COUNTY GOVERNMENT OF MOMBASA

REPUBLIC OF KENYA

MOMBASA COUNTY

HUMAN RESOURCES FOR HEALTH (HRH) STRATEGIC PLAN

JULY 2015 – JUNE 2018

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FOREWORD

The County Government of Mombasa is determined to improve access to quality essential health care services and ensure that the health sector plays its role in the realization of Vision 2030. The development of the County Human Resource for Health (HRH) Strategic Plan July 2015- June 2018, is a critical step towards meeting this commitment. The HRH Strategic Plan aligns to health sector and County HRH priorities and supports the County Health Strategy and Investment Plan whose strategic objectives include to: eliminate communicable conditions; halt and reverse the rising burden of non-communicable conditions; reduce the burden of violence and injuries; provide essential health care; minimize exposure to health risk factors and strengthen collaboration with health related stakeholders. This calls for availability and equitable distribution of skilled health workers.

The Plan aligns with the County Health Department's mandate to provide high quality health care services to the public in support of Mombasa County's Vision of being a vibrant regional commercial hub with high quality of life for its residents. Mombasa County recognizes that HRH constraints are a critical ingredient hampering health services planning, service delivery and ultimately national health outcomes. The myriads of HRH challenges experienced at the County during the transition to devolved management of health workforce point to the background that prioritizes the development of Mombasa County HRM Strategic Plan..

Figure 1. H.E. The Governor Ali Hassan Joho accompanied by County Health Department Team at CPGH

The County has boldly taken on the task of defining long-term strategies for addressing the constraints to human resource development and management so as to effectively improve health service delivery. This strategy presents an analysis of the current human resources situation in the County, the contextual factors, some of the influences, key issues and constraints. To address these issues, the Plan proposes a series of interlinked strategies to remedy the situation and improve the quality and efficiency of service delivery to the public, and improve key health indicators in Mombasa County.

While acknowledging the human resource challenges, the Mombasa County through the County Health Department is committed to providing effective leadership to facilitate the implementation of this Strategic Plan. The County Department of Health is therefore urged to identify with the Country's HRH priorities for financing and implementation. We recognize that successful implementation of the Strategic Plan requires the concerted effort and commitment from a wide range of County stakeholders including the County Public Service Management Department, the County Public Service Board, the Finance Department, the County HR Department and the Committee of Health of the County Assembly. In this regard, the County Health Department will continue to provide stewardship in implementation of the Strategic Plan. This Strategic Plan is highly welcome because it constitutes a significant addition to our HRH interventions as the devolution of health services take shape in Mombasa County.

H.E. Ali Hassan Joho
Governor Mombasa County

ACKNOWLEDGEMENTS

The Mombasa County HRH Strategic Plan July 2015- June 2018 is the product of extensive consultation with the relevant stakeholders in the County under the stewardship of the County Health Department. The Department sincerely acknowledges the contribution and hard work of the many individuals who contributed to the development of the Plan. In particular, we wish to acknowledge the valuable contribution of H.E Ali Hassan Joho the Governor, Mr.Hamisi Mwaguya the County Secretary, Mr.Swaleh Slim the Chairperson County Public Service Board; Hon Kibwana Swaleh the Chairperson of the County Assembly Health Committee; Dr. Khadija S. Shikely the Chief Officer of Health; Mr. Alphonce H. Mrima the Chief Officer Public Service Management; Dr. Shem O. Patta the County Director of Health for providing leadership and stewardship during the Strategic Plan development process;Justina K. Mwikya (Mrs) the Director HRM Health for her immense contribution and co-ordination; Ms Halima Tsala B. County Director HRM; Dr. Iqbal Khandwalla the Chief Administrator CPGH; Medical superintendent; SubCounty MOH for their insight and immense support during the situational analysis and content development. Thanks also goes to the County staff for their invaluable contributions during the Strategic Plan development workshop and validation.

Special thanks goes to the following individuals, who provided the technical and logistical support in the situational analysis, development, validation, refinement and editing of the Strategic Plan: Mathew Thuku, Dr. Linet Oyucho and Thomas Arody from USAID funded HRH Capacity Bridge Project. We also wish to appreciate the contributions of Mr. Peter Maina the Lead Consultant who worked tirelessly to ensure the document was completed in time.

The County appreciates the financial and technical support provided by the United States Agency for International Development (USAID) through the Intrahealth's HRH Capacity Bridge Project led by Mr. Meshack Ndolo, therefore facilitating and supervising the development of the Mombasa County HRH Strategic Plan. The investment in the development of the Plan will go a long way in improving the planning, management and development of human resources in Mombasa County and delivery of quality health services to the public we serve.

Hon. Binti Omar
County Executive Committee Member of Health
Mombasa County Health Department

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ACRONYMS AND ABBREVIATIONS

AWP	Annual Work Plan
CARPS	Capacity Assessment and Rationalization of the Public Service
CBA	Collective Bargaining Agreement
CEC	County Executive Committee
CHEWs	Community Health Extension Workers
CHSIP	County Health Strategic and Investment Plan
CHVs	Community Health Volunteers
CIDP	County Investment and Development Plan
CME	Continuous Medical Education
COH	Chief Officer of Health
COK	Constitution of Kenya
COR	Code of Regulations
COs	Clinical Officers
CPD	Continuous Professional Development
CPGH	Coast Provincial General Hospital
CPSB	County Public Service Board
CSR	Corporate Social Responsibility
CUs	Community Units
DHIS	District Health Information System
EMT	Emergency Medical Technician
ESP	Economic Stimulus Programme
GP 247	Government Staff Performance Appraisal Form
HC	Health Committee
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HNWI	High Net Worth (Wealthy) Individuals
HoD	Head of Department
HR	Human Resources
HRD	Human Resources Department
HRH	Human Resources for Health
HRM	Human Resources Manager/Management
HSSM	Health Systems and Services Management
HW	Health Workforce
ICRH	International Committee for Reproductive Health
ICT	Information Communication Technology
IFMIS	Integrated Financial Management Information System
HRIS	Human Resource for Health Information System
JD	Job Description
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
KEPH	Kenya Essential Package for Health
KHSSP	Kenya Heath Sector Strategic & Investment Plan
KMPDU	Kenya Medical Practitioners, Pharmacists and Dentists' Union
KMTC	Kenya Medical Training College
LDP	Leadership Development Program
M	Million
M&E	Monitoring and Evaluation
M,E&L	Monitoring, Evaluation and Learning
MC	Municipal Council
MCA	Member of County Assembly
MOH	Ministry of Health
MOST	Management and Organisational Sustainability Tool
MoU	Memorandum of Understanding
MSH	Management Science for Health
NHIF	National Hospital Insurance Fund
NSSF	National Social Security Fund
OSH	Occupational Safety and Health
OVC	Orphaned and Vulnerable Children
PA	Performance Appraisal
PEP	Post Exposure Prophylaxis
PP&R	Performance Planning and Review
PPP	Public Private Partnerships
PSC	Public Service Commission
PWC	Price Waterhouse Coopers
SAYE	Save as You Earn
SOPs	Standard Operating Procedures
SMARTO	Specific, Measurable, Attainable, Realistic, Time bound and Observable
SWOT	Strengths, Weaknesses, Opportunities and Threats Analysis
TA	Technical Assistance
TNA	Training Needs Assessment
TB	Tuberculosis
USAID	United States Agency for International Development
WIBA	Work Injury and Benefits Act

EXECUTIVE SUMMARY

The Mombasa County Human Resource for Health (HRH) Strategic Plan for July 2015 to June 2018 articulates the way forward of the strategic management of the HRH at the County level. It was conceived to systematically frame the human resource needs for Mombasa county health department. It also provides the required response to enable accountability for the HRH results and a performance framework for those responsible for delivery of HRH results with verifiable impact on the people's health. The Plan was achieved with an initial detailed self-assessment of the needs by the County Health Department. This was followed by a consultative process of developing and validating the Strategic Plan in two important forums with a wide mix of participants in Mombasa. The planning included appropriate reference to key National and County Health documents, and one to one meetings with some members and staff of various County departments.

After the official County approval of this Strategic Plan it will form the basis for the preparation of Annual Work Plans for implementation during the three years. The Work Plans will be the reference in the setting of targets and review of individual performance for all Mombasa County officers with respect to strengthening the effectiveness of the County's human resources for health. This will be consistent with the Public Service performance management guidelines and the concept that the Performance Appraisal Systems (PAS) be predicated upon the principle of work planning, setting of agreed performance targets, feedback and reporting. County staff will also be able to effectively participate in the planning, delivery and evaluation of performance in their HRH matters.

This Strategic Plan is the first to be developed, and defines the mission, vision and values that will guide the management of HRH in the County. It provides the County's HRH intended Results and Response Framework for the Medium Term and It also specifies the particular objectives and activities to be achieved during the three years. This will involve assigning responsibilities. The Strategic Plan is in line with the government financial year cycle.

From systematic analyses of the external environment and of the internal organisational assessment of its present status, the County Health Department identified seven areas to focus on during the three years These will have clearly defined approaches to obtain specific results. The seven identified areas include: Compliance to HRM budget; Change management; Work environment; HR policies and procedures; Employee satisfaction; Competency development; Drug and substance abuse. The pursuit of the above seven areas were identified as the key areas in which important results were required in the Medium Term. The County Health Department prepared a detailed roadmap needed to start pursuing of the seven identified areas in the Strategic Plan's objectives. The indicators to measure each of the objective's progress and accomplishment are contained in the Strategic Plan.

STRATEGIC OBJECTIVES

1. To develop a costed Human Resources for Health plan
2. To institute change management strategies for effective service delivery
3. To establish a conducive work environment, that attracts and retains skilled, competent and appropriate strength of Health workers.
4. To develop and to implement Human Resource management policies and procedures for the Health department.
5. To improve staff competence and development.
6. To improve employee satisfaction initiatives.

The County Executive Committee Member for Health (CEC) and the Chief Officer of Health (COH) will provide the leadership and oversight required to ensure that the Plan is implemented effectively and efficiently to full success.

1. INTRODUCTION

1.1. Background

The Mombasa County's HRH Strategic Plan covers its Human Resourcing for Health Management from 1 July 2015 to 30 June 2018. Technical and financial facilitation for the process of the Strategic Plan's development was provided in collaborative partnership with IntraHealth International led HRH Capacity Bridge Project with funding from the United States Agency for International Development (USAID).

1.2. Methodology for Developing the HRH Strategic Plan

The planning process was undertaken by the County Health Department with consultative participation from the Finance Department, County Public Service Board (CPSB), the Health Committee of County Assembly, the Public Service the County HR Department; and the health functions of the County Executive Committee (CEC), the Chief Officer of Health (COH) and the Director HR.

The planning took the form of a preliminary HRH Technical Needs Assessment (TNA) followed by a workshop in Swahili Beach Resort in which an internal HRH assessment was conducted and HRH priorities of the county set. The Mombasa County Health Strategic and Investment Plan (2013/14 – 2017/18 CHSIP Final Draft of 22 November 2014) was used as the primary reference on what the County desires to deliver in Health. The human resourcing implications for delivering health services were strategically identified and systematically planned through a three year implementation framework..A consensus decision making approach was extensively used around issues of priority for strengthening the County's HRH.

The planning process was structured as follows:

a) **Assessment of the County's HRH Strategic Needs-** The first stage was a *Situation Analysis* of the County's Human Resources for Health. At this stage it involved an analysis of the , the implications for human resources for health drawn from the CHSIP and prioritized. It was also informed by the County's 2013-2017 Investment and Development Plan (CIDP). Participants carried out detailed group review followed by plenary discussion to reach consensus on the immediate to medium term priorities for the Human Resources Resources for Mombasa county Health which will enable efficient and effective service delivery. This was followed by a rapid *Internal Assessment* using the Management and Organisational Sustainability Tool (MOST) to define the County's existing HRH capacity and gaps for the delivery of the identified health services priorities. Arising from these needs and capacity assessments, the planning team formed a preliminary opinion of the challenges, opportunities and choices on which the County HRH must act during the 2015-2018 Strategic Plan period.

b) **HRH Strategic Visioning and Planning.** Drawing from the detailed findings and preliminary exploration of available options as raised by the above *situation analysis* the participants developed:

i) The Mission, Vision and Values that would shape everything the Mombasa County HRH pursues duringthe 2015–2018 period.

ii) Strategic Objectives that the County HRH should commit to achieve during the three years. Effort was made by the planning working groups to ensure that the strategic objectives were Specific, Measurable, Attainable, Realistic, Time-bound and Observable (SMARTO).

iii) Definition of these was followed by planning which outlined the principal activities to be carried out over the Strategic Plan period, and identification of outputs to be monitored as well as the indicators to be used in evaluating how well the strategic objectives were being achieved.

iv) Finally, timelines and responsibilities were assigned for the carrying out of the tasks before noting important assumptions and risks likely to be unexpectedly addressed in the successful implementation of the Strategic Plan.

