

ASSESSMENT OF HUMAN RESOURCES MANAGEMENT SYSTEMS AND PROCEDURES

In the Ghana Ministry of Health
and Its Agencies



Ghana Health Service (GHS)
Quality Health Partners (QHP)



OBJECTIVES

- Assess current institutional HRM capacity of MOH and its agencies in terms of systems effectiveness and efficiency, including:
 - Strengths upon which to build
 - Opportunities for improvements

Methods*

- Key Informant Interviews
 - All 10 Regional Health Directorates: central and regional-level key informants
 - 28 target districts in 7 regions: district-level and facility-level personnel interviews
- Review of Key Documents¹
- HR-related components of Facility Baseline Assessment

¹ See Appendix for Full List of Documents

*Data Collection – November - December, 2004

Data Collection Results

- All 10 regions responded to the overall Capacity Framework questionnaire
- 9 of 10 regions responded to the Regional Directors of Health Services Interview¹
- 9 of 10 regions responded to Regional Training Coordinator Interview²
- 27 of the 28 District Directors of Health Services Interview³

¹No response from Upper East Region

² No response from Western Region

Data presented in report on the following areas*

- HR Policies, Plans and Procedures
- Stakeholder Roles & Responsibilities in Human Resources Management Processes
- Human Resource Information Systems (HRIS)
- Staff Performance Management
- Staff Training and Development
- Preservice Training
- Gender Issues
- Document Review

*Today's presentation will focus on selected items

HR policies, plans and systems

Strengths

- Central level MOH and GHS have policy and guideline functions
- “Policy on In-service Training” has undergone consensus building
- Draft policies and guidelines exist on recruitment, postings, promotions, training and development

Opportunities

- “Human Resources Policies and Strategies for the Health Sector 2002 – 2006” has been copied and distributed at successive health summits, but could be more effectively disseminated
- “Conditions of Service for staff of GHS” and “Schemes of Service Documents” have remained in draft since **2000**

HR policies, plans and systems (cont.)

Strengths

- “Medium Term Human Resources Strategy and Plans for the Ghana Health Service (2003 – 2006)”
- Staffing norms have been developed for the public and private sectors

Opportunities

- Forum needed for reviewing the staffing needs of the MOH, the agencies and statutory bodies
- Consider re-instituting HR bulletin to disseminate policies and other staff management information ?

HR Staffing

- Both MOH and GHS (both central and regional) have full time HR staff, although some have recently been appointed (from acting) and others are seconded
- 7/9 regions interviewed reported that HR personnel performance was satisfactory

HOWEVER...

- 5 regions emphasized lack of accurate computerized database to pinpoint where staff are serving
- MOH/HRHD and GHS/HRDD would benefit from capacity-building in policy formulation, analysis and monitoring
- MOH/HRHD directorates have inadequate office space

Compensation System and Incentives

- Salaries are fixed and are not dependent on work output. Staff with similar qualifications are sometimes placed at different levels on the salary scale
 - All 9 Regions and 25/27 Districts interviewed reported having incentive schemes for rewarding performance
 - fellowship awards, nomination of hard-working staff for external courses, and end-of-year party
 - best worker awards, accommodation, allowances, timely payment of T&T, soft loans, end-of-year bonus, provision of working uniforms, encouragement to attend training, payment of exam fees, gifts, and direct praise of staff
- ...**HOWEVER**... There are limited mechanisms for monitoring to ensure that criteria for selecting staff for awarding of incentives are objective (an exception is for the fellowship program)

Postings and Promotions

STRENGTHS

- Two regions report using personnel data specifically for planning staff redistribution
- 24/28 districts report doing internal staff distribution within the GHS
- Formal system for promotion in place

OPPORTUNITIES

- Some central-level key informants feel there is no functional system for posting staff in the GHS, despite the 'Conditions of Service' document
- Current promotion system rewards ineffective staff with seniority
- Staff reluctant to take promotions in hardship locations

