some of the most common ones to consider.

Table 3.2. Categories and list of HR Activities for budgeting

<i>Selection and Placement</i>	<i>Training and Development</i>	<i>Compensation and Benefits</i>	<i>Employee and Labor Relations</i>	<i>Health, Safety and Security</i>	<i>Others</i>
<ul style="list-style-type: none"> • Recruitment advertising • Agency fees • Temporary help • Employee referral program • Skills testing • Drug testing • Background checks • Recruitment-related travel • College recruitment giveaways • Printing costs-- applications, recruiting brochures • Web development/maintenance • Applicant tracking system costs 	<ul style="list-style-type: none"> • External programs • Registration fees • Travel expenses • Certification exam costs • Internal programs • Consulting fees/trainers salary • Program materials • Food and beverages • Supplies for attendees • Audiovisual rentals 	<ul style="list-style-type: none"> • Employee salaries • Payroll costs • Overtime • Incentive compensation • Health, dental, vision • Life insurance • Short- and long-term disability insurance/funding • Pension/401(k)/profit sharing • Cafeteria plan administration • Telecommuting expenses • Survey reports 	<ul style="list-style-type: none"> • Recognition program • Service awards • Attitude survey administration • Performance appraisal software • Attendance incentives • Employment attorney fees • Outplacement expenses • Suggestion program awards • Labor relations expenses (attorneys, consultants) • Diversity management program administration 	<ul style="list-style-type: none"> • Employee assistance program • Smoking cessation • Fitness facilities • Safety training/promotion • Workplace violence prevention/training • Revenues 	<ul style="list-style-type: none"> • Strategic planning (data/consultants) • Charitable donations • HRIS administration • HR databases/subscriptions/memberships/books • Intranet design and maintenance

3.5. Recruitment and Selection

Session Objectives

- Describe key steps involved in staff recruitment
- Review steps and process involved in evaluations and selection of candidates in recruitment and hiring
- Analyze successful approaches of candidates interviews and documentation of assessments
- Describe behavioral competency-based interview approach

Recruitment: Individual Reflection

- How does your organization fulfill its HR demand?
- List some of the mechanisms that are used to attract and recruit staff
- How recruitment is related to other HR functions?

Once the size and type of additional human resources need of an organization is determined and subsequent HR plans are prepared, the next activity is recruitment and selection of suitable employees. Therefore, recruitment and selection are among the critical functions of human resources management and facilitate the availability of effective staff, which in turn is a critical input for effective organizational performance. This session introduces the recruitment and selection activities, and the processes involved in the acquisition of the appropriate number and type of human resources essential for the continued performance of the organization.

Though interrelated and sequential, recruitment and selection are two distinct aspects of the staff acquisition activities of an organization and the nature, elements, and processes of each of them are outlined below.

3.5.1. Recruitment

Recruitment is the process of generating a pool of suitable candidates for the available jobs and attracting them to apply for the jobs. It is also a process of discovering potential candidates for actual or anticipated organizational vacancies. Recruitment aims at acquiring, in a cost effective manner, the optimum number of suitable employees for the operations of the organization. In order to identify and appoint the most appropriate persons for existing or newly created positions, it is crucial that potential candidates are drawn from a wide pool of candidates.

The basic steps of the recruitment process are outlined in the recruitment action checklist below:

Team Task on recruitment

In your group:

- critically review and develop a flow chart of the current recruitment system in your organization
- Identify gaps or points of weakness in the system and give recommendations for improvement. (30mins)
- Plenary: share your work (5 mins per group)

1. Review staff requirements

Take a broad view of your staffing needs and consider whether you really have a vacancy. For example, if an employee is leaving a clinic that you already feel is overstaffed, review the workload at that facility and decide whether a full-time permanent replacement is needed or whether an alternative option would be more appropriate. For example, would a part-time or temporary worker be sufficient? Should the job be restructured? What would the staffing implications of this be?

2. Consult with those involved

Always be sure to take any organizational policies and procedures into account. Authorization for a replacement or a new appointment may be needed from senior management. Consult with your personnel or HR department if you have one, as they will have expertise in this area.

3. Specify the sort of person you are looking for

List the duties, responsibilities, and relationships involved in the job role and define the level of authority the post holder will have. Decide what qualifications and skills are required; what type and length of experience is needed and which personal attributes will be important. This will enable you to draw up an up to date job description and person specification. State the geographic location of the vacancy (hospital, clinic etc.) and set a target start date.

4. Research the labor market

Depending on the nature of the job, you may want to review the job description and person specification and ask yourself whether you are likely to find what you are looking for in one person. If so, undertake some research to gauge the pay and benefits package you will need to offer. Monitoring job advertisements and networking with employers in your area and sector can also give you an idea of current pay rates for certain common job categories.

5. Comply with local labor laws and other legal requirements

In most countries, recruitment activities are covered by a growing body of legislation and codes of practice designed to exclude favoritism, discrimination, and unfair treatment. As such, the

entire recruitment team needs to be aware of and keep themselves up to date with the latest developments to ensure that they follow good practice and do not infringe on the regulations.

6. Plan how to find and attract candidates

Again, depending on the position you want to fill, you may want to start within your organization. Are there any employees suitable for promotion or re-assignment? Even if you are doubtful, it is important to advertise internally as a courtesy to staff who may wish to apply, and because they may have friends or relations who will be interested in the position.

Refer to your existing database of previous applicants, whether unsolicited or otherwise. Draw on any appropriate contacts.

Decide whether to use the services of a recruitment agency to identify and shortlist candidates for you, weighing the costs incurred, against the time and expertise at your disposal.

Consider whether e-recruitment techniques or an e-recruitment service would be appropriate.

7. Decide where to advertise

If you decide to advertise independently rather than use an agency, think through the options and decide which is most likely to reach the kind of candidates you have in mind: local or national press, bulletin boards of professional associations, Internet recruitment sites, or mailing lists. Research the costs involved and decide what you can afford.

8. Write the advertisement

Decide if you or other staff has the skills and knowledge required to draw up an advertisement. If your organization has an HR department, they will probably take on this task, but ensure that you are involved throughout the process. In the case of a senior post, or if you are recruiting in large numbers, you may wish to hire an advertising agency to draft the advert and place it appropriately. Naming your organization in the advert is preferable to using a box number unless you have particular reasons for secrecy. Ensure that the advert provides the following details clearly and succinctly—

- Duties and responsibilities of the job
- Qualifications and experience required
- Personal qualities sought
- Location
- Some indication of the salary range
- Form of reply you require (i.e., CV and covering letter, copies of relevant certificates, and testimonials)
- Deadline for the submission of applications and where the application should be sent.

If you are asking applicants to complete an application form, check that it requests all the details you will need to help you assess the candidates. It can also be helpful to ask a colleague to complete the form from the perspective of a candidate to ensure that it is clear.

9. Receiving and Processing Applications

Applications should be accepted until the deadline is over regardless of the volume of applications received before the deadline.

There are certain procedures the HR unit should follow while processing job applications and these may include:

- List the applications on a control sheet setting out name, date application received and actions taken.
- In some cases, the applicant may be asked to complete and return an application form By post or by e-mail to supplement a letter or Curriculum Vitae.
- Compare the applications with the key criteria in the person specification and sort them initially into three categories: (e.g. possible, marginal and unsuitable).
- Develop an interview schedule. The time you should allow for the interview will vary according to the complexity of the job. For a fairly routine job, 30 minutes or so should be enough. For a more senior job, 60 minutes or more is required. It is best not to schedule too many interviews in a day – if you try to carry out more than five or six consecutive interviews you will quickly run out of energy. It is advisable to leave about 15 minutes between interviews to write up notes and prepare for the next one,
- Invite the candidates to interview, using a standard letter where large numbers are involved. At this stage, candidates should be asked to complete an application form, if they have not already done so,
- It is possible that applicants could misinform their prospective employers about their education, qualifications and employment record. So it is advisable to check with universities and previous employers that the facts given by applicants are correct. Other checks can also be made such as: *identity check, confirmation of previous employment with revenue Authority, and Criminal Records.*

3.5.2. Selection

Team Task on selection activities

In your group:

- Critically review the selection system of your organization, identify gaps and give recommendations for improvement. (15mts)
- Plenary: share your work (5 mins per group)

Selection is about making choice and starts where recruitment ends and it is the process of choosing, from a pool of candidates, the persons who are most likely to meet the criteria of the job. It matches people with jobs and predicts their future success on the job. Once applications are received, sorted and organized the actual selection process can start. This involves establishing selection committees,

formulating selection plan and deciding the method and approach of selection appropriate to the nature of the positions to be filled.

Selection Committee: It is a good idea to form a selection committee for executing selection function, either on need basis or on a regular basis, in accordance with government HR rules and regulations. In addition to the relevant directors or managers, including the one looking after human resource functions, it is advisable to include one or two relevant professional human resource or subject experts locally available. The committee should be responsible for preparing staff selection plan, administering selection procedures, and recommending for selection of the candidates.

Selection Plan: The selection committee should prepare a selection plan for all positions required on the basis of the recruitment schedule and considering the requirements of the jobs as defined in job specifications. The selection plan specifies the job category and the number of persons to be selected, the responsibility for the management of the selection procedures, the timings of the selection process, criteria or dimensions for assessing the candidates with weights, and the methods of selection with weights.

Selection methods design: This involves deciding on the selection methods/predictors, the selection approach and the detailed procedures of the selection function. The main selection methods include:

- References from previous employers or prestigious persons
- Paper and pencil tests on the related knowledge domains
- Performance/ work sample tests related to job performance areas
- Interviews (unstructured, structured)
- Medical examination
- Psychological tests (written or verbal)
- Ability test
- Aptitude test
- Achievement test
- Personality test
- Interest/motivation test

Interviewing Candidates

Interviewing is one of the most widely used methods of selection. Its purpose is to obtain and assess information about candidates' future job performance. It specifically aims at answering whether the job candidates are:

- competent enough to handle the job,
- are well motivated and
- fit to the culture and value system of the organization

Interviewing involves face to face or telephone discussion and provides the best opportunity for the establishment of contact/rapport between the interviewer and the interviewee. Interviews can be either structured or unstructured. A structured interview is built around a set of predetermined questions related to the competencies required as indicated in role profiles or job specifications. The common competency areas addressed during interviews include:

- knowledge-*what the individual needs to know to carry out the role of the job,*
- skills and abilities-*what the candidate must be able to do to perform the role,*

- behavioral competencies-*the types of behavior required for successful performance of the role,*
- qualifications and training-*the professional or technical or academic attainment the candidate should have to perform the job,*
- experience- *the type of achievements and previous activities of the candidate which would help to predict success,*
- specific demands-*suitability of the candidate to different circumstances specific to the job or role (e.g. ability to work under pressure or travel extensively, etc.)*

How to Interview Job Candidates

The thoroughness and professionalism you use to interview candidates can make a strong, positive impression on candidates. It also conveys to them that you expect the same from them if they are hired by your organization. The following are some of the key steps (guidelines) for a successful interview:

A. Preparation: No doubt, a thoughtful preparation is will lead to identifying strong candidates for weak candidates. Bear in mind to schedule interviews with all candidates that meet the minimum qualifications specified in the job description helps make sure that you are not excluding candidates because of unfair biases. Ideally, when you invite them for an interview, also send them the job description to ensure they have reasonable preparation for the interview. Also mention who will interview them. Preparation for interview includes:

- Reviewing the job requirements to consolidate required competencies
- Identifying core competencies that can effectively be assessed through interview and the competencies that require separate assessment and verifications
- Develop key questions that help reveal the required competencies
- Determine the interview panel and provide necessary documents to the panel members:
- Determine the venue and necessary logistics (tea, coffee, water etc.) for the interview
- Make sufficient copies of the CV and supporting documents
- Develop interview scoring tools (scoring sheet/form) and print sufficient copies (per candidate) for the interview panel members

B. Conduct the interview

Use multiple Interviewers: The interview panel should consist of 3-4 members. Although this can be intimidating to the interviewee, this practice can ensure them a more objective and fair consideration for the job because several perspectives (among the interviewers) will be

considered, rather than only one. Have the same interviewers in all of the interviews, if possible, to ensure that each candidate received equal treatment.

Agree beforehand who, among the interview panel members, will welcome the candidates and open the interview few general questions. The interviewer takes turn to ask and probe the candidates' job knowledge, past performance and attitude. Make sure that each interview panel member scores each candidate's performance (though the person does not ask a particular question) and take note of key strengths and gaps of each candidate against the job requirement

Questions to Pose during Interviews: When posing the following types of questions, always be courteous and respectful to the candidates. Do not share reactions between interviewers.

Do not rely on your memory: ask permission from the candidate for you to take notes. Be sure that you document the name of the candidate and the date on the notes.

While interviewing candidates, always apply the same questions to all candidates: this approach ensures the fair treatment and comparison of all candidates.

All questions should be primarily in regard to performing the duties of the job: Do not ask questions about the candidate's race, nationality, age, gender, disabilities (current or previous), marital status, spouses, children and their care, criminal records or credit records. Asking those types of questions leaves you open to losing lawsuits that allege discrimination.

Ask open-ended questions and try to avoid questions answered with "yes" or "no.": Open-ended questions tend to generate more useful information and provide the opportunity for the interviewer to observe how well the candidate articulates answers to questions.

Consider asking some rather thought-provoking and challenging questions: Ask "What skills do you bring to this job?", "What concerns do you have about filling this role?" and "What was your biggest challenge in a past job and how did you meet it?"

Talk for at most 25% of the time – listen for the rest: This often is a challenge for new interviewers who feel that silence is somehow to always be avoided. The more time that the interviewer talks, the less time to learn about the candidate.

If it is clear that the candidate is not suitable for the job, then "sell" the organization: If he/she does not meet the minimum qualifications, after all, or there are other stronger candidates, then use the time in the interview to enlighten the candidate about the positive attributes of the organization in case the candidate chooses to spread the word to others.

Administrative / Human Resource Questions

Ask the candidate about what he/she expects for compensation and benefits: Even though the job description might specify the pay ranges and benefits, the candidate might have strong preference for other provisions that suit his/her nature.

Find out when the candidate can start work, if offered the job: Allow him/her at least two weeks to get his/her affairs in order. Expecting a candidate to start sooner might convey to the candidate that the organization operates in a crisis mode, which can be very unattractive to good candidates.

Explain to the candidate when you will be getting back to the person: Then always do get back to each person soon regarding whether he/she got the job. If your first choice for candidate does not work out, you might have to resort to choosing the second-best candidate. He/she might not accept the job if offended that you did not get back to him/her.

Ask if you can get, and check, any references from the candidate's previous jobs: Always contact at least three references that the candidate offers from his/her past work history. Share the results of these activities with the interviewers. If your programs involve direct services to children, adults and the elderly, then seriously consider conducting background checks on the most preferred candidates for the job.

Be sure to tell candidates of any relevant conditions from your personnel policies: For example, tell the candidate whether there is a probationary period for the job. (The best way to deal with a poor performer is not to hire him or her in the first place. It is often wise to have a probationary period of, for example, six months, wherein if the employee does not meet the responsibilities of the position, you can quickly terminate the employee.)

Behavioral/Competency-Based Interview: Hire the Right Person for the Job¹⁴

The word competency is widely used in business and personnel psychology and refers to the behaviors that are necessary to achieve the objectives of an organization. A competency is also something you can measure and lists of competencies form a common language for describing how people perform in different situations. Every job can be described in terms of key

In many instances hiring decisions come from incomplete assessment of the candidate's competence or fitness to the job requirements. Typical cases look like this; "Mary seems right for the job...so let's hire her." However, when she came on board, she didn't perform and had to be let go. Mary may look good on paper or even interviewed well but she did not have the specific skills and traits that were needed for the job. Therefore, the hiring process started all over again. Now take a look at behavioral or Competency-based interviewing.

¹⁴Source: <http://managementhelp.org/blogs/supervision/2011/05/10/behavioral-interviewing-hire-the-right-person-for-the-job/> accessed and adapted on 31 October 2013

competencies. This means that they can be used for all forms of assessment, including appraisals, training needs analysis and of course, selection.

Behavioral/competency-based interview is the interview approach based on the idea that past behavior is the best predictor of future behavior. The interviewer will want specific examples of when and how the candidate demonstrated particular behaviors. Prior to interview each position is assessed for the skills/competencies and characteristics that relate to job success. Interview questions are then developed to probe into these areas. All candidates are asked the same questions and notes are taken in order to evaluate candidates.

Behavioral or competency-based interview focuses on two very important elements of the interviewing process:

- Identifying the required skills and traits that are needed to be effective for the particular position.
- Asking the right questions to obtain a behavioral example of a specific skill or a specific trait you are looking for.

The rationale for asking for behavioral examples is the notion that the best predictor of what individuals will do in the future is what they have done in the past. Therefore, you ask an applicant to describe a specific event that shows in detail how she did something or handled a problem or dealt with a specific situation. Behavioral example questions typically start out with the following phrases to encourage the person to talk about their experiences in a non-threatening manner.

“Tell me about a time when....”

“Give me an example of....”

“How did you....?”

Note how the following question has been rephrased so that it will elicit an answer that explains how the person dealt with a specific situation.

Original: “Have you had experience training new supervisors?”

Revised: “Tell me about a time when you had to hire and train a new supervisor. How did you go about it? Would you do anything differently?”

Remember, the purpose of the interview is to obtain accurate information for selecting the best person for the job. Behavioral/competency-based interviewing is a technique that focuses on an applicant’s skills and traits not on a manager’s gut impressions.

C. Summary Scores and Notes

Scores of the candidates' are handed in to the interview coordinator to compute average scores and summarize key strengths and gaps note by the panel members. This should be shared with each panel for review and inputs. This will be the basis for selection of the candidates.

D. Final Selection

Decision for final selection should be made after strong reference and background check up, and needs to be agreed and signed off by the interview panel members. Put simply, a typical selection process involves: short listing of applicants based on the predetermined criteria, design and administration of selection plan, testing and scoring the candidates, and making selection decisions based on the results. Although several methods are available for selection, performance tests, structured or situational interviews, and psychological tests have been found to have high selection validity. Those candidates who successfully passed the assessments and finally selected will be informed through an appointment letter: After final selection decision, the authorized person should issue a letter of appointment to the selected candidate.

3.6. Induction and Orientation of New Employees

Session Objectives

- Describe the staff induction and orientation program
- Evaluate current practices in staff orientation and induction in their respective work place to come up with actions to improve their practices

Introduction

The recruitment and selection activities result in new employees joining the organization. New employees are likely to experience some difficulties, uneasiness or stress as they start on their new job. Therefore, it is the responsibility of the organization to ease them into the job and the organization making them feel comfortable and confident so that they can start their job effectively. This session outlines the importance, contents and procedures of an orientation and induction program.

Induction is a brief familiarization of new employees to the organization and giving them the basic information they need while orientation is process with longer duration to provide new employees with information about the organization and the job to enable them to fulfill the job roles effectively. However, these two terms are conceptually related as they are related to

making an employee/s comfortable and smoothly transition into the new job roles. Thus, the terms are interchangeably used in practice while the differences are borne in mind, and orientation is utilized to represent the two terms throughout this participants manual.

As stated above, orientation is a process of providing new employees with basic background information about the organization and the job required for effective performance and satisfaction. It covers the activities involved in introducing a new employee to the organization and to her/his work unit. It expands upon the information received during the recruitment and selection stages and helps to reduce the initial anxiety we all feel when we first begin a new job.

Therefore an orientation program should be able to:

- familiarize the new member with the organization's objectives ,history, procedures, and rules;
- communicate relevant personnel policies such as hours of work, pay procedures, overtime requirement and fringe benefits;
- review the specific duties and responsibilities of the new member's job;
- provide a tour of the organization's physical facilities; and
- Introduce the employee to his or her superior and coworkers.

It is essential that managers and supervisors prioritize and carry out this important function.

Individual Reflection:

1. Did you receive an orientation when you took up your current position?
2. Who provided the orientation?
3. How long was the orientation and what was the content?

3.6.1. Importance of employee Orientation

Employee orientation is as much about creating an impression as it is about providing information and confidence to cope with the new situation and perform well from the beginning. It serves the following purposes:

- Make new employees feel welcome to and valued members of the organization.
- Reduce the initial anxiety and apprehension and makes new employees psychologically ready for performance.
- Equip new employees with relevant information about the work, working culture, expectation, and relationship with others.
- Support new employees during this difficult period and help new employees become fully integrated into the organization as quickly and as easily as possible.

- Provide new employees with necessary motivation to adjust to a new work environment and to encourage the development of loyalty and enthusiasm towards the organization,
- Enable new employees to settle into the organization quickly and become productive and efficient members within a short period of time.
- Ensure that they are highly motivated and that this motivation is reinforced,
- Ensure that they operate in a safe working environment.
- Reduce costs associated with repeated recruitment, training and lost production.

3.6.2. Responsibility for orientating new employees

Who is responsible for planning and conducting orientation programs?

This can be done either by the supervisor of new employee, HR managers and staff or combination of these. In many medium size and most large organizations, the personnel department takes charge of explaining such matters as overall organizational policies and employee benefits. In others new employees will receive their entire orientation from their supervisor. In most of the small organizations, orientation may mean the new member report to her/his supervisor, who then will introduce her/him to those persons with whom he/she will be closely working. Such a brief familiarization of new employees is sometimes referred to as induction.

An effective approach to orientation is the one that involves both the HR staff and line managers (supervisors) of the new employee. To apply the orientation program consistently, it should be well planned, scheduled in advance and guided by employee orientation manual/employee handbook. New employees should be given an employee hand book which they can and use as a reference.

Team Task

In your group:

- You have been asked to put together an orientation program for five newly hired employees.
- Develop the content of the program with a clear schedule (20mins),
- Plenary: share your work (5 mins per group)

3.6.3. Check list for an orientation programs

Several important issues are covered during induction and orientation of new employees. The scope, areas of emphasis and duration of the orientation vary from an organization to another and one job/job class to the other. However, the following are general components of an orientation program:

- **Welcome to the new employee(s)**
 - Meet HR
 - Meet the management & Admin
 - Meet department team
 - Meet Finance & other key offices
 - Canteen and other facilities
 - Dresses (uniforms & other gears)

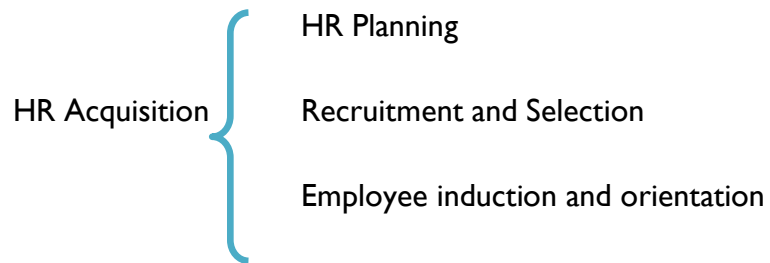
- **Introduce the statutory requirements**
 - The organization history, structure & chart
 - Relevant legislation: proclamations, rules & regulations
 - HR Policies: Health and safety, Harassment, Drugs and alcohol, Employee relation, Discipline etc.

