



Republic of Kenya
County Government of Bomet
Health Sector



GUIDELINES FOR ENHANCING
MANAGEMENT OF HEALTH WORKFORCE

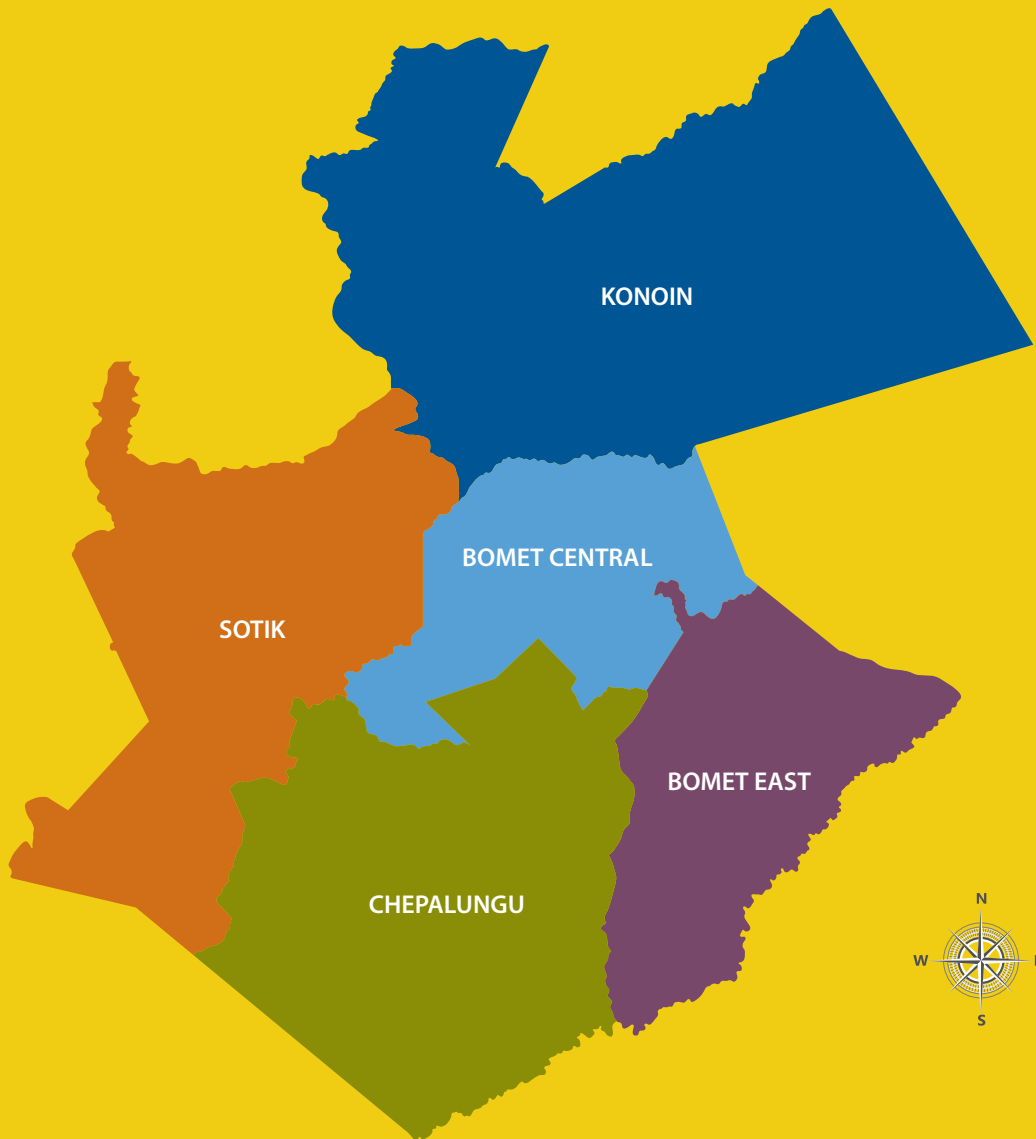


Guidelines for Enhancing Management of Health Workforce

Bomet County, Kenya

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BOMET COUNTY MAP



- 📍 5 Sub counties
- 📍 25 wards
- 📍 131 Public health facilities
- 📍 1 Beyond Zero mobile clinic

Acknowledgement

We are grateful to various teams that contributed to the finalization of the Incentive Guideline for enhancing management of health workers, including the County Public Service Board, County Health Leadership and Department of Public Service and Administration in Bomet County.

Special thanks to the United States Agency for International Development (USAID), through the Capacity Bridge Project (April 2014-September 2015) subsequently Human Resources for Health (HRH) Kenya (September 2016 - September 2021) for providing the essential technical support and baseline findings that made development of this handbook possible.

Bomet County wishes to sincerely thank all the stakeholders who made contributions towards the successful development of this document.