2. SITUATION ANALYSIS

2.1 County HRH Situation Analysis With Reference to the CHSIP

The situation analysis was undertaken during the planning workshop based on the CHSIP in order to assess critical and priority health matters affecting Mombasa County and the Human Resources implications. This was informed by the broader documents: Kenya Health Sector Human Resources Strategy (National HRH Strategy) 2014–2018; Human Resources for Universal Health Coverage Ministry of Health Kenya – *Submission form for HRH commitment pathways* issued by the Cabinet Secretary on 4th November 2013.

Prior to the workshop analysis a detailed institutional level preparatory review had been carried out amongst the following: Finance Department, County Public Service Board (CPSB), the Health Committee of County Assembly, the Public Service; the County HR Department the health functions of the County Executive Committee (CEC), the Chief Officer of Health (COH) and the Director HR. The findings of this assessment informed the process design for HRH strategic planning process of the workshop and provided good insight into the overall HR needs of those who would have to implement the HRH Strategic Plan, and their broader contexts that would influence the ease and challenges with which to carry out the Plan. The detailed findings of the preparatory review are shown as Annex I. This was informed by a broader national context for human resources for health as shown in Annex II linking back to Kenya's Vision 2030 that aims to transform Kenya into a globally competitive and prosperous country with the highest possible standards of health grounded in the principles of the Kenya Constitution.

Referring to the specific priorities in the CHSIP, the planning process and content of County HRH implications were identified as shown in Table 1 below. The macro-context of the County's Health Sector was then considered to determine the health human resourcing implications of the health expectations to which HRH strategy must respond satisfactorily in the medium to long term to make a sustainable impact on Mombasa County's health. This provided the HRH medium term strategic framework shown in Table 2, and on which the detailed HRH Plan for 2015-2018 was based. Table 3 shows the summary results of the Internal Assessment and required HRH responses, while Annex III provides its details.

Table 1: HRH Implications of Mombasa County Health Strategic Priorities

CHSIP Planning Factor	Implications for County HRH
➢ Mombasa County HR serves patients from beyond her borders who mostly are referral patients. It is noted that 85% of patients at the Coast Provincial General Hospital are referered from health facilities outside the County.	There is need for recruitment of all cadres of staff in the long term, in accordance with the international staffing norms.
➢ Mombasa County had an estimated population of 1,093,577 persons in 2013 projected to grow to 1,322,408 by 2018 based on Kenya National Census, 2009.	There is need to build the capacity of County in numbers and management of Health workforce to handle the increase in population and subsequent health care delivery needs.
➢ The Government of Kenya introduced the free maternity services in all public hospitals. Maternal mortality was 248.6/100,000 live births (CPGH 636.6/100,000 live births), under five mortality 57/1,000 and Infant mortality rate 35.3/1,000, all of them being above the national average	There is immediate need to recruit more staff to cater for the foreseen uptake of the available services.
➢ There is high mortality and morbidity rate for non- communicable diseases and high abuse of drugs and substances in the County. There are three functioning drug rehabilitative centers in the entire County and a limited number of health providers trained on drug rehabilitation.	There is need for recruitment and capacity building for staff to handle these cases.

CHSIP Planning Factor	Implications for County HRH
➢ Under the Key Health Impact Indicators, Mombasa County is reducing compared to the national level, partly attributed to HR issues.	This can be addressed in the medium term by recruitment, deployment and capacity building of all cadres of staff, and by motivating the staff.
➢ Most causes of morbidity and mortality are preventable with pneumonia being the leading cause of mortality in Mombasa County and other respiratory conditions being the leading causes of morbidity.	This can be addressed in the short term by deploying more staff at primary level. Appropriate policies to be developed, adapted and adopted.
➢ County Health Department management structure includes. ➢ The leadership team, ➢ the health management team and ➢ four sub-County health management teams ➢ Health facility management teams .	There is an urgent need to fully cascade County health management structure to the lower levels of management; Reflect roles, responsibilities and reporting relationships; appoint competent skilled staff through competitive process; information management systems and provision of tools and equipment.
➢ Performance Monitoring and Evaluation (M&E). The health information and M&E system is a single system that is common for all stakeholders in the sector. It satisfies the information and M&E requirements of all the players. The national HMIS has a strong base at the facility tier 3 and sub-County. All relevant indicators, data and information, are accessible through one point at each level.	For better and increased productivity, this needs to be implemented urgently.
➢ Resource gaps. The County aims to show up increased access to quality health service delivery through: Restructuring and capacity building of its leadership and governance functions; Expanded and improved health infrastructure; Right numbers of skilled human resources for health; Streamlined procurement, storage, distribution and rational use of health products and technologies; expanded resource mobilization and effective use of available financial resources.	The renovation and upgrading of new facilities will result in increased Staffing needs and requirements Transport and utilities needs addressing.
CHSIP Strategic Priorities and Required HRH Response	
County Health Strategic Priority	**Required HRH Response**
➢ Improved geographical access to health care services by increasing the number of functional KEPH service delivery points and ensuring equitable distribution throughout the County.	The activities as outlined in the Strategic Priority will need HR of various cadres. HRH planning required.
➢ Improved quality and responsiveness of health care services through strengthening health-worker performance and support systems.	Appropriate number of staff, improved staff retention, recruitment and capacity building of relevant HCW for the identified activities.
➢ Increased demand for quality health services by strengthening community involvement and reducing socio-cultural barriers.	Establishment of additional Community Units (CUs) and sufficient community health workforce
➢ Strengthened monitoring and evaluation of health services through enhancing technology and integrating health information systems.	Appropriate number of staff, improved staff retention, recruitment and capacity building of relevant HCW for the identified activities.
➢ Enhanced innovation and evidence based health care through increasing and improving health research and development.	Optimize research and innovation to identify and evaluate innovative strategies that lead to accessible, high quality and cost effective health care.
➢ Improved County health efficiency and effectiveness through strengthening the County health leadership, management and governance.	Capacity building of senior personnel and committees on leadership skills.
➢ Improved health outcomes through strengthening collaboration and fostering public-private partnerships.	Identify, recruit, deploy and capacity build liaison officers for the various departments.

2.2 County HRH Needs Assessment

Given the above human health context places certain requirements on how Mombasa County needs to manage its health human resources. The HRH strategic planning workshop carried out a systematic assessment of these needs using a suitably adapted MOST approach which assesses and scores the current status of the County HRH with respect to:

1. HRM Capacity
2. HRM Strategy
3. Personnel Policy and Practice
4. Staff Performance Management
5. HRM Data
6. Staff Training and Development.

The findings from this assessment are summarised in Table 2 below with the detailed scores shown as Annex III. That detailed assessment will provide some baseline information when the achievements of this HRH Strategic Plan are evaluated.

Table 2: Summary Results of the Mombasa County HRH Needs Assessment

	▪ **Management Component** ▪ **Requirements for a High Performing Organization** – **Observations on Mombasa County Health Department Current Status**	**Required HRH Actions**
1. HRM CAPACITY	**1.1. HRM Budget-** Funding for HRM staff and related activities is a permanent budget item. It is a assigned as a high priority as other County Health Department expenditures, reviewed annually and adjusted if possible.	
	– Priority given to funding for salaries and allowances – There is some limited low priority funding for HRM technical activities (i.e. for training to chosen few, non for promotions, non for recruitment, non for performance evaluations etc).	i) Incorporate HRM budget in the Health department annual work plan. ii) Develop an annual permanent human resource management budget.
	1.2. HRM Staff- There are experienced HRM staff in the County Health Department who maintain HRM functions. They participate at departmental input level in long-range planning for the County Health Department;	
	– The few HR managers in the system are not re designated. – Most of the staff in HRD at the moment have limited HR training, they also perform other duties.	i) Employ HR managers where they are needed as per staffing norms and standards of MOH ii) Re-designation of the HR Staff who have qualified as HR managers /officers for the deparment
2. HRM STRATEGY	**1.1 County Health Department Mission and Goals-** Mission and County Health Departmental strategy and objectives exist and are linked to annual HRM planning and also used for forecasting long-range staffing and recruitment needs.	
	– No formal communication on mission statement or County Health Departmental strategy and objectives exist.	i) Have communication on the Mission and County Health Departmental strategy and the objectives should be incorporated in the annual HR plan, and use it to plan for the future staffing needs.
	1.2 HR Planning- Annual HR plan based on County Health Departmental goals and training outputs exists. It is annually implemented, evaluated and used for long-range strategic planning	
	– Annual HR planning Should be undertaken and incorporated in the AWP, as per the staff establishment – However the staffing needs are hardly met and exist only on paper.	i) Develop an Annual HR plan based on the staffing needs in the County. ii) Establish and functionalize a HR unit.

	▪ Management Component ▪ Requirements for a High Performing Organization – Observations on Mombasa County Health Department Current Status	Required HRH Actions
3. PERSONNEL POLICY AND PRACTICE	**3.1. Policy Manual** *(e.g. County Health Departmental chart, work hours, time sheets, policy, discipline, grievance, benefits, legal, travel, etc).* A policy manual does exist and is available to all employees. It serves as the only reference guide to all questions about employment in the County Health Department and is reviewed and updated regularly.	
	– A current policy manual exists but is not available to employees.	i) Adopt and disseminate the current HR policy and make it available to all employees.
	3.2. Relationship with Unions, Professional Associations, etc- HRM and the unions/professional associations work together proactively to resolve issues, prevent problems and collaborate for improved staff member productivity.	
	– There is limited collaboration with labour unions except during health workers strikes. – No specific link between the County and the professional bodies representing the health workforce.	i) Actively involve the Unions and Professional bodies as key stakeholders in HRM matters in the County.
	3.3. Labour Law Compliance- HRM policy and practices is adjusted as needed to be in prompt compliance with the local and national labor laws and regulations. There is limited collaboration with trade unions	
	– Labor laws are present and mostly appreciated during a crisis (strikes).	i) Sensitization of the labor laws to the staff.
	3.4. Job Classification System *(ie a standard definitions of job titles and qualifications for professional, clinical, technical and support staff).* A job classification system exists and is used in a formal and consistent manner for all other HR planning and staffing functions.	
	– Job classification for all cadres exists however its not utilized according to HR functions.	i) Establish a functional HRM department with qualified Human Resource Management Officers. ii) Review all existing Job classification/Description according to revised schemes of service.perationalize all the revised job classification consistently in all HR Planning.
	3.5. Compensation and Benefits System- A formal system exists and is used consistently. It is also consistently and equitable used to determine salary grades and merit awards for each individual employee.	
	– Compensation and benefits to Staff Stagnated after devolution..	i) Institute ways and means of career progression for staff in line with career progression paths and plans ii) Establish a functional HR Unit in the County Health department with qualified Human Resource Management Officers.
	3.6. Recruitment, Hiring, Transfers and Promotion- There are formal systems, monitored and used in all hiring, transfers and promotion decisions and applied consistently by or to all individual staff.	
	– No policies/Guildelines for recruitment, hiring and promotion at county level	i) Develop and operationalize policy/guidelines for recruitment/ hiring/transfers and promotion.
	3.7. Discipline, Termination, and Grievance Procedure- Formal procedures based on performance standards are known to all employees and used consistently by/to all individual staff.	
	– HRM department established with limited number of HRM Officers – Procedures not followed as stipulated.	i) Establish a functional HRM department with qualified Human Resource Management Officers. ii) Sensitize all departmental Heads on Code of Regulations (COR).