- **Locations & logistics**
 - Office locations
 - Operation areas/districts
 - Email and internet facility
 - Office Furniture
 - Stationeries and supplies
 - Transport facility
 - Office time

- **The Job**
 - Duties and Responsibilities
 - Role defined
 - Work/Reporting relationships
 - Targets/Achievement levels expected
 - Resources/Budget
 - Performance Management
 - Probation period
 - Rewards (Promotion, Salary increment, Training opportunity etc)

- **Administrative issues/procedures**
 - Payment system
 - Loan and advance
 - Leave (different forms)
 - Other benefits (insurance, housing etc.)

2.3.6. Summary of the Module



Bibliographical References

- Michael Armstrong, ARMSTRONG'S HANDBOOK OF HUMAN RESOURCE MANAGEMENT PRACTICE, 11th Edition, 2009
- SANDEEP, Organizational Development Training Module: Human Resource Management, 2006, Kathmandu, Nepal.

MODULE FOUR- HUMAN RESOURCES STRATEGY DEVELOPMENT AND RETENTION

Module Introduction

The purpose of this module is to optimize the competence of human resource managers and officers in executing their HRM functions through well designed HR strategy. It introduces the basic conceptual framework of Human resource Strategy, the “Human Resource for Health Action Framework” (HAF) and Health workforce retention. The module will help participants understand and apply the HAF conceptual framework to assess the HRH status of their organization and develop appropriate Human Resource Strategy (HR strategy).

The module is organized into three sections: Conceptual framework for HR strategy development, Human resource for Health Action Framework and health workforce retention.

The mode of delivery outlined in a separate Facilitators’ Manual includes PowerPoint presentations, team tasks, group as well as plenary discussions. Finally, participants are expected to work on Self-Assessment Questions (SAQ) at the end of this module.

Module objectives

Upon completion of the module the participant will be able to:

- Understand the purpose and the processes of developing HR strategy
- Describe the process and application of Human Resource for Health Action Framework (HAF).
- Explain how the HAF – and the action fields and areas of intervention – link to their work
- Describe the essence and approaches of improving health worker retention

Duration: 4 hours

Module Content

- Session 1:HR strategy development
- Session 2:Health Action Framework (HAF)
- Session 3: Health Workforce retention

4.1. Human Resource Strategy Development

Session Objectives

- Describe concepts of HRH strategy and building blocks of HR strategy development
- Analyze various criteria applied to evaluate effectiveness of HR Strategy

- Describe the importance of document HRH strategy

4.1.2 Concepts of HR strategy

HR strategy is concerned with those decisions, which have a major and long-term effect on the employment and development of employees in an organization and on the relationships that exist between its management and staff. It outlines what the organization intends to do about its human resource management policies and practices and how they should be integrated with the organization's strategy.

The organization's strategy provides a long-term road map for the entire organization while the HR Strategy addresses the critical human resource asset of the organization and its integration with the organization's strategic plan. The purposes, types, processes and formulation of HR strategy are described below.

4.1.2.1. Organizing and Managing HR Strategy Development

Development of HR strategy depends on the effective integration of the strategy with the organization's strategic plan. This could be best achieved if the HR Director is closely involved at top management level with the formulation of organizational strategic plan.

Evidence-based planning is central to the way any HR strategy development process is organized and managed. This is only possible by analyzing the current situation and assessing the country's needs against existing international or regional benchmarks. It involves analysis of internal and external environments that influence health workforce capacity and performance. Therefore, the development of any HR strategy should be based on information and data from the following sources:

- The organization's strategic plan.
- The external environment, especially the disease burden, epidemiological trends, demand for services, health care financing trends, availability of and demand for different cadres of skilled health manpower (health work force labor market and the various players and service providers within the market)
- The internal environment, including the implications of new service development and new technology, the requirement for increased flexibility and the need for new skills
- HR performance and productivity surveys related to efficiency of service, staff motivation, job satisfaction commitment, and engagement.

4.1.2.2. Formulating HR strategy

In formulating a HR strategy there are two approaches that we should consider: inside-out and outside-in approaches. The former begins with the current HR functions in terms of skills,

processes and technologies and attempts to identify linkages to the service provided, while outside-in approach starts with the services and looks into customers, competitors, the prevailing labor market trends and stakeholders' engagement in order to develop an appropriately responsive strategy.

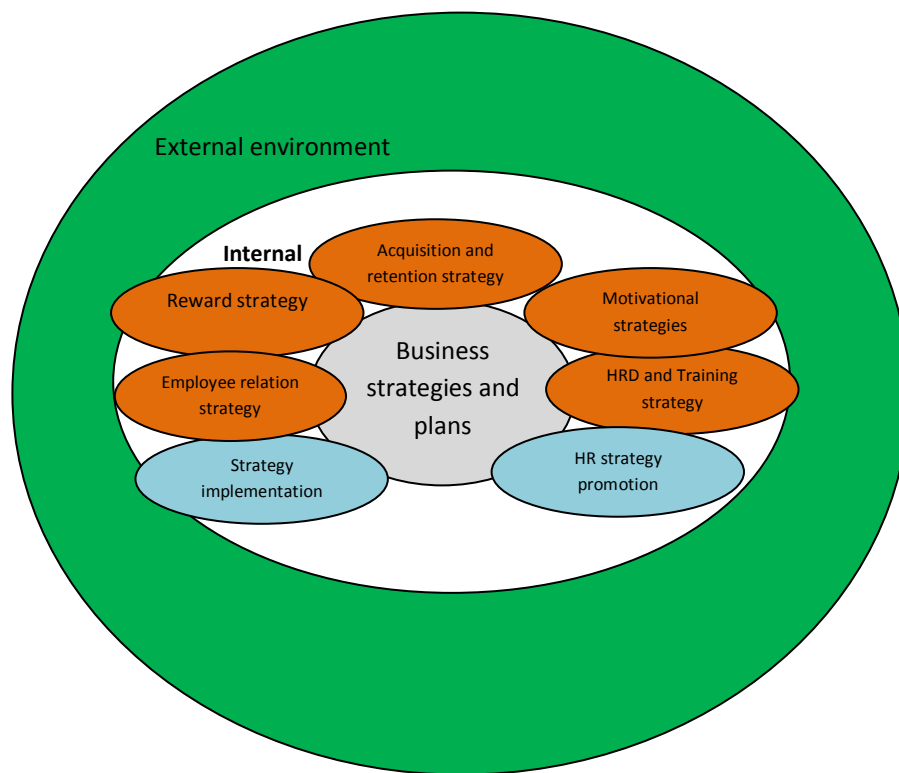
HR strategy should also be aligned both vertically with the organizational objective and horizontally with human resource practices.

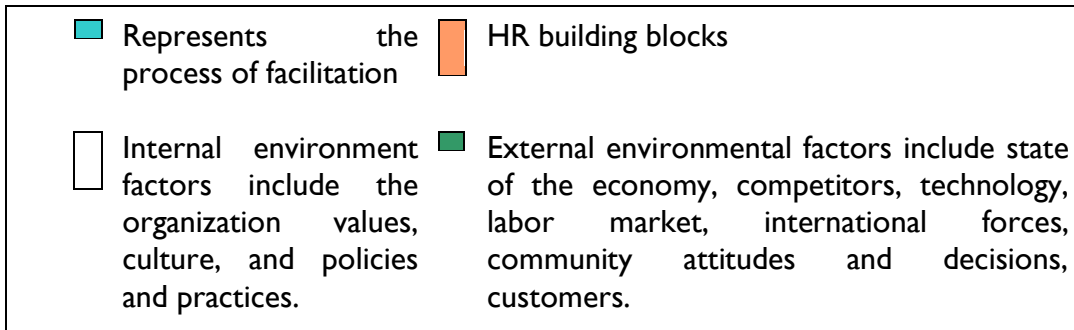
4.1.2.3. Areas of HR strategy

A Human resource challenge in one organization may not be an issue in another organization; similarly the methods that organizations use to address their priority HR challenges are also different, depending on their special needs and circumstances. However, in order to understand the significance of an overall HR strategy it is appropriate to review some of the commonplace areas or building blocks that make up a functional HR strategy and that have been successfully addressed through certain common HR strategies and approaches.

Figure 4.1. Illustrates those HR issues that are addressed by sound HR strategy.

Figure Integrated Human Resource Strategies





Source:http://www.ilocarib.org.tt/Promalco_tool/productivity-tools/manual11/m11_12.htm

A. HR Strategy Building Blocks

A1. Acquisition and Retention Strategies

A starting point in the development of a HR strategy is often the identification of the long-term human resource requirements of the health system. This strategy ensures that the achievement of the objectives of the health service organization will not be hampered by human resource shortages or inefficiencies. This strategy answers the following questions:

- *Availability* – What is available now inside the organization? What would be available from inside and outside the organization?
- *Human resource requirements* – how many employees are needed? Over what period? What kind of abilities and skills will be required?
- *Human resources utilization* – How well are human resources used in the organization? What is the scope for increasing service efficiency and quality?
- *Retention* – What is the organization’s experience in retaining staff? What are the problems and how can they overcome?

A2. Motivational Strategy

This strategy addresses the performance management and reward system, particularly the type and scale of financial incentives that need to be provided. It will also be concerned with other processes of HR functions related to the individual’s need to achieve and maintain a sense of personal worth and importance.

Since motivation can be affected by the quality of leaders and selection, training and development of effective leaders should be part of the strategy.

A3. Human Resource Development and Training Strategies

This strategy addresses a long term plan regarding the additional demands that the organization will place on people in the future to improve its operational performance at all levels. It

provides a continuous development process linked closely with the programs designed for the organization as a whole to implement its service, technology and service improvement strategies.

A4. Reward Strategy

A reward strategy will be concerned with reinforcing positive performance behavior by applying appropriate incentives which are valued by employees. It facilitates the development of high performance-oriented culture through:

- Reinforcing the organization's values, especially those relating to excellence, innovation, performance, teamwork and quality.
- Conveying a message to prospective high-caliber employees that the organization will satisfy their reward expectations.
- Ensuring that the right mix and levels of rewards are provided in line with the government rules and the context of the organization,
- Linking reward policies, systems and procedures to the key services and human resource strategies for innovation, growth, development and the pursuit of excellence.
- Developing a strong orientation toward the achievement of sustainable high levels of performance and increases in levels of competence, thus contributing to the processes of empowering, enabling and energizing all employees.
- Indicating to existing employees what types of behavior will be rewarded and how this will take place, thus increasing motivation and commitment and improving performance.

A5. Employee Relations Strategy

Employee relation strategy deals with the development of policies, systems and procedures which maximize the degree to which management and employees will co-operate to their mutual benefit, and minimize the causes and effects of unnecessary conflict or restrictive practices. This strategy includes employee recognition, improves relationship and enhances the establishment of rules and procedures which govern the management and discussion of issues affecting the organization and its employees.

4.1.2.4. Criteria for an effective HR strategy

An effective HR strategy is one that seeks to achieve its intended goals and informed by the following criteria:

- It satisfies service needs of the target populations.
- It is based on detailed situational analysis and study, not just wishful thinking.
- It can be turned into actionable programs and activities that can be measured

It is coherent and integrated, with components that are complementary and logically aligned to maximize effectiveness and impact.

4.1.2.5. Need to develop HRH strategy

Like many developing countries the human resource for health situation in Ethiopia is characterized by many challenges including scarcity of key healthcare workers, high turnover and out-migration, poor geographical distribution, low job satisfaction, and ineffective workforce planning. These challenges are interconnected and can only be addressed and resolved using a holistic approach that employs techniques suitable for developing an appropriate HRH strategy. To alleviate the aforementioned problems a holistic tool, “Human Resources for Health Action Framework” (HAF) was developed by a team of international experts. This tool assists health managers and practitioners to develop and implement strategies to achieve an effective and sustainable health workforce. The details of the tool are described in Session II below.

4.2. Human Resource for Health Action Framework (HAF)

Session Objectives

- Describe the components and importance of human resources for health action framework
- Analyze six action fields of HAF and their relationships
- Describe and analyze the four phases of HRH Strategy development (situation analysis, planning, implementation and evaluation)

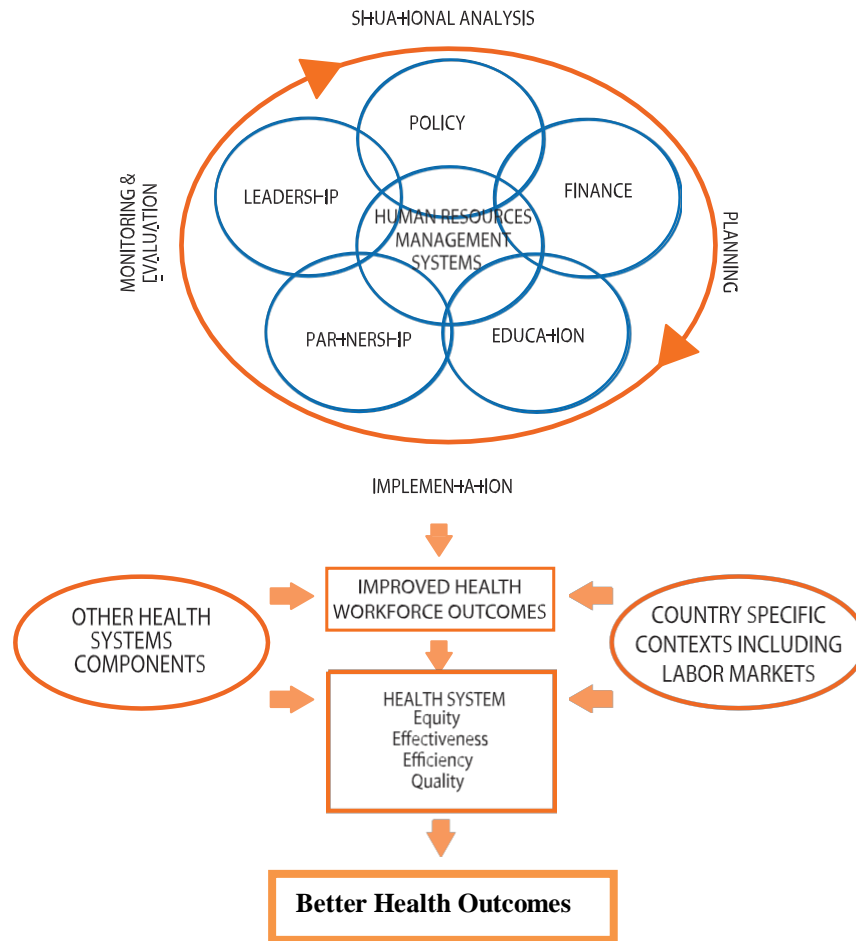
4.2.1. Essence of HAF

Human resource for Health Action (HAF) is a tool which helps to develop and implement strategies to achieve an effective and sustainable health workforce. The Framework provides a comprehensive approach to help ensure success.

The framework consists of six action fields and four phases of HRH strategy development. The action fields have several areas of intervention and each of them must be addressed in order to develop effective strategies to deal with HRH problems.

The action fields are focus areas where situational analysis is done and on which measures will be taken. The four phases of the framework help to identify gaps, develop appropriate plan of actions, implement the plan, monitor the process and evaluate the impact on the overall performance of the health sector. The six action fields and respective intervention areas are described below. For comprehensive understanding of the HAF you are advised to read the manual (*attached*).

Figure 4.2. Human Resource for Health Action Framework



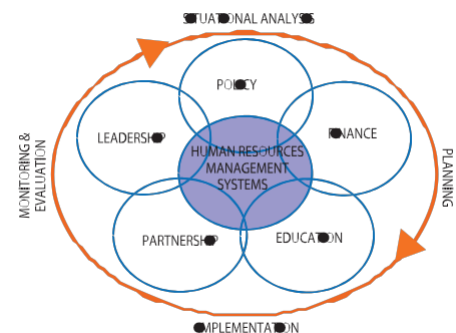
(Source: HAF, 2009)

Action Fields of HAF

a) **HR Management Systems:** integrated use of data, policy, and practice to plan for necessary staff, as well as recruit, hire, deploy, develop, and support health workers.

Areas of Intervention

- Personnel systems: work force planning (including staffing norms), recruitment, hiring and deployment
- Work environment and conditions: employee relations, work place safety, job satisfaction and career development
- HR information system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising, and supporting the workforce
- performance management: performance appraisal, supervision, and productivity



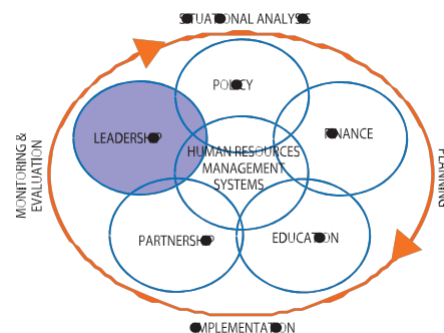
Indicators

- HR management units in place and strategically located at national and local levels
- HR information system in place and used for HRH planning at all levels
- Performance management system in place

B) Leadership: the capacity to provide direction, align people, mobilize resources, and reaches goals; management includes capacity to plan, budget, organize, and guide people to achieve results.

Areas of Intervention

- Support for HRH champions and advocates
- Capacity for leadership and management at all levels
- capacity to lead multi-sector and sector wide collaboration
- strengthening professional associations to provide leadership among their constituencies



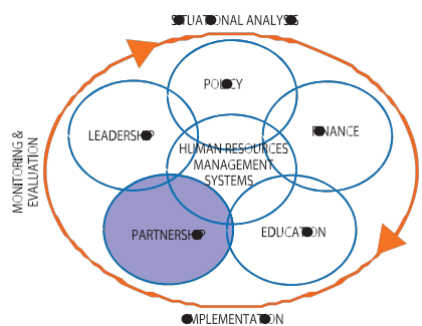
Indicators

- evidence of high-level advocacy to promote the implementation of the HRH plan
- leadership development program established for managers at all levels
- involvement of wide range of stakeholders in policy and decision-making processes (Professional associations, researchers, unions, private sector, FBOs)

C) Partnership: formal and informal linkages aligning key stakeholders (e.g. service providers, sectors, donors, priority disease programs) to maximize use of resources for HRH.

Areas of Intervention

- Mechanisms and processes for multi-stakeholder cooperation (inter-ministerial committees, health worker advisory groups, observatories, donor coordination groups)
- public-private sector agreements
- community involvement in care, treatment, and governance of health services



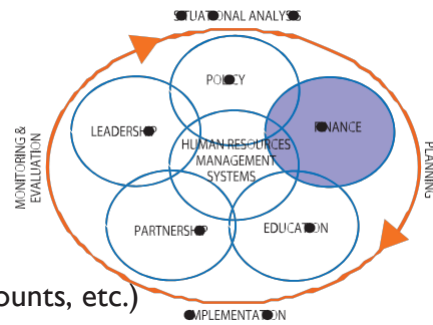
Indicators

- Mechanisms in place for coordination (e.g. other key ministries, donors, service providers including private sector providers, professional associations, etc.)
- Agreements in place between MOH and other health providers
- Mechanisms in place to involve communities in health service

D) Finance: obtaining, allocating, and disbursing adequate funding for human resources.

Areas of Intervention

- Setting levels of salaries and allowances
- Budgeting and projections for HRH intervention resource requirements including salaries, allowances, education, incentive packages, etc.
- Increasing fiscal space and mobilizing financial resources e.g government-(Federal and Regional); donors etc.)
- Data on HRH expenditures (e.g., national health accounts, etc.)



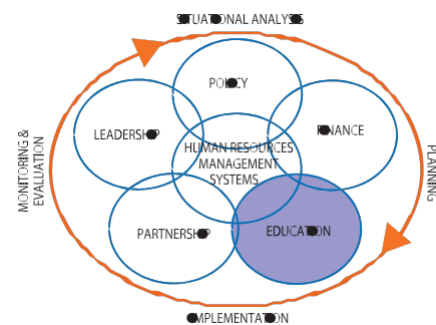
Indicators

- Salaries and allowances competitive in local labor market
- Salaries and allowances equitable between cadres of health workers
- National health accounts routinely collecting data on HRH expenditures

F) Education: production and maintenance of a skilled workforce.

Areas of Intervention

- pre-service education tied to health needs
- in-service training(e.g., distance and blended, continuing education)
- capacity of training institutions
- training of community health workers and non-formal care providers



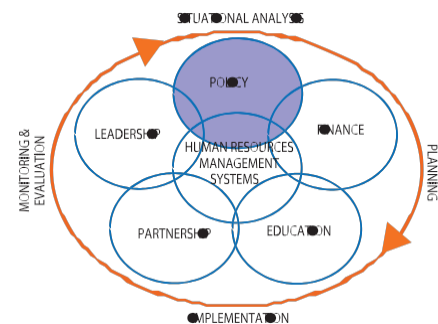
Indicators

- ratio of graduates of pre-service training programs to projected demand by type of health worker
- attrition of students in pre-service training programs
- pre-service curricula updated periodically(e.g within last three years)
- in-service training coordination and evaluation mechanisms in place
- student/teacher ratios by pre-service institutions and cadres

F)Policy: legislation and regulations and guidelines for conditions of employment, work standards, and development of the health workforce.

Areas of Intervention

- Professional standards, licensing, and accreditation
- Authorized scopes of practice for health cadres
- political, social, and financial decisions and choices



- that impact HRH
- employment law and rules for civil service and other employers

Indicators

- HRH policies in place
- Appropriate scopes of practice defined for all cadre

4.2.2. Phases of HAF for Developing Human Resource for Health Strategy

There is no standard model of how an HR strategy should be developed; it all depends on the circumstances of the organization. The following are the four phases of HAF tool which are globally utilized and found to be effective in developing HRH strategy elsewhere. These phases (situational analysis, planning, implementation and monitoring and evaluation) are indicated on the outer circle of the HAF model depicted above.

Situational analysis

Before starting the situational analysis there are several preparatory steps required to be taken, some of which are: Gaining agreement at the highest level of decision makers, identifying key stakeholders and members of a leadership group, and orienting the local members of the technical working group to the HAF process. Once these all are achieved the four phases of the HRH Action Framework can be used to develop an HRH strategic plan or to review an existing plan.

The first phase, situational analysis, is done to identify the root cause of the HRH situation using all the components of the framework. Input from key stakeholders as well as careful review of existing HR documents, strategies and reports will provide important information about the root causes. Additional information can be gathered through focus group discussion and interviewing key informants. The outcome of this could be:

- A list of key stake holders and members of the leadership group
- HRH situational analysis report and the identified root causes
- Data on the quantity and composition of the existing health workforce and identified gaps
- Information on influence of country/organization context known

For the details of situational analysis refer addendum 2 in the HAF manual.

Planning

Once the root causes of the HRH crisis are identified the next step is to develop a plan which can address the key findings identified. The plan should include short term emergency and long

term actions that have been costed and scrutinized with the leadership group. The recommendation from the leadership group can serve as a basis for developing prioritized action plan. The outcome of the second phase, planning, includes: HRH policy and plan, short term and long term recommendations, alignment of key stakeholders around the recommendations with priority actions identified, costs calculated for implementing the recommendations.

Implementation

In this phase implementation plan will be developed based on the priority recommendations proposed by the leadership group. The technical team while developing the plan should get guidance about what is feasible. The plan should focus on small number of priority areas and should ensure the availability of fund and adequate time to fully address them. The progress of the implementation plan will be monitored by the leadership group. Expected outcome of this phase are the following:

- Detailed implementation plan
- Commitment of the leadership group to support and monitor progress
- Adequate funding and resources procured

Monitoring and Evaluation

The purpose of monitoring and evaluation is to establish a routine monitoring process that will provide information on the ongoing progress of each key elements of the HRH strategic plan. It is also important to monitor the critical success factors, as these will ultimately guarantee the commitment and support necessary over time to solve the HRH problems. The M&E plan must include process, output and outcome indicators. The process indicators will provide ongoing monitoring of the progress on the four phases to develop an HRH plan. The output indicators will allow monitoring of progress on the recommendations (e.g. update HR policies in place that support HRH), and the outcome indicators enable a measurement of the impact of implementing the plan on the health workforce (e.g. staff vacancy rate decreased). To measure progress, baseline data are required for outcome indicators. Developing measurable indicators requires special expertise, so it is suggested that a set of indicators be developed in draft form, after which the relevant stakeholders can finalize them and agree on the standards to be used to monitor them. Expected outcomes of this phase include:

- Clear and realistic M&E plan
- Commitment of individuals to collect data and measure for results
- A plan and timetable to communicate results of M&E

Team Task (50mts)

- 6 groups
- Work on one of the action fields, using the action cycle to develop a draft strategy
- Identify one important HR challenge in that action field and propose HR actions
- share your work

4.3. Health Workforce Retention

Session Objectives

- Describe the concepts and practices of health workforce motivation and retention
- Review factors affect health workforce motivation and retention in health sector
- Analyze various approaches/practices for health workforce motivation and retention in developing countries

4.3.1. Background

Employee retention refers to the extent to which organizations are able to attract and maintain a stable workforce. It is natural for employees to quit organizations or decide to change jobs for various reasons, and it may not be entirely possible to eliminate turnover or attrition. So, the focus of any retention strategy should be to minimize the rate at which employees leave the organization. This can be achieved through appropriate retention strategies that encourage employees to stay in the organization for a reasonable period of time.

Retention is an aspect of HRM functions that span from recruitment, hiring, induction/orientation until employees leave the organization. Equitable compensation and benefits scheme, workplace safety, employee development programs, enabling work environment, and employee relation programs are prerequisites to effective retention of employees. As such, retention is not an isolated HRM function rather it is inherently embedded in the essential HRM functions. However, in many organizations retaining employees is a major challenge that compromises the functioning of the organization as a whole.

The Ethiopian healthcare system suffers from a perpetual challenge of employee retention that is manifested in the form of chronic key health workforce shortage, high employee turnover and inequitable distribution. In this regard, it is essential to develop a comprehensive retention strategy as a critical component of the overall of HR Strategic Plan.

4.3.2. Factors affecting retention

Retention strategies should be based on an understanding of the factors that affect whether or not employees leave or stay. There are several factors that can affect retention of employees, some of which are factors that compel the employee to leave the organization (push factors) and other are factors that influence the employee to leave the organization (pull factors).

Table 4.3.1. Push and pull factors for the movement of health workers from rural to urban areas, by category of potential policy intervention

Category of retention intervention	Push factors	Pull actors
Education and regulatory interventions	<ul style="list-style-type: none"> • desire for further training • lack of appropriate skills • desire to get international experience 	<ul style="list-style-type: none"> • access to continuing medical education and professional development
Monetary compensation (direct and indirect financial incentives)	<ul style="list-style-type: none"> • poor remuneration • lack of private sector or opportunities for moon lighting 	<ul style="list-style-type: none"> • better remuneration • allowances
Management, environment and social support	<ul style="list-style-type: none"> • poor working and living conditions • lack of clear career profiles • lack of schooling for children and jobs for spouses • work overload • lack of management support • emotional burn-out 	<ul style="list-style-type: none"> • improved standards of living • improved working conditions • opportunities for education of children • better supervision

Source: WHO, 2009: Increasing access to health workers in remote and rural areas through improved retention

4.3.3. Features of Retention in Ethiopia

Though there does not exist a conclusive systematic study about the magnitude of retention problem in the Ethiopian health system, ad hock reports from routine health service data indicate that there is a pervasive problem of health workforce retention across the system (refer module 1). The problem is characterized by migration of high level health workers from public to private in addition to the brain drain to other countries and inequitable distribution between rural and urban areas. Most of the reasons for the outflow (attrition), though may vary from region to region, are perceived to be poor compensation and benefit scheme and poor working conditions. Besides, existing retention strategies are not integrated into overall system (fragmented), motivating work environment (Non-conducive working environment) and lack of satisfaction survey and taking relevant actions. Cumulative effect of these factors is poor work performance and productivity of existing workforce.

These conditions are more or less similar to the factors identified by the WHO and they are summarized in **table 4.3.1**

4.3.4. Retention Strategy

HRH retention strategy takes into account the retention issues that the organization is facing and must set out mechanisms for addressing them. In order to address staff retention challenge in a systematic way, it is essential to identify the root causes of staff attrition in a particular setting. This can be achieved through exit interviews and employee satisfaction surveys. Since exit interviews are likely to be biased, more reliance can be placed on the results of attitude or opinion surveys to identify any areas of dissatisfaction. Based on the findings, the retention strategy should propose actions that would focus on each of the areas in which lack of commitment and dissatisfaction has been reported.

Following a major multi-country study, WHICH have proposed detailed intervention areas categorized under three major interventional areas corresponding to the pull and push factors specific to the organization’s retention problems. Therefore, depending on the outcome of the organization’s assessment, the possible actions that can be taken could be any one or a combination of the interventions summarized in table 4.3.2.

Table 4.3.2. Categories of interventions used to improve retention of health workers in remote and rural areas

Category of intervention	Examples
A. Education and regulatory interventions	<ul style="list-style-type: none"> • Targeted admission of students from rural background • Recruitment from and training in rural areas • Changes/improvements in medical curricula • Early and increased exposure to rural practice during undergraduate studies (diversification of location of training sites) • Educational outreach programs • Community involvement in selection of students • Compulsory service requirements (bonding schemes) • Conditional licensing (license to practice in exchange of location in rural areas for foreign doctors) • Loan repayment schemes (paid studies in exchange of services in rural areas for 4-6years) • Producing different types of health workers (mid-level cadres, substitution, task shifting)

	<ul style="list-style-type: none"> • Recognize overseas qualifications
B. Monetary compensation(direct and indirect financial compensation)	<ul style="list-style-type: none"> • Higher salaries for rural practice • Rural allowances, including installation kit • Pay for performance • Different remuneration methods(fee for service, capitation etc) • Loans(housing, vehicle) • Grants for family education • Other non-wage benefits
C. Management, environment and social support	<ul style="list-style-type: none"> • General improvement in rural infrastructure (housing, roads, ones, water supplies, radio communication etc • Improved working and living conditions, including opportunities for child schooling and spouse employment, ensured adequate supplies of technologies and drugs • Supportive supervision • Support for continuous professional development, career paths • Special awards, civic movement, and social recognition • Flexible contract opportunities for part-timework • Measures to reduce the feeling of isolation of health workers (professional/specialist networks, remote contact through telemedicine and tele-health) • Increased opportunities for recruitment to civil service

Source: WHO, 2009: Increasing access to health workers in remote and rural areas through Improved retention

Team task . --- Retention (20mts)

- Go back to your groups
- Select one of the following topics:
 - Recruitment and Deployment
 - Staff orientation
 - Employee satisfaction
 - Compensation and benefits
 - Safety and wellness
 - Education and training
- Discuss how it could affect health worker retention; propose one or two improvements that could change the situation.

Self-Assessment Questions

1. Describe what HR strategy is and its elements.
2. Does your organization have strategy? If yes describe how it has been formulated.
3. Outline the action fields and phases of HAF. How are they interrelated?
4. Imagine that you are assigned as the head of human resource development department and you are asked to develop HR strategy for the organization, what are the basic data and information you should gather before starting to develop the strategy? Describe the steps which you would follow to develop the strategy. What are the characteristics of a good HR strategy?
5. Identify the push and pull factors of retention experienced in your local setting and propose possible interventions.

HANDOUT

I. HR Strategy Development: Basic Guidelines for Conducting Situation Analysis

Bibliographical References

- Armstrong, Michael 2009.HANDBOOK OF HUMAN RESOURCE MANAGEMENT PRACTICE, 11th Edition
- HRH, Human Resource For Health Action Framework (HAF), A Guide to Develop and Implement Strategies to Achieve an Effective and Sustainable Health Workforce
- WHO, 2009: Increasing access to health workers in remote and rural areas through improved retention

MODULE FIVE -TRAINING AND DEVELOPMENT

Module Introduction

The purpose of this module is to introduce participants to the concepts, types and significance of training and development initiatives for HR professionals in the health sector in Ethiopia. It also equips participants with the techniques of training and development needs assessment and evaluation. In addition, participants will be able to appreciate the difference between training and development, and the rationale for staff training and management development will be addressed.

The module is organized into two major sections. Section one describes the concept, significance and types of training and it further explains the techniques of training needs assessment and evaluation. Section two outlines the characteristics of training and development, and also describes the significance, stages and types of staff development. The mode of delivery includes team task, PowerPoint presentations and plenary discussions. Finally participants are expected to work on Self-Assessment Questions (SAQ) at the end of this module.

Module Content

Session 1: Training

Session 2: Development

Duration: 1.5 hours

Module Objectives

By the end of these sessions participants will be able to:

- Describe the significance and types of training.
- Explain the levels of training need assessment and evaluation
- Distinguish the difference between training and development
- Explain the rationale for staff and management development

Background

Often the terms ‘training’ and ‘development’ are used interchangeably. They are, however, quite distinct. Here’s how we define them:

Training is any learning activity targeted towards the acquisition of specific knowledge or skills for carrying out a job or task. The learning is applied in a similar situation to that in which it is learned. Here are some examples:

- completing a computer-based module on managing budgets in order to improve the way you manage your departmental finances
- attending a presentation skills course in order to improve your ability to make presentations

Development is a continuous, general and dynamic expansion of skills and knowledge, and is aimed at long-term career growth rather than immediate performance. The transfer of learning is non-specific as it involves learning general skills rather than how to perform particular tasks, and the setting in which the learning takes place is often quite different from the setting in which it is applied. Some examples are:

- going on a conflict management and resolution skills course to help you manage workplace conflicts more effectively
- finding a mentor within your organization to introduce you to the structure and culture at senior levels in your organization and give you more exposure to senior management

N.B, You will want to focus on both training and development to ensure that your team members are able to perform to the best of their ability, not only in the short term (their current jobs), but also in the long term (their future careers)

Federal Civil Service Proclamation 515/2007 stipulates that civil servants shall be trained to improve their capabilities and attain better performance. Accordingly, FMOH has prepared National In-Service Training Implementation Guide to promote standardization and institutionalization of in-service trainings in Ethiopia. The following are *definitions* of some basic terminology related to in-service training stated in FMOH In-Service Training Implementation Guideline¹⁵ :

- *Structured In-Service Training (SIST)*: Structured In-service training represents those training programs that are based on clearly outlined curricula with clearly defined target groups,

¹⁵ National In-service Training Implementation Guide. Federal Ministry of Health, August 2012, Addis Ababa.

objectives, content areas, and delivery methods. Such trainings are ongoing for a fairly long period of time.

- *Remedial / Ad-hoc Training*: Remedial or Ad-hoc training programs refer to any training intervention which has been designed and organized to address gaps in knowledge, skills and attitudes that are identified among staff in a defined practice area or institution.
- *Continuing Professional Development (CPD)*: this is defined as the education of health professionals following completion of formal training. CPD consists of any educational activity which helps to maintain, develop or increase knowledge, problem-solving, technical skills or professional performance standards all with the goal that health providers can provide better health care. *In-service training is one of the CPD activities.*

5.1. Training

5.1.1. Session Objectives

By the end of this session, learners will be able to:

- Recognize the significance of training in organizational changes and success
- Describe process and steps of training needs assessment
- Explain how staff training can be planned and delivered
- Describes types of trainings
- Evaluate current practices to identify gaps in trainings and plan for improvement

In small groups, discuss the following:

- Is there a difference between staff training and staff development?
- How is staff training conducted in your organization?
- How is staff development planned and conducted in your organization?

Explain the levels of training need assessment and training evaluation. Let us now explore some important aspects of training.

5.1.2. Function of Training

The most important function of training is to produce change. It is the upgrading of a person's skill or the addition of a new skill, which in turn can bring about the desired change an organization, is seeking. It is important to understand that training in and of itself cannot motivate a work force. However, it is an integral part of what is needed to accomplish the long-term goals of the organization.

5.1.3. Benefits of Training

Providing training to an employee benefits both the employer and employee by:

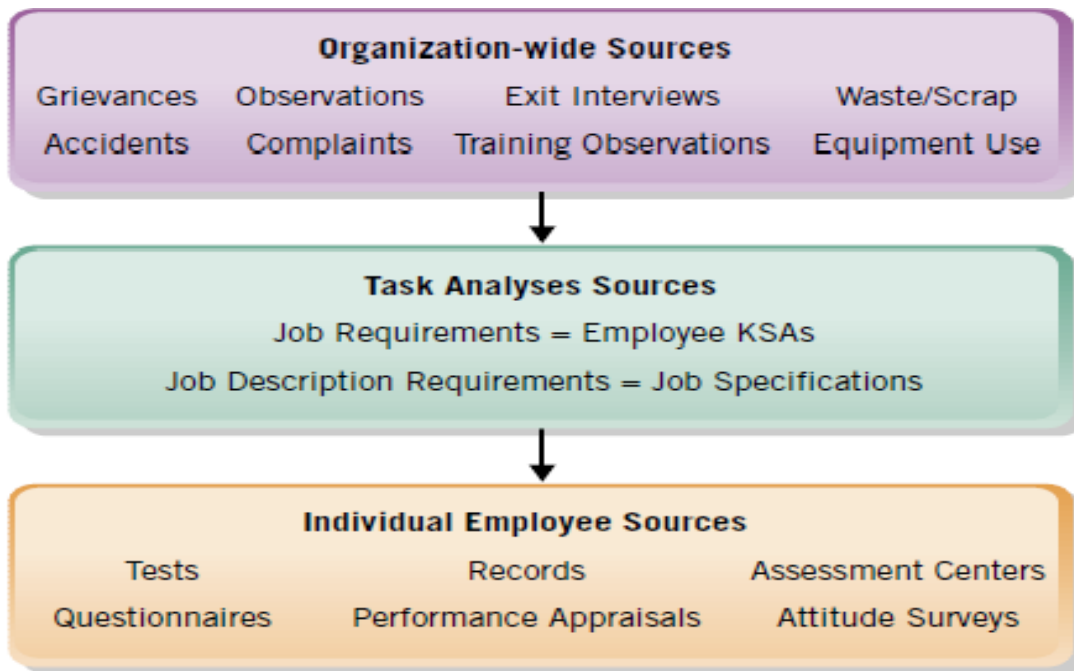
- improving an employee's performance
- developing the group and team skills needed to achieve organizational goals
- giving employees the needed skills and knowledge to complete assigned jobs, duties and tasks
- motivating employees to achieve higher standards
- improving customer service, which leads to customer satisfaction
- preparing employees for promotional opportunities
- enhancing employee morale, motivation, and creativity
- giving employees the tools needed to analyze interpersonal and situational factors that create obstacles to achieving high performance

As described in the National In-service Training (IST) guideline of FMoH, the purpose of IST is to contribute to the achievement of the goals of the health sector through improved performance of staff in health care delivery at all levels. Linking training to staff performance is very important - this means ensuring that the participants apply the knowledge and skills acquired during the training when they return to their jobs. HSDP IV also gives due attention to ensuring ISTs are standardized and support the health and management workforce career progression and skill development.

5.1.4. Training Needs Assessment

Determining organizational training needs is the diagnostic phase of setting training objectives. Just as a patient must be examined before a physician can prescribe medication to deal with an ailment, an organization or an individual employee must be studied before a course of action can be planned to upgrade the skills or improve the performance of an employee. Managers can identify training needs by considering three sources. Figure 1 depicts some of the methods used, for each of the three sources.

Figure 1: Levels of Training Needs Assessment



(Source: HR Transitions, 2006)

a. Organizational Analyses

One method that you can use to diagnose training needs is through organizational analysis, which considers the organization as a system and as source of information for analysis. An important part of the organization's strategic human resource planning is the identification of the knowledge, skills, and abilities (KSAs) that will be needed by employers in the future as both jobs and the organization change. Both internal and external forces that will influence training must be considered when doing organizational analyses.

Specific sources of information and operational measures for an organizational-level needs analysis may include: Grievances, complaints from customers, accident records, equipment utilization figures, observations, training committee observations, exit interviews, and waste/scrap/quality control data

b. Task Analyses

Another method is through analyses of the tasks performed in the organization. To do these analyses, it is necessary to know the job requirements of the organization. Job descriptions and job specifications provide information on the performances expected and skills necessary for employees to accomplish the required work. By comparing the requirements of jobs with the knowledge, skills, and abilities of employees, training needs can be identified.

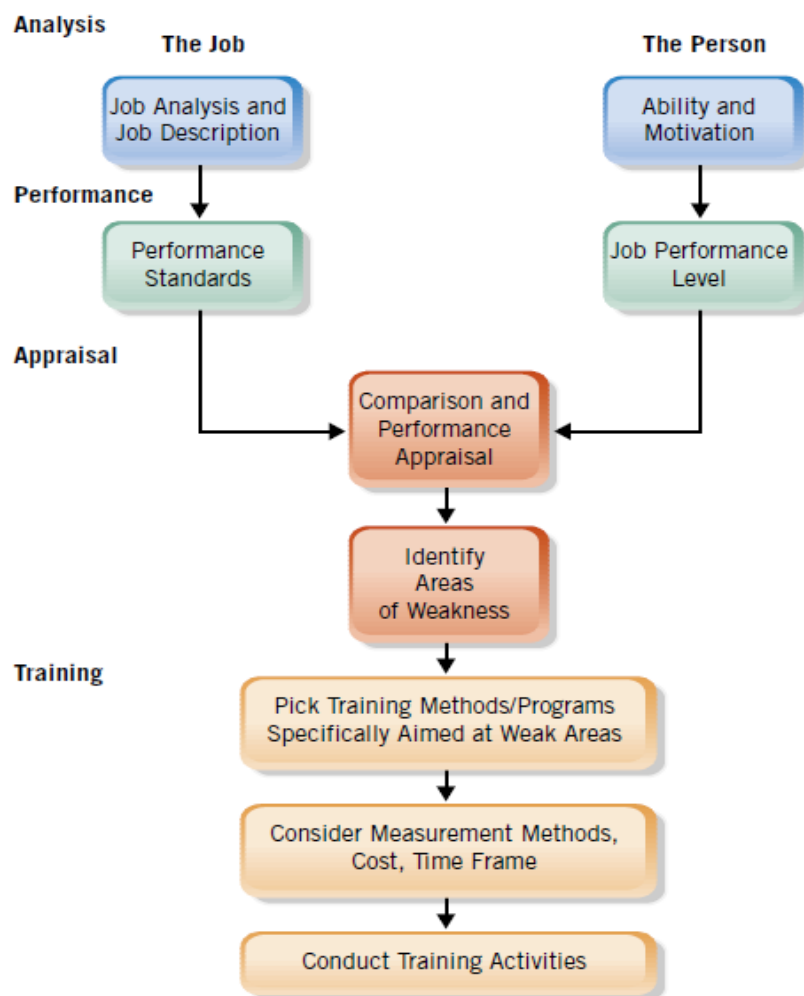
c. Individual Analyses

The third means of diagnosing training needs focuses on individuals and how they perform their jobs. The use of performance appraisal data in making these individual analyses is the most common approach. In some instances, a good HR information system can be used to help identify individuals who require training in specific areas. To assess training needs through the

performance appraisal process, an employee's performance inadequacies first must be determined in a formal review. Then some type of training can be designed to help the employee overcome the weaknesses. Another way of assessing individual training needs is to ask both managerial and non-managerial employees about what training they need. The results can inform managers about what employees believe their problems are and what actions they recommend.

Sources for individual analyses include: Questionnaires, records of critical incident, job knowledge tools, data from assessment centers, skill tests, role-playing results and attitude surveys.

Figure 2 shows how analyses of the job and the person engaged to identify training needs.



(Source: HR Transitions, 2006)

5.1.5. Types of In-Service Training

According to FMoH In-service Training Guideline¹⁶ in-service training courses can be classified into different categories based on the modality (delivery approach) or level.

5.1.5.1. Modalities of IST

The training courses should encompass integrated practical and theoretical components in order to enhance quality of health services. They can be delivered in the form of electronic, live or blended programs.

- **Electronic Courses:** In this case, training is provided to health workers through electronic media like the internet and CD-ROM. Such programs can entertain interaction with the trainer and other trainees through the internet using various programs including video conferencing. In self-paced programs, the learner works on his/her own pace without interacting directly with a facilitator. Educational materials downloaded from the internet and CD-ROM can be used for self-paced electronic learning.
- **Live programs:** A group of learners interacts with each other and a facilitator face to face. Live programs can be conducted on-site or off-site.
 - *Off-site training:* training which is provided outside of providers' work place and could be in training centers or other clinical sites. Participants in off-site training are usually from different facilities or area.
 - *On-site training:* training that takes place at the site where participants are working. On-site training can be conducted often without compromising routine activities of healthcare facilities.

Blended courses: are a mix of both electronic/self-directed and live/group based learning. First, the learner will study the educational materials down loaded from the internet or from the CD-ROM. Then face to face live program will be set up in the presence of a qualified facilitator to ensure the transfer of relevant knowledge, skills and attitude. Blended courses are very useful as they are cost effective and do not compromise routine activities of health workers.

On-the-job training

The most frequently used method in smaller organizations is on the job training (OJT). This method of training uses more knowledgeable, experienced and skilled employees, such as managers, supervisors to give training to less skilled or knowledgeable employees. OJT can be delivered in classrooms as well. This type of training often takes place at the work place in an informal manner.

¹⁶ National In-service Training Implementation Guide. Federal Ministry of Health, August 2012, Addis Ababa.

Informal on the Job Training is characterized by the following factors:

- It is done in an ad-hoc manner with no formal procedure or content
- At the start of training or during the training, no specific goals or objectives are developed
- Trainers usually have no formal qualification or training experience for training
- Training is not carefully planned or prepared
- Trainers are selected on the basis of technical expertise or area knowledge

On the other hand, formal OJT programs are quite different from informal OJT. These programs are carried out by identifying the employees who are having superior technical knowledge and can effectively use one-to-one interaction technique. The procedures of formal on the job training program include:

- The participant observes a more experienced, knowledgeable, and skilled trainer (employee)
- The method, process, and techniques are discussed before, during and after trainer has explained the tasks to be performed
- When the trainee is prepared, the trainee starts performing at the work place
- The trainer provides continuing direction of work and feedback
- The trainee is given more and more work so that he accomplishes the job flawlessly

The four techniques for on-the-job training are:

I. Coaching: Coaching is training and learning approach that helps people to expand their action capacity and possibilities. Coaching allows people to increase their professional effectiveness and personal satisfaction.

What is the role of the coach?

- The coach is a different observer who helps the person being coached to understand his behavior and how it is related to the results he obtains
- Develop alternative behaviors that are more effective
- Build confidence to practice new behaviors to produce intended results

Procedures of Coaching

The coaching procedure is mutually determined by the coachee and coach. The procedure is followed by successive counseling and meetings at the coachee's convenience by the coach.

- Understand the participant's job, the knowledge, skills, and attitudes, and resources required to meet the desired expectation.
- Meet the participant and mutually agree on the objective that has to be achieved
- Mutually arrive at a plan and schedule
- observe the performance and then provide feedback
- Repeat step 4 until performance improves

What do effective coaches do?

- Provide support through respect and acceptance of the other person
- Is committed to help the other person find answers
- Ask questions to help other people reformulate their interpretations of the relationship between their actions and the results
- Listen attentively
- Help discover new possibilities for action
- Support the development of new competencies
- Support the establishment and performance of commitments

2. Mentoring: It is an ongoing relationship that is developed between a senior and junior employee. Mentoring provides guidance and clear understanding of how the organization goes to achieve its vision and mission to the junior employee. Mentoring is generally done by someone inside the organization. In cases where the manager is new to the organization, a senior manager could be assigned as a mentor to assist the new manager settled into his role. Mentoring is one of the important methods for preparing them to be future managers. This method allows the mentor to determine what is required to improve mentee's performance. Once the mentor identifies the problem, weakness, and the area that needs to be worked upon, the mentor can advise relevant training.

3. Job Rotation: It is the process of preparing employees at a lower level to replace someone at the next higher level. It is generally done for the designations that are crucial for the effective and efficient functioning of the organization.

Some benefits of job rotation are:

- It provides the employees with opportunities to broaden the horizon of knowledge, skills, and abilities by working in different departments, business units and functions
- Identification of Knowledge, skills, and attitudes (KSAs) required
- Assessment of the employees who have the potential and caliber for filling the position

4. Job Instruction Technique (JIT): This is a structured on the job training technique in which a trainer prepares a trainee with an overview of the job, its purpose and the results desired, and also demonstrates the task or skill to the trainee and follows up to provide feedback. Job instruction technique (JIT) consists of four steps:

- *Plan* – This step includes a written breakdown of the work to be done because the trainer and the trainee must understand that documentation is important for the familiarity of work. A trainer who is well aware of the work well is likely to do many things and in the process might miss few things. Therefore, a structured analysis and proper documentation ensures that all the points are covered in the training program.
- *Present* – In this step, trainer provides the synopsis of the job while presenting the participants the different aspects of the work. When the trainer finished, the trainee demonstrates how to do the job and why is that done in that specific manner. Trainee

actually demonstrates the procedure while emphasizing the key points and safety instructions.

- *Trial* – This step is a kind of rehearsal step, in which trainee tries to perform the work and the trainer is able to provide instant feedback. In this step, the focus is on improving the method of instruction because a trainer considers that any error if occurring may be a function of training not the trainee. This step allows the trainee to see the after effects of using an incorrect method. The trainer then helps the trainee by questioning and guiding to identify the correct procedure.
- *Follow-up* – In this step, the trainer checks the trainee's job frequently after the training program is over to prevent bad work habits from developing.

Trainers need to understand the pros and cons of each method, also its impact on trainees keeping their background and skills in mind before giving training.

Off-the-job training

There are many off- the-job training techniques that can be arranged for employees. The few popular methods are:

- **Sensitivity Training** is about making people understand about themselves and others reasonably, which is done by developing in them social sensitivity and behavioral flexibility. Social sensitivity in one word is empathy. It is ability of an individual to sense what others feel and think from their own point of view.
- **Transactional Analysis** provides trainees with a realistic and useful method for analyzing and understanding the behavior of others. In every social interaction, there is a motivation provided by one person and a reaction to that motivation given by another person. This motivation reaction relationship between two persons is a transaction.
- **Lecture** is telling someone about something. Lecture is given to enhance the knowledge of listener or to give him the theoretical aspect of a topic. Training is basically incomplete without lecture.
- **Games and Simulations:** Training Game is a spirited activity or exercise in which trainees compete with each other according to the defined set of rules. Simulation is creating computer versions of real-life games. Games and Simulations are structured and sometimes unstructured, that are usually played for enjoyment sometimes are used for training purposes as an educational tool. Training games and simulations are different from work as they are designed to reproduce or simulate events, circumstances, processes that take place in trainees' job.

5.1.5.2. Levels of in-service training

- **Basic Training:** This type of training course prepares participants to acquire the desired knowledge, skills and/or attitude required to perform certain tasks or provide services.
- **Training of Trainers:** This type of training equips participants with knowledge, skills and attitude which enable them to train others who have the competency in providing the services.

- **Advanced Training:** help trainees get more detailed knowledge and master the skills required to perform a specific type of task once they have got the basic knowledge and skills in a particular program area.
- **Refresher training:** This is a type of training offered when an update on knowledge or skills is required in a certain area due to change(s) in guidelines, scientific approach or when a person was trained so long ago that s/he loses her/his required knowledge and skills.

Evaluation of Training

Training evaluation is the process of finding out how the training process has affected the individual, team and the organization. The benefits of evaluating training are to:

- Promote business efficiency by linking efforts to train staff to operational priorities, goals and targets.
- Identify cost effective and valuable training events or programmes, leading to better focused learning and development.
- Ensure the transfer of learning into the workplace.
- Use and reinforce techniques learned to help improve quality and customer service within the organization.
- Help define future training objectives

There are four key stages at which training should be evaluated:

Reaction: At this stage, evaluation provides information on the attitudes and opinions of participants to the learning they have undertaken typically via evaluation forms or comment sheets. It provides useful information to allow assist with modifying the curriculum/training programme.

Learning attained: Evaluation at this stage looks at the extent to which learning objectives have been achieved. Evaluation of learning can take place during the activity using interactive sessions, tests and practical application and after the activity by re-testing knowledge and skills and comparing them with pre-training results, observing the learner's new knowledge and skills in context.

Performance: Evaluation at this stage looks at the impact of a learning experience on individual/team performance at work. Key to this level of evaluation is the need to have agreed clear learning objectives prior to the learning experience so that when evaluation takes place there are measures to use.

Organizational Impact: At this level, evaluation assesses the impact of learning on organizational effectiveness, and whether or not it is cost effective in organizational terms.

5.2. Development

By the end of this session, learners will be able to:

- Describe the significance and types of staff development approaches
- Explain the characteristics of training and development
- Described the role of managers in career and management development

As we have learned earlier, development is a process of growing employee capabilities that go beyond those required by the current job; it represents efforts to improve employees' ability to handle a variety of assignments. Employees and managers with appropriate experiences and abilities enhance the ability of an organization to compete and adapt to a changing competitive environment. Development differs from training because it relates to a person's potential to acquire wider capabilities. It is more concerned with the future and the needs of the employee.

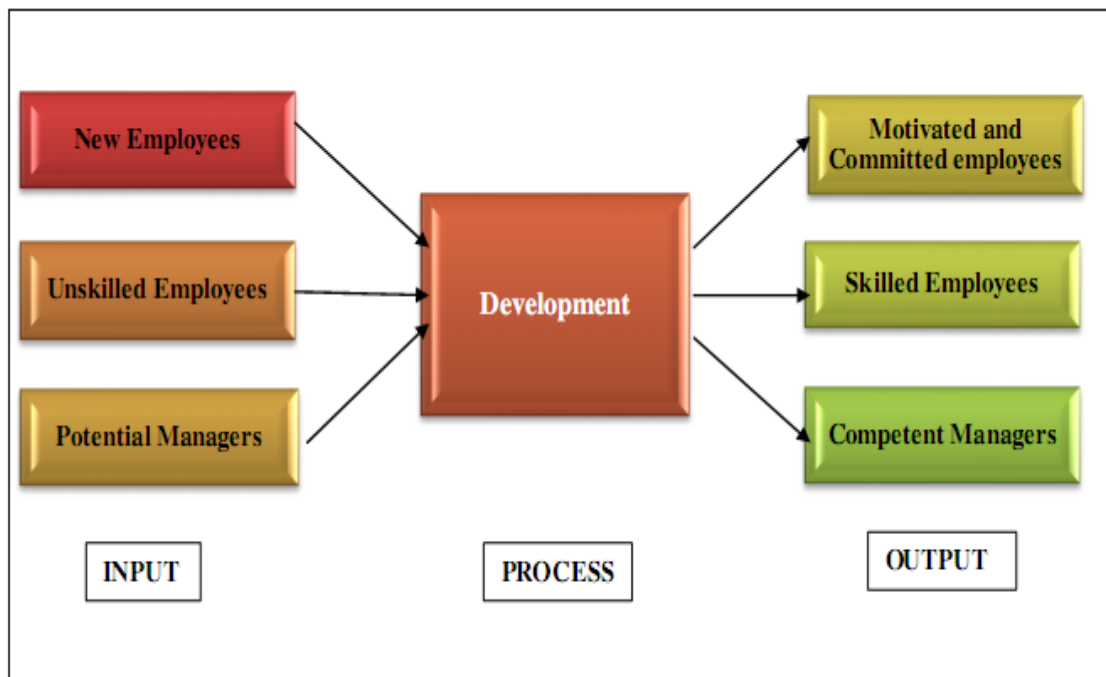
Table 5.2.1. Characteristic Features of Training and Development

Training	Development
Training is job specific and application oriented	Development is learning abilities oriented
Training is presumed to have a formal education	Development is not education dependent
Training needs depend upon lack or deficiency in skills	Development depends on personal drive and ambition
Trainings are generally need based	Development is voluntary
Training is a narrower concept focused on job related skills	Development is a broader concept focused on personality development
Training may not include development	Development includes training wherever necessary
Training is aimed at improving job related efficiency and performance	Development aims at overall personal effectiveness including job efficiencies

Successful employee development depends upon conversations held in an atmosphere of trust and collaboration. To engender such an environment:

- Find a private and comfortable spot for the discussions
- Allow plenty of time - a rushed sense will not help build rapport
- Make sure you listen as you establish a two-way conversation
- Ensure that any goals set are clear and attainable
- Outline the next steps and responsibilities for each step

Figure 5.2.1: Systems approach to Development



The Need to Develop Employees

The need for developing employees is compelling because a sound development plan has its contributions to increase productivity and quality of work. The development strategy reduces staff turnover and absenteeism and also helps in improving motivation among the employees.

To be effective, development programs need to take into account that employees are adult learners. The theory of adult learning or “Andragogy” is based on five principles. Adults:

- need to know why they are learning something,
- need to be self-directed,
- bring more work-related experiences into the learning situation,
- enter into a learning experience with a problem-centered approach to learning,
- are motivated to learn by both extrinsic and intrinsic motivators.

Successful employee development requires a balance between an individual's career needs and goals and the organization's need to get work done. Such development programs make positive contributions to organizational performance. A more highly-skilled workforce can accomplish more and a supervisor's group can accomplish more as employees gain experience and knowledge.

Stages of Employee Development

Everyone goes through several stages of development as they move from being a career "beginner" to a full expert in their field. Each stage has specific needs and tasks to consider. As you work with employees on development, it can be helpful to look at their stage in order to find the best kind of activities for them. If an employee has recently completed a career change,

s/he is probably in the "exploration and trial" stage. If, on the other hand, an employee has burned out, he or she might be in "disengagement" regardless of age.

Table 5.2.2: Stages of Employee Development

Stage	Characteristics	Needs
Exploration and Trial	Work with regular guidance Work is routine, detailed	Learn to ask for help Learn to take initiative
Establishment and Advancement	Has own area of responsibility Work independently Independence and specialization	Build a reputation Learn to work independently Produce significant results
Mid-Career: Growth, Maintenance, Decline	Responsible for guiding others Use great breadth of technical skill to support organization	Feel disappointment if goals are not achieved Learn to help others
Disengagement	Use experience to provide direction for the organization Influence decisions	Prepare psychologically for retirement Learn to accept a different role

Employee development programs fall under the following two major categories: career development and management development.

5.2.1. Career Development

Career development is an organized approach used to match employee goals with the business needs of an organization in support of workforce development initiatives. It is the ongoing acquisition or refinement of skills and knowledge, including job mastery and professional development, coupled with career planning activities. Job mastery skills are those that are necessary to successfully perform one's job. Professional development skills are the skills and knowledge that go beyond the scope of the employee's job description, although they may indirectly improve job performance.

Since career development is a dynamic process, employees need encouragement and support in reviewing and re-assessing their goals and activities. Human Resource Manager is responsible for designing career paths and employee development programs that help employees reach their goals. The support of human resource manager for career development is important because:

- Current information about the organization and future trends helps employees create more realistic career development goals
- Focus on skill development contributes to learning opportunities

- Opportunities for promotion and/or lateral moves contribute to the employee's career satisfaction
- A greater sense of responsibility for managing one's own career contributes to self-confidence
- Career development increases employee motivation and productivity
- Attention to career development helps you attract top staff and retain valued employees

The Roles Human Resource Manager Can Play in Employee's Career Development

1. *Coach*: help employees identify strengths, weaknesses, interests, and values by maintaining open, effective communication and ongoing encouragement. You can improve your coaching by encouraging two-way dialogue, showing employees how to identify their skills, interests, and values and scheduling uninterrupted career development discussions.
2. *Advisor*: provide organizational information, realities, and resources to employees. You can improve your advising by:
 - Helping employees develop realistic career goals based on your department's needs and their individual development plans
 - Helping employees understand the current opportunities and limitations in the organization
 - Advising employees on the feasibility of various career options
3. *Appraiser*: evaluate employees' performance in an open, candid way and relates this to potential opportunities. You can improve your appraisal skills by:
 - Providing frequent feedback in a way that fosters development
 - Conducting performance appraisals that define strengths, weaknesses, and career development needs
 - Relating current performance to future potential in realistic ways
 - Using an individual development plan as a tool for continual feedback and development
4. *Referral Agent*: help employees meet their goals through contacts with people and resources. You can improve your referral agent skills by:
 - Helping employees formulate development plans and consulting on strategies
 - Providing opportunities for experience, exposure, and visibility, such as committees and task forces)
 - Using personal resources who you know and what you know to create opportunities
 - Assisting in seeking employees' placement lateral or vertical

5.2.2. Management Development

Management development is best described as the process by which managers learn and improve their skills to benefit the individual as well as the organization. Interest in management

development is great partly due to the shortage of well-trained managers. Management development is also a systematic process of learning and growth by which managerial personnel gain and apply knowledge, skills, attitudes and insights to manage the work in their organization effectively and efficiently.

The purposes of management development are to:

- Sustain good performance of managers throughout their careers by exploiting their full potential.
- Understand economic, technical, and institutional forces in order to solve business problems.
- Acquire knowledge about problems of human resources.
- Think through problems that may confront the organization now or in the future.
- Develop responsible leaders.
- Inculcate knowledge of human motivation and human relationships.
- Increase proficiency in management techniques such as work study, inventory control, operations research and quality control.

The skill and knowledge commonly required by managers are: decision making skill, interpersonal skill, job knowledge, organizational knowledge, and general knowledge. A variety of methods of management development such as job rotation, coaching and mentoring have come into prominence these days.

Management development is characterized by: continuous process, knowledge updating activity, vehicle for attitudinal change, a stimulant to higher competence, deficiency improver and self-development process

Why we need to focus on managers?

Managers are a pivotal part of the workforce and the need to focus on management development arises from three basic factors:

Managers as brokers of knowledge- managers can explore the necessary skills to systematize and facilitate knowledge-sharing behaviors by creating conditions of trust in the organization.

Managers as lynchpins of learning- A pivotal role for managers is to help construct a meaningful learning environment around them.

Managers as makers of meaning- the character and morality of the employee have always been central concerns of managers as they seek to govern and structure organizational life. Thus, under the banner of management development, such 'tools' as ability tests, assessment centres, performance-based reviews, competency based development programmes may be developed and used.

Self- Assessment Questions (SAQ)

1. Explain the difference between coaching and mentoring.
2. What are the pros and cons of on-the-job and off-the-job training?
3. Describe the systems approach to staff development.
4. List the similarities and differences of 'training' and 'development'
5. What are the roles expected of a HR manager to ensure career development of employees?
6. Explain the purpose of management development

Bibliographical References

1. Abdus Sattar Niazi. Training and Development Strategy and Its Role in Organizational Performance; 2011. Journal of Public Administration and Governance ISSN 2161-710 2011, Vol.1, No. 2
2. Jackson, T. (2002), 'The Management of People Across Cultures: Valuing People Differently,' Human Resource Management.
3. HR Transitions (2006)
4. Sharma, Tejinder et.al. (Undated). Management Training and Development.
5. Com, M. (2004). Human Resource Management. ROHTAK, Maharshi Dayanand University
6. FMOH (2013). National In-Service Training Implementation Guideline
7. FMOH (2010). Health Sector Development Programme IV (2010/11 – 2014/15)

MODULE SIX- PERFORMANCE MANAGEMENT

Module Introduction

The acquisition activities of HRM ensure the arrival of the required number and type of health workforce to the health care organization. Managers and supervisors play a key role in making their employees feel supported and motivated and, as a result, more productive. Making employees feel valued and supported is essential, particularly in challenging environments where resources are scarce and the needs of the community are vast. Performance management and supportive supervision is a key way to achieve this. Using a few key skills and tools—and with a little practice—managers can create a dynamic relationship with staff to help them grow as individuals and organizations.

This module addresses the essence, objectives, characteristics, and principles of performance management in the context of healthcare systems. The mode of delivery includes team task, PowerPoint presentations and plenary discussions. Finally participants are expected to work on Self-Assessment Questions (SAQ) at the end of this module.

Module Objectives

By the end of this module participants will be able to:

- Describe the concept and components of performance management and its importance in improving the performance of staff.
- Identify key performance management factors
- Explain the principles and processes of an effective performance appraisal system
- Describe the existing performance appraisal system in their organization
- Evaluate current performance management practices in their respective work place to identify the gaps and plan the ways of improvement.

Time Allowed: 2.5 Hours

6.1. Backgrounds

The performance of a health system depends, to a large extent, on the performance of the people working within that system. When an array of health workers at different levels of the health system achieves high levels of performance, they will contribute to the achievement of the health system's objectives. On the other hand, if the performance of health workers is poor, the outputs and outcomes of the health care service will also be poor. Health service managers (at the FMOH, RHB, ZHD, WoHOs and health care facilities), therefore, must know how to manage the performance of their staff. Effective management of health workers' performance is, however, a lingering challenge owing to lack of performance management and supervision skills among health managers combined with loose reinforcement of performance

management as a system. For this reason, it is imperative that health managers (Executives, Line managers and HR managers) develop an understanding of the basic principles, processes and the techniques of managing staff performance.

6.2. Performance Management System

Table Task

In small groups ask participants to reflect on the performance management system in their organization

- How is the system operationalized in your setting?
- What's working? What needs to be improved and how?

6.2.1. Introduction

Traditionally, staff performance is regarded as the extent to which employees conform to organizational norms and rules. For example, a health worker who regularly arrives at her/his place of work on time each day is viewed as a good performer. Likewise, certain positive traits, personal characteristics and competencies of a staff member could also be perceived as good performance. For example, loyalty to the organization or strong professional skills (clinical, nursing etc.) of a staff member is usually viewed as examples of good performance. Such conforming behaviors, personal traits or competencies do not constitute performance; they are rather the conditions or inputs that may influence performance.

Performance is regarded as *the achievement of objectives, outputs or results of a job or a position. It is a set of outcomes on a specified job during a specified period of time.* For example, the performance of a health worker may be defined in terms of how many patients he/she treated or how many couples he/she counseled during a specified period of time. For effective management of performance, one should take this result or output-focused view of performance.

Performance Management in health care service organizations is a systematic process for improving the performance of the health care service organizations by developing the performance of health workers and their teams. It is a means of getting better health service/care results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements. The process involves establishing a shared understanding about what is to be achieved, how it is to be achieved, and an approach to managing the health workers that increases the probability of achieving the desired results.

6.2.2. Objectives of Performance Management System

According to Armstrong (2011), the overall objective of performance management is "to develop the capacity of people to meet and exceed expectations and to achieve their full

potential to the benefit of themselves and the organization they work for". Specifically it focuses on:

- aligning individual and organizational objectives,
- improving individual performance,
- providing the basis for personal development,
- improving organizational performance,
- developing a performance culture,
- informing reward (contribution/performance pay) decisions

6.2.3. Characteristics of Good Performance Management System

Good performance management system should exhibit the following characteristics:

- Involves well-planned process.
- Focuses on measures outcomes against performance standards (expectations)
- Concerned with both inputs and values required (how results are achieved)
- Interlinked steps to continuous and flexible process
- Based on the principle of management by contract
- Focuses on future performance improvement and personal development
- Can also be applied to teams

6.2.4. Performance Management Cycle

Putting together, contemporary concept of result-based performance management system is composed of interlinked system-components of : performance planning (also called Goal/Objective setting for performance), performance implementation, measuring and monitoring performance against planned targets, improving performance to meet the standards (including making mid-term adjustments) and Performance Appraisal (also called annual performance Evaluation). These system components are summarized into performance management cycle (see figure 6.1, below)

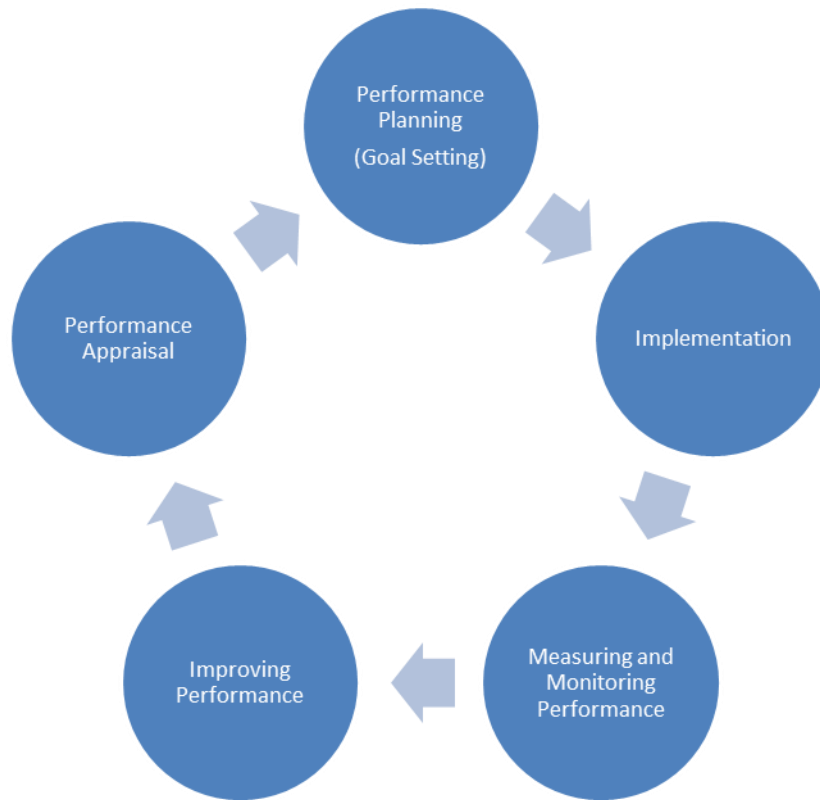


Fig 6.1. Performance management cycle

As described above, performance management is a management system that involves:

- Setting and agreeing on clear job expectations and key performance objectives for individual employee or a team;
- Identification and development of skills and competencies to do the job;
- Provision of necessary support, tools and resources for performance;
- Evaluation of and feedback on performance against the set objectives;
- Diagnosis and handling of performance problems; and
- Rewards for the results achieved and corrective actions for failing to achieve the objectives.

Performance management is based on the simple principle that when skilled people know and understand what is expected of them, and have been able to take part in forming those expectations, they can and will perform to meet them. And a process of evaluating and appraising their performance needs to be established and implemented consistently in order to optimize the performance of the staff.

In the following sections, performance management cycle will be described briefly:

A. Performance Planning

Performance planning is a process of goal setting by which supervisors and employees come together to discuss goals, objectives, and expected performance throughout the year. This process emanates from organization's/institution's planning process where core plan of the

organization/institution is developed and the goal is cascaded (“Goal Cascading”) to the departments, Teams and individual staff. This may mean an organization/institution develops its strategic plan and/or annual operational plan with clear goals, SMART¹⁷ Objectives, Strategies and activities. Then departments/Units/Teams and/or individual staff develop their plans to ensure the organization’s/institution’s plan is achieved within the plan period.

Performance planning is a detailed discussion (*between a supervisor and staff*) to agree on four major activities:

- Coming to agreement on the individual’s key job responsibilities
- Developing a common understanding of the goals and objectives that need to be achieved
- Identifying the most important competencies that the individual must display in doing the job
- Creating an appropriate individual development plan

This process allows the supervisor and employee to improve their communication and plan for higher levels of output from the unit or department. The actual performance evaluation is a logical extension of the process which allows the supervisor and employee to discuss the accomplishment of certain standards and goals.

Annual performance plan is developed with aid of various tools and formats. For example, an organization might have standard format and planning guidelines (e.g. Woreda-based planning in Ethiopia) or the organization may adapt tools to their specific needs OR develop their own tools as there are varieties of tools and templates are available on web-sites. These are commonly linked to annual Performance appraisal/evaluation forms.

B. Implementation

This step of PM is acting upon the plan or performs the tasks set out in the performance planning. It involves mobilizing human, material and financial resources; coordinating and communicating with internal and external stakeholders to accomplish tasks to achieve the performance goal.

C. Measuring and Monitoring

Measuring and monitoring is gauging the performance of activities/tasks and the results achieved in comparison with performance standards/expectation. This step involves both *informal* and *formal* approaches:

- **Informal Approaches**
 - self-assessment (against plan targets & quality standards)
 - Staff meetings
 - Peer review and feedback

¹⁷ SMART: Specific, Measurable, Achievable, Reliable/Relevant and Time-bound

- Continuous observations and with/without feedback from supervisor
- **Formal Approaches** include planned supportive supervision, feedback, action planning (with documentation and reporting). Supportive supervision is a process of regular review of staff performance that aims to improve quality and results, support, guide and help staff to feel empowered, identify and resolve problems; and promoting high standards, teamwork, and good communication.

Measuring and monitoring of performance helps an organization/team or staff to identify successes, gaps (shortfalls) and challenges for performance. Managers and staff need to identify underlying cause (s) for poor performance to plan interventions. There are several key performance factors that affect staff performance and HR leaders and supervisors should assure that the performance management system is in place to address following: 1. Job expectations, 2. Performance feedback, 3. Work environment and tools, 4. Motivation 5. Skills and knowledge. Key questions need to be answered during performance planning and management is briefly stated below:

Job expectations -- *do staff know what to do?*

- Is there clarity about national standards, clinical and other protocols, desired results?
- Can staff state job expectations? Link them to standards/desired results?
- Is there up-to-date job description in use
- How do they 'get' job expectations?
- Are they clear about acceptable level of performance?

Performance feedback -- *do staff know how well they are doing?*

- How well are providers performing against job expectations?
- How do they find out? Periodic? Non-threatening? Timely?
- How clearly does staff act on feedback?
- Any way to provide feedback to supervisors?

Work environment/tools -- *what systems in place support positive work environment?*

- Is there a positive team environment at the site level--good teamwork?
- Are there adequate and reasonably up-to-date supplies and tools?
- Are work place safety policy and practices in place?
- Can staff provide input into how things work?

Motivation -- *do staff have a reason to perform as they are asked to perform? Does anyone notice?*

- How is good performance recognized or rewarded?
- How well do site level teams work together to celebrate successes?
- What is range of non-monetary incentives used within system or site?
- What input do staff have regarding incentives?

Skills and knowledge -- *do staff know how to do the job?*

- Is PSE curriculum tied to HRH strategic plan? Current workforce needs and plans?
- What feedback system is in place to inform PSE changes?

- How were skill/knowledge gaps identified? What range of in-service training opportunities are available to address skill/knowledge gaps?
- What kind of follow-up ensures education and training ‘works’?

D. Performance Improvement

Measuring and monitoring performance over time gives opportunities to improve performance including making mid-term adjustments in targets. Actual improvement interventions vary based on underlying performance factor (s) and appropriate course of action should be designed through participatory problem analysis. However, all improvement plan need to be clear, specific, achievable. Clear responsibility among various organizational bodies and staff should be developed with timeline for initiation and completion of the actions.

Like any planning, performance improvement goes through series of steps as described below:

- Identify and agree on the problem.
- Establish the reason(s) for the shortfall.
- Decide and agree on the action required.
- Provide the coaching, training, guidance, experience or facilities required to enable agreed actions to happen.
- Monitor and provide feedback.

E. Performance Appraisal

Although performance management is a continuous process it is still necessary to have a formal review once or twice a year. This provides a focal point for the consideration of key performance and development issues. It leads to the completion of the performance management cycle by informing performance and development agreements. Individuals should be encouraged to assess their own performance and become active agents for change in improving their results. The common practice with regard to performance review is to have one or two performance review sessions in a year. The practice in the civil service sector of Ethiopia is to conduct appraisals twice a year (every six month).

Why and how should our organization conduct performance appraisals of our employees?

Performance Appraisal (PA)—is a structured process to review and discuss an employee’s performance of assigned duties, achievement of goals and fulfillment of responsibilities over a specific time period.

The performance appraisal (PA) process strengthens organizations and fosters improved individual performance by enhancing and reinforcing the link between individual and organizational performance. The performance appraisal process can help:

- **Align staff responsibilities and goals with organizational or program objectives.** PAs often include reviewing an employee’s job description and goals to ensure that responsibilities and goals are consistent with those of the organization or program.
- **Align staff attitudes and performance to organization’s values.** When planning performance goals, identify the values the organization wants to see reflected in an employee’s performance
- **Recognize and reinforce good performance.** The PA process provides an opportunity for recognizing and reinforcing good performance. When employees feel valued, they are more likely to engage in their work and, as a result, be more productive.
- **Identify and formally address issues.** PAs reinforce ongoing communication by providing a forum for employees and supervisors to discuss problems or challenges and document the issues discussed.
- **Identify training and professional development needs.** When developing performance goals, the employee and the supervisor can plan for any training required to help the employee meet performance goals.

How to Establish a Performance Appraisal Process

To set up your PA process, use the following steps as a guide.

1. Outline the purpose and objectives of the PA process.

Defining the purpose and objectives helps staff and the organization to understand and monitor the process.

2. Map out the PA process for your organization

With input from staff at different levels, tailor the process to the needs of your organization and decide on the following:

- What type of performance appraisal system do you want? One-on-one, 360° review—a type of performance appraisal that incorporates feedback from management, subordinates, peers, clients and others into the review process—or a combination?
- How often should appraisals occur? Annually, annually with a six-month review or as part of a probationary period?
- Will appraisals be customized for different staff—management, general staff and volunteers?
- Who will conduct the appraisals and for whom?
- How will the information gathered in the appraisal be documented and used?
- How will the PA process be linked to other organizational processes, such as pay period, supervision or quality assurance?

3. Develop PA materials

When developing PA forms and tools, consider fairness, consistency and functionality. Keep tools simple and user-friendly, and test them prior to implementation. The following table outlines some useful PA tools that you may want to consider.

Tool	Use	Process Elements
Employee Performance Plan	Developed at the start of employment. Updated periodically after the supervisor's assessment and the employee's self-evaluation have been jointly reviewed and discussed.	<ul style="list-style-type: none"> • Attach revised final job description. • Set and document performance goals for the upcoming year. • List professional development activities (fulfillment of activities is based on organizational priorities and available funding).
Employee Self-Evaluation	Completed by employee first and given to the supervisor to incorporate into his/ her evaluation.	<ul style="list-style-type: none"> • Review job description. • List achievements and constraints in meeting goals set in the Employee Performance Plan. • Rate performance according to key criteria. • List performance objectives for coming period. • List desired professional development. • Give feedback on supervision and support received.
Supervisor's Evaluation of Employee	Completed by supervisor after receiving the employee's self-evaluation.	<ul style="list-style-type: none"> • Review job description. • Assess achievement of performance goals set for the period under review. • Summarize findings from 360° review (if appropriate). • Include comments on overall performance.
Performance Improvement Plan	Used when an employee's performance does not meet the expectations of the position.	<ul style="list-style-type: none"> • Identify the job duties or responsibilities that are not being performed at the expected level. • Outline specific, work-related examples of performance (poor, acceptable). • Indicate acceptable work performance standards and expectations that must be completed on a consistent basis. • Specify clear timeline for follow-up. • Identify the measurements to evaluate progress.

4. Establish a plan for PA implementation and monitoring.

Develop a clear timeline of activities and list of participants in the process:

- **Establish indicators** to measure the effectiveness of key milestones during the PA process (for example, deadlines for developing, testing and revising PA forms, dates for finishing a pilot process and number of performance reviews completed in a specified time period).
- **Pilot the approach with a small group of staff** to observe how the process flows, determine how easy it is to use and make adjustments as needed.
- **Launch** the process (in stages if needed) throughout the organization.
- **Assess and address lessons learned** to improve the process, make it easier for supervisors and employees to use and increase overall effectiveness.

5. Train staff and supervisors on the PA process.

Performance appraisal is not intuitive. Supervisors and staff need training in how to complete the forms, communicate with one another and set goals. Supervisor training should include: explaining the purpose and objectives of the PA, facilitating the performance appraisal, giving feedback to employees and setting performance goals.

Employees will require training to understand the purpose and objectives of the PA process, what to expect during a PA meeting, how to handle feedback, communicate with supervisors and set performance goals.

IMPORTANT TIPS:

An effective PA process is:

- **Participatory**—Both the supervisor and employee should provide input. Feedback from peers and other managers can also be included.
- **Transparent**—All staff should understand the PA process and criteria used for performance assessment.
- **Applied consistently**— Regardless of whether the individual employee appraisals are conducted in phases or simultaneously, they should be done uniformly *with all staff* to ensure fairness and consistency.
- **Reviewed regularly**—PAs should be checked regularly to ensure relevance, accuracy and consistency with organizational needs.

Important rules for conducting performance review and appraisal meetings:

- 1) **Be prepared.** Managers should prepare by referring to a list of agreed objectives and their notes on performance throughout the year. They should form views about the

reasons for success or failure and decide where to give praise, which performance problems should be mentioned and what steps might be undertaken to overcome them.

- 2) **Work to a clear structure.** The meeting should be planned to cover all the points identified during preparation. Sufficient time should be allowed for a full discussion (hurried meetings will be ineffective).
- 3) **Create the right atmosphere.** A successful performance review meeting depends on creating an informal environment in which a full, frank but friendly exchange of views can take place. It is best to start with a fairly general discussion before getting into any detail.
- 4) **Provide good feedback.** The feedback should be presented in a manner that enables individuals to recognize and accept the facts about individual performance. It should be a description of what has happened, not a judgment.
- 5) **Use time productively.** Time should be allowed for the individual to express his or her views fully and to respond to any comments made by the manager.
- 6) **Use praise.** Managers should begin with praise for some specific achievement, but this should be sincere and deserved.
- 7) **Let the staff/employee do most of the talking.** This enables them to relax and helps them to feel that they are getting a fair hearing.
- 8) **Invite self-assessment.** This is to see how things look from the individual's point of view and to provide a basis for discussion – many people underestimate themselves.
- 9) **Discuss performance not personality.** Discussions on performance should be based on factual evidence, not opinion. Always refer to actual events or behavior and to results compared with agreed performance measures.
- 10) **Encourage analysis of performance.** Don't just hand out praise or blame. Analyze jointly and objectively why things went well or badly and what can be done to maintain a high standard or to avoid problems in the future.
- 11) **Don't deliver unexpected criticisms.** There should be no surprises. The discussion should only be concerned with events or behaviors that have been noted at the time they took place.
- 12) **Agree on measurable objectives and a plan of action.** The aim should be to end the review meeting on a positive note.

6.2.3.2. Dealing with (Handling) under-performers

Poor performance is best seen as a problem in which the employee and management are both accountable. Managing under-performers therefore should be a positive process that is based on feedback throughout the year and looks forward to what can be done by individuals to overcome performance problems and, importantly, how managers can provide support.

The five basic steps required to manage under-performers are:

- Identify and agree on the problem.
- Establish the reason(s) for the shortfall.
- Decide and agree on the action required.
- Provide the coaching, training, guidance, experience or facilities required to enable agreed actions to happen.
- Monitor and provide feedback.

6.3. Line managers and performance management

Line managers are crucial to the success of performance management, so it is imperative to enhance their skills in performance management. As such, HR units or managers where they exist should:

- Involve line managers in the development and introduction of performance management.
- Train and coach line managers – existing managers and, importantly, potential, and newly appointed managers,
- Get top management to stress the importance for staff and the organization. Keep it simple – do not impose a bureaucratic system,
- Emphasize whenever possible that performance management is a normal process of management and that one of the criteria for assessing the performance of managers is how well they do it.
- Do whatever can be done to persuade line managers that formal performance reviews need not be stressful occasions if they are conducted properly but can in fact provide ‘quality time’ for the two parties to engage in a dialogue about performance and development opportunities.

Self-Assessment Questions

1. Why is performance management important for staff and the organization?
2. What are some of the key performance factors?
3. Explain the difference between performance management and performance appraisal?
4. What are some of the key steps of establishing a performance appraisal process?

Bibliographical References

- Michael Armstrong, ARMSTRONG'S HANDBOOK OF HUMAN RESOURCE MANAGEMENT PRACTICE, 11th Edition, 2009.
- SANDEEP, Organizational Development Training Module: Human Resource Management, 2006, Kathmandu, Nepal.

MODULE SEVEN: HUMAN RESOURCE INFORMATION SYSTEMS AND DATA DRIVEN DECISION MAKING (DDDM)

Module description

In most of the previous modules we have learned more about the importance of the various Human Resources Management (HRM) functions and their applications. Nearly all these essential functions cannot be adequately planned and implemented without accurate, reliable and consistent data about the jobs that exist and the people who perform them. In other words, it is difficult to make key HR policy planning and management decisions without access to data and information about the workforce. . This could be achieved through a well-designed and effectively managed human resource information system (HRIS). This module provides an introduction to to the concepts, nature, importance and application of a typical HRIS, and the use of HR data to drive the HR decision making process in an organization.

Module Objectives:

Upon completing the module, the participants will be able to::

- Explain the essence, importance and application of HRIS
- Describe the four foundational pillars of HRIS strengthening process,
- Explain the role a stakeholder leadership group (SLG) in supporting HRIS strengthening
- Describe and analyze the current functional status of HRIS in their organization to identify key gaps and plan interventions for improvement in HRIS Describe the key elements of data driven decision making process

Duration: 1.5 hours

7.1. Human Resource Information System (HRIS)

Table Task

In your small group discuss:

- What HR data do you gather in your organization?
- What difficulties do you face in gathering HR data?
- What measures did you take?

7.1.1 Introduction

Human resource information system (HRIS) collects, collates and analyzes information about employees and their needs to support informed HR policy planning and management decision making. A well-functioning HRIS links all human resource data from the time employees join the organization until they leave the work force and beyond.

Many health organizations and ministries of health in Africa do not maintain accurate health workforce data and information. In most places what you find are incomplete and poorly maintained paper-based records. In such circumstances, it is difficult to get well organized health workforce records, and the situation is not different in Ethiopia.

Taking these challenges into account, countries including Ethiopia have begun to introduce an electronic human resource information system (eHRIS). There are initiatives to introduce a computerized HRIS (eHRIS) in Ethiopia in collaboration with US government-funded programs. So far the system is established in the Federal Ministry of Health (FMOH), few Regional Health Bureaus (Addis Ababa, Tigray, Oromiya) and Federal Food, Medicine, Healthcare Administration and Control Authority (FMHACA). It is also expected the initiative will expand to the remaining regions and Agencies.

In the meantime, most Regions and facilities are using some form of paper based HRIS that has been in place for a long time but liable to systemic deficiencies inherent in its nature. For example, in this system, data are collected on multiple non-standardized forms which often contain duplicate information. When so many forms for so many people must be completed, filed and tracked, the system becomes inefficient resulting in incomplete forms and inconsistencies across forms that are often difficult to identify and correct. It may also prove difficult to track even an individual health worker moving through the system. As a result, aggregating and analyzing the data becomes labor intensive, time consuming, and error prone, which could misinform and delay policy and management decisions.

7.1.2 Importance, functions and elements of HRIS

7.1.2.1 Importance of HRIS

The most efficient, up-to-date way to track changes to a health workforce is to use data from a routine information system or HRIS. These systems are typically used by administrative hierarchies including Federal Ministry of Health, Regional Health Bureaus, Zonal Health Departments, Woreda Health Offices as well as regulatory and licensing bodies at various levels. Strengthening the HRIS improves the accuracy and quality of HRH information available for HR managers and workforce planners. This in turn improves their ability to make well informed HR related decisions.

The quality of HRH decisions depend largely on the adequacy and accuracy of information that is maintained about the health workforce and the procedures and techniques used for retrieving and analyzing them. More specifically HRIS:

- Makes HRH related information readily available on time

- Feeds accurate and adequate information into HRH decision process
- Integrates various HRH activities for coordinated actions
- Provides comprehensive information as a single, integrated database
- Collects appropriate data and converts them into meaningful information that will assist decision making
- Enhances efficiency and effectiveness of HRH operations and administrative functions
- Helps to implement need based training programmes
- Improves health workforce satisfaction by providing quick and accurate HR services

7.1.2.2 Functions of HRIS

A well-functioning HRIS serves a range of essential functions that cover almost every aspect of HRM and include:

- Creating a comprehensive employee database at different levels of the health system (FMOH, RHBs, ZHDs, WoHOs)
- generating information for compensation and job evaluation;
- payroll administration;
- pensions and benefits administration;
- employee turnover analysis;
- HRH planning and forecasting;
- Performance management systems and 360-degree feedback;
- Pay reviews;
- Personnel training and development (helps to identify employee's performance gap)
- absence recording and management;
- Health workforce surveys

7.1.2.3 Elements of HRIS

HRIS is based on the identification of certain input data, information recording structures, and procedures for using the data. The system also generates a number of output data for use in HRH decisions as well as for their implementation. The following are common and important elements of any HRIS in terms of inputs, process and outputs.

a) Input Data for HRIS

- Personal information (about the health worker)
- Organizational information (positioning in the organization: health care facility, health offices-woreda, zone, region, federal)
- Job/ career experience (current and previous)
- Performance and potential assessment (ratings and feedback)
- Qualification, training and competency (provided and identified)
- Payroll and benefits
- Development and succession plan
- Others (disciplinary, medical, references, absenteeism)

All these information is gathered using standardized format usually by the HR unit in health care facilities and health offices (Woreda, zone, region and federal ministry). Once the data are gathered they have to be maintained as HR related events (e.g. promotion, transfer, discipline, and training) happens.

b. Process elements

HRIS data processing involves the integration of structure, people, technology, work procedures and physical facilities. Such integration facilitates proper data acquisition, storage, updating and analysis of HRH data.

The health administration unit as appropriate (FMOH, RHBs, ZHDs, WoHOs) must ensure that there exist HRH data units under the supervision of HR department. It is also essential to ensure the HRH data unit has suitable office that can properly maintain both physical archives and electronic data. Moreover, the unit needs to be staffed with professionals who have background in health informatics, statistics, or computer science. In this regard, the situation at different levels of the health system management hierarchies of Ethiopia is far from the ideal. In most cases these units are characterized by: unqualified personnel, poor infrastructure (office, furniture like shelves for archives, office desks, and equipment -computers, printer, etc.). Therefore, it is up to the management of the unit to make sure that these units are organized in such a way that they can properly process the HRH data in their jurisdictions and deliver the desired output.

c. Output Data from HRIS

Having ensured that the input and process elements of the HRIS are in place, the system should enable to analyze and deliver data that are required for reliable and correct decision making. A well organized and functioning HRH data unit is likely to deliver adequate, relevant, and timely information that can be used by HR managers, health planners and managers. Such data include the following:

- HRH profile (national, regional, zonal, woreda, health facility)
- Skills inventory
- Training and development (need and participation)
- Compensation report
- Employee benefit record
- Turnover and absenteeism report

Customers or users of the HRIS service could be categorized into: internal and external customers. Internal customers are senior managers and executives, HR unit, line managers, and employees of the organization. External customers include entities outside the organization but which use its HR data. Examples are offices like civil service, social security, finance, researchers and other stakeholders.

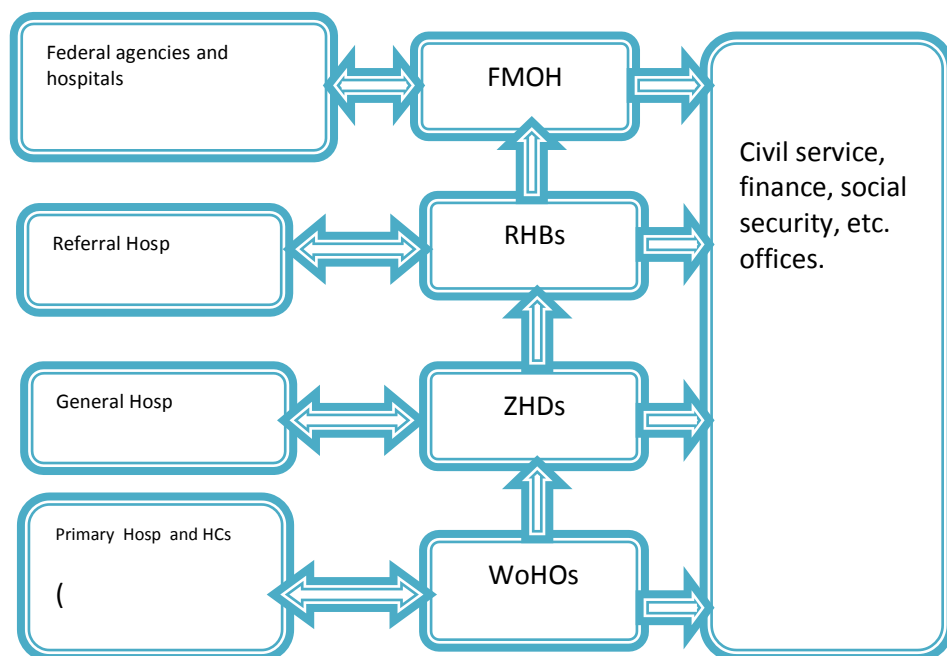
Though there are ongoing efforts to improve the HRIS in Ethiopia, the system still falls short of the desired standard and it seldom meets the need of both its internal and external customers. It is difficult to get accurate and updated HR profile at national, regional and sub-regional levels. Therefore, the system should be organized in such a way that it satisfies the need of its customers.

7.1.2.4 Flow and use of Data in HRIS

HRIS data can be generated at WoHO, ZHD, RHB, FMOH and other Federal agencies including Federal specialized hospitals. Any entity where employee data are generated must check, review and maintain the data for local use as appropriate and also share with designated administrative offices (healthcare facility, WoHO, RHD, Finance, Civil service, pension and social security, etc.). Each of these offices may aggregate data for making HR related decisions appropriate to that level. For example, when WoHOs employ health workers, first they create employees' files and share the information with concerned organizations (Woreda finance, civil service, social security, ZHD, and the healthcare facility where the health worker is assigned). The WoHO may organize, aggregate and utilize the data for other HR related decisions such as HR planning, recruitment, and turnover analysis. Likewise data can be aggregated at ZHD, RHB, and FMOH and utilized for HR related decisions at these levels as well. Each entity mentioned above, in addition to the data received from the next lower level should also incorporate data gathered by the entity and communicated to the next higher level.

For this system to function effectively, it is essential that the data gathering at every level uses consistent format, and the data gathered must be accurate, complete and communicated on time. An entity which generates or receives data should compile, analyze and produce data disaggregated by profession type, level of education, employment status, training and development, etc. The data must be updated and monitored on regular basis as HR related events occur and report every six months to the next higher level.

Figure 7.1 HRIS data flow



7.1.2.5 Manual Vs Computer Based HRIS

HRIS can be maintained manually or in computerized form. In the manual HRIS, the essential activities of the HRIS and the analysis are accomplished manually and HRH information are stored in physical (hard copy) archives. In the computer-based system HRH data are archived and processed electronically. Whichever system we may apply, acquisition, storing, processing, retrieving and distribution of HRH and related information remain the characteristic features of the HRIS and the system should be designed with that purpose in mind.

Manual HRIS, while important and useful in settings where information technology is not well developed, it is time consuming, less responsive and costly when compared to the computerized HRIS. Accordingly, owing to the recent expansion and relative accessibility of information technology, developing countries including Ethiopia have started to develop and implement computer based HRIS (eHRIS). The move from the manual system to computer based HRIS (eHRIS) is preferable for a number of reasons. These include:

- Improving the accuracy and availability of HRH data
- Tracking people as they move through the health workforce system
- Decreasing the labor required to maintain the HRIS
- Facilitating faster aggregation and use of data
- Analyzing and reporting data regularly
- Projecting workforce needs into the future
- Improving services to employees.

7.1.3 HRIS Strengthening Process

The HRIS development and strengthening process comprises of five key stages using a participatory approach (see the figure....). The participatory approach involves stakeholders in HRH information from various ministries and sectors from the outset and increases local ownership of the system.

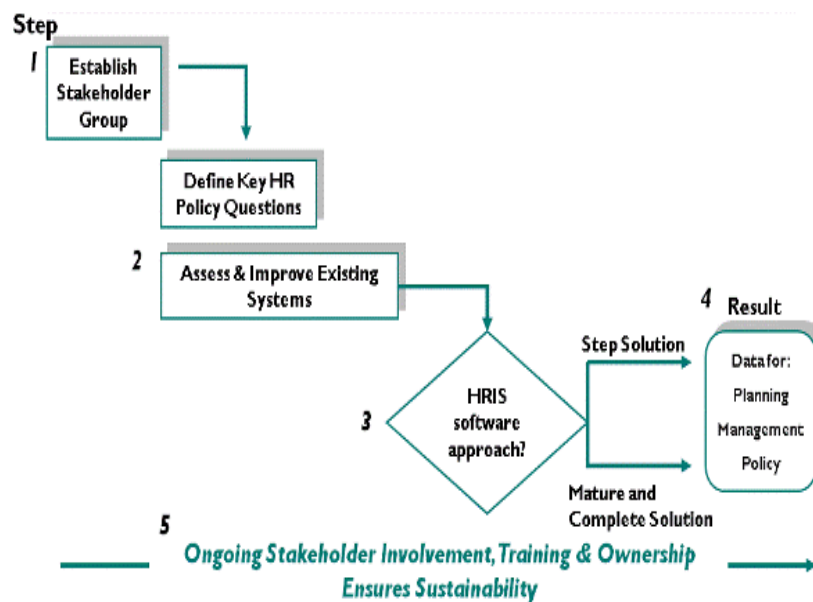
The five steps of the HRIS strengthening process are:

- **Build HRIS leadership:** establish a Stakeholder Leadership Group (SLG) and identify key HRH policy and management questions. This may involve bringing together managers (planning, HR, executives, IT department, etc.) and local partners to develop the specifications for the system and initiate, lead and monitor all HRIS strengthening activities.
- **Assess and improve existing system:** Conduct an assessment of existing HRIS and other health management information systems, current information and communication technology infrastructure (e.g., existing networks, internet connectivity and software) and

data already being collected by different organizations. Identify gaps that should be addressed by an improved HRIS while making rapid improvements as feasible.

- **Develop software solutions.** After the SLG agrees on key health workforce questions and necessary system improvements, customize HRIS software solutions to meet identified needs. The agreed-upon solution could either be a step solution or a mature system, but it should incorporate existing systems, tools and processes as much as possible to lower costs and speed up implementation.
- **Use data to make decisions:** Once the improved HRIS begins producing reports of HRH information, pay attention to how data are actually used for decision-making. Provide training and support to managers and decision-makers in their efforts to effectively use and analyze the data that the HRIS provides.
- **Ensure sustainability.** Throughout the process, emphasize sustainability and continuous improvement of the HRIS through training and building capacity to support, use and improve the system into the future.

Figure 7.2: Flowchart of the HRIS Strengthening Process



Source: <http://www.ihris.org/toolkit/tools/guidebook.html>

Team Task

- Go back to your groups
- critically assess the existing HRIS in your respective organization (40mts)
- Identify at least three major challenges and
- Give recommendations to address the identified challenges
- **Plenary:** share your work (30mts)

7.2. Data Driven Decision Making

Introductory Activity:

1. What do we mean by DDDM?
2. What process is in place in your organization to use HR data to make decisions?
3. Who makes decisions and how are the decisions communicated or shared with staff?

The primary aim of any HRIS system should be to promote better use of data to drive effective decision making. One would imagine that the Ethiopian health sector, at all levels, wants to know that data-collection efforts yield maximum value in real, human terms and effective decisions, not just in more reports. This objective is shared by many organizations including development partners such as United States Agency for International Development and the World Bank who are interested in this area. As such, it is important to invest in a process that actively encourages and supports people to engage in dialogue opportunities around HR data and information, and ultimately make some effective policy and management decisions.

So, what do mean by data driven decision making?

Data Driven Decision Making, in the HRH context, is an on-going collaborative process of making informed HR policy and management choices based on appropriate analysis of relevant, valid and reliable data and information.

Ideally, data driven decision making can be divided into three functional areas:

- Collection, integration and dissemination of data;
- Analysis and reporting of data; and;
- Process and procedures for acting on the data to influence policy and practice.

When approached correctly, all these functional areas are complementary and provide an integrated process that can drive success in workforce planning and management. It can also be a road map for organizations trying to proactively address challenges or opportunities in a rapidly evolving and complex HR marketplace.

Build it and they will use it – this is one of the major misconceptions about effective use of HR data in decision making, because we all know that it is not enough to make data available. Health sector leaders and managers need to have a process in place for analyzing the reports and information and getting it to the right decision maker at the right time with the power and resources to act on the data. But if this process is faulty or insufficiently collaborative, data driven decision making can be a colossal waste of time that drains resources and shifts focus away from critical priorities.

The Decision Making Process

There are certain specific actions and skills needed to implement systemic use of data for decision making. Some of these include identifying, through a participatory stakeholder process, a set of priority HR policy and management questions that need to be answered, and learning how to query the reports, ask the right questions and developing a culture of inquiry – in other words, the creation of a mindset that continuously challenges the status quo. For example: the following questions can be asked to discuss and map the use of information to support a decision or activity:

- What HRH data do we need to gather in order to advocate for more workers; address mal-distribution of existing workers; “de-ghosting” the payroll; tracking health workers who are leaving, determining why they do, where they go, what do they actually do when they get there; or influencing policies on staffing norms, recruitment, deployment, career path development and continuing professional development?
- How do we actually use data; what decisions do they inform?
- What is the mechanism for facilitating the use of this data (such as department meetings, senior management meetings, annual sector review meetings, HRIS Stakeholder Leadership Groups, etc)?
- How often does this process take place?
- What issues, if any, influence the quality and security of data use?

Such questions enable you and the organization to remain focused and gradually develop the understanding, direction and skills required to correctly use the reports generated by the system to execute effective HR policy and management decisions.

It is also important to understand that the context in which data are used to make decisions is absolutely essential for effective policymaking and practice. In addition, decisions are rarely made in isolation and effective decision making requires proper communication. But since different people may interpret the same data differently, data can sometimes cause conflict or disagreement that need to be carefully navigated and managed.

Let us now review two short case studies that illustrate data generated conflicts and interest based disagreements.

Using data and evidence to inform policy and practice: case studies (examples) – Kenya and Australia

The role of political actors and techniques for resolving data generated conflicts

1. Australia

Just like other countries around the world, Australia suffers from numeric, skill and geographic imbalances in its health workforce, especially amongst doctors and nurses. A few years ago, the Australian department of health commissioned a special task force of experts to collect data, analyze evidence and make recommendations as well as some of the options that the government could pursue to increase the supply of medical doctors to serve in the country's national health system.

The task force conducted rigorous research, collected and analyzed data and submitted their final report to the government. The report was discussed at various levels of the government system. However, a key recommendation that did not favor the building of additional medical schools to address the shortage was ignored by the policy makers, especially politicians who represented certain regions of the country that did not have a medical school and wanted the state to build one.

This particular example demonstrates the role and impact of some pre-existing political commitment in Australia to establish a range of new medical schools when the existing data and research evidence clearly showed that investing in the capacity of existing schools to train more people would have been more efficient and likely to be far more cost-effective.

2. Kenya

Many countries in Africa have unknowingly made staff attrition worse by ignoring to address old and detrimental personnel policies, such as low mandatory retirement ages. Such policies result in experienced staff leaving their jobs at a time when they are still energetic and needed to provide services.

A few years ago, the Kenyan Cabinet rejected a proposal from the health sector to increase the retirement age for health workers from the current 55 years to 60 years. Apparently, their decision was premised primarily on the belief that such a move would generate potentially unfavorable reactions within the wider public service, especially amongst the middle managers in the civil service who are looking forward to promotions as well as the growing numbers of unemployed youth in the country.

However, health sector leaders are still determined to repackage and resubmit this proposal to the Cabinet for further consideration.

Please consider these two questions with your colleagues:

- If you were to advise the health sector leaders in Kenya, what would they need to do differently to make sure that they succeed this time round? Discuss and list some strategies for making the case to the Cabinet.
- Are there special skills or techniques that policy planners are required to show or master when dealing with political actors or resolving conflicts that are generated by data from time to time? Discuss and list a few of them.

One key message that these brief case studies bring out includes the fact that data driven decision making is a dynamic, collaborative process, often involving diverse and powerful actors with different interests and perspectives. As such, it is a core function that needs to be embedded into the ethos and culture of any organization, including all levels of the Ethiopian health sector. The process also provides decision makers with the collective ability to grapple with the most important HR questions of the day, weigh the available evidence, consider several options and think both strategically and practically about the decisions that they make. HR planners and managers need to lead this journey and act as agents of change. Without their commitment, it would be difficult for HR data to become an integral part of health system strengthening.

Finally, the following technical brief (see link below) presents ten fundamental and practical **pillars** and tips that can help HR managers and HR policy analysts build a bridge from HR data and reports to effective HR policy and management decisions.

http://www.capacityproject.org/images/stories/files/techbrief_11.pdf

7.3. Data Quality Issues

Generating and processing quality data is the center of successful HRIS and crucial factor in data driven decision-making. In many instances health and human resource information system put emphasis on data collection (just one component) than data processing, analysis and presentation. Perceived low quality of HR data is one of the deterring factors for limited utilization of HR information in decision making. What is HR data quality and how can one improve data quality? Data quality is defined by parameters such as timeliness, completeness, relevance etc. There high quality data must be:

1. **Complete:** all oranges belonging in the data are in the data
2. **Consistent:** oranges aren't confused with mangoes
3. **Correct:** all items defined as oranges are indeed



oranges

4. **Timely:** all oranges listed as fresh are still fresh
5. **Accessible:** People needing information on oranges can get it
6. **Relevant (Useful):** People do in fact need data collected on oranges

It is very important, however, to understand the following points in analyzing and using HR data

- No data is 100% 'accurate'
- No data is 100% objective
- As it evolves in meaning, or is communicated, it becomes even less so!
- The skilled communicator can use any data to achieve any end.
- Keep this in mind and you can navigate *any situation, any decision*, with the data you have

It is everyone's responsibility to address data quality in the organization. Addressing data quality means strengthening 'Data Quality Weak Points' in every component of HR information systems as described below:

- **Data Collection forms:** should be well designed to eliminate confusion and error. Training should be provided to all staff in documentation and summarizing data elements
- **Data entry:** Good documentation and training. Drop-downs/pickers for consistency with logical classifications and coding categories. Data Cleansing (format limitation and post-entry cleansing)
- **Continuous Review and Improvement:** Dual Entry vs. Sample Checks. Feedback loops. Legacy Data Entry vs. Routine System
- **Systematic cross-checks between systems:** Good check on accuracy. Issues with inconsistency must be addressed

Self-Assessment Questions

- Relate the importance of HRIS to the data flow from lower level to next higher level
- Identify that your organization uses as an input and output for HR data comparing with concepts of contents of HRIS discussed under this session.
- Describe the five steps for HRIS strengthening program
- Discuss the difference between role profile and job description
- Identify the steps that you should follow in job analysis

Bibliographical References

- Michael Armstrong, ARMSTRONG'S HANDBOOK OF HUMAN RESOURCE MANAGEMENT PRACTICE, 11th Edition, 2009.
- SANDEEP, Organizational Development Training Module: Human Resource Management, 2006, Kathmandu, Nepal.
<http://www.ihris.org/toolkit/tools/guidebook.html>

MODULE EIGHT – LEADERSHIP AND MANAGEMENT

Module Introduction

This module presents and discusses the principles and practices of leadership and management, team building, effective communication and conflict resolution as well as change management. It explains the roles of leading and managing in strengthening health systems in general and HRH in particular. The module also gives an overview of the concept, importance, and techniques employed in effective team building, conflict management, and communication and change management practices.

The module is organized into four sections: leadership and management, team building, conflict management, communications and change management. The mode of delivery includes team task, PowerPoint presentations and plenary discussions. Finally participants are expected to work on Self-Assessment Questions (SAQ) at the end of this module.

Module Objectives

- Describe leadership and management including similarities and differences between the two practices
- Understand the impacts of leading and managing practices in the health systems strengthening
- Understand the concept and approaches to team building
- Understand and apply techniques and approaches of effective communication
- Apply principles of change management in leading and managing people

Total Time allowed: 3.15 Hours

Module Content

- Session 1: Leadership and Management practices in health sector
- Session 2: Team Building?
- Session 3: Conflict Management
- Session 4: Communication
- Session 6: Change Management

8.1. Leadership and Management

Session Objectives: At the end of this session participants will be able to

- Describe basic concepts, functions and skills of leadership and management
- Explain the relationship between leadership and management and how they contribute to health outcome improvements
- Describe the dimensions and core values of positive leadership

- Identify the eight leading and eight managing practices and explain how they can be applied to produce results in HRH and health systems strengthening

8.1.1 Leadership

What is Leadership?

There are many definitions of in the literature on leadership. Put simply, leadership is enabling others to face challenges and achieve results.

Individual Exercise:

Choose a leader who you know or knew personally and who you consider a good or even great leader.

- Think about what this person does or did to produce results.
- Think about this person's practices and behavior that inspired others to follow.
- List the actions and behaviors of this person that, in your opinion, helped to produce results.

Dimensions of leadership

Leadership has many dimensions, as you will see in the next few pages. We will look at what some of the experts have to say about leadership, and then we will look at how leaders of health programs and organizations in various parts of the world, and at various levels, describe their own role as a manager who leads. You will easily see the connections between the two. They show the many ways in which leadership makes a difference, and how leadership can be developed at all levels, whether people have formal power and authority or not.

In the many articles and books on leadership, authors write that:

- **Leadership involves not just "doing" but "being."** Effective leaders have a high level of self-awareness. "Leadership involves the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively... [This discipline] starts with clarifying the things that really matter to us, living our lives in the service of our highest aspirations" (Senge 1994:7, 8).
- **Leadership is exercised with others.** Organizations that face challenges in their environments must adapt and change. Leaders get people to face the challenge, the change, and the learning. "Solutions to adaptive challenges reside in the collective intelligence of employees at all levels. Often the toughest task for leaders in effecting change is mobilizing people throughout the organization to do adaptive work" (Heifetz and Laurie 1997:33).
- **Leadership is responsibility.** "Leadership is responsibility, not rank, title, privilege, or money... [Leaders] did not start out by asking themselves, 'What do I want?' but 'What should be done?' Then they ask themselves, 'What should I do and what must I do to make a difference?'" (Drucker in Hesselbein et al. 1996: xii–xiii).

- **Leadership happens at all levels.** "Students of management and mid-level managers in the organizations I work with often ask me, 'How can we lead the organization and make the changes you are talking about if we are not in the upper ranks?' I tell them, 'You can start right where you are; it doesn't matter what your job is. You can contribute your new judgment, new leadership, to your team or your group'" (Hesselbein 1997:83).
- **Leadership and management are both necessary.** "Leadership and management are two distinctive, complementary systems of action, each having its own characteristic practice and activities, but both are necessary for success in an increasingly complex and volatile setting" (Kotter 1990:85).

What Do the Leaders Say?

The previous statements are from leadership experts and authors who live and grew up in the United States. What is interesting is that they are similar to statements from leaders from other countries:

A senior technical advisor on health and nutrition in Kenya emphasizes also that "*Leadership is exercised with others*" as she tells us:

"I began to appreciate, after a while, that working in teams, bringing people on board rather than trying to be on board. Every initiative is a more important strategy, if we are to make a difference in our communities. Working in teams and recognizing the niche of every professional group, and the fact that there are massive multisectoral programs that need to be embarked on, and that we all do not have to have the skills to tackle entire programs, but that each one of us would have a specific role to play, thus together if we pull our efforts we can get outcomes with a positive impact."

And furthermore she emphasizes that "*Leadership is responsibility*" since she has to be "... consistently mindful of the fact that all efforts are not about personal achievements, they have to do with reaching the desired outcomes meant to benefit people who rely on goods and services provided."

The head of a national coordination body in Ghana agrees that "*Leadership involves not just "doing" but "being"*" when he tells us:

"My two deputies and I have taken the habit, every morning, to meet for about 15 minutes. In those meetings we discuss what we need to strive for that day and we also use this occasion to question ourselves, to keep ourselves poised for action."

The director of a clinical research center in Uganda points out that "*Leadership and management are both necessary...*"

"Leadership is also a balancing act especially in developing countries. Issues need to be prioritized because of scarcity of resources. Sometimes you may have to do totally unpopular things to achieve a more useful objective. You may have, for example, to dismiss non-performing staff. Difficult decisions have to be made, as long as it is done for the correct reasons, even if it may get you in some sort of trouble."

Individual Exercise: What do Leaders do?

We have reviewed the definition of leadership and read what various leaders of a variety of health programs and organizations have to say. But, what exactly do leaders actually **do** to "enable work groups and organizations to face challenges and achieve results?" To respond to this question, let us take a look at our own experiences of leadership.

Instructions:

- Choose a leader who you know or knew personally and who you consider a good or even great leader.
- Think about what this person does or did to produce results.
- Think about this person's practices and behavior that inspired others to follow.

List the actions and behaviors of this person that, in your opinion, helped to produce results.

Keep this list in mind as we continue to explore the four leadership functions later.

Leadership and Authority

We have said that leadership can—and should be—exercised at all levels, not just at the top, whether one is a nurse in a rural health unit responsible for some people, a HR officer in a Regional Bureau or a minister of health responsible for the performance of an entire health system.

This notion of 'leadership at all levels' often surprises people. That is because they confuse leadership with authority. Leadership is not about position. Leadership is about enabling people to face challenges. Facing a challenge means change in the way things are done. Leadership helps an organization to be successful and create the future it wants.

Authority is a role that people take on because of the position they are in. Authority is the power vested in a person by virtue of their role to expend resources (financial, material, technical and human). Sometimes people in positions of authority are also leaders, but not necessarily so. Conversely, some people without authority can be very effective leaders. We

need both. If you are in a position of authority, this module will help you to also become a leader. And if you are not in a position of authority, this module will also help you to be an effective leader.

8.1.2. Management

What is Management?

Management can be defined as the process of accomplishing predetermined objectives through the effective use of human, financial, and material resources (Longest Jr., Rakich, & Darr, 2000).

We have examined in some detail the leadership practices. We have articulated our vision for a well-led organization: such organizations adapt to changes in the environment and develop cultures that are a source of inspiration, commitment, and innovation, and have the capability to design and maintain the management systems that are needed to run the organization efficiently and effectively. In an environment of uncertainty and change, such leadership is badly needed.

Now let us take a look at the management practices. We all have an idea of what a well-managed organization looks like. These are some of the common elements: they have clear plans, clear reporting structures for decision-making and well organized systems and work processes. Personnel can carry out their assigned activities efficiently, follow the process to the desired results step by step, and assess whether they have been successful.

Four Management Practices

Individual Exercise:

Choose a manager who you know or knew personally and who you consider a good or even great manager.

- Think about what this person does or did to produce results.
- List the actions and behaviors of this person that, in your opinion, helped to produce results.

Effective Managers Carry out Four Essential Management Practices:

- they plan
- they organize
- they implement
- they monitor and evaluate

This is how these practices are carried out in daily life:

Plan: *Health leaders who manage* plan how to achieve desired results and document these activities in a format that helps staff do their work and fulfill their responsibilities in a timely

manner. They also have to be able to plan quickly as windows of opportunity open, and anticipate what is needed to move their programs ahead.

Organize: *Health leaders who manage* make sure that sufficient resources are available to implement the planned activities, and that the necessary structures, systems, and processes exist and run smoothly to facilitate the work. Organizing in the context of conflict requires special attention to shifting alliances, uneven resource flows.

Implement: *Health leaders who manage* execute and delegate execution of planned activities, coordinating multiple efforts to achieve desired results. This includes the capacity to work under pressure, the ability to improvise with resources that are available (and do without the ones that no longer are) and - in spite of conflict and insecurity - get the work done.

Monitor and evaluate: *Health leaders who manage* track activities, outputs, and results and compare them with what was planned, collecting feedback and information from a variety of sources to see whether the intended results were obtained or not. They fine-tune their plans and learn from errors to achieve intended results. They look for ways to show others that results were achieved, and in doing so, motivating them to join in or support future work. After all, results inspire!

8.1.1.4. Managerial Roles

Effective managers also play certain important roles while carrying out their four essential management practices. These are summarized and described in the table below:

Interpersonal roles	<ul style="list-style-type: none"> Managers as liaison officers, maintaining a web of relationships with individuals and groups.
Informational roles	<ul style="list-style-type: none"> Managers as monitors, continually seeking and receiving information as a basis for action. They are disseminators, passing factual information to supervisors, colleagues and subordinates and transmitting value statements to guide subordinates in making decisions. They are spokespeople, transmitting information into their organization's environment.
Decisional roles	<ul style="list-style-type: none"> Managers as entrepreneurs, acting as initiators of controlled change in the organization. Managers as resource allocators, making choices about scheduling their own time, authorizing actions and allocating people and finance to projects or activities. Managers as negotiators with other organizations or individuals

8.1.3. Differences between Leadership and Management

"Leadership is different from Management, but not for the reason most people think. Leadership isn't mystical or mysterious," says Harvard professor John Kotter. It has nothing to do with what people sometimes call 'charisma,' some vague quality that some people have and others don't. Nor is leadership dependent on exceptional personality characteristics. If we were to depend on the availability of some very gifted individuals, born as natural leaders, the world would be in trouble. Kotter continues, "[leadership] is not the province of a chosen few. Nor is leadership necessarily better than management or a replacement for it; leadership and

management are two distinctive, complementary systems of action. Each has its own function and characteristic activities. Both are necessary for success in an increasingly complex and volatile environment" (Kotter 1990:85).

Leadership and management interact in two ways.

- Firstly, leadership and management are interdependent and intricately linked social constructs. They reinforce each other. Both roles interact in a balanced way to serve a purpose and to achieve a desired result.
- Secondly, there is a clear overlap between the roles of leading and managing. Nevertheless, each of the roles is relevant. Effective leadership is a prerequisite for effective management.

As such, leadership and management have different functions and activities, both necessary for success in an increasingly complex setting. Not everyone has the ability to both lead and manage equally well; some people are excellent managers but not good leaders. Others have a great capacity for leadership but cannot be successful as executives because they are not skilled or effective managers. Smart organizations value both leadership and management and encourage personnel to develop their skills in both areas.

People who are good managers are able to develop a sound plan and make sure that it will be carried out by competent personnel who will have access to the needed resources. They are skilled in using the major management practices: planning, organizing, implementing, monitoring, and evaluating. On the other hand, people who are good leaders are able to develop a compelling vision that is ultimately shared with everyone. They can focus organizational efforts on achieving that vision, rally people around the vision, and keep them moving in the right direction. Such leaders inspire and encourage staff to overcome obstacles that obscure the vision.

Successful organizations should have both, good leadership to move toward a better future and good management to make sure that current operations run smoothly, efficiently, and produce the intended results. That is why we advocate the notion of "*Health Professionals who lead*," to make sure that both areas are covered.

Table 8.1: Comparison between managers and leaders

Variable s	Managers	Leaders
Functions	<ul style="list-style-type: none"> • Cope with complexity • Plan and budget • Organize and direct the staff • Control and solve problem 	<ul style="list-style-type: none"> • Cope with change • Set direction and shared values • Align people with the organization & empower them • Motivate people

Character s	<ul style="list-style-type: none"> • Administer • Maintain • Control • Focus on short-term view • Ask how and when • Imitate • Accept the status quo • Do things right 	<ul style="list-style-type: none"> • Innovate • Develop • Inspire • Long-term view • Ask what and why • Originate • Challenge the status quo • Do the right things
----------------	--	--

(Source: Alan Murray, 2013)

8.1.4. Leading and Managing for Strengthening HRH and Health Systems

Group Activity:

Facilitator: write the eight leading and management practices on two separate flipchart paper. Post them on a wall. Leave a blank box next to each practice.

Ask each participant to reflect on how they are doing in each practice in their own organization, and put a tick next to each practice where they think they are doing well. Discuss in the plenary.

Fundamental and profound changes are occurring within the health care system of Ethiopia that directly affect and change the roles and functions of health leaders and managers. To address these changes, the health management profession must exercise leadership and transform itself. Since Ethiopia's national health strategy outlines strategic health priorities, you should link your institution's vision to these strategic priorities. When you connect everything you do to these priorities, you don't waste time on activities that divert energy from end results.

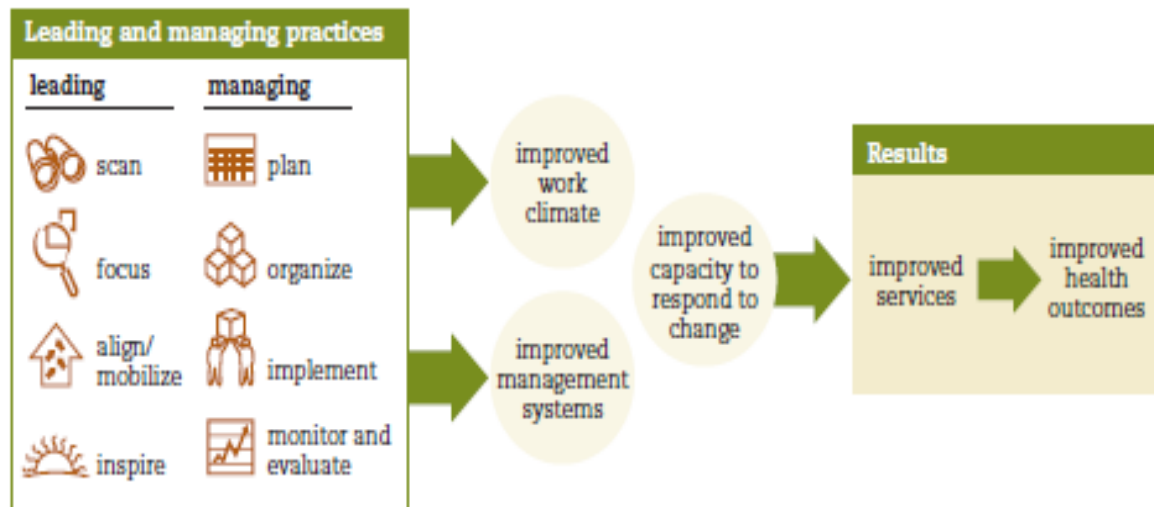
The Leading and Managing Results Model below shows the link between the leading and managing practices and improved health outcomes. This model of leadership combines systems thinking, personal mastery, shared vision, and team learning to achieve results.

People-centered health systems cannot be strengthened without good management and leadership. Leadership and management skills are needed at all levels of the health system. Drawing on many years of close observation of effective public health leaders and managers, Management Sciences for Health (MSH) and its partners in the field have distilled eight critical practices that describe the behavior of managers who lead. These practices are: scanning, focusing, aligning and mobilizing, inspiring, planning, organizing, implementing, and monitoring and evaluation.

The Leading and Managing for Results Model below explains these practices and how they are linked to health outcomes. To scan, focus, align and mobilize, and inspire are four effective leading practices; and to plan, organize, implement, and monitor and evaluate are four effective managing practices. Working together on *other building blocks of a health system*,

these effective leading and managing practices lead to improved health system performance, which in turn leads to better health outcomes.

Figure 8.1: Leading and Managing for Results Model



Question: How do management and leadership contribute to improved service delivery?

8.1.4.1. Leading and managing practices in the health sector

Leading practices

- **Scanning:** identifying internal/external conditions influencing desired results
- **Focusing:** directing attention and efforts to priority challenges and actions
- **Aligning & mobilizing:** uniting and motivating internal/external stakeholders to commit resources for desired results
- **Inspiring:** creating a climate of commitment and continuous improvement

Managing practices:

- **Planning:** preparing a set of activities, timeline, resources, and accountable to meet goals
- **Organizing:** developing structures, systems and processes to support a plan/goal

- **Implementing:** Carrying out and adapting a plan of action through coordinating related activities
- **Monitoring and evaluating:** observation, inquiry or assessment of organization
When applied consistently, good leading and managing practices strengthen organizational capacity and result in higher-quality services with sustained improvements in population health.

The Leading and Managing for Results Model serves as a road map to guide you, your team, and your organization to improve services and better the health outcomes. By following it, you can transform discouraged, passive employees into active managers who lead. And once you start, one change will lead to another; you will see improvements in team spirit, customer services, quality, and even the physical environment in which people work. Creating these transformations is an act of leadership that will transfer power to your team. Its members will learn by doing and become more systematic in the way they themselves manage and lead.

8.2. Teambuilding

Session Objectives

By the end of this session, participants should be able to:

- Comprehend the concept, importance, and phases of team building
- Understand the techniques of effective team building

Time Allowed: 1:00 Hour

8.2.1. Team, Effective Team and Team Building

Group Activity: exploring elements of an effective team

- Identify 3 qualities of an effective project team
- Identify 3 reasons why a team does not work well together
- How could a team overcome these obstacles and achieve results?

Team can be defined as two or more people working interdependently towards a common goal. Getting a group of people together alone does not make a “team.” It is the shared goal that gives the meaning and direction to a team. A team develops products that are the result of the team's collective effort and involves great synergy. Some people expand each letter in “TEAM” as follows: **T**ogether **E**ach **A**chieve **M**ore. This tells the achievement of a good team is greater than each individual's achievement put together (the sum of individuals' achievement).

What makes a great team? Claudine McClean¹⁸ quoted seven key ingredients to create a high performing team recipe: Shared value, meaningful purpose, well defined working approach, mutual accountability, Manageable number, clear performance goal and complementary skills. Let's look at these in some more detail:

¹⁸ Claudine McClean (**Year ??**): What Makes an Effective Team?

http://www.structuredtraining.com/news_and_articles/making_teams_work.htm Accessed on 19 Nov 2013

Shared Values: One of the catalysts for effective team behavior is trust. Trust between team members comes from believing in the same things (only the things relevant to the team performing so you don't have all support the same football team, unless you're in one!), that means for instance, if the team requires that for a period you all have to put in long hours to get a project completed, you all believe that the value of meeting those deadlines and obligations is non-negotiable. Teams with a strong sense of shared values use their behavior to set standards.

Meaningful/Common Purpose: This seems obvious but many teams do not have it. They are a collection of individuals who say they are trying to do the same thing. We see many sales teams who don't have any overarching team target or team incentive scheme but are expected to share best practice. The common purpose should also be more than a set of numbers; it should connect to the organization's vision and the strategy for delivering it. Every sports team common purpose is to win (the numbers), it's the ones that have a common purpose that includes the way they are going to win that more often succeed, especially if you are looking for repeatable success.

Mutual/Individual Accountability: People like to know what is expected of them. In teams it is critical to get the balance right between what the person is expected to do on their own and what that are expected to do for each other. This should never be reduced to a binary decision of one or the other. Sometimes there has to be trade-offs (balancing out), but they should be rare, individual and team accountabilities must be aligned otherwise the team will pull against itself. Accountability, or ownership as it is sometimes called, needs to be one of any team's shared values. A great by-product of being comfortable with high levels of accountability is the desire to offer team leadership.

Clear Performance Goals: Teams (as distinct from individual members) have to know when they are succeeding or failing. There has to be up-side benefit and down-side risk attached to team performance. This clarity allows a consequences model to be established. One of the fastest ways to destroy team morale is to not recognize success and not deal with failure. If the team's success or failure can be traced to one individual then it should be dealt with accordingly. When a team is failing collectively it can be more complicated. The first test should be, has the team demonstrated steps to resolve the problem? Then has the manager of the team taken steps to resolve the problem? Then is the manager of the team, the problem?

Complementary Skills: There is no such thing as a perfect individual, but there is such thing as a perfect team. This is what makes team building so fascinating. Creating the perfect team requires assembling a set of differing capabilities that add value to each other (synergy), where the sum is greater than the parts. A lot of work has been done to identify the different roles people can play in teams. A team made up of the same kinds of people¹⁹ (see *the meaning of "same people" at the foot note below*) will see problems, challenges and opportunities in the same way. It will also work in the same way in solving them.

¹⁹ (we're not talking technical capability here, obviously a sales team will need to contain sales people, a finance team, finance people etc.)

Well Defined Working Approach: How teams organize should not be left to chance. For instance, a simple principle about what are rules and guidelines can be enormously helpful. Take meeting attendance, is it a rule that everybody should be there, except for enforced absence? Is holiday of a member allowed or not allowed? (*please note that both are fine if that is a guideline*). These simple things can make the world of difference to a team's effectiveness. Also expectations should be clearly set about how much (if any) additional to the core job teamwork is required? And if team tasks are required, how are they distributed? We often see that the work is done by a few team members, others being 'too busy' to contribute.

Manageable/Small Numbers: An obvious point, the larger the numbers the more productivity, communication and decision making suffer. Try to keep the team in single figures and the closer to 5/6 the better. Having said all that, if all the elements are in place as previously outlined, then larger numbers can work. Equally the opposite is true, without these ingredients even a team of two will struggle to achieve anything!

It is always important to make sure that the team is working together towards the shared goal. This will be achieved through constant reminder of team's goals as well as building team's coherence and connectivity through varieties of ways- also called Team Building. Team building is the process of gathering the right people and getting them to work together for the benefit of an organization. It helps a working group evolve into a cohesive unit. The team members not only share expectations for accomplishing group tasks, but trust and support one another and respect one another's individual differences. Your role as a team builder is to lead your team towards cohesiveness and productivity.

8.2.2. Phases of Team Development

A team is a living and dynamic entity. It could progress from an early to a mature phase, independent of the nature of the team or the task it must perform. Tuckman's model proposed the following typical phases in team development: **Forming:** This is the initial orientation period. The team is unsure about what it is supposed to do, members do not know each other well or are not yet familiar with the way the team leader and the other members function. This stage is complete when the members begin to see themselves as a part of the group.

Storming: This is a sorting out period where members begin to find their place as team members. The team members now feel more comfortable giving their opinion and challenging the team leader's authority and recommendations. Some members may become dissatisfied and challenge not only the tasks of the team and how these will be carried out, but also the leader's role and style of leadership. This is the start of intragroup conflicts.

Norming: Team members begin to use their past experiences to solve their problems and pull together as a cohesive group. This process should result in the team establishing procedures for handling conflicts, decisions, and methods to meet the objective of the team.

Performing: In this phase the team has achieved harmony, defined its tasks, worked out its relationships, and has started producing results. Leadership is provided by the team members

best suited for the task at hand. Members have learned how to work together, manage conflict and contribute their resources to meet the team's purposes.

Dissolving or re-orientating: The team dissolves when the team has completed its mission. It may be reoriented to continue on a next phase of the work.

The team leader has primary responsibility for team development in each of the five phases. Teams are most effective when one person is designated as the formal leader to whom everyone on the team is accountable.

8.2.3. How Can Effective Team be Built?

The first rule of team building is an obvious one: to lead a team effectively, you must first establish your leadership with each team member. Evidence shows that most effective team leaders build their relationships of trust and loyalty, rather than fear or the power of their positions.

- **Assign clear roles and responsibilities among team members.**
- **Consider each employee's ideas valuable.** There is no such thing as bad/stupid idea
- **Act as a harmonizing influence.** Look for chances to mediate and resolve minor disputes; point continually toward the team's higher goals
- **Be clear when communicating.** Be careful to clarify directives
- **Encourage trust and cooperation among employees on your team**
- **Encourage team members to share information**
- **Delegate problem-solving tasks to the team.** Let the team work on creative solutions together
- **Establish team values and goals;** evaluate team performance so that employee get a sense both of their success and of the challenges that lie ahead
- **Make sure that the team members** have a clear idea of what they are expected to accomplish;
- **Use consensus.** This method ultimately provides better decision
- **Set ground rules for the team.** These are the norms that you and the team establish to ensure efficiency and success
- **Establish a method for arriving at a consensus.** You may want to conduct open debate about the pros and cons of proposal
- **Encourage Listening and brainstorming.** As a leader your first priority in creating consensus is to stimulate debate.

8.3. Conflict Management

Objectives

At the end of this session participants will be able to:

- Identify the techniques of conflict management
- Explain the sources of conflict

Time allowed: 1:00 Hour

Conflict is a struggle or contest between people with opposing needs, ideas, beliefs, values, or goals. Conflict results because of miscommunication between people with regard to their needs, ideas, beliefs, goals, or values. It is inevitable in any work place; however, the results of conflict are not predetermined. Conflict might escalate and lead to nonproductive results, or it can be beneficially resolved and lead to quality final products. Therefore, learning to manage conflict is integral to a high-performance. Conflict management is the principle that all conflicts cannot necessarily be resolved, but learning how to manage conflicts can decrease the odds of nonproductive escalation.

Sources of conflict include scarce resources, scheduling priorities, and personal work styles. Human resources policies, rules and regulations and solid management practices, like communication, planning and clear role definitions among staff and teams reduce the amount of conflict. Successful conflict management results in greater productivity and positive working relationships.

If managed properly, differences of opinion can lead to increased creativity and better decision making. If the differences become a negative factor, employees are initially responsible for their resolution. If conflict escalates, the management should help facilitate a satisfactory resolution. Conflict should be addressed early and usually in private, using a direct, collaborative approach. If disruptive conflict continues, formal procedures may be used, including disciplinary actions.

Conflict Management Techniques

The success of managers in managing their organization often depends a great deal on their ability to resolve conflict. Different managers may utilize different conflict resolution methods. Factors that influence conflict resolution methods include:

- Relative importance and intensity of the conflict,
- Time pressure for resolving the conflict,
- Position taken by persons involved, and
- Motivation to resolve conflict on a long-term or a short-term basis

There are five general techniques for resolving conflict. As each one has its place and use, these are not given in any particular order:

- I. *Withdrawing/Avoiding*. This technique implies retreating from an actual or potential conflict situation; postponing the issue to be better prepared or to be resolved by others. This is the worst conflict resolution approach since one side of the argument walks away from the problem, usually in disgust. The conflict is not resolved and it is considered a yield-lose solution. The approach can be used, however, as a cooling off period, or when the issue is not critical.

2. *Smoothing/Accommodating*: Emphasizing areas of agreement rather than areas of difference; conceding one's position to the needs of others to maintain harmony and relationships. Smoothing "smooths" out the conflict by minimizing the perceived size of the problem. It is a temporary solution but can calm employee relations and boisterous discussions. Smoothing may be acceptable when time is of the essence or any of the proposed solutions will not currently settle the problem. This can be considered a lose-lose situation since no one really wins in the long-term. The manager can use smoothing to emphasize areas of agreement between disagreeing employees and thus minimize areas of conflict. It's used to maintain relationships, and when the issue is not critical.
3. *Compromising/Reconciling*. Searching for solutions that bring some degree of satisfaction to all parties in order to temporarily or partially resolve the conflict. This approach requires that both parties give up something. The decision made is a blend of both sides of the argument. Because neither party really wins, it is considered a lose-lose solution. The manager can use this approach when the relationships are equal and no one can truly "win." This approach can also be used to avoid a fight.
4. *Forcing/Directing*. Pushing one's viewpoint at the expense of others; offering only win-lose solutions, usually enforced through a power position to resolve an emergency. The person with the power makes the decision. The decision made may not be the best decision, but it's fast.
5. *Collaborating/ Problem Solving*. Incorporating multiple viewpoints and insights from differing perspectives; requires a cooperative attitude and open dialogue that typically leads to consensus and commitment. This technique confronts the problem head-on and is the preferred method of conflict resolution. You may see this approach as "confronting" rather than problem solving. Problem solving calls for additional research to find the best solution for the problem, and should be a win-win solution. It should be used if there is time to work through and resolve the issue. It also serves to build relationships and trust.

8.4. Effective Communication in Work Place

Session Objectives

At the end of this session participants will be able to:

- Describe effective communication in work place and the barriers to communication
- Explain the ingredients of communication

Time Allowed: 1:00 Hour

8.4.1. Why communication is Important in Management and Leadership?²⁰

²⁰ Source:

<http://fmlink.info/article.cgi?type=How%20To&title=Effective%20Communication%20in%20the%20Workplace&pub=BOMI%20International&id=31179&mode=source>

Communication is essential for effective functioning in every part of an organization. It is a critical cross-cutting ingredient of effective leadership and management. Although various departments such as technical, administration, HR and finance may receive direction from organization's goals and objectives, communication links them together and facilitates organizational success.

The importance of effective communication for managers cannot be overemphasized for one specific reason: everything a manager does, involves communicating. Communication is needed to increase efficiency, satisfy customers, improve quality, and create innovative products. Effective communication is so important for organizational success that not only managers, but also their employees must be effective communicators. One role of a manager is to help employees improve their communication skills. When all members of a team, department, or organization are able to communicate effectively with each other and with people outside their group, they are much more likely to perform well. The successful manager, therefore, needs effective communication skills.

8.4.2. What is communication?

Communication is a process of sharing, and exchanging ideas, views, instructions and policies between individuals and teams in an organization to reach a common understanding. The most important part of this definition is that the information or ideas conveyed must be understood. To see what this definition means in practice, consider giving or receiving incomplete information. With only a partial understanding, problems will occur.

Good communication is often incorrectly defined by the communicator as agreement instead of clarity of understanding. If someone disagrees with us, we may often assume the person just did not fully understand our position; but a person can clearly understand us and simply not agree. In fact, when a manager concludes that a lack of communication must exist because a conflict between two employees has continued for a long time, a closer look often reveals that, to the contrary, plenty of effective communication is going on. Each fully understands the other's position, but their communication does not necessarily produce agreement.

8.4.2.1. Key Elements of Communication

Let us look at the ingredients of communication in order to understand it better.

- **Sender:** a sender or source or origin of communication. Communication must start somewhere. The **sender** initiates the communication and **encodes** a message.
- **Receiver** or target is the one that **decodes** the message. Communication is directed at someone or at a group of people or at a certain type of person.
- **Message:** communication without message is not really communication. Language has meaning, even music has meaning – a certain kind of music will convey a certain kind of

message. Even colour can have meaning. If the traffic light shows green it means something.

- **Coding:** We use certain codes to convey our messages. Coding can be made up of non-verbal communication. A smile whilst talking means something and a frown means something else.
- **Medium of communication:** the most common medium is the word of mouth, where people speak to one another, and writing is another medium.
- **Channels:** I can make use of a direct channel by talking to someone, or write the person a letter, I can send the person a message via someone else, or I can send an e-mail message to the person.
- **Feedback:** is also essential to communication. Feedback or a response is given after a message has been received. It is essential in daily life and in business. If one says something to someone else and receives no reply, that in itself could be seen as feedback and contains some information. Feedback can therefore take the form of signals, words and written documents.
- **Context:** is also one of the ingredients of communication. The context is the situation in which you are communicating. The context helps determine the tone and style of your communication.

8.4.2.2. Phases of Communication

The communication process consists of two phases: *the transmission and the feedback phases*. In the transmission phase, information is sent from one individual or group-the sender-to another individual or group-the receiver. In the feedback phase, a common understanding is assured.

To begin the transmission phase, the sender decides on the message, which is the information the sender wants to communicate. The sender translates the message into symbols or language, a process called **encoding**. Once encoded, a message is transmitted through a medium to the receiver. The medium is simply the pathway, such as a phone call or letter, through which an encoded message is transmitted to a receiver.

The feedback phase is initiated by the receiver, who becomes the new sender. The receiver decides what message to send to the original sender (now the new receiver), encodes it, and transmits it through a chosen medium. The message might contain a confirmation that the original message was received and understood, or a restatement of the original message to make sure that it was correctly interpreted, or a request for more information.

Communication comes in many forms:

- Verbal (sounds, language, and tone of voice)
- Aural (listening and hearing)

- Non-verbal (facial expressions, body language, and posture)
- Written (letters, emails, blogs, and text messages)
- Visual (signs, symbols, and pictures)

8.4.2.4. Barriers to Effective Communication

Barriers to communication are things that prevent people from understanding a message, or understanding it the same way. Some common barriers to communication include:

- *Poor listening skills.* Many people consider speaking the most important element of communication. However, good listening skills are critical to effective communication. They help you better understand the information other people are trying to convey, improve your rapport with others, and improve your problem solving skills.
- *Language barriers.* The words you use to communicate may create a barrier to communication. This can be as basic as communicating with someone who doesn't speak the same language, or as subtle as interpreting the words you use in a different way. It can also include poor use of language by the communicator or using jargon.
- *Emotional barriers.* There is a greater potential for misunderstanding when emotions are involved. For example, a sender who is upset or angry may not be able to effectively communicate his or her feelings and ideas. A receiver in a similar state may ignore or distort what the other person is saying.
- *Environmental barriers.* This can include a number of factors including, interruptions, distractions, physical environment issues (lighting, noise, and comfort), talking too softly, physical distance, a physical barrier between sender and recipient, etc.
- *Timing barriers.* The timing of a communication can affect its ability to be understood. For example, there may not be enough time to communicate the message fully, or it may be too early or too late in the day for someone to give the communication his or her full attention.
- *Perceptual barriers.* Each person experiences events—including communications—in a way that is unique to him or her. A sender will communicate in a way that makes sense in his or her reality. A receiver understands a communication in a similar manner. However, these two realities may not be the same, so the message may be perceived differently, hindering communication.

Filtering. It occurs when the message received is very different from the one that was originally sent.

8.4.4. Effective Communication Skills in Work place

The workplace can be a highly stressful environment. Good communication skills are vital in helping you to work effectively, build solid relationships and prevent unnecessary misunderstandings, and navigate day-to-day deadlines²¹. So what constitutes effective communication skills?

Effective communication is a learnable skill. It takes work, but the results are worth it. In truth, we are all public speakers. The only ‘private speaking’ that really goes on is in ‘privacy of our minds’ where our ideas bounce back and forth like Ping-Pong ball. Therefore, communication skills are important to everyone - they are how we give and receive information and convey our ideas and opinions with those around us.

It is important to develop a variety of skills for both communicating to others and learning how to interpret the information received from others. Knowing our audience and understanding how they need to receive information is equally important as knowing ourselves. To organizations, good communication skills are essential. In fact, organizations consistently rank good communication skills at the top of the list for potential employees. Employers expect good eye contact, good posture, and “active” listening.

One of the challenges in the workplace is learning the specific communication styles of others and how and when to share your ideas or concerns. Though some supervisors may specifically ask for your opinion, others may assume if there is something important they need to know, you will bring it to their attention – or if there is something you are unsure about, you will ask. Knowing how to listen carefully and when to ask for help is important. If an employee and a supervisor learn to communicate well (in whatever method that works), there is a greater likelihood of job retention and promotion. Moreover, organizations need leaders to steer them and the role of communication skills in leadership has been acknowledged universally. The most respected leaders in the human history are the ones with high level competency in communication. We all have certain leadership roles in our own domains.

Effective communication results from discovering better and more effective ways of relating to others and of having them relate to us. Much like life itself, communication is a process. That means it is dynamic, ever changing, and unending. The vehicle through which interpersonal relationships are developed or destroyed is human communication.

8.4.4.1. Elements of Effective Communication Skills

There are many elements or characteristics of effective communication skills. Here are a few points worth remembering²²:

Self-awareness: it is the capacity for introspection or understanding one’s self and the ability to recognize oneself as an individual separate from the environment and other individuals. Self-awareness is a starting point for many effective behavior including communications and relationship.

²¹ Frank-stuart. Source: <http://blog.acpe.edu.au/index.php/careers/effective-communication-skills-workplace/>

²² Frank-Stuart (ibid)

Listening: good listening is integral to effective communication. Communication is about exchange, and there's no place like the workplace to illustrate this. While you no doubt want to get your point across, it's essential to remember that so do others. Listening can help ensure you know what everyone is thinking. When someone is speaking, focus on their face rather than letting your eyes wander, and if appropriate, take notes.

Empathy: the workplace is about teamwork, so in order to work effectively, it's essential to be open to the opinion of others, and to understand their position on any given issue. It's about give and take. Putting yourself in someone else's shoes is often a good way to improve workplace communication skills. Make a point to ask questions.

Patience: if you rush what you say, others may find it difficult to understand you. Similarly, if you're impatient for others to get to the point, you are more likely to lose focus, and not hear what they are saying. For good communication, it's important to be methodical. Take points one at a time, both when talking and listening.

Clarity: when you speak to others, whether they are colleagues, clients or your boss, you are wise to be direct. If you dither around the point, or are uncertain with what you are saying, others are less likely to listen to you. You don't need to be making a speech to suffer nerves at work, particularly when dealing with superiors. Before heading into a meeting, write down exactly what you need to say, and make notes in point form, which you can refer to if needed. This will help ensure you stay focused, and not miss anything important. The same applies if you are giving direction to others on tasks to be carried out. Clarity is vital in ensuring others understand what they are to do.

Positivity: Maintaining a positive attitude at work is not always easy. However, anger and bitterness are not only negative emotions; they can contribute to misunderstandings and conflicts at work. Try to view problems and difficulties as challenges, and look at ways at overcoming them, rather than letting them become a major, ongoing burden. If you are feeling pressured at work, speak to your manager or another superior to see if there might be ways to help alleviate the problems.

Self-improvement: Confidence and good communication go hand in hand. Many people aren't naturally gifted speakers. It takes practice to improve both written and verbal communication skills in the workplace.

Effective communication in the workplace is within grasp of anyone. Make a point to practice listening, patience, clarity, positivity and self-improvement, and you'll be a much better position to work well, and help your workplace run smoothly.

8.4.4.2. How to improve communication skills

Building up on the previous section, there are a number of useful ways to improve communication skills or communicating effectively and eliminating the communication barriers on a practical level.

- Be aware of the importance of perceptions and take special care in ensuring that perceptions are clear and correct.
- Consider the other person's point of view or frame of reference and be sensitive to them.
- Use face-to-face communication if the situation is problematic. This could ensure direct feedback.
- Be sensitive to the other person's background and adapt to it.
- Use direct, clear and simple language and avoid insensitive or offensive language.
- Use frequent repetitions to make sure that the message is understood.
- Be supportive. Let a person be comfortable in your presence and note where messages are not understood or where it is resisted.
- Focus on the common grounds and aims
- Create a climate and atmosphere conducive to communication.
- Don't give a person the idea that you want something, but rather that you are willing to contribute or make a sacrifice.
- Make sure that your body language corresponds with what you are saying.
- Be perceptive to the other person's body language.
- Be prepared to admit your own mistakes.
- Prepare yourself thoroughly if you have to explain a difficult concept.
- Communicate with confidence.
- Plan properly before distributing information, especially in a business context.
- Take time to decide on the correct medium, channels and codes to use to convey your message.
- Never gossip because the receiver will, rightfully, experience anxiety that you will gossip about him/her too.
- Be trustworthy and reliable, consistent and honest.
- Be a good listener.
- Persevere.

8.5. Change Management

Session Objectives

By the end of this session, participants should be able to:

- Understand the concept, importance, and cycles of change management
- Identify strategies to deal with resistance to change

Time Allowed: 1:00 Hour

Change management is a systematic approach to transitioning individuals, teams, and organizations from a current state to a desired future state, to fulfill or implement a vision and strategy. It is an organizational process aimed at empowering employees to accept and embrace changes in their current environment.

Change can be a time of exciting opportunity for some and a time of loss, disruption or threat for others. How such responses to change are managed can be the difference between surviving and thriving in a work environment. Change is an inherent characteristic of any organization and like it or not, all organizations whether in the public or private sector must change to remain relevant.

To be successful, a change effort or initiative must start with a vision. Whether change is prompted by internal or external factors creating a vision will clarify the direction for the change. Whether from internal or external sources, large or small, involves adopting new mindsets, processes, policies, practices and behavior.

Organizational Change Cycle

The field of organizational change reflects a process that moves from establishing committed leadership through the need for and vision of the change to taking action, monitoring progress, and closing out the change. The following is a basic organizational change cycle.

- *Establishing Committed Leadership:* Here it is important to share stories within the organization about the level of passion for the current change. Critical questions include: Who will stand for the future possibility? Why and how do we, the leaders, need to take a stand? Where is the passion?
- *Feeling the Need for Change:* Key to this step is to listen for and tell stories about issues such as: How deep is the pain? What is the current state? Why do we need to change? Why should anyone care?
- *Creating the Vision for Change:* In this step, share and promote stories about the desired future and have people talk about how they will personally benefit from it.
- *Taking Action:* This step benefits from conveying and encouraging stories about plans, roles and responsibilities, and actions that are already underway.
- *Sustaining Change:* Tell and solicit stories about overcoming barriers to change, courage in the face of challenge, and persistence.
- *Monitoring Progress:* Use stories and find others who can tell those that demonstrate the answers to: “How are we doing? What’s different?”
- *Adapting As We Go and Correcting Course:* Important to this step are stories from yourself and others that speak to “what are we learning?”
- *Completion and Celebration:* Communicate and promote stories about what was accomplished, what results were achieved, and how they were accomplished.

As a leader of change your role will be to support and encourage your staff throughout each cycle. It is important to recognize that transition is not linear and therefore, those that are impacted sometimes find themselves moving back and forth between the phases.

Your skills in communication, listening and coaching will be pivotal in identifying how to support your staff, both as individuals and as a group, so they can move through the phases as quickly and effectively as possible. Change management involves establishing appropriate roles, responsibilities and a structure within the organization to ensure a successful change.

Table #: Change Strategies to accommodate Employees Resistance

Reasons for Employees' Resistance	Strategies to overcome the resistance
<ul style="list-style-type: none"> • Employees feel they will suffer from the change 	<ul style="list-style-type: none"> • Use communication strategy that solicits employee
<ul style="list-style-type: none"> • Organization does not communicate expectations clearly 	<ul style="list-style-type: none"> • Do not send mixed signals regarding change; this will increase employee distrust
<ul style="list-style-type: none"> • Employees perceive more work with fewer opportunities 	<ul style="list-style-type: none"> • Communicate clear vision of the change
<ul style="list-style-type: none"> • Change requires altering a long-standing habit 	<ul style="list-style-type: none"> • Identify employee concerns and unresolved implementation issue
<ul style="list-style-type: none"> • Relationships harbor unresolved resentments 	<ul style="list-style-type: none"> • Provide employee with a timeline and a defined approach and outcome
<ul style="list-style-type: none"> • Employees lack feeling of job security 	<ul style="list-style-type: none"> • Communicate how employees will be protected
<ul style="list-style-type: none"> • Organization lacks adequate reward process and /or sufficient resources 	<ul style="list-style-type: none"> • Develop procedures to address employees who will be negatively affected by the

One of the most challenging and demanding aspects of any change is communication. Communication is the key way that people are engaged in the change. Introducing successful change relies heavily on how the participants in the change view it. Poor change communication is a common cause of complaint and change research emphasizes that change can be derailed if the communication plan is ineffective.



**Provided with facts
Ownership of the change & evidence**

Grasp the concept

Internalized

The best time to map out what communication is in the early planning stage for the change. Good communication should never be an afterthought, but rather a significant part of the change plan.

The underlying basis of change management is that people's capacity to change can be influenced by how change is presented to them. Their capacity to adapt to change can shrink if they misunderstand or resist the change, causing barriers and ongoing issues. The rationale is that if people understand the benefits of change, they are more likely to participate in the change and see that it is successfully carried out, which in turn means minimal disruption to the organization.

Self-Assessment Questions

- Discuss the Importance of Leadership and Management
- Distinguish similarities and differences of leadership and management
- Explain Leading and Managing for Results Model
- Discuss the phases of team development
- Identify the importance of team work in your organization.
- Explain the internal and external barriers to team work
- Among the five techniques of conflict management which one is best? Why?
- Describe, at least, three barriers of effective communication.
- Suggest the possible solutions for the barriers of communication you mentioned above.
- How do you manage change in your area of responsibility?

References

- The John Adair Handbook of Management and Leadership. (2004)
- PenttiSydänmaanlakka. (2003). Intelligent Leadership and Leadership Competencies
- Management Sciences for Health. Health Systems in Africa. (2010). An E-book For Leaders and Managers,
- Krishna KumariSubedi - Sister In-charge, OT. Modern Concept of Management
- Mcpheat, Sean. (2012). Effective communication Skills. Ventus publishing APS.
- Department of Water Affairs and Forestry(2003). Communication and Conflict Resolution skills. South Africa
- Rafiq H., Khattak.(2003). Communication Skills
- Fleetwood, Karen L. (1983) The Conflict management Styles and Strategies of Educational Managers.
- Murray,Alan “The Wall Street Journal Guide to Management”, published by Harper Business. Retrieved from <http://guides.wsj.com/management/developing-a-leadership-style/what-is-the-difference-between-management-and-leadership/> on October 29, 2013.

ANNEX I: TIME TABLE FOR SENIOR LEVEL HRHM IN-SERVICE TRAINING
FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA MINISTRY OF HEALTH
DIRECTORATE OF HUMAN RESOURCES DEVELOPMENT AND ADMINISTRATION
HUMAN RESOURCES FOR HEALTH MANAGEMENT (HRHM)
IN-SERVICE TRAINING OF TRAINERS (TOT)
TIMETABLE

Time	Duration	Session	Facilitators/Moderator (s)	Co-facilitator (s)
Day 1: Introduction and Module 1 & 2				
8:30-9:00	30'	Registration	Organizers	
9:00-10:30	1hr 30'	Introduction to the Training: Welcoming remarks, Introductions and start-up activity, Workshop objectives, Agenda, Working Norms		
10:30-10:45	15'	Tea Break		
11:00-12:30	1hr 30'	Module 1: HRH Issues and trends: Global and National Perspectives		
12:30-14:00	1hr 30'	Lunch Break		
14:00-15:30	1hr 30'	Module 2: HR Policies		
15:30-15:45	15'	Tea Break		
16:00-17:00	1hr	Module 2: HR Policies (Continued)		
17:00-17:30	30'	Evaluation, Close the day		
Day 2: Module 2 & 3				
8:30-9:00	30'	Recap and feedback on Day 1 evaluation		
9:00-10:30	1hr 30'	Module 2: HR Policies (Continued)		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Module 3: HR Planning and Staffing		
12:30-14:00	90'	Lunch Break		
14:00 -16:00	2hr	Module 3: Recruitment and selection		
16:00-16:15	15'	Tea Break		
16:15-17:15	1hr	Module 3: Recruitment and selection (Continued)		
17:15-17:30	15'	Evaluation, Close the day		
Day 3: Module 3 &4				

8:30-9:00	30'	Recap and feedback on Day 2 evaluation		
9:00-10:30	1hr 30'	Module 3: Behavioral/Competency-based Interview		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Module 3: Orientation and Induction		
12:30-14:00	1hr 30'	Lunch Break		
14:30-15:30	1hr	Module 4: Human Resources Strategy Development		
15:30-15:45	15'	Tea Break		
15:45-16:30	45'	Module 4: HRH Action Framework (six action fields) (group work and gallery walk)		
16:30-17:15	45'	Module 4: HRH Action Framework: Four Phases of planning		
17:15-17:30	15'	Evaluation, Close the day		
Day 4: Module 4, 5&6				
8:30-9:00	30'	Recap and feedback on Day 3 evaluation		
9:00-10:00	1hr 30'	Module 4: Health workforce motivation and Retention		
10:30-10:45	15'	Tea Break		
11:00-12:30	1hr 30'	Module 5: Training and staff Development (Training)		
12:30-14:00		Lunch Break		
14:00-15:30	1hr 30'	Module 6: Performance Management System		
15:30-15:45	15'	Tea Break		
15:45-17:00	1 hr	Module 6: Performance Management System (Continued)		
17:00-17:30		Evaluation and Close the day		
Day 5: Modules 7 &8				
8:30-9:00	30'	Recap and feedback on Day 4 evaluation		
9:00-10:30	1hr 30'	Module 7: HRIS and DDDM		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Module 8: Leadership and Management (Introduction)		
12:30-14:00	1hr 30'	Lunch Break		
14:00-15:30	1hr30'	Module 8: Leadership and Management Practices (Continued)		
15:30-15:45	15'	Tea Break		
15:15-17:30	1hr 45'	Introduction to Experiential Learning and facilitation skills		

17:30- 17:45	15'	Evaluation and Close the day		
Day 6: Facilitation Skills				
8:30-10:30	1hr	Practice Facilitation (with feedback)		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Practice Facilitation (with feedback)		
12:30-14:00	1hr 30'	Lunch Break		
14:0-15:30	1hr 30'	Practice Facilitation (with feedback)		
15:30-17:30	2hrs	Develop Roll out plan (By the Regions)		

Annex 2: Operational HRH Management in-Service Training Time Table

NATIONAL REGIONAL STATE, REGIONAL HEALTH BUREAU
 ብሔራዊ ክልላዊ መንግሥት ጤና ቢሮ
HUMAN RESOURCES FOR HEALTH MANAGEMENT (HRHM)
 ለጤናው ዘርፍ የሰው ሀብት ልማትና አመራር
IN-SERVICE TRAINING
 የአጭር ጊዜ ስልጠና
Date, Place
 _____ ቀን _____ ከተማ
TIMETABLE የስልጠናው የጊዜ ሰሌዳ

Time ሰዓት	Duration ጠቅላላ የሚፈጅው ጊዜ	Sessions ክፍለ ጊዜ	Facilitators/Moderator (s) ሰሰልጣኝ	Co-facilitator (s) ረዳት/አመቻቹ
Day 1: Introduction and Module 1 & 2				
8:30-9:00	30'	Registration	Organizers	
9:00-10:30	1hr 30'	<ul style="list-style-type: none"> Welcoming Remarks, መክፈቻ Course introductions and Start-up Activity, የወረከሾፑ መግቢያ፣ መንደርደሪያ ሥራ Workshop Objectives የወረከሾፑ ዓላማ Timetable/Agenda ፕሮግራም ማስተዋወቅ Working Norms የወረከሾፑ ደንብ ማውጣት		
10:30-10:45	15'	Tea Break		
11:00-12:30	1hr 30'	Module 1: HRH Issues and trends: Global and National Perspectives በጤናው ዘርፍ የሰው ሀብት ልማት አመራር ተጨባጭ ሁኔታ በዓለም አቀፍና በኢትዮጵያ		
12:30-14:00	1hr 30'	Lunch Break		
14:00-15:30	1hr 30'	Module 2: HR Policies የሰው ሀብት ፖሊሲዎች		
15:30-15:45	15'	Tea Break		
16:00-17:00	1hr	Module 2: HR Policies (Continued) የቀጠለ		
17:00-17:30	30'	Evaluation, Close the day የዕለት ውሎ ግምገማና መዝገያ		
Day 2: Module 2 & 3				

8:30-9:00	30'	Recap and feedback on Day 1 evaluation የውሎ ግምገማ ግብረ-መልስ		
9:00-10:30	1hr 30'	Module 2: HR Policies (Continued) የሰው ሀብት ፖሊሲ (የቀጠለ)		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Module 3: HR Planning and Staffing የሰው ሀብት ዕቅድ		
12:30-14:00	90'	Lunch Break		
14:00 -16:00	2hr	Module 3: Recruitment and selection (job advert, processing application, interview incl. Behavioral /competency-based interview) ምልመላና ቅጥር		
16:00-16:15	15'	Tea Break		
16:15-17:15	1hr	Module 3: Recruitment and selection (job advert, processing application, interview incl. Behavioral /competency-based interview) ምልመላና ቅጥር (የቀጠለ)		
17:15-17:30	15'	Evaluation, Close the day የዕለት ውሎ ግምገማና መዘገያ		
Day 3: Module 3 &4				
8:30-9:00	30'	Recap and feedback on Day 2 evaluation ግብረ-መልስ		
9:00-10:30	1hr 30'	Module 3: Recruitment and selection (job advert, processing application, interview incl. Behavioral /competency-based interview) ምልመላና ቅጥር (የቀጠለ)		
10:30-10: 45	15'	Tear Break		
10:45-12:30	1hr 45'	Module 3: Orientation and Induction አዳዲስ ሀራተኞችን ማስተዋወቅ		
12:30-14:00	1hr 30'	Lunch Break		
14:30-15:30	1hr	Module 4: Human Resources Strategy Development የሰው ሀብት መካከለኛና ረጅም ጊዜ ዕቅድ ማዘጋጀት		
15:30-15:45	15'	Tea Break		
15:45-16:30	45'	Module 4: HRH Action Framework (six action fields) (group work and gallery walk) የጤና ዘርፍ የሰው ሀብት ሥርዓት ለማጠናከር የሚረዱ እርምጃዎች		
16:30-17:15	45	Module 4: HRH Action Framework: Four Phases of planning የጤና ዘርፍ የሰው ሀብት ሥርዓት ለማጠናከር የሚረዱ እርምጃዎች (የረጅም ጊዜ ዕቅድ አዘገጃጀት ያለው ሚና)		
17:15-17:30	15'	Evaluation, Close the day የዕለት ውሎ		
Day 4: Module 4, 5&6				

8:30-9:00	30'	Recap and feedback on Day 3 evaluation ግብረ-መልስ		
9:00-10:00	1hr 30'	Module 4: Health workforce motivation and Retention ሠራተኞችን ማነቃቃትና በሥራቸው ላይ ማቆየት		
10:30-10:45	15'	Tea Break		
11:00-12:30	1hr 30'	Module 5: Training and staff Development (Training) ሥልጠናና የሙያ ዕድገት		
12:30-14:00	Lunch Break			
14:00-15:30	1hr 30'	Module 6: Performance Management System የሥራ ዕቅድና ክንውን ምዘናና አመራር		
15:30-15:45	15'	Tea Break		
15:45-17:00	1 hr	Module 6: Performance Management System (Continued) የሥራ ዕቅድና ክንውን ምዘናና አመራር		
17:00-17:30		Evaluation and Close the day የዕለት ውሎ መገምገም		
Day 5: Modules 7 &8				
8:30-9:00	30'	Recap and feedback on Day 4 evaluation ግብረ-መልስ		
9:00-10:30	1hr 30'	Module 7: HRIS and DDDM የሰው ሀብት መረጃ ሥርዓት እና በመረጃ ላይ የተመሠረተ ውሳኔ አሰጣጥ		
10:30-10:45	15'	Tea Break		
10:45-12:30	1hr 45'	Module 8: Leadership and Management (Introduction) መሪነት እና አመራር አሰጣጥ		
12:30-14:00	1hr 30'	Lunch Break		
14:00-15:30	1hr30'	Module 8: Leadership and Management Practices (Continued) መሪነት እና አመራር አሰጣጥ (የቀጠለ)		
15:30-15:45	15'	Tea Break		
15:45-17:00	1hr 15'	Action Plan to Improve HRH Management in respective organizations ሠልጣኞች ወደየሥራ ቦታቸው ሲመለሱ ማስተካከል የሚገቡአቸው ጉዳዮች ላይ የሚያወጡት የጋራ ዕቅድ		
17:00- 17:30	30'	Evaluation and Closing Remark የዕለቱን ውሎ መገምገምና ዎርክሾፕን ማጠናቀቅ		