Ministry of Health

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Strengthening Human Resources Management Capacity in Ethiopia

Achievements, Lessons Learned, and the Way Forward

HRM capacity has increased substantially at the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs). A multi-sectoral stakeholder approach to facilitate buy-in from key government agencies and partners resulted in the creation of 1,300 Human Resources (HR) positions that were fully funded by the government.

Need for Action

Robust capacity for human resources management (HRM) plays a strategic role in building high performing health workforce and strong health systems. Creating HRM structures with sufficient positions and clearly defined decision-making authority at national, regional, and local levels is a critical first step to building capacity, but those positions must be filled with competent staff who possess sufficient knowledge, skills, and experience to capably perform HRM functions. In Ethiopia, weak HRM capacity has posed a challenge to strengthening health service delivery. Lacking a system or training for comprehensive Human Resources (HR) planning, managers have developed HR plans in an ad hoc manner and failed to budget for human capital enhancing initiatives such as training and performance management. The lack of dedicated HRM structures at district level contributed to staffing problems. Even when available, the HR positions were too few to manage the workload; there were many vacant HR positions; and HR staff had limited knowledge and skills regarding the modern management of a health workforce.

To strengthen HRM capacity, the Government of Ethiopia sought technical and financial support from the USAID-funded and Jhpiego-led Strengthening Human Resources for Health (HRH) Project (2012 - 2019). The goal of the HRH Project was to improve health outcomes by supporting efforts of the Government of Ethiopia to improving human resources for health management; increasing the availability of midwives, anesthetists, health extension workers (HEWs), and other essential health workers; improving the quality of training of health workers; and generating evidence to inform HRH policies and programs.

Goals and Objectives

The HRH Project strengthened capacity for strategic management of HR. Specifically, it sought to:

- Create dedicated HRM structures at all levels of the health system,
- Create and fill sufficient HR positions,
- Build the capacity of HR managers and staff to carry out HRM functions, including planning and budgeting, and
- Increase the HR budget, including for activities that enhance human capital.

Key Successes:

- *Over 1,300 new HRM positions were created and fully funded by the Government.*
- *In-service training enhanced the knowledge and skills of 2,950 HR staff and managers.*
- *HR plans have become an integral part of planning at every level of the health system.*

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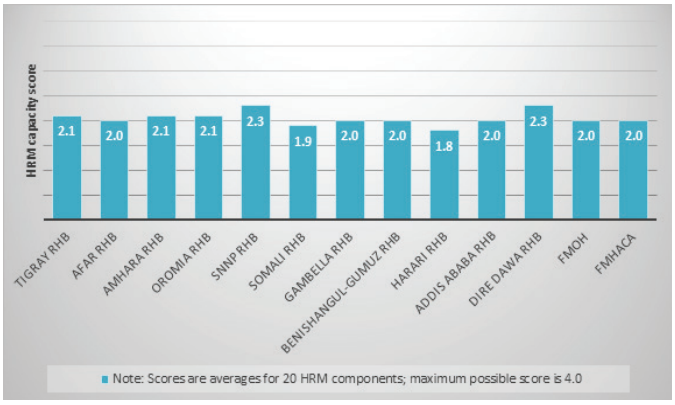
Strategies and Interventions

Conducting a situation analysis to identify gaps and design a plan of action. With support from the HRH Project, HRM capacity assessments were completed at the Federal Ministry of Health (FMOH), the Food, Medicine and Health Care Administration and Control Authority (FMHACA), and all 11 regional health bureaus (RHBs). The assessments were participatory and included representatives from civil service and finance bureaus. Each scored about 2, overall, on a 4-point scale (Figure 1). Average scores for different functions were 1.8 for HR budgeting, 1.9 for HR staffing, and 2.0 for HR planning. These data were used to identify gaps, set priorities, analyze root causes, and develop improvement plans. Each organization designed a multi-year plan of action to address the gaps in HRM capacity and incorporated it into their annual HR work plans.