	▪ Management Component ▪ Requirements for a High Performing Organization – Observations on Mombasa County Health Department Current Status	Required HRH Actions
4. PERFORMANCE MANAGEMENT	**4.1. Job Descriptions-** Complete job descriptions exist for every employee and are kept up to date through a regular process of review. Specific duties and lines of supervision are clearly stated.	
	– Job descriptions in place but not up to date in line of supervision.	i) Update all job description in line of supervision.
	4.2. Staff Supervision-Supervisors increase staff performance by assisting staff with personal coaching plans and encouraging them to learn new skills. Supervisors receive skills training regularly. High achieving staff and a positive attitude are highly recognized and valued by the County Health Department.	
	– Supervisors understand their roles of authority and meet regularly	i) Supervisors need regular training and motivation. ii) Training on high performance management.
	4.3. Performance Management- A formal Performance Planning and Review *(*PP&R system in place. Supervisors and staff under them develop work plans jointly and the performance reviews of staff are individually conducted on a regular planned basis. Orientation sessions and manuals are provided to all staff. Reviews are used for personnel decisions such as training, transfers and promotions.	
	– After the onset of devolution in 2013, no Performance planning and review system has been in place	i) Revive performance management system ii) Orientation and sensitize all Human Resource.
5. HRM DATA	**5.1. Employee Data-** All of this data is available and up to date. Systems are in place. Data is formally used in all relevant HR planning.	
	– Updated Staff Returns. – Staff data available but not used for HR planning	i) Centralize staff returns. i) Use the data in all relevant HR planning and all decision making. ii) Train on HR information Management system /record management
	5.2. Information and Communication Technologies (ICT)- This component is most relevant for large County Health Departments. ICT equipment and information management systems are in place, widely available and used as the standard tool by well trained staff with up to date information.	
	– ICT Equipment available however it is not enough. – There is presence of systems i.e. iHRIS (Human Resource Information System), DHIS (District Health Information System).	i) Capacity build and train staff on ICT. ii) Increase internet connectivity.
	5.3. Personnel Files- Up to date personnel files are in place at all times files for all employees and also policies for authorized appropriate use (e.g. confidentiality, employee access, etc).	
	– No files of defunct municipal staff at health department. – The existing files for devolved staff are not updated	i) Centralize the staff records at the health headquarters. ii) Digitalize all records for health workforce. iii) Establish Records Management Unit. iv) Have security of personnel files both external and internal. v) Have Back-ups.

	▪ Management Component ▪ Requirements for a High Performing Organization – Observations on Mombasa County Health Department Current Status	Required HRH Actions
6. STAFF TRAINING & DEVELOPMENT	**6.1. Staff Training & Development-** Staff training and continuing professional development (CPD) is a valued part of the County Health Department and opportunities are designed for staff based on their present needs, those of the County Health Department and anticipated career paths and job changes.	
	– Existing training committees – HR training guide in place.	i) Revise the training HR policy on training at the health headquarters.
	6.2. Management and Leadership Development- A plan for supervisory, managerial and leadership development is in place and there is an opportunity for every one to participate based on performance and other established and objectively applied criteria.	
	– Increase County sponsorship in management supervisory. – The experienced trained staff to mentor with certification the up coming leaders.	i) Training sub staff on supervisory management i.e LDP and HSSM.
	6.3. Links to External Pre-Service Training- The County Health Department and pre-service training institutions – in addition to basing their outputs on systematically determined needs - also offer regular and quality assured in-service training for staff in the workplace to upgrade (CPD) and professionally broaden their knowledge and skills e.g. management training, emerging trends in health care and treatment, etc).	
	– There is communication for number of students who come for internship. – We do not participate in curriculum development.	i) Have regular in service training for our staff. ii) Participation /involvement in curriculum development. iii) Emerging trends in emergency and training.
	6.4. Orientation Program- Orientation is routinely offered to all new employees and with an induction content and process that makes people feel welcomed and valued. The orientation creates in every new employee understanding and collective ownership of the County Health Department's primary purpose, current priorities and the specific methods and outputs expected from the particular employee.	
	– New employees not taken through formal induction.	i) Develop a standardized orientation program. ii) Induction should be implemented to all new staff.

2.3 SWOT Assessment of HRH Strategic Plan's Monitoring & Evaluation Management

This exercise assessed the effectiveness of the existing structures and processes which will be needed for the implementation of the County HRH Strategic Plan, including monitoring evaluation and learning, (M,E&L) from the planned activities to achieve the intended objectives. The Strengths, Weaknesses, Opportunities and Threats ((SWOT) format was undertaken at both the County and individual jobs levels to provide insight on the County's existing ability. The following strategic issues were identified in regards to the human resources for health management:

- Managers' turnover and attraction leading to loss and drain of skilled and competent staff.
- Resistance to change of the new devolved system of governance.
- Lack of reward and sanctions systems.
- Lack of succession management to address the issue of an aging workforce.
- Poor linkage between performance and career progression plans.
- Parallel system of governance leading to duplication of roles and responsibilities.
- Competing interests hence low prioritization of HR budget.

Table 4 below shows the broader findings from the rapid SWOT.

Table 4: Assessment of County HRH Strategic Plan M,E&L Framework

STRENGTHS	WEAKNESS	OPPORTUNITIES	THREATS
• Annual work plans in place A performing workforce • A PA tool is available • Presence of trained HR personnel at the County level • Supportive management teams • Informed by the vision 2030,KHSSP,Kenya Health policy frame work and COK 2010 • Positive attitude toward performance management • Willing partners to support • Political goodwill • Committed health work force. • Some Resource Manuals available • Framework for performance management. • County Government Support. • Draft County Health Strategic and Investment Plan. • Health Departments and Sections targets. • Presence of operational plans. • Performance Appraisals done at sub County level • Budgets available right from tier 1 to the County level • Best performing facilities reward.	o Quarterly targets not shared between the supervisor and the staff o Weak appraisal system o Inadequate resources for implementation of the PA activity. o Poor understanding of the PA tool o Inadequate resources to address shortcomings leading to inability to meet targets o No linkage between performance and career progression o No budget for HRH o Global commitment not known by all o The national framework not known by all o County performance management framework not in place o Reward and sanction system not in place o Individual training needs not implemented o No succession plan o No ownership of PA o Feedback not communicated o Poor dissemination of the performance contract. o Delayed launching of the County strategic plan. o County Staff Performance appraisals not done. o Limited funding of Budgets o Most Resource Manuals not available o Duplication of roles and responsibility o Limited knowledge of the county departmental strategic plan	✓ Stakeholders who are willing to participate in improving HRH strategy ✓ Support from National government and stakeholders towards achievement of targets. ✓ Close proximity to County, therefore prompt feedback ✓ Close relationship with HC of County Assembly ✓ Willing health workforce to embrace the performance management process ✓ Performance management is embedded in the Strategic Plan ✓ Managers who are sensitized on performance management ✓ Devolved government ✓ Existing County Health Strategic and Investment Plan that can be implemented. ✓ Existing workforce that can be trained on performance management ✓ Political goodwill.	– Political interference and influence – Parallel systems leading to duplication of roles. – Limited County cash flow – Negative perception of a bloated health workforce and attitude. – Competing interests hence low prioritization of HR budget – Resistance to change – Managers turnover and attrition – Inadequate resources – Disease outbreaks ie Cholera – Staff turnover. –

2.4 Summary: County HRH Medium Term Results Framework

The above information enabled the development of a County HRH Medium Term Framework of prioritized results areas, and a detailed 2015-2018 Strategic Plan. Table 5 presents the foundational actions identified as required for enabling an initial launch of the Mombasa County HRH 2015–18 Strategic Plan and to its successful ongoing implementation. For the medium term, the context of the wider County human resources management systems and practices required to best support the sustained success of the human resources for health effort. Table 6 then shows the Framework of Results to be sought and to guide the periodic strategic plans developed by the County's HRH in the Medium Term, starting with 2015-2018 period.

Table 5: Mombasa County HRM Context for Sustained Success of its HRH

Required HRM Action	HRH Effect
1 Effective dissemination of performance contract	▪ Ownership of the performance contract by the health workforce
2 Consider Launching of the Strategic Plan	▪ Ownership of the Strategic Plan by the health workforce
3 Training of all staff on performance Contract	▪ Trained health workforce on performance contract
4 Lobby for funds from the stakeholders	▪ Effective and quality services
5 Avail all HR manuals and guidelines	▪ Informed and sensitized health workforce
6 Review the current GP 247 Staff performance appraisal tool to be objective and user friendly	▪ Easy to use and understand
7 Induction of all staffs	▪ Gain commitment and loyalty
8 Promotion to be pegged on Performance	▪ Gain commitment and ownership
9 Ensure that Staff performance appraisals are done one on one with the immediate supervisor	▪ To avoid subjectivity
10 Mentorship program should be in place up to the service provision level	▪ Ownership by the management at all levels
11 Sensitization and dissemination of the importance of the performance appraisal tool and meeting the targets set.	▪ Employee satisfaction. ▪ Performance driven ▪ Improved service delivery
12 County to provide/lobby for adequate financial resources to fund for HRH activities and activities in the annual work plans.	▪ Well funded HR department, able to fulfill its mandate
13 Empower and insulate the HR department to enable it to make independent decisions without influence.	▪ Consistent and predictable HR decisions leading to improved health outcomes.

Table 6: Medium Term Mombasa Country HRH Results Framework for Sustainable Effectiveness

	ASPECT	HEALTH IMPLICATION	MOMBASA COUNTY IMPLICATION FOR HRH ACTION
1.	Increase in Population	❖ Increased demand for health services ❖ Mushrooming of informal settlement leading non existence of sanitation infrastructure, ❖ Increased prevalence of waterborne diseases ❖ Overcrowding leading to increased risk of airborne diseases e.g. TB, meningitis.	❖ Increase staffing levels with various skill mix ❖ Establishment of new health delivery points ❖ HRH budget for compensation and remuneration.
2.	Water and Sanitation	❖ Inadequate water infrastructure leading to decreased supply and poor quality of potable water ❖ Increased prevalence of waterborne and skin diseases e.g. cholera and scabies respectively. ❖ Increased prevalence of vectorborne diseases like malaria	❖ Increased staffing levels ❖ Capacity building in Preventive and Promotive care services ❖ HRH budget for compensation and remuneration of staffs.
3.	Drugs and Substance abuse	❖ Increased HIV/AIDs prevalence ❖ Increased risk to (OVC) Orphan Vulnerable Children leading to malnutrition.	❖ Increased staff with knowledge and skills in drugs substance ❖ Increased staff with knowledge and skills of nutrition ❖ Workplace and wellness program for staff suffering from drug and substance abuse ❖ HIV workplace policy ❖ Capacity building of health workers ❖ HRH budget for compensation and remuneration.
4.	Disaster and Risk Vulnerability	❖ Transport related Accidents, ❖ Terrorism ❖ Poisoning from factories e.g Lead.	❖ Increase staffing levels with specialized services ❖ Establishment of response unit ❖ Capacity building ❖ HRH budget for compensation and remuneration.
5.	Education	❖ Low literacy level leading to poor health seeking behavior ❖ Poverty, poor nutrition and lifestyle.	❖ Training more staff on health promotion ❖ Increased community participation(CHEWs, CHVs) ❖ HRH budget for compensation and remuneration.

	ASPECT	HEALTH IMPLICATION	MOMBASA COUNTY IMPLICATION FOR HRH ACTION
6.	Gender	❖ Low utilization for health services ❖ Late seeking behavior because decision making is by someone else ❖ Insensitive decision e.g baby friendly service ❖ Gender violence.	❖ Gender mainstreaming ❖ Institute two third gender rule in staff recruitment and at management level ❖ HRH budget for compensation and remuneration.
7.	Disability	❖ Social stigma ❖ Low utilization of health services.	❖ Disability mainstreaming ❖ Need for more social workers ❖ Increased rehabilitation staffs ❖ Recruit community based rehabilitation workers ❖ Diversity and inclusion of health workers with disability at workplace ❖ Capacity building ❖ HRH budget for compensation and remuneration.
8.	Transport Infrastructure	❖ Poor access to health facilities ❖ Late referrals due to congestion.	❖ Train EMTs(Emergency Medical Technician) ❖ Recruit More drivers ❖ Capacity building ❖ HRH budget for compensation and remuneration.

3. MOMBASA COUNTY HRH STRATEGIC PLAN FOR 2015-2018

3.1 HRH 2015-2018 Mission, Vision and Value

Vision: A high performing, competent, responsive, health workforce, which is sufficiently and equitably distributed with best health outcomes.

Mission: To provide excellent Human Resource services by recruiting and retaining a highly competent, high performing workforce that is diverse, While ensuring staff development and continual learning for provision of t quality health care services and improved health outcome to the people of Mombasa County and beyond.

Values:

1. **Transparency and Accountability**

   The department will ensure there is openness and communication in execution of its mandate. It will encourage accountability of responsibility for action, products, decisions, and policies including the administration, governance, and implementation within the scope of the role or employment position and encompassing the obligation to report, explain and be answerable for resulting consequences

2. **Professionalism and Empowerment**

   The department will endeavour to provide employees with training opportunities to enhance employees personal and professional growth. It will also provide professional guidance on recruitment, promotion, and retention of qualified staff. The supervisors will encouraging employees to take initiative and keep up to the best professional standards .

3. **Dignity, Integrity, Courtesy and Respect to Diversity**

   The health workers of Mombasa County will treat all with empathy, understanding, and dignity by creating an environment of openness, trust and respect. It will Create and maintain an environment that supports, develops and cares for the well-being of the employees. The department will respect diversity and give the best of composition establishing and employ equity programme.