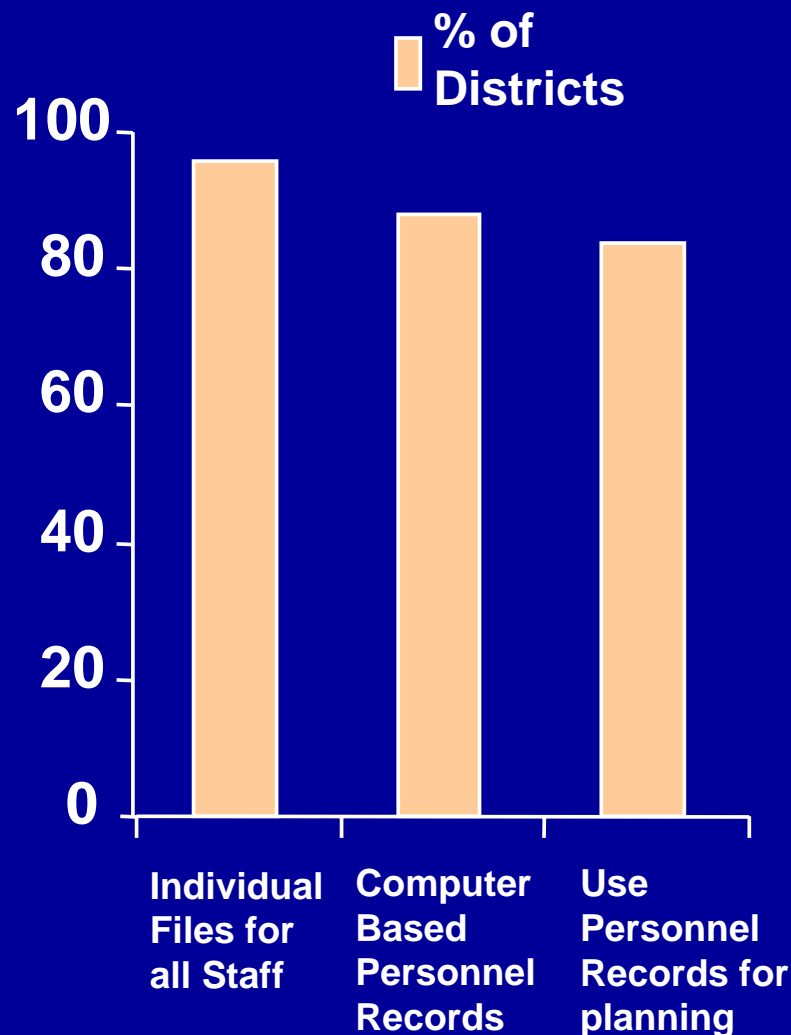
Stakeholder Roles & Responsibilities*

- Three Ghanaian medical schools, (Accra, Kumasi and Tamale); Tamale School has started training doctors
 - Difficulties mobilizing resources for quality teaching and learning
 - Tamale couldn't admit students in 2003
 - Training programs could be more responsive to sector needs
- MOFEP gives financial clearance for new staff
 - “Delays in giving the approval are because applications are either not properly routed or may cover non-critically needed personnel ...some units have resorted to using Internally Generated Funds (IGF) to pay for extra recruitment...”
 - Delays also due to lack of adequate information on new recruitments and re-engagements (need to re-design forms?)
- Controller's office experiences delays in removing the names of staff who have left, resulting in ghostworkers

*See Appendix for full list

Human Resource Information Systems: Successes

- All regions reported having individual files for all staff in the region
- All but Upper West reported having a computerized regional HR database
- 25 of 27 districts report having individual personnel files for all DDHS employees.



HR Information Systems (cont.)

- Regions at different stages with regard to using HR information systems
 - Eastern Region maintains updated computerized files on all employees *and* has policies in place for their appropriate use
 - Two regions use their available and up-to-date HR data reports for HR planning

...**However**

- Three regions have no system to maintain them

Staff Performance Management

	% of providers with a job description	% of providers supervised in past 6 mo.	Provided feedback on performance	Provided updates on admin/tech issues	Discussed problems
Type of Facility					
Regional Hospitals	24.5%	44.9%	61.9%	61.9%	95.5%
District/Mission Hospitals	24.4%	56.4%	59.8%	72.7%	93.3%
Health Centres	18.8%	81.4%	57.4%	63.3%	92.6%