Figure 1: HRH Project Baseline HRM Capacity Scores of RHBs, FMOH and FMHACA, 2013



Creating new HR structures and filling HR positions. The capacity assessment concluded that the lack of sub-regional HRM governance structures and dedicated HRM staff contributed to delayed recruitment, maldistribution of health workers, and ineffective supervision, among other problems. The HRH Project supported the FMOH and RHBs in conducting a workload analysis to determine the number of HR staff needed to adequately perform HRM functions at each level of the health system, as well as the minimum educational qualifications and relevant work experience needed to perform each job. After negotiations with regional civil service and finance bureaus, 1,307 additional HR positions were approved and funded at the regional, zonal, and woreda levels. In 2018, 95% of these positions were filled (Table 1). In addition, 3,595 HR positions were filled at health facility level, which accounts for 71% of the 5,047 available HRM positions at health facilities.

Table 1: Number of New HR Positions Created and Filled in the Health Sector (2012-2018)

Organization or Region	Number of New HR Positions Approved	Position Filled	
		Number	Percent
FMOH	14	14	100
Addis Ababa	74	74	100
Afar	34	34	100
Amhara	219	219	100
Benishangul Gumuz	47	28	60
Gambella	2	2	100
Harari	12	12	100
Oromia	713	664	93
SNNP	52	52	100
Somali	136	136	100
Tigray	4	4	100
Total	1,307	1,239	95

Strengthening the competence of HR Staff. In collaboration with the FMOH, Tulane University, and AMREF Health Africa, the HRH Project developed a standardized HRM in-service training package and developed tools and guidelines for post-training follow up, mentorship, and coaching. The package was translated into three local languages, and a Training of Trainers (ToT) course was conducted for 60 senior HRM professionals from government agencies and the HRH Project. Subsequently, 2,950 HR managers and staff from all levels of the health system received training, including both existing and newly recruited staff (Table 2). After the training, about half of participants received quarterly mentoring and coaching visits. Mentors used checklists and individual action plans to encourage trainees to apply new skills, help solve problems, and track progress.

Table 2: Number of HR managers and staff who received HRM in-service training and mentoring, 2013-2018

Organization or Region	Number of HR Staff Trained			Number of HR Staff Mentored			%
	Male	Female	Total	Male	Female	Total	
Addis Ababa+FMOH	179	152	331	91	77	168	51
Afar	109	18	127	48	10	58	46
Amhara	191	152	343	129	102	231	67
Benishangul Gumuz	106	44	150	36	14	50	33
Dire Dawa	98	44	142	31	13	44	31
Gambella	110	7	117	22	3	25	21
Harari	81	40	121	54	11	65	54
Oromia	513	179	692	225	98	323	47
Somali	140	21	161	57	15	72	45
SNNP	527	92	619	322	52	374	60
Tigray	118	29	147	54	25	79	54
Total	2,172	778	2,950	1,069	420	1,489	50

Building capacity for comprehensive HR planning. The HRH Project supported strategic and operational HR planning at various levels of the health system, including the then Directorate of HR Development and Administration (DHRDA) at the FMOH and the HR Development and Administration (HRDA) Support Work Process at RHBs. The HRH Project provided training and supportive supervision for pre-planning assessments, developing planning templates, reviewing and improving plans, and the like. The HRH Project supported development of a 10-year national HRH strategic plan (2016-2025). The four large regions were also supported to develop regional HRH strategic plans. With technical and financial support from HRH Project, HR plans also became an integral part of woreda-based planning.

Negotiating larger HR budgets. Inadequate funding for HR units and limited funding for non-salary expenses (for example, for recruitment, orientation, deployment, training, supervision, and performance management) emerged as challenges in the capacity assessment. The HRH Project supported meetings with regional civil service bureaus to discuss the negative impacts of the budget shortfall on the health workforce and argue for regular and reliable non-salary budget allocations. During the final two years of the HRH Project, almost all RHBs received increases in their HR budgets as a result of these advocacy efforts.