4. **Innovation and Creativity**

   The department will encourage pursuing new creative ideas that have the potential to change the health status in the County.

5. **Service Delivery and Stewardship**

   The County Health will ensure availability of competent diverse workforce that supports the mission and vision of the department . It will embrace the ethics of responsibility to planning and management of resources.

Strategic objectives

1. To develop a costed Human Resources for Health Plan.
2. To institute change management strategies for effective service delivery
3. To establish a conducive work environment that attracts and retains skilled competent and appropriate strength of Health Workers
4. To develop and implement Human Resource management policies and procedure for Health department
5. To improve staff competence and development
6. To improve employee satisfaction initiative

3.2 Mombasa County HRH Key Result Areas for 2015-2018

The County Health Department identified the following priority areas on which to focus and the specific concerns it will aim to address during the 2015–2018 three years HRH Strategic Plan period.

Table 7: County HRH 2015 – 2018 Objectives and Strategies

Medium Term Key Result Area (KRA)	Current Situation & Required Action	Strategic Objectives for 2015-2018
1. Compliance to HRM Budget	• ***A specific HRM budget is required.***	1.1. A costed HRH plan in place.
2. Change Management	• Negative attitude among staff • Poor integration and animosity among staff and municipal staff	2.1 Strategies for effective service delivery in place
3. Work Environment	• Lack of supplies and equipment • Poor infrastructure • Insecurity • Unclear organization structure and chin of command • Delegation without authority • Communication breakdown • Heavy workload and over working.	3.1 Conducive work environment, that attracts and retains skilled, competent and appropriate strength of Health work force in place.
4. HR Policies and Procedures	• Understaffing • Poor planning on succession • Poor retention policies • Unmerited appointment • ***Need for more focus on Human Resource Management*** • ***Proper HRM planning*** • ***All new employee to be inducted.***	1.1 Human Resource Management policies and procedures for the Health department in place
4 Employee Satisfaction	• Resignations • Frequent strikes • Heavy workload • Poor relations with professional unions • ***Collaborate with all relevant professional unions.***	5.1. Improved employee satisfaction initiatives
5 Competency Development	• Performance management • Training needs assessment not in place • Unclear policies on promotions • Inadequate specialists • ***To focus on Human Resource Development*** • ***Empower Heads of department with leadership management training.***	5.1 Improved staff competence and development
6 Drug and Substance Abuse	• Leads to poor performance • Absenteeism.	6.1 Prevent and rehabilitate staff (wellness program) from substance abuse

3.3 County HRH 2015- 2018 Strategic Objectives, Activities and Outputs

The Mombasa County Health Department identified the following priority areas on which to focus and the strategic objectives it will aim to achieve during the 2015–2018 Strategic Plan period.

Table 8: Mombasa County HRH 2015- 2018 Strategic Objectives, Activities and Outputs

Strategic Objective	Strategies	Achievement Indicators	Strategic Activities	Outputs
		Key Result Area 1: Compliance to HRM Budget		
1.1 To develop a costed Human Resources for Health Plan	• Mapping and costing of Human Resources for Health components. • Budgeting of the Human Resource for Health	• Resource allocation to HRH initiatives • A costed HRH Plan in place.	a) Prepare a HRH plan with its budget b) Identification of cost items. c) Assembling of costing and policy guidelines. d) Undertake costing of each identified cost item. e) Ensure budgeting is incorporated in annual department budget	- Costed HRH plan - Budget allocated to HRH initiatives
		Key Result Area 2: Change Management		
2.1.To institute change management strategies for effective service delivery.	• Integration of Human Resources for Health in regard to developed system of governance • Institute team building initiatives • Institute stress management initiatives.	• Needs assessment undertaken • Trained change Managers on devolution. • Change in clients services • Client satisfaction • Trained change managers • Stress management program in place	a) Undertake needs assessment b) Identify and train change managers on devolution. c) Carry out team building activities d) Undertake stress management programmes. e) Develop and implement employer communication framework.	– Needs assessment report – Number of change managers trained – No of team building activities conducted – Stress management program undertaken – Employers communication framework
		Key Result Area 3: Work Environment improvement		
3.1. To establish a conducive work environment that attracts and retains skilled competent and appropriate strength of Health Workers	• Improvement of working conditions • Enhancement of provision of working tools and equipment's • Ensure appropriate strength of Health care workers	• Conducive working conditions established. • OSH policy and guidelines customised. • OSH policy and guidelines implemented • Availability of supplies, commodities and equipment according to SOPs • Number of additional health workers recruited. • Improved employee data management through iHRIS.	a) Improve working conditions b) Undertake needs assessment c) Develop work place improvement plans d) Costing and implementation work place improvement plans e) Ensure maintenance f) Customise occupational safety and Health Policies and guidelines. g) Disseminate and implement (OSH) policy and guidelines a) To develop Standards for basic requirement for supplies, equipments and commoditiesb. To disseminate the SOPs to managers b) Ensure supply of tools and equipment's a) Undertake needs assessment as per staffing norms and standards b) Ensure approval of authorised establishment for the department of health c) Identification of the HR gaps d) Undertake Human resources planning and costing e) Improve the employee data management system f) Resource mobilisation and implementation of the HR Plan. g) Recruit additional healthwork force as per identified gaps at all levels	– Needs assessment report – Workplace improvement plan – OSH policy & guidelines – Standard for basic requirement for equipment,commodities and supplies in place – Standards and SOPs disseminated to the managers - HR Gaps identified as per staffing norms - Staff redeployed per identified gap - Additional healthworkers recruited - iHRIS employee data management.

		Key Result Area 3: Work Environment Improvement *(Continued)*		
	• Cascade and implement organization structure to all staffs.	• Number of employee with clearly defined roles and responsibilities	a) Launch and dissemination of the organization structure to the Health managers b) Placement of officers in their appropriate positions c) Assign roles and responsibilities to the managers d) Cascade the Organizational Structure to all levels.	- Organization structure officially communicated to all managers. - All positions in the organization structrure occupied by qualified officers and Deployment letters received by the respective managers. - Job Descriptions disseminated to all managers. - Organizational Structure and Job Descriptions disseminated to all levels.
		Key Result Area 4: HR Policies and Procedures		
4.1. To develop and implement Human Resource management policies and procedure for Health department.	• Institutionalisation ofbest HRM practises in Health Department	• Number HR policies and guidelines developed. • Number HR policies and guidelines implemented	a) Identification and assembling of Human Resource policies and guidelines b) Develop Human Resource Policy and guidelines. c) Validation and approval by relevant stakeholders. d) Dissemination of policies and guidelines. e) Capacity building of staff on human resources policies and guidelines. f) Ensure compliance.	– Availability of HR policy and guidelines document
	• Establishment of institutional framework and Human Resources management system.	• HRH Management unit in place. • Human Resource Management Committee Constituted. • HR officers in place. • Effective HRM system in place	a) Establishment of HRH Management units b) Constitute relevant human resource management committees c) Capacity building of human resource management committees d) Recruitment of Human Resource management officers e) Identification and establishment of effective Human Resources Management systems. f) Monitor effectiveness	– HR Management Unit – HRM Committee – HR Officers – HRM system
		Key Result Area 5: Employee Satisfaction		
5.1. To improve employee satisfaction initiatives	• Develop an incentive policy for attraction and retention of Health worker	• Incentive policy for attraction and retention in place. • Incentive Package developed. • Number of staff promoted • Number of staff rewarded and promoted.	a) Assessment of the areas of interventions b) Identification of the viable incentive packages c) Develop an incentive packages d) Validation and approval by stakeholders e) Dissemination and implementation f) Promote health workers who are due for promotion. g) Reward and recognize the best performers.	– Incentive package – Number of people promoted – Certificate of recognition – Reward & recognition for best performers – Sanction of non performing staffs
	• Improve employee feedback mechanism.	• Employee feedback mechanism developed	a) Identification of areas which need employee feedback b) Develop a system of provision of information to employee. c) Dissemination of the employee feedback mechanism.	– Employee feedback mechanism
	• Institutionalisation of employee dispute and grievance handling mechanism	• Employee dispute and grievance handling mechanism developed	a) Develop a mechanism of handling employee disputes and grievances. b) Validations and approval c) Implementations	– Employee dispute and grievance handling mechanism

		Key Result Area 6: Competency Development		
6.1. To improve staff Competence anddevelopment	• Provide policies and guidelines on human resource development of health workforce. • Develop competency development framework. • Enhancement of career growth and development. • Strengthen staff performance management system.	• Number of HRD policies and guidelines customised. • Training policy adopted. • TNA conducted. • Competency development framework developed. • Grading structure and career path guidelines developed. • Grading structure and career path guidelines implemented • Staff Performance system in place. • PAS champions trained and in place. • Performance Management Committee in place. • Reward and sactions mechanism in place	a) Assembling of HRD policies and guidelines. b) Customisation of Human Resources development policies and guidelines. c) Customise and adopt the training policy. d) Validation of policies and guidelines with stakeholders. a) Undertake training needs assessment b) Develop a competency tracking tool c) Develop and implement a competency development plan. a) Develop grading structure and career paths guidelines b) Validation and approval by relevant stakeholders c) Dissemination and implementation of the career growth plans d) Ensure compliance a) Institutionalisation of staff performance system b) Identify and train PAS champions c) Establish performance management committees d) Establish performance reporting systems e) Develop reward and sanctions mechanisms. f) Validation approval and dissemination of award management mechanisms. g) Sensitization of staff, on filling of appraisal forms and the importance of having the forms filled correctly	– HRD policies. – Training policies. – Training Needs assessment (TNA) report – Competency tracking tool – Competency development plan – Grading structure and career paths – Staff Performance system – PAS champions – Performance Management Committee . – Reward and sactions mechanism

		Key Result Area 7: Drug and Substance Abuse		
1.1 To prevent and rehabilitate staff (wellness program) from substance abuse	• Conduct drug abuse sensitization amongst health workers. • Strengthen mechanisms for rehabilitation of addicts	• Number of awareness meetings conducted • Number of staff rehabilitated • Staff wellness clinic established	a) Sensitize health workforce on the ill effects of substance abuse b) Rehabilitation of identified staff c) Establish staff wellness program/clinic – center for physical activity, nutrition counseling	- Staff wellness program - Rehabilitated staff

3.4 Implementation Framework

Table 9: Time Frame and Individuals Responsible for Strategies

Strategic Objective	Strategies	Person (Title)/ Office Responsible	Year 1 1 Jul 2015 - 30 Jun 2016				Year 2 1 Jul 2016 - 30 Jun 2017		Year 3 1 Jul 2017 - 30 Jun 2018	
			Q1	Q2	Q3	Q4	H1	H2	H1	H2
1.1 To develop a costed Human Resources for Health Plan	Mapping and costing of Human Resources for Health components.	HRH Director								
	Budgeting of the Human Resource for Health	HRH Director								
2.1. To institute change management strategies for effective service delivery	Integration of Human Resources for Health in regard to developed system of governance	Human Resource								
	Institute team building initiatives	Human Resource								
	Institute stress management initiatives	HODs/HRM								
3.1 To establish a conducive work environment that attracts and retains skilled competent and appropriate strength of Health Workers	Improvement of working conditions	HODs/HRM								
	Enhancement of provision of working tools and equipment's	HODs/HRM								
	Ensure appropriate strength of Health care workers	HODs/HRM								

1.1 To develop and implement Human Resource management policies and procedure for Health department.	Institutionalisation of best HRM practises in Health Department	HRM												
	Establishment of institutional framework and Human Resources management system.	HRM												
5.1. To improve employee satisfaction initiatives	Develop an incentive policy for attraction and retention of Health worker .	HRM & County Public Service Board												
	Improve employee feedback mechanism.	HRM & County Public Service Board												
	Institutionalisation of employee dispute and grievance handling mechanism	HRM & County Public Service Board												
6.1. To improve staff competence and development	• Provide policies and guidelines on human resource development of health workforce.	HRH Director												
	Develop competency development framework	HRH Director & County Public Service Board												
	• Enhancement of career growth and development	HRH Director & County Public Service Board												
	• Strengthen staff performance management system.	HRH Director & County Public Service Board												
1.1 To prevent and rehabilitate staff (wellness program) from substance abuse	Conduct drug abuse sensitization amongst health workers	County coordinator of substance abuse												
	Strengthen mechanisms for rehabilitation of addicts	Heads of departments												

4. Resource Mobilisation

For the successful implementation of this Strategic Plan efficient mobilization, application and accountability of resources is key. Possible sources of funds include: the County regular budget, multinational donors, own Health Department generated cost reduction and cost recovery sources, National and County government projects, HNWI (High Net Worth - Wealthy - Individuals) and the private sector, especially in Corporate Social Responsibility (CSR). This Strategic Plan's concept of resource mobilization will include participation and contributions in cash and in kind – including contributions of time and know-how. For effectiveness, the resource mobilization will be guided by the following principles:

- The implementer must participate.
- Contributions do not have to be limited to cash only.
- Several partners should ideally to be involved.
- The proposed support to be aligned to each (or several) partners' own interest, within this Plan's overall framework, since all funders would wish to see a verifiable/observation of outputs and ultimate impact. However, care needs to be taken to avoid over-reliance on partners, duplication and excessive/lopsided support or disempowermentt of the beneficary functions of the Department, leading to poor sustainability of any positive changes achieved through the Strategic Plan.