- Newly appointed staff into GHS now are provided job descriptions as an attachment to their appointment letters, however, most existing GHS staff have not been given job descriptions since separating from MOH

Staff Training and Development

- JICA-supported Training Information System (TIS) pilot successful – extended to all 10 regions
- 8*/10 regions have formal programs to prepare staff for management and leadership
- (RIST) Coordinators reported conducting regular training needs assessments
- Only Eastern Region RIST could produce TNA¹ and while 2/3rd of District Directors report TNA, none could produce a report.
- Overall, only 61.4% of health service providers attended an in-service in past 12 months (MD's and MA's had fewer opportunities than nurses)

* Western and Brong Ahafo report no formal programs

¹ Training Needs Assessment

Preservice Training

- IST policy exists
- Accreditation of pre-service institutions process started in 2003 and fees paid
- Pre-Service student population* increased from 2944 in 2002 to 4829 in 2004 (a 64% increase)
- IST Policy not linked to PST (no PST Policy exists)
- Schools visited by MOE accreditation board; report issued was vague; situation being resolved; meanwhile nurses and midwives graduating without certificates
- Overly high student-tutor ratios in some schools
- Inadequate teaching aids, clinical equipment and anatomical models

*Nurses and midwives

Gender Issues

STRENGTHS

- Health Sector Gender Policy document exists
- Male enrollment in community nursing increasing
- HRDD appointments are made on merits

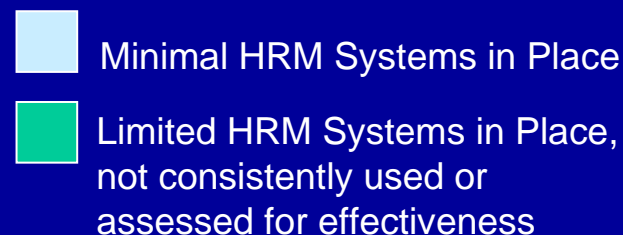
OPPORTUNITIES

- No guidelines to ensure compliance
- “Merit” appointment implies that there are no female health professionals with qualifications for higher level management appointments - ?
- No female Division Director
- 1/10 RDHS Head is female
- 10% of Districts have female District Directors of Health Services

USAID HCD Capacity Framework Overall HRMS Capacity Score

- The 3 regions that scored lowest on 16 combined criteria* have three-quarters of the 28 GHS/USAID target districts:
 - Central, 12 target districts
 - Volta, 5 districts
 - Western, 4 districts

* See Appendix for list of criteria



Document Review: Overall Successes!

Second Health Sector 5-Yr Programme of Work: 2002¹

- Likely to succeed if implemented effectively, however likely to be expensive to implement

Conditions of Service: (initial draft 1997, since revised)

- Well written, if made available to staff would meet objectives
- Allowances stated in monetary terms would lose their beneficiary effect with the current level of inflation

MOH In-Service Training Policy HRDD: March 1997

- Likely to address the objectives that necessitated its development
- Funds must be adequate and released on schedule

GHS In-Service Training Policy: December 2004

- Not yet published
- Would address implementation problems often due to misinterpretation of policy statements and strategies

¹ 2002 – 2006 edition

Document Review: Opportunities

Medium Term Human Resources Strategy and Plans for the Ghana Health Service (2003 – 2006)

- Comprehensive but based on assumptions that are mainly unrealistic in the five-year period
- Fostering partnership could assist in the implementation of the strategies.

“Scheme of Service”

- Yet to be submitted to Cabinet for approval

Job Descriptions

- Parts of the job descriptions and job specifications are missing

Policies and Principles for Development of Human Resources for Health 1997-2001

- Detailed development would make it more likely to achieve the desired objectives

Conclusions/Recommendations

- Ghana undergoing health sector reforms
 - Strong interest in participating in this process
 - There are positive indicators
 - Written policies and procedures are under development

- There is room for continued improvement
 - Draft documents should be finalized
 - HRM processes should be streamlined and made more objective
 - HR data should be improved and used more effectively in promotion and planning (HR database needed)

Next Steps

- Completion and dissemination of HR assessment report
- Procurement of equipment, models, etc. for PST institutions
- Completion of sub-agreements with MOH/HRHD, GHS/HRDD and regions to address HRM priority needs
- Implementation of collaborative activities in work plans and sub-agreements
- Review HR Policies and Strategies for the Health Sector, 2002-2006

Thanks for your attention!