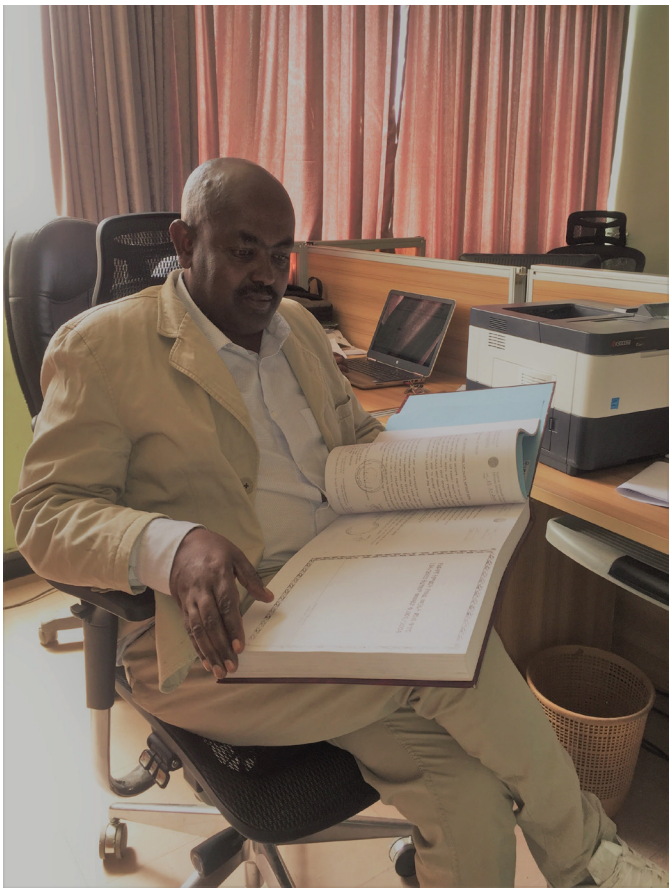
Results and Lessons Learned

Inter-sectoral planning, collaborative leadership, and action were essential for a coordinated and financed response to the health workforce crisis, but it took time to get stakeholders on board. Over the course of the project, HRH Project teams appreciated the importance of a multi-sectoral stakeholder approach to facilitate buy-in from key government agencies and partners. Only by involving key decision makers from the regional health, civil service, and finance bureaus and working together as a team was it possible to get approvals for new HRM structures and positions at sub-city, zonal, and woreda health offices. However, getting stakeholders on board and ensuring that they remained committed to the process proved to be a demanding and time-consuming process; low participation by zone and woreda political leaders and managers posed a chronic problem.

Although the number of HR positions has expanded, it remains difficult to recruit and retain competent HR staff. There is only a small pool of candidates who possess the educational and work experience needed to fill the growing number of HR positions. Vacancy rates remain high: In June 2018, only 1,435 (53%) of 2,691 HR positions at the federal, regional, zonal, and woreda levels and 3,595 (71%) of 5,047 HR positions at the health facility level were filled. Recruitment and retention of qualified HR professionals is hampered by relatively low salaries, unfavorable working conditions, limited professional development and career options, lack of recognition, and the persistence of an unfavorable image for HRM functions among leaders, colleagues, and even HR staff themselves. As a result, motivation is low and attrition is high among HR staff at all levels.

Training and mentoring have been instrumental in building HR staff capacity but did not reach the lowest levels of the health system. Standardized in-service training increased understanding of HRM principles and practices, boosted morale, and improved performance among HR staff. This was the first comprehensive curriculum on HRM in Ethiopia, and nearly all participants said it was the first training they had received since assuming HR functions. Post-training follow-up, including on-site mentorship and coaching, proved to be as important as the training itself because it enabled HR staff to translate knowledge into practice. However, not all HR staff – especially those at lower levels – were able to attend HRM training because of limited resources. The restricted reach of training, coupled with high turnover of HR staff at national and RHB levels, has created a need for further rounds of training.

HR planning and budget practices have become institutionalized at upper levels of the health system but do not yet cover the full range of HRM activities. HR planning capacity has increased substantially at the FMOH and RHBs, but expectations that they would be able to transfer capacity to lower levels of the health system, including woreda health offices and health facilities, have largely not been met. In addition, HR planning continues to focus on filling positions and deploying health workers, rather than on activities like training, supervision, and performance management. Similarly, HR budgeting continues to focus on salary