5. Monitoring, Evaluation and Learning

All human resourcing activities of the County Health Department during 2015-2018 period will be based on the HRH Strategic Plan as documented here and implemented through detailed Annual Work Plans to be developed and approved before the start of each year. Activities and outputs will be monitored to establish the ongoing progress and results performance of the Plan.

The monitoring and evaluation framework provided in Tables 5-9 above (the expected medium term impact and the specific details of the implementation responsibilities and outputs) is designed to ensure a results based threeyear annual planning that remains tied to the HRH Strategic Plan's original strategic objectives. The annual planning should also be continuously informed by the findings emerging from monitoring of ongoing implementation activities. Similarly, by the reference to a starting baseline of planning facts and documentation of ongoing milestones should enable the final evaluation of the success of the HRH Plan for learning and use in planning in the subsequent strategizing cycle in 2018.

The implementation of this County Health Department HRH 2015–2018 Strategic Plan may be affected by a number of factors beyond its influence. These will also be documented as risks and assumptions to consider during the following annual planning and in the strategic planning cycle.

ANNEXES

ANNEX I: PRELIMINARY COUNTY HRH NEEDS ASSESSMENT

The detailed report on the institutional level preparatory situation analysis which informed the process design for Mombasa County HRH is separate from this Strategic Plan. The Assessment was conducted by IntraHealth amongst the following: the County's Finance Department, County Public Service Board (CPSB), the Health Committee of County Assembly, the Public Service; and the health functions of the County Executive Committee (CEC), the Chief Officer of Health (COH) and the Director HR. This provided good insight into the overall HR needs of those who would have to implement the HRH Strategic Plan, and their broader contexts that would influence the ease and challenges with which they would have to carry out the Plan. The findings of the preparatory situation analysis informed the process and content of County HRH Strategic Planning.

ANNEX II: THE KENYA HUMAN RESOURCES FOR HEALTH CONTEXT[1]

The County HRH Strategic Plan was highly informed by the health realities in the country as summarised the extracts below from the latest available report.

1.0 Introduction

The Health Sector in Kenya is guided by the overall Vision 2030 that aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030". Its actions are grounded in the principles of the Constitution of Kenya 2010 (COK 2010), specifically aiming to attain the right to health, and to decentralize health services management through a devolved system of Governance. This strategic focus has been defined in the Kenya Health Policy 2014 - 2030, which has elaborated the long term policy directions the Country intends to achieve in pursuit of the imperatives of the Vision 2030, the Constitution of Kenya 2010 and global commitments. (COK 2010, Ministry of Planning and National Development, 2007).

The Kenya Health Policy 2014–2030 articulates the health sector's commitment, under government stewardship, to ensuring that the Country attains the highest possible standards of health, in a manner responsive to the needs of the population. The policy aims to achieve this goal through supporting provision of *equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans*. The Health Sector refers to all the Health and related sector actions needed to attain the Health Goals in Kenya. It is not restricted to the actions of the Ministry of Health(MOH), but includes all actions in other related sectors that have an impact on health. It will guide both County and National Governments on the operational priorities they need to focus on in Health.

1.1 Declining Health Indicators

The population of Kenya has been growing steadily from 10,942,705 people in 1969 to 38,610,097 people in 2009 and projections placed it at 44,190,295 people in 2014. (*The Kenya 2013 Index Report*) estimated that the Total Fertility Rate (TFR) decreased from 7.6 in 1969 to 4.6 in 2009 and was estimated at 3.8 in 2013. The Infant Mortality Rate (IMR) decreased to 66 per 1000 live births but rose again to 77.3 in 1999, declined to 52 in 2009 and to 42.2 in 2013. The increase in population has great implications for human resources for health as large population strain resources leading to ill health and other social evils. This calls for a vibrant health care system with adequate, skilled and well distributed human resources to deal with diseases and other ailments.

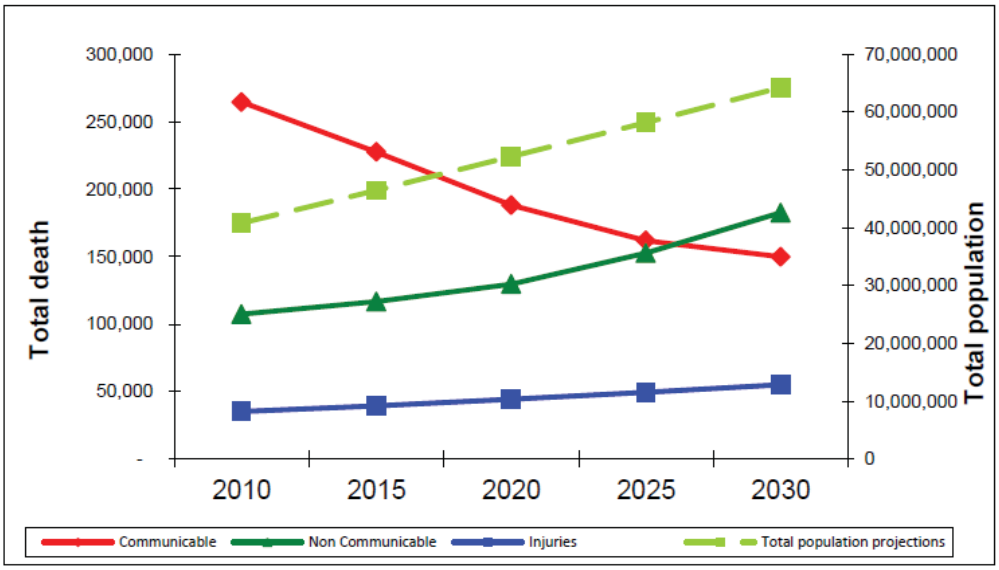
1 Kenya Health Sector Human Resources Strategy, 2014 – 2018.

Kenya has made significant progress in improving health outcomes and utilization of health services. Most mortality indicators show much improvement in 2010 compared to 1990.For instance, neonatal mortality rate (NMR) declined from 31 percent in 1990 to 27 in 2010 and is expected to drop to 10 percent in 2015. Infant mortality rate (IMR) reduced from 64 per 1,000 in 1990 to 55 per 1,000 in 2010 and is expected to reduce further to 21 per 1,000 in 2015.The under-five mortality rates (U5MR) also dropped from 99 percent in 1990 to 85 in 2010 and is expected to drop to 33 percent in 2015.The other key indicator is the maternal mortality ratio (MMR) which dropped from 600 per 100,000 live births in 1990 to 358 per 100,000 live births in 2010. The MDG target for MMR is 150 in 2015, (*World Bank 2014, Health Sector HR Strategy 2014*).

1.2 A worsening disease burden

Three disease domains (communicable diseases, non-communicable conditions and violence or injuries) continue to contribute to the high disease burden in the country.As shown in the figure below, trends suggest non communicable conditions will continue to increase in the coming years, if not checked.[2]

The table below shows the leading causes of death and Disability Adjusted Life Years (DALY) in the country. Among the three disease domains mentioned above, HIV/AIDS contributes about 19 percent making it the leading cause of death in the country. Other causes of death are the conditions arising during the peri-natal period (9 percent), lower respiratory infections (8.1 percent), tuberculosis (6.3 percent) and diarrhea diseases (6 percent).



Leading causes of deaths and DALY's in Kenya[3]

Causes of death			*Causes of DALY's*		
Rank	**Disease or injury**	*% total deaths*	**Rank**	**Disease or injury**	*% total DALYs*
1	HIV/AIDS	29.3	1	HIV/AIDS	24.2
2	Conditions arising during the peri-natal period	9.0	2	Conditions arising during the peri-natal period	10.7
3	Lower respiratory infections	8.1	3	Malaria	7.2
4	Tuberculosis	6.3	4	Lower respiratory infections	7.1
5	Diarrheal diseases	6.0	5	Diarrheal diseases	6.0
6	Malaria	5.8	6	Tuberculosis	4.8
7	Cerebral-vascular disease	3.3	7	Road traffic accidents	2.0
8	Ischemic heart disease	2.8	8	Congenital anomalies	1.7
9	Road traffic accidents	1.9	9	Violence	1.6
10	Violence	1.6	10	Uni-polar depressive disorders	1.5

DALY's = Disability Adjusted Life Years.

Source: GOK 2010. Review of the Kenya Health Policy Framework, 1994 – 2010.

2 Health Sector Strategic and Investment Plan 2013-2017.

3 DALY's means Disability Adjusted Life Years – Time lost due to incapacity arising from ill health.

1.3 Kenya's Health Sector in multiple reforms under devolution

Under the Constitution of Kenya 2010, the Health sector emerged as the most devolved sector where delivery of health services and the management of health workforce were transitioned to the County Government. The Constitution provides an overarching, conducive legal framework for ensuring more comprehensive and people driven health service delivery, which is intended to enhance access to services for all Kenyans, especially those in rural and hard-to-reach areas. The provisions and requirements to decentralize the management of the health workforce within a tight timeframe have exerted disproportionate pressure on a sector that was already undergoing multiple reforms. While devolution holds considerable promise for health sector in Kenya, experiences from the UK, India, Philippines and Brazil show that devolution of health services does not just happen; it has to be made to work.

2.0 Scoping the Human Resources for Health Challenge in Kenya

2.1 Human resources for Health situation in Kenya

The World Health Organization (WHO) defines Human Resources for Health as "all the people engaged in actions whose primary intent is to enhance health," thus the cornerstone of the health sector to produce, deliver, and manage services. Issues such as inadequate staffing levels, mal-distribution lack of appropriate skills, poor staff attitude, low morale, and weak supervision among HRH would undermine the quality of public health services provided and have an effect on poor health outcomes among the population. Kenya's health care system faces critical HRH demands similar to the health systems in many African countries: severe shortages of essential cadres, persistent inability to attract and retain health workers, poor and uneven remuneration among cadres, poor working conditions, inadequate or lack of essential tools and medical and non-medical supplies, unequal distribution of staff, and diminishing productivity among the health workforce, etc. Characteristics of Kenya's HRH include an average of only 11.8 health workers per 10,000 people (more than 40% below WHO's recommendation of 22.8 per 10,000), is one of 57 countries — including 36 in Sub-Saharan Africa — with a critical shortage of health workers. As Kenya started receiving support for service delivery from various donors , the Government of Kenya (GoK) and development partners recognized that increased service provision was threatened by the lack of sufficient and qualified human resources in the health sector in public, Faith Based Organizations (FBO) and private sectors.

Structural issues behind low retention include performance management issues, unequal distribution of staff, and low productivity among the health workforce. The regional disparities in HRH distribution have also been impeding coverage of donor-funded programs. In 2010, the greater number of health workers employed by the government and FBOs/NGOs were concentrated in Rift Valley (12,879), Central (8,752), and Nairobi (8,752). There is a scarcity of health workers in the Kenya countryside, especially in the North Arid Lands (NAL), where health workers are less likely to agree to work due to factors such as poor working conditions, harsh environmental conditions, and an unsafe working environment, (*Northern Kenya Assessment Report 2012*).

According to Word Bank Report in December 2014, titled L*aying the Foundation for a Robust Health Care System in Kenya,* availability of health personnel would appear not to be the main challenge in Kenya. The challenge lies in geographic distribution of health workers across Counties. By 2012 the report indicates Kenya had a total of 82,000 health workers of which three quarters were nurses. A series of rapid studies and assessments to unearth the baseline situation of different dimensions of HRH in Kenya conducted by *World*

Vision HRH Project revealed critical gaps in the policy framework for HRH as well as resource constraint that must be addressed through additional budgets and better articulation of health workforce issues beyond personnel emoluments. This was supplemented by further studies under devolved management of health workforce on budget analysis in 2013 that indicated low budgetary allocation to HRH. The study showed the need for civil society organizations to join hands with development partners and FBOs to advocate and support implementation of specific measures to address well documented HRH challenges. At the community level the baseline survey recommended that, there is need for uniform interpretation and implementation of community strategy provisions. If differences must be there based on contexts, then advocacy should focus on revising the Community Strategy Guidelines. There is need for a practical framework for facilitating the work of CHWs and CHEWs, and for motivating the former. Further, there is need to increase the number of CHWs and CHEWs per County. This may require advocacy for adjusting of rules regarding employment through decentralized funds and other special initiatives. Further studies by the project included "*Factors affecting motivation and retention of primary health care workers 2013* " that provided insight on the factors that can be applied at County level to enhance health workers retention.