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FOREWORD

The Constitution of Kenya 2010 (COK 2010) provides for the right to the highest attainable standard of health to every Kenyan, and places a fundamental duty on both levels of government to take legislative, policy and other measures, including the setting of standards, to achieve progressive realization of the rights set out under Article 43, which include the right to health.

The COK 2010 ushered in a two-tier system of governance in Kenya, the national and the county governance framework; with one of the main objectives of the devolved system of governance being to promote social and economic development and provision of proximate, easily accessible services throughout the country. Under this constitutional framework in the health sector, the national government is assigned the policy, standards and management of national referral facilities. On the other hand, the county governments are mandated to manage county health services. Therefore, devolution presents challenges and opportunities to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

The management of human resources in the health sector is one of the most fundamental aspects of attaining the universal as well as the constitutional right to health for all. However, the health care workforce faces critical challenges in service provision, which include exposure to occupational risks and working in hard-to reach areas coupled with poor working conditions, among others. In addition, the nature of work in the health sector demands that health workers avail themselves to high level of commitment as well as making a lot of sacrifices and/or working at odd hours. Therefore, in most cases, health workers would prefer to work in areas where these challenges are least encountered. Consequently, this leads to inequitable distribution of the health workers, thereby depriving some areas with their vital services. In situations, where the health workers have limited choice of work stations, they often feel demoralized and demotivated, which negatively impacts on delivery of quality services. Therefore, it is imperative to note that despite these challenges, the health workforce is making tremendous contribution to health service provision, an aspect that needs to be recognized and appreciated in order to improve their performance.

The greatest human resource challenge that Bomet County encountered during devolution was the management system of the health workforce. To address this, the County Government of Bomet constituted a Technical Working Group (TWG) to

assist in the development of the Incentive Guidelines for improving the management of health workers. To this end, the TWG resolved on the need for, and consequently undertook the development of the Incentive Guideline with reference to a guideline earlier developed through the support of Transition Authority, Public Service Commission, Ministry of Health and County leadership.

I wish to thank all stakeholders involved in the development of these guidelines who included the County Health Leadership; County Legal Representative and the USAID funded Human Resources for Health (HRH) Capacity Bridge Project subsequently Human Resources for Health (HRH) Kenya. The County Government of Bomet will ensure the county health sector adopt and implement these guidelines to improve the process of better management of health workers.

I encourage all who charged with this responsibility of managing our health workers to familiarize with the guidelines and proposals made herein as I believe they will contribute in a big way to our county government's effort to improve the health and hence the livelihoods of our people.

A handwritten signature in black ink, appearing to read 'Ruto', with a long horizontal stroke extending to the right.

H.E. HON. ISAAC RUTO

GOVERNOR,

COUNTY GOVERNMENT OF BOMET

ACRONYMS

CHRMAC	–	County Human Resource Management Advisory Committees
CPSB	–	County Public Service Board
COK	–	Constitution of Kenya
HRH	–	Human Resources for Health
HRM	–	Human Resources Management
MDGs	–	Millennium Development Goals
NHIF	–	National Hospital Insurance Fund
NSSF	–	National Social Security Fund
SACCOs	–	Savings and Credit Cooperative Society
SDGs	–	Sustainable Development Goals
SRC	–	Salaries and Remuneration Commission
TWG	–	Technical Working Group
WIBA	–	Work Injury Benefits Act

Context and Background

1.0 Making the Case for Improvements for the Health Workforce

It is well recognized that health is a key driver of development in any country. It is also a well-known fact that citizens need to be healthy in order to productively engage in development activities. It is on this basis that the Constitution of Kenya 2010 (COK, 2010) provides for the right to the highest attainable standard of health for all Kenyans. Accordingly, the goal of the health sector in Bomet is to provide services which are affordable, equitable, accessible and socially acceptable to the residents of Bomet.

In WHO terms and express resolutions, Human Resources for Health are a critical building block for health systems strengthening. In spite of this, Human Resources for Health constraints continue to hamper Kenya's health sector planning, service delivery and national and county health outcomes. In particular, shortages of health workers constitute a significant barrier to achieving health-related Millennium Development Goals (MDGs) as well as the new developmental imperative of Sustainable Development Goals. Locally, this situation is aggravated by the unequal distribution of health workers as a result of socioeconomic and professional factors that all sustain a steady internal migration of health personnel from rural to urban areas, from the public to the private sector, and out of the health profession itself. The crisis calls for investment in incentives to recruit and retain personnel in underserved, hard to reach areas to service communities that need them most.

According to the evaluation of the *Human Resource for Health Strategic Plan* 2009 -2012 and the draft HRH Strategy 2014- 2018, key HRH challenges facing the country include: staff shortages, inequitable distribution, attraction especially in hard-to-reach areas, out-migration of health staff especially nurses and doctors, weak human resources management systems, weak leadership and management capacity, weak human resources information systems (HRIS), weaknesses in pre-service and in-service training, poor sectoral coordination of the HRH agenda and low

compensation and benefits package. The Bomet County Investment Development Plan (CIDP 2014) contextually reflects the same human resources challenges.