Key Informant Interview Respondent Organizations and Posts

Organization	Post Holders Interviewed
Ministry of Finance Budget Division	<ul style="list-style-type: none"> •Director of Budget •Desk Officer, Health.
Office of Head of Civil Service Human Resources Division	<ul style="list-style-type: none"> •Director of Human Resources •Head of the Integrated Personnel and Payroll Database (IPPD) Section
Ministry of Health Human Resources for Health Division	<ul style="list-style-type: none"> •Director •Deputy Director – Training
GHS Human Resources Development Division	<ul style="list-style-type: none"> •Director •Head of Training •Head of Planning
Regional Health Directorates	<ul style="list-style-type: none"> •Regional Directors of Health Services •Human Resources Managers •Regional Health Service Administrators •In-service training coordinators
District Health Directorates	<ul style="list-style-type: none"> •District Directors of Health Services
Health Training Institutions	<ul style="list-style-type: none"> •Heads of training institutions •Preceptors at field practice sites of training institutions
Parastatal Professional Councils: Nurses and Midwives Council, Medical and Dental Council and Pharmacy Council	<ul style="list-style-type: none"> •Registrars •Deputy Registrars

Number of Persons Interviewed, by Level

Level	Number of persons interviewed
Human Resources Development Division – Ghana Health Service	3
HR Development Records Unit – Ghana Health Service	1
Inservice Training Unit – Ghana Health Service	2
HR Records Unit, Eastern Region – Ghana Health Service	1
Human Resources for Health Division – Ministry of Health	2
Office of the Head of Civil Service	2
Ministry of Finance	2
Regional Directorates	46
Training Institutions and preceptor sites	82
Nurses and Midwives Council	1
Medical and Dental Council	1
Pharmacy Council	3
District Health Directorates	28
Total	174

Top Ten Requested Anatomical Models

Equipment	Combined Unmet Need (Deficit)
Male Reproductive Organs/Penis	365
Norplant Arm	306
Female Reproductive Organs/ Vagina/ Hand Model (Uterus)	232
Bony Pelvis/ Pelvis showing Floor Muscles	137
Female Anatomical Models/ Zoe/ Torsos	129
Skeleton	57
Foetal Skull	36
Male Anatomical Models/Torsos	36
Model Breast for Examination/ Breast Structure	26
Baby Dolls	22

Eight Documents Reviewed and Discussed During Interviews

The specific documents reviewed were:

- MOH, Five-Year Programme of Work, 2002-2006, 2003 ed.
- MOH, Principles and Policies on HR Management, 1996
- MOH, In-service Training Policy and Guidelines for Implementation, 1996 and 2004
- GHS, Recruitment Policy, 2004
- GHS, Promotions Policy, 2004
- GHS, Schemes of Service, 1998
- GHS, Conditions of Service, 1998
- MOH, HR Policies and Strategies, 2003
- GHS, HR Strategies and Plans, 2003
- GHS, Various Clinical and Administrative Job Descriptions (District, Regional, Headquarters), 1997 – 2004
- MOH, Draft Gender Policy, 2000

The components assessed and included in overall HRMS Capacity Score are:

- Welfare benefits program
- Staff retention
- Recruitment, postings and promotion
- Orientation program
- HIV/AIDS workplace prevention program
- Employee manual
- Discipline and grievance procedures
- Labor law compliance
- Job descriptions
- Staff supervision
- Work planning and performance appraisal
- Staff training
- Management and leadership development programs
- Links to preservice training
- Human resource information system
- Personnel filing system

Stakeholders in Human Resources Management Processes

- The Universities
- The Human Resources for Health Division (MOH)
- The Ministry of Finance (MOF)
- The Controller and Accountant-General's Department
- Office of Head of the Civil Service (OHCS)
- Public Services Commission (PSC)
- Nurses and Midwives' Council (NMC)
- Medical and Dental Council (MDC)
- Pharmacy Council