2.2. Emerging HRH challenges under the devolved system

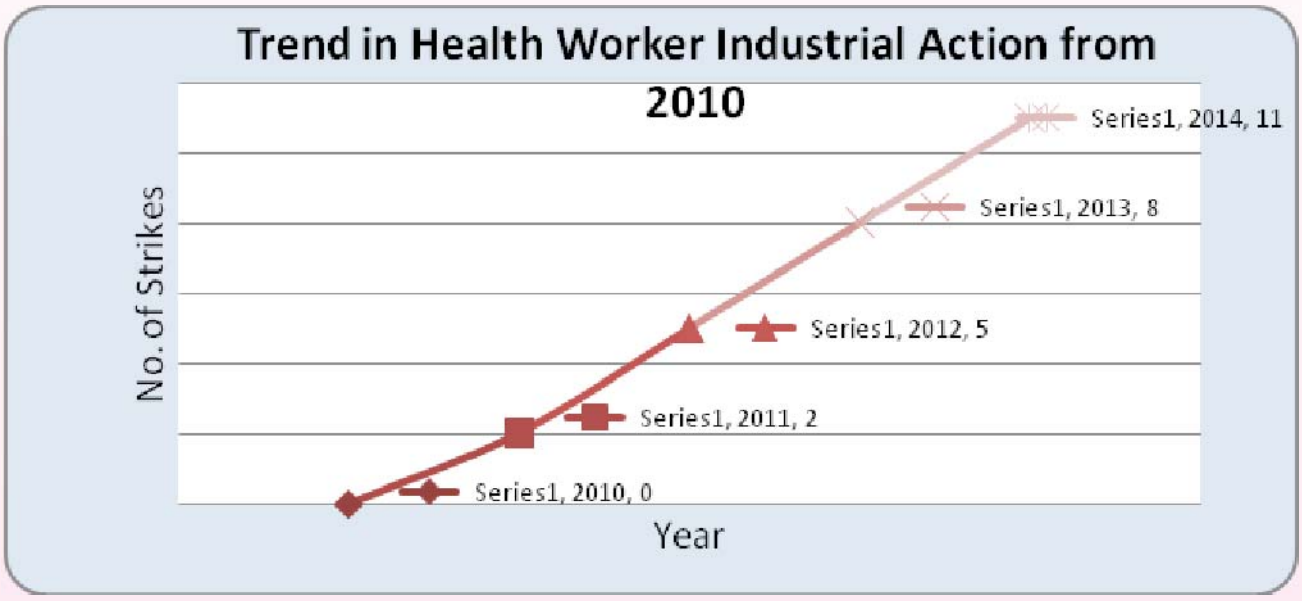
2.2.1 An absentee workforce with a widening knowledge gap: The service delivery indicators for Kenya are based on Kenya's first Service Delivery Indicators (SDI) survey of 12 July 2013. The Survey revealed that the country does better on the availability of inputs such as equipment, and most types of infrastructure, than it does on provider knowledge and effort, which are relatively weak. Significantly, more investments are needed in "software" than "hardware. A recent study showed that: – *Over 29% of public health providers were absent, with the highest absence rate in larger urban health centers. Eighty percent of this absence was approved absence, and hence within management's power to influence.* In addition to what service providers know, while better than in many other countries, significant gaps in provider knowledge exist among both public and private providers in the health sectors. *Only 58% of public health providers could correctly diagnose at least 4 out of 5 very common conditions (like diarrhea with dehydration and malaria with anemia). Public providers followed less than half (44%) of the correct treatment actions needed for management of maternal and neonatal complications. Provider competence was correlated with level of training.*

In Kenya, as in most health systems, a significant majority of people encounter with the health services at health posts (also called dispensaries), health centers and the first level hospitals. In the 2012/13 SDI survey, information was collected from 294 such facilities and 1,859 health providers. The results provide a representative assessment of the quality of service delivery and the environment within which these services are delivered in rural and urban, in public and private (non-profit) health facilities. In 2012, only 40 per cent of Kenyan babies were born in health facilities leaving 60 per cent at risk of contracting tetanus. Indeed by June 2014, UNICEF classified Kenya to be among the bottom 24 countries in the world in maternal and newborn tetanus control. global health priorities, including ending preventable child and maternal deaths, achieving an AIDS-free generation, ensuring global health security, and future agenda like non-communicable diseases, health systems and human resources are the backbone of the response

2.2.2. Widespread perceptions of worsening or stagnated terms and conditions of service: A study on "*Doing Better or Worse off* "- Assessing the Current Terms and Conditions of Service to the Health Workers in Kenya

in the context of devolved governance. World Vision in 2014 established that the health workers felt they were worse off under devolution. Respondents interviewed during the study expressed their concerns with the current terms and conditions of service of the health workers in their counties, which they described largely as below par. Though they blamed this to the advent of the counties as new administrative centres and the uncoordinated transition process from national level, it was apparent that the capacity to efficiently manage a large pool of workers was still lacking in the counties. As a start, the HR units across the counties were severely understaffed, some with health administrative officers handling HR matters instead of qualified HR Managers /Officers as required by the Human Resource Professionals Act 2012. The HR records and data at the counties were also minimal that makes decision making difficult since most of the health workers personnel files were still at Central MoH at Nairobi awaiting devolution as the counties had not demonstrated the capacity to store and efficiently handle them.

2.2.3. Declining employee relations and rising activism of the health workforce: The Constitution of Kenya 2010 (COK 2010) saw emergence of labour movement amongst health workers with agitation for fair terms and condition of services. Since the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), the Kenya Union of Nurses (KNUN) and the Union of Kenya Civil Servants commenced representation of health workers the employee's relations landscape in Kenya's health sector took a new turn with skyrocketing industrial action across counties. This is departure from the past where the health professionals were represented by their professional associations on the welfare of the workers.



Source: (World Vision, 2014)- Study on Labour Representation Since Devolution

The shortage of health workers was most pronounced with many local health facilities having only one health worker, often a nurse, to provide all patient care. This puts a heavy strain on the health worker, and means that many intended 24-hour health facilities are often closed for extended periods of time. Kenya's news media has also reported recent health worker strikes in reaction to late or non-payment of wages. The recent reports spell increasing exodus of health workers especially doctors after devolution with the KMPDU reporting exit of over 1800 doctors to the private sector in the last one year. The exiting health workers cited frustration by the County administration, poor remuneration, salary delays, job insecurity and uncertainty in job promotion.

2.2.4 Discrepancies in remuneration with salaries and allowances: There are rampant grievances related to discrepancies or un-harmonized remuneration amongst seconded health workers, newly hired health workers and workers inherited by the County health department from the former municipal councils. There remuneration for each of the categories is different and the seconded officers who form the majority of the health workforce at the County and most technically experienced have raised concerns that the discrepancies are tantamount to discriminatory pay practices since most of the newly recruited are new graduates with limited experience. In the old municipal council non-technical unskilled laborers like cleaners, clerks are earning more than technical staff like doctors. The seconded health workers contend that they are being exploited. Health workers were quite categorical that devolution has left them in a more precarious position than their initial posting through the centralized MoH.

2.2.5 Delayed payment of salaries: Since the advent of devolution and the assumption of management of health workers payroll by County Governments, there has been perennial delays in payment of health workers salaries. All the Counties under study have experienced delays and lack of consistent and predictable pay date. The situation has rendered health workers disadvantaged in meeting their financial obligations on time some of which exposes them to dire consequences especially as relates to bouncing standing orders which render the workers breaching their loans repayment agreements with potential listing under the credit reference bureau.

2.2.6. Non remittance of the HW salary deductions: There has been instances the remittances of the health workers pension, loan repayment, SACCO dues, statutory deductions(NSSF & NHIF) and union contributions to the respective institutions have been delayed and sometimes non- remitted by the County Finance department. This has been a constant source of conflict between health workers and the County. This causes anxiety to the health workers since they remain suspicious of their permanent and pensionable terms that have been used for engagement in the counties, since non remittance of these dues indicates either a lack of capacity at the county level, or at least lack of capital at the county level, pointing to a serious emerging problem that have eventually lead to industrial action by the health workers.

2.2.7 Delayed promotion and dearth of opportunities for career growth: The HW have raised concerns about stagnation in the same job groups. Public Service Commission is yet to issue guidelines for promotion or cross county transfer of skills and terms of service. Some Counties cite lack of budgetary allocation to accommodate the huge backlog of promotions inherited from the national government. Those who have acquired additional qualification with GoK sponsorship are yet to be upgraded in line with PSC Guidelines. While staff records are maintained centrally at the Ministry of Health headquarters there is no clarity between counties and national government regarding the ultimate responsibility for promotions. Public Service Commission (PSC) issued a circular on this subject in August 2014 which is not yet fully implemented

2.2.8 Mixed mandate for training between national and county governments: Lack of mechanism for training needs determination, training sponsorship, bonding and payroll management of workers undergoing training between the County and National level has been a constant source of disputes between the health workers and Counties as well as between Counties and National level. Staff eligible for training has been the victims of either not being released for training, deferring of training or withholding of salaries.

2.2.9. Inadequate budget for HRH priorities beyond salaries and allowances: While counties have generally increased budget allocation for health services within their mandate, those budgets have typically remained focussed on Personnel Emoluments leaving out critical HRH challenges like working tools, skills upgrading, non-financial benefits like housing, education for kids which have greater potential to motivate the workforce and lead to better retention. HRH financing is facing challenges where there is an inadequate HRH budget to support recruitment of more health workers to bridge existing shortages. The HRH budgets are in addition lumped up in overall County budgets rendering it difficult for prioritization and effective allocation to County Health Department. Particularly the Facility Improvement Fund (FIF) earlier used to improve the working conditions of health workers through facility refurbishment and provision of critical equipment is no-longer available to the County Health Department since the money is deposited in County Treasury. Others challenges are: *Sustained resistance by the health workers to devolution of their management to Counties. The lack of clarity in the due process for the transfer of health care workers in between counties and Lack of structures for the transfer and administration of the HRH retirement benefits at County level.*

2.3. County Specific HRH Context

Mombasa County had, according to the 2009 census, a population of 939,370 persons of which 486,391 and 452,109 were male and female respectively. Using County population growth rate of 3.8%, the population of Mombasa County is projected to be 1,273,099 persons by 2017. This is irrespective of local and international tourist and unexpected influx. Kisauni constituency has the highest population representing 20.7% of the county population. More than one third of the population is under 15 years old.

The County boasts of 16 hospitals (private, public and FBO), but not all meet the required minimum standards for provision of services especially clinics, emergencies, life support, operative surgical cases and other critical services. Primary care facilities include the private, public and FBO facilities. Of the 276 primary care facilities in Mombasa County, only 195 report to the sub-counties. Of these 195, not all, provide all services due to lack of adequate staff, equipment and infrastructure.

There are only 40 Community Units (20 in each of the sub-county) established, yet the required number for the county is 210, therefore a deficit of 170. In addition, the existing CUs need to be strengthened especially in the areas of nutrition, substance abuse, health promotion for NCDs, documentation and referral mechanisms. (Mombasa County Strategic and Investment Plan)

According to the first Mombasa County Government Investment and Development Plan (2013-2017), the County prioritises to recruit more health workers, avail more funding for health workers training especially capacity building on specialised skills and implement the complaint management system. The County Strategic and Investment Plan highlight similar strategies i.e., recruitment, of personnel, emolument of existing staff motivation and training.

ANNEX III: BASELINE COUNTY HRM CAPACITY – MOST RAPID ASSESSMENT, June 2015

Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
HRM CAPACITY						
1 HRM Budget	There is no budget allocated specifically for the HRM technical work within the County Health Department	There is some limited "low priority" money available to fund an HRM position or to conduct HRM technical activities(e.g. recruitment, training, systems development, performance planning, evaluation, promotions etc)	A budget is allocated for HRM staffing and related activities. Allocation is irregular and cannot be relied on for any useful medium to long-range planning or the development of fundamental HRM systems.	Money for HRM staff and related activities is a permanent budget item. It is assigned as high a priority as other County Health Department expenditures, reviewed annually and adjusted if possible.	1.5	a) There is limited low priority money to fund HRM technical activities (i.e. for salaries, training to chosen few, non for promotions, non for recruitment, non for performance evaluations.. etc) • Incorporate HRM budget in the annual work plan. • Develop an annual permanent human resource management budget.
2 HRM Staff	There are no staff specifically charged with HRM as a primary duty	There are HRM staff in the County Health Department, but they have limited training or experience related to this field (personnel, recruitment, etc) and have other functions in the County Health Department in addition to HRM	There are trained HRM staff in the County Health Department, but only at a staffing and training level to maintain basic HRM procedures and record keeping functions	There are experienced HRM staff in the County Health Department who maintain HRM functions. They participate at a departmental input level in long-range planning for the County Health Department	2.5	a) The few HR managers in the system are not re designated. b) Most of the staff in HRD at the moment have limited HR training, they also perform other duties. • Employ HR managers where they are needed • Re-designation of the HR managers in the department
HRM STRATEGY						
3 County Health Department Mission and Goals	No formal mission statement or County Health Departmental strategyand objectives exist	Mission and County Health Departmental strategy and objectives exist but HRM planning(e.g. staffing, job classification, etc) and these are not formally linked	Mission and County Health Departmental strategy and objectives exist and are formally linked to HRM planning (e.g. staffing plan, training, etc)	Mission and County Health Departmental strategy and objectives exist and are linked to annual HRM planning and also used for forecasting long-range staffing and recruitment needs	1.0	a) No formal mission statement or County Health Departmental strategy and objectives exist. • Have a Mission and County Health Departmental strategy/ objectives incorporated in the annual HR planning, and use it to plan for the future staffing needs

Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
4 HR Planning	No annual overall HR plan exists	Annual HR plan exists, but is not based on a formal assessment of the mission, County Health Departmental objectives, strategy, staffing needs, training outputs and existing employee data	Annual HR plan exists, based on County Health Departmental objectives/ strategy, staffing needs, training and employee data, but is not further evaluated for effectiveness	Annual HR plan based County Health Departmental goals and training outputs exists. It is annually implemented, evaluated and used for long-range strategic planning	1.5	a) Annual HR planning exists, its incorporated in the AWP, as per the staff establishment b) However the staffing needs are hardly met (they exist only on paper) • Develop an Annual HR plan based on the staffing needs in the County. • Establish and functionalize a HR unit
5 Policy Manual (e.g. County Health Departmental chart, work hours, time sheets, policy, discipline, grievance, benefits, legal, travel, etc)	No manual of policies and procedures exists.	Policy manual does exist, but it is out of date and does not include all of the relevant information	A current policy manual does exist, but it is not available to all employees and is not always used as a basis for personnel decisions	A policy manual does exist and is available to all employees. It serves as the only reference guide to all questions about employment in the County Health Department and is reviewed and updated regularly	3.0	a) A current policy manual exists but is not available to employees. • Adopt and disseminate the current HR policy and make it available to all employees.
6 Relationship with Unions, Professional Associations, etc	There is no link between HRM and the unions and professional associations	Links exist between HRM and the unions, but roles are not clear and contacts are ad hoc	Management involves HRM in union/professional association issues, but on an irregular – almost "need to only" –basis	HRM and the unions or professional associations work together proactively to resolve issues, prevent problems and collaborate for better staff or members productivity	2.0	a) With Unions, during health workers strikes. b) No specific link between the County and the professional bodies representing the health workforce. • Actively involve the Unions and Professional bodies as key stakehol;ders in HRM matters in the County.
7 Labor Law Compliance	There is no systematic review of HRM policies to ensure compliance with the local and national labor laws or regulations	There is some effort to review labor laws, but it is not done on a regular and systematic basis	A review of labor laws is done regularly as a formal part of the HRM function , but the County Health Department's policy is not always practically adjusted to ensure timely compliance	HRM policy and practices is adjusted as needed to be in prompt compliance with the local and national labor laws and regulations	2.0	a) Labor laws are present and mostly appreciated during a crisis (strikes) • Sensitization of the labor laws to the staff.

Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
PERSONNEL POLICY & PRACTICE						
8 Job Classification System (Standard definition of job titles/qualifications for: professional/ clinical, technical, support staff)	No formal system exists to classify jobs and the skills and qualifications required for each classification	There is some attempt to classify jobs, but it is uneven and incomplete in design and implementation	A full job classification system exists, but it is not used as the standard basis for all other HRM'2 functions (e.g. job descriptions, hiring, salary/ benefits, etc)	A job classification system exists and is used in a formal and consistent manner for all other HR planning and staffing functions	3.0	a) Job classification for all cadres exists however its not utilized according to HR functions • Establish a functional HRM department with qualified Human Resource Management Officers. • Review all existing Job classification/ Description according to revised schemes of service. • Operationalize all the revised job classification consistently in all Hr Planning.
9 Compensation and Benefits System	No formal system exists for determining the salary scale and benefits (remuneration structure) provided to each job category	A formal remuneration structure exists, but it is not used in a routine and consistent manner	A formal remuneration structure exists, is understood by all employees and is always used in a consistent manner	A formal system exists and is used consistently. It is also consistently and equitable used to determine salary grades and merit awards for each individual employee	2.0	a) Staff Stagnation since 2013 after devolution. • Establish a functional HRM department with qualified Human Resource Management Officers
10 Recruitment, Hiring, Transfer, and Promotion	No formal process exists for the recruitment, hiring, transfer, and promotion according to job descriptions and other clear objective criteria	There are recruitment, hiring, deployment and promotion systems but they are generally not followed	There are formal systems, based on established criteria, but they are not applied consistently	There are formal systems, monitored and used in all hiring, transfers and promotion decisions and applied consistently by/to all individual staff	1.0	a) No policies/Guildelines for recruitment, hiring and promotion • Establish a functional HRM department with qualified Human Resource Management Officers. • Develop and operationalize policy/ guidelines for recruitment/hiring/ Transfers and promotion.

Management Component	Stages of Development and Their Characteristics				Current Stage	■ Evidence ■ How to Get to 4
	1	2	3	4		
11 Discipline, Termination, and Grievance Procedure	No formal procedures exist	Formal procedures do exist, but they are not clearly related to the stipulated discipline, termination and grievance criteria	Formal procedures based on stipulated discipline, termination and grievance criteria exist, but they are not followed in any consistent manner	Formal procedures based on performance standards are known to all employees and used consistently by/to all individual staff	3.0	a) No HRM department. b) Procedures Not Followed as stipulated. • Establish a functional HRM department with qualified Human Resource Management Officers. • Sensitize all departmental Heads on COR.
PERFORMANCE MANAGEMENT						
12 Job Descriptions (e.g. job title, qualifications, responsibilities, supervisor, etc)	No documented job descriptions are developed	Some staff have job descriptions, but these are not always to date and/ or are very general, lacking important specifics on job responsibilities and supervision	All staff have job descriptions, but the job descriptions are not all complete and up to date with specific duties and lines of supervision	Complete job descriptions exist for every employee and are kept up to date through a regular process of review. Specific duties and lines of supervision are clearly stated	3.0	a) Job Description in place but not up to date in line of supervision • Update all job description in line of supervision
13 Staff Supervision	There is no clear system of supervision. Lines of authority are unclear. Staff are rarely if at all recognized for their achievements.	There are established lines of authority, but the supervisor's role, function and nature of authority is not understood so little real supervision actually takes place. There is limited staff recognition.	Supervisors understand their roles and lines of authority and meet regularly with the staff under them to develop work plans, evaluate performance, and publicly recognize staff for their achievements	Supervisors increase staff performance by assisting staff with personal coaching plans and encouraging them to learn new skills. Supervisors receive skills training regularly. High achieving staff and a positive attitude are highly recognized and valued by the County Health Department	3.0	a) Supervisors understand their roles of authority and meet regularly • Supervisors need regular training and motivation. • Training on high performance management.
14 Performance Management (A formal Performance Planning and Review (PP&R) system	There is no standard performance planning and review (PP&R) system in place used by the County Health Department	A performance planning and review system is in place, but it is informal and does not include work plans and performance objectives jointly developed with staff	There is a formal system and supervisors are required to develop work plans and performance objectives with each employee and to review individual performance at specified points, but this system is not used on a consistent basis	Supervisors and staff under them develop work plans jointly and performance reviews are conducted on a regular planned basis. Orientation sessions and manuals are provided to all staff. Reviews are used for personnel decisions such as training, transfers and promotions	1.0	a) Since 2013 after devolution no Performance planning and review system in place • Revive performance appraisal system • Orientation and sensitize all Human Resource.

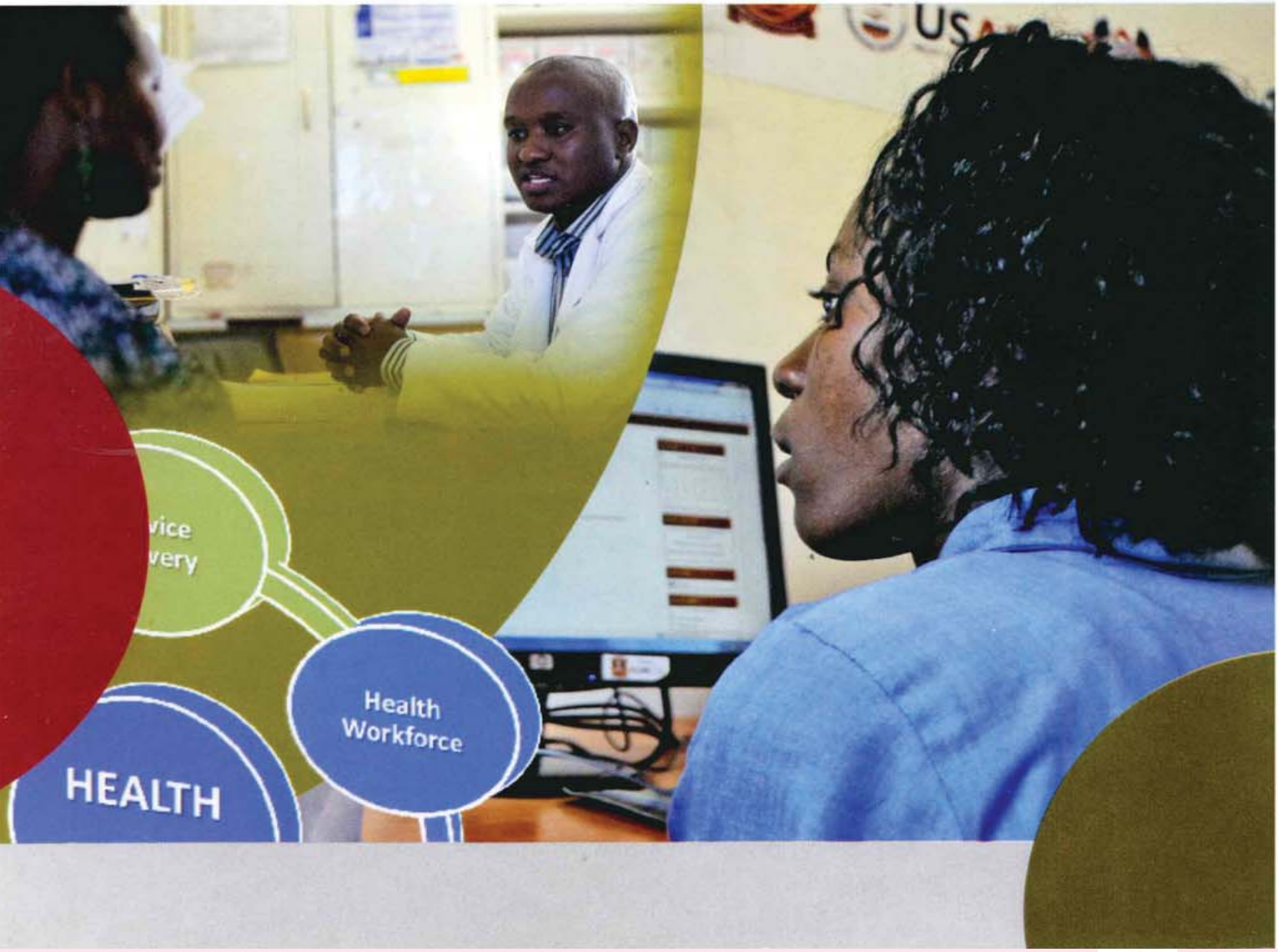
Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
HRM DATA						
15 Employee Data (e.g. number of staff, location, skills, education level, gender, age, year of hire, salary level, etc	None of this data is collected on any kind of systematic basis	Most of this data is collected, but not maintained or kept up to date	All of this data is available and up to date, but the data is not formally used in HR planning or forecasting or any other clear forward purpose	All of this data is available and up to date. Systems are in place. Data is formally used in all relevant HR planning	3.0	a) Updated Staff Returns. b) No Recruitment has been conducted. c) Existing staff overwhelmed. d) Poor distribution of staff in respect to workload. • Centralize Staff Return. • Use the data in all relevant HR planning and all decision making.
16 Information and Communication Technologies (ICT) (Note: this component is more relevant for larger County Health Departments	There are no computers or other ICT systems available internally or externally to the County Health Department to ease access and useful application of data, information and communication for work and learning	There are individual computers and some other basic ICT in place, but no resources to develop systems for interconnectivity, data analysis or other management	ICT equipment and information management systems are available, but of limited use due to limitations of equipment capacity/ numbers, staff skills, little valuable information being yet in the system	ICT equipment and information management systems are in place, widely available and used as the standard tool by well trained staff with up to date information.	3.0	a) ICT Equipment available however not enough. b) There is presence of systems i.e. iHRIS (Human Resource Information System), DHIS (District Health Information System) • Capacity Build and Train staff on ICT. • Increase internet connectivity.
17 Personnel Files (i.e. detailed records on each individual employee)	No individual employee records exist	Limited employee personnel files are maintained, but are generally not complete or up to date	Personnel files for all employees are maintained and kept up to date, but there is no policy for employee authorized access or use of this data	Up to date personnel files are in place at all times files for all employees and also policies for authorized appropriate use (e.g. confidentiality, employee access, etc)	2.0	a) No files defunct municipal staff at health department. b) For the existing file for devolved staff the files are not updated • Centralize the staff records at the health headquarters. • Digitalize all records for health workforce. • Establish Records Management Unit. • Have security of personnel files both external and internal. • Have Back-ups.

Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
STAFF TRAINING AND DEVELOPMENT						
18 Staff Training & Development	There is no established training program	Training is offered on an ad-hoc basis but it is not based on a formal process of assessing staff needs nor is it systematically linked to the County Health Department's key priorities and changes in the health sector and health practices	Staff training and development is a formal component of the County Health Department's annual work plan and budget. It is linked to staff and County Health Departmental needs, but it is not available for all staff, nor is it evaluated for results and returns on investment.	Staff training and continuing professional development (CPD) is a valued part of the County Health Department and opportunities are designed for staff based on their present needs, those of the County Health Department and anticipated career paths/job changes	3.0	a) Existing training committees b) HR training guide in place. • Revise the training HR policy on training at the health headquarters.
19 Management and Leadership Development	There is no policy or philosophy regarding the importance of developing strong management capacity and future supervisors, managers and leaders of the County Health Department	There is an emphasis on developing supervisory, managerial and leadership capacity but it is not done on a systematic regular basis	The County Health Department makes an effort to develop supervisors, managers and future leaders through education, training and development, and also through ongoing mentoring, coaching and intentionally challenging job assignments, but participation criteria selective or not rigorous and objective	A plan for supervisory, managerial and leadership development is in place and there is an opportunity for everyone to participate based on performance and other established and objectively applied criteria	3.0	a) Increase County sponsorship in management supervisory. b) The experienced trained staff to mentor with certification the up coming leaders. • Training sub staff on supervisory management i.e LDP AND HSSM
20 Links to External Pre-Service training) (This HRM component may be more relevant for government County Health Departments)	There is no formal link with the pre-service training institutions which train employees for the health sector	There is a loose relationship between the County Health Department and pre-service training institutions, but it is not used in any formal or regular way for workforce training and development (e.g. curriculum development, admission numbers, etc)	The County Health Department and the pre-service training institutions work together to ensure that the curriculum and admissions are based on skills, knowledge, and attitudes systematically determined as required in the work place	The County Health Department and pre-service training institutions – in addition to basing their outputs on systematically determined needs - also offer regular in-service training for staff in the workplace to upgrade (CPD) professionally and broaden their knowledge and skills e.g. management training, emerging trends in health care and treatment, etc)	2.0	a) There is communication for number of students who come for internship. b) We do not participate in curriculum development. • Have regular in service training for our staff. • Participation /involvement in curriculum development. • Emerging trends in emergency and training.

Management Component	Stages of Development and Their Characteristics				Current Stage	▪ Evidence ▪ How to Get to 4
	1	2	3	4		
21 Orientation Program	There is no formal orientation and induction program for new employees.	There is a standardized program for quickly integrating each category of new employees but it is not implemented on a regular basis for all new employees.	Orientation is offered in a routine manner, but tends to focus on individual job details without enough attention to the County Health Department's bigger picture and work rationale (ie its mandate and current strategy - mission, objectives performance standards and targets expected from the employee by the County Health Department)	Orientation is routinely offered to all new employees and with an induction content and process that makes people feel welcomed and valued. The orientation creates in every new employee understanding and collective ownership of the County Health Department's primary purpose, current priorities and the specific methods and outputs expected from the particular employee	1.0	a) New employees not taken through formal induction. • Develop a standardized orientation program. • Induction should be implemented to all new staff.

Ministry of Health

Kenya's Human Resources for Health Commitments at the 2013 Third Global HRH Forum in Brazil



Kenya's Human Resources for Health Commitments **at the 2013 Third Global HRH Forum in Brazil**

Kenya's HRH Context

The Health Sector Strategic focus in Kenya is guided by the overall Vision-2030 that aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030". Its actions are grounded in the principles of the Constitution of Kenya 2010, specifically aiming to attain the right to health, and to decentralize health services management through a devolved system of Governance. This strategic focus has been defined in the Kenya Health Policy, which has elaborated the long term policy directions the Country intends to achieve in pursuit of the imperatives of the Vision 2030, the 2010 constitution and global commitments.

The Kenya Health Policy 2012 - 2030 demonstrates the health sector's commitment, under government stewardship, to ensuring that the Country attains the highest possible standards of health, in a manner responsive to the needs of the population. The policy aims to achieve this goal through supporting provision of *equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.*

The Health Sector refers to all the Health and related sector actions needed to attain the Health Goals in Kenya. It is not restricted to the actions of the Health Ministry, but includes all actions in other related sectors that have an impact on health. It will guide both County and National Governments on the operational priorities they need to focus on in Health.

The Kenyan Government acknowledges that Health workers are one of the core building blocks of a health system. Global evidence points to a direct correlation between the size of a country's health workforce and its health outcomes. Kenya's health care system faces critical human resources for health demands which are similar to the health systems in many African countries. Recognizing that human resource demands are an integral part of the challenges confronting the National Health System, the National Human Resources for Health (HRH) Strategic Plan is one of the steps the government in collaboration with partners is taking to strengthen the HRH in order to deliver services more efficiently. There are myriad of challenges facing the Kenya's human resources for health which includes severe shortages of essential cadres, persistent inability to attract and retain health workers, poor and uneven remuneration among cadres, poor working conditions, inadequate

Kenya's Human Resources for Health Commitments **at the 2013 Third Global HRH Forum in Brazil**

Ministry of Health's HRH Commitments:

Commitment 1

1 Devolve the Human Resource for Health Interagency Coordinating Committee (HRH-ICC) to 47 Counties to oversee the implementation of HRH strategies in the Counties with linkage to existing national coordinating mechanism by 2015.

Targets:

- Devolution of HRH-ICC to Counties by 2015
- Establishing a mechanism for linkage between National HRH-ICC and County HRH-ICC by 2015

Responsible: Ministry of Health/County Governments.

Commitment 2

2 Recruit at least 12,000 health workers per year by 2017 for health care delivery at facility level to support facility and community level health services.

Target:

- Recruit 12,000 health workers comprising at least (Nurses, Clinical Officers, Doctors, Laboratory technologists, Health records Officers, Nutritionists, Radiologists) per year to 2017

Responsible: Ministry of Health/ County Governments

Commitment 3

3 Recruit at least 40,000 community health extension workers (CHEWS) by 2017 to support community level health services and the one million community health worker campaign

Targets:

- Recruit 40,000 community health extension workers (CHEWS) by 2017
- Advocacy to Counties to establish community health services within each county by 2017
- Establishment and functioning of community health units from 2,511 in June 2012 to 9,294 by 2017
- Establish a mechanism for Community Health insurance through National Hospital Insurance Fund (NHIF) as a modality for motivating the work as per the Kenyan.context by 2015.

Responsible: Ministry of Health/ County Governments

Commitment 4

4 Increase spending in the Health Sector on HRH beyond staff salary and allowances by 2017.

Targets:

- Increase efficiency and effectiveness in use of available resources in health care delivery including HRH by 2017.
- Allocate HRH budgets beyond employees emoluments towards employee welfare, employee relations, reward and recognition, work climate improvement, occupation health and safety by 2017.
- Improve efficiency in HR processes for example recruitment, HR records management amongst others by reducing the turnaround time and utilisation of ICT tor cost effectiveness by 2017.
- Prepare guidelines and tools to help the County Governments budget and plan for health service delivery and commensurate HRH establishment by 2015.
- Take stock of the assets available in each county including HRH as a critical step in resource rationalisation for efficient and effective service delivery by 2014.

Responsible: Ministry of Health/ County Governments/ Treasury.

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or lack of essentials tools and medical and non-medical supplies, the unequal distribution of staff, and diminishing productivity among the health workforce, etc.

Commitment 5

5 Promote Public Private Partnership for Health Financing and establish mechanism for mutual benefits for a better health workforce and quality service delivery.

Targets:

- Promote investment in health care by private sector with Counties in terms of infrastructure, ICT solutions and financing of HRH development for example through Afya Elimu fund and other initiatives by 2017.
- Adopt a multi-sectoral participatory approach for delivery of health interventions in attaining the best possible health outcomes between the public sector (beyond the health sector), private and private-not-for-profit sector, faith based organisations at County and National level by 2016
- Strengthen linkages with development partners in supporting government efforts towards funding initiatives towards improved service delivery, availability of health workers at facility level, and ongoing reforms in the health sector by 2017. .
- Promote the National Health Insurance through increase effectiveness of National hospital insurance fund (NHIF) as a social health financing mechanism by 2015.
- Develop innovative and equitable financing strategies that enhance universal health coverage and access to healthcare by 2017

Responsible: Ministry of Health/County Governments

Indicators

Indicator 1: Existence of a functional County coordinating mechanism for the HRH in the 47 Counties.

Indicator 2: Number of health workers recruited per year disaggregated by cadre.

Indicator 3: Number of CHEWs recruited by 2017

Indicator 4: Amount spent in the Health Sector on HRH beyond staff salary and allowances.

Indicator 5: Public Private Partnership for Health Financing initiatives established that improve on the health workforce and quality of service delivery.

Mr. James W. Macharia
Cabinet Secretary
Ministry of Health
KENYA

Signed:.....

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Some of the Workshop Participants During Strategic Plan Development.

REFERENCES

The following references were used to inform the planning on the national priorities in Health and Human Resources for Health.

1 Kenya National Health Policy 2014-2030.

2 Kenya Health Sector Strategic and Investment Plan 2014–2018.

.

3 National HRH Norms and Standards, 2015.

4 Health Services Availability and Readiness Assessment Report, 2014.

5 Health Sector Performance Needs Assessment Report, 2013.

6 Report of the first HRH Conference, 2012.

7 HRH Transition Work plan 2011 - 2014.

8 County Health Sector Annual Work Plan 2014-2015.

9 Inception Report on the Mombasa County HRH Strategic Planning, May 2015.

10 Mombasa County HRH Situationa Analysis, 19th - 21st May 2015.

11 MOST HRM Rapid Assessment Instrument, adapted for Mombasa, June 2015.

12 The County Investment and Development Plan (CIDP) 2013–2017.

13 County Integrated Development Plan.

14 County Health Sector Strategic Plan 2013-2018.

15 County Health Strategic and Investment Plan (CHSIP) 2013–2017; Final Draft, 22 November 2014.

16 Health Sector Human Resources Strategy 201 –2018.

17 Guide to Staff Performance Appraisal System (SPAS) in the Civil Service, Republic of Kenya 2014.

18 Rewards and Sanctions Framework for the Civil Service, Public Service Commission, August 2014.

19 Guide to the Performance Appraisal Report Forms GP 247 A (revised 2008) and GP 247 B.

20 Mombasa County Health Strategic & Investment Plan (CHSIP) 2013/14 – 2017/18, Final Draft 22 November 2014.

21 Human Resources for Universal Health Coverage – Ministry of Health Kenya – Submission form for HRH commitment pathways.

NOTES

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