The greatest human resource challenge that Bomet County has encountered since devolution has been the management of the health workforce. To address this, the County Government of Bomet constituted a Technical Working Group (TWG) to develop strategies for improving the management of the health workers. The Technical Working Group (TWG) referred to the Incentive Guideline earlier developed through the support of the Transition Authority (TA), Public Service Commission (PSC), Ministry of Health (MOH) and County Leadership.

The causes of health worker shortages especially in undeserved and hard to reach areas are due to “push” and “pull” factors, poor deployment, and poor management. Other causes of health worker shortage include inadequate recruitment of health workers, failure to attract workers to accept rural posts, salaries and allowances disparities for the defunct local government employees, county government employees and the devolved staff from the national government.

PURPOSE OF GUIDELINE

The purpose of this guideline is to bridge the gap in all workforce fields (not only in health) to ensure that all workers are attracted, retained, happy, motivated and very productive at county level.

PRESENT CONTEXT AND CASE FOR CHANGE

- i. Lack of implementation of the Salaries and Remuneration Commission (SRC) circulars particularly on mortgage and car loans
- ii. Disparities in remuneration for staff with same qualifications and experiences e.g. salaries and allowances disparities for the defunct local government employees, county government employees and the devolved staff from the national government;
- iii. Shortage of health workers across the county
- iv. Review of training policies to conform to county government needs;
- v. Working environment needs to be improved;

- vi. Inequitable distribution of health workers across the county
- vii. Inadequate effective support supervision, to monitor the progress on effective health care service delivery currently there is limited support supervision poor working conditions: inadequate equipment, physical structures that are not properly designed and/or incomplete, poor housing facilities.
- viii. Lack of Human Resources Integration Systems in the health department to support HR functions like leave management, monthly reporting, and database management

CRITICAL SUCCESS FACTORS

The critical success factors include:

- i. Support from the national and county governments, private sector and development partners.
- ii. Staff establishment for all the county departments supported by SRC
- iii. Availability of county HR policy and procedures manual
- iv. Improvement of infrastructure through expansion and renovation of existing facilities and establishment of new ones alongside provision of equipment in health facilities improvement of road network, provision of social amenities such as water, electricity and internet connectivity.
- v. Strengthened security system to ensure safety of staff, commodities and products through burglar proofing of facilities and provision of security services to all health facilities. Regular financial support to health facilities to cater for operations
- vi. Employment of health staff on contract (temporary) to bridge the existing human resource gap.
- vii. Provision of training and internship centres to health trainees in identified facilities within the county. Bomet County will continue to offer opportunity for attachment and internship to trainees from public, FBOs and private training institutions. Implementation of salary and remuneration commission guidelines and circulars on salaries and pension.
- viii. Establishment of the County Human Resource Management Advisory Committee (CHRMAC) to strengthen the Human Resource Systems through

trainings, effective handling of discipline and grievance cases and effective rationalization of staff

- ix. Partnership with other stakeholders to offer support to the health care system e.g. Beyond Zero Campaign, Walter Reed Project -Kenya, USAID funded HRH Kenya, Kenya Red Cross Society (KRCS) among others
- x. Implementation of the strategies as provided in the Bomet guidelines on enhancing the performance of the health workforce.

The following will apply:

- i. Regular staff appraisals
- ii. Rewards and sanctions should be prompt
- iii. Staff returns (monthly) Integrated Personnel Payroll Data and Integrated Human Resource Information System-fully networked
- iv. Enhanced support supervision

Guiding principles

The strategies implemented under the guideline will be anchored by County Public Service Board and County Government principles and values including;

- i. Fair hiring, integrity, accountability, diversity, equal opportunities and equality in remuneration, advertising widely in 3 dailies with national circulation;
- ii. Provision for promotion in the county departments' budget estimates
- iii. Personal improvement should be recognized by CHRMAC and departmental committee;
- iv. Pension scheme for staff recruited through County Public Service Board;
- v. Implementation of Work Injury Benefits Act (WIBA) (esp. Compensation).

Monitoring and Evaluation

Reporting on the progress in attraction and retention should be included as part of the Bomet County Government's Corporate Human Resources Plan.

COMPONENTS OF THE GUIDELINE

The management of the health sector under a devolved system necessitates new institutional and management arrangements. Bomet County needs to create an environment where health facilities located in underserved /hard to live areas do not continue to suffer staff shortages. This will require the design of attractive packages to attract and retain HWs. Extra funding may be necessary for such packages which may be sought from the Equalization Fund as provided for in Article 204 (2) of the Kenyan Constitution and the County Government Budgetary allocations.

According to Dieleman & Harnmeijer (2006), several factors can contribute to improved health worker retention and productivity

- i. Personal and lifestyle-related factors, including living circumstances;
- ii. Work-related factors, preparation for work during pre-service education;
- iii. Health-system related factors, such as human resources policy and planning; and
- iv. Job satisfaction influenced by health facility factors, such as financial considerations, working conditions, management capacity and styles, professional advancement and safety at work.

Diagram 1: Incentive Guideline Model



Strategies for Improving the Management of Health Workers

The following strategies are expected to contribute to the achievement of county workforce management system in Bomet County:

2.1. Improve conditions in underserved and hard to reach areas:

- Improve infrastructure to increase access to far flung health facilities
- Provide adequate and standard housing

- Enhance communication i.e. ensure the hospitals have unlimited internet access including provision of modems
- Provide means of transport to sub-counties and health facilities
- Improve security-by ensuring trained security officers are hired and deployed to man all high volume facilities i.e. sub-county hospitals and health centers. Source for private security services for dispensaries
- Inter-sectoral collaboration to ensure continued improvement of social amenities and other infrastructural facilities within the vicinity.
- Ensure improved facilities and constant supplies of commodities
- Ensure equity to training opportunities for all employees
- Community support through other stakeholders within the county

2.2 Improving Work Environment

- **Developing an Incentive Policy** - Must be tailored towards best practices in management of Human Resources for Health
- Develop a guideline on hiring of specialists (consultancy services) with clear terms and conditions of service on contractual basis instead of full time employment
- **Supervision Tools & Guidelines**
 - Review the support supervision checklist to incorporate the HR component
 - Review the current guidelines on support supervision and have a standardized tool for quality assessment
- **Resource Centers & Recreational Facilities**
 - Establishment of a resource centers and other associated facilities. Target provision catering/cafeteria services in identified health facilities.
- **Implementation of the Occupational Health and Safety Act at the workplace and setting up programs to implement the OSHA policy.**

Setting up a workplace violence/harassment program which must include the following:

- Establishment of the dispute and grievance handling committee with clear terms of reference
- Develop/domesticate and disseminate the dispute and grievance handling procedures
- Measures and procedures to control risks identified in an assessment of risks
- Measures and procedures for workers to report incidents of workplace harassment and seek immediate support, and set out how the employer will investigate and deal with incidents

2.3 Non-Financial Incentives

- Carrying out a staff and skills audit to determine HR gaps and skills gaps to plan for recruitment of new staff and capacity building
- Effective integrated support supervision in sub-counties and facilities on quarterly basis
- Improved human resources management (HRM), which could encompass any of the following: reduced workloads, supportive supervision, decentralization of human resources activities, deployment on areas of choice or having fixed term in hardship areas, clear roles and responsibilities within their job description and performance appraisals.
- Access to house, education or car loans at lower negotiated market rates in financial institutions through the County Government to eligible staff.
- Staff and facility recognition. E.g. best performance and issuance of certificates and awards
- Put in place orientation programs for new staff /enforce HR orientation program policy
- Initiate and strengthen staff welfare through initiation of a contributory pension scheme

- Improve the comprehensive medical cover for all the workers
- Provide support counseling and access to rehabilitation services as appropriate
- Promote Telemedicine through collaboration with other institutions
- Collaborate with health institutions to strengthen Private Public Partnership and Public – Public Partnership

2.4: Financial Incentives

- Indemnity cover for all health workers directly attending to patients to address compensation in case of litigation.
- Training guidelines to be adhered to as per HR policy
- An additional responsibility/duty allowance paid to officers who are required to handle tasks beyond their job descriptions as per SRC guidelines
- The county government to develop a policy to ensure a sustainable HR capacity development training policy beyond the basic training.
- Implementation of induction programmes for all new hires and those in management positions in collaboration with the Kenya School of Government

Creating a Centre of Excellence

- As part of infrastructure development, Bomet County to consider establishing a Health Care Centre of Excellence that will offer various health services that will include care and support for cancer and non-communicable chronic diseases like hypertension, diabetes, heart diseases among others. The specialists' center of excellence will offer services that may not be available in the normal health care system. The establishment of such a model will be guided by the code of regulations from the Bomet County HR and Medical Practitioners Board.
- It would further provide opportunities for other specialists from outside the county to offer services.

Annex 1: List of Contributors

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Annex 2: References

1. Devolved HRM Policy guidelines on HRH (February 2015)
2. The Constitution of Kenya 2010
3. The National Human Resource for Health Strategic Plan 2009-2012
4. Draft Human Resource for Health strategy 2014-2018
5. Bomet County Investment Development Plan 2014
6. Human Resources Policies and procedures Manual for Public Service May, 2016
7. Kenya Health Policy 2014-2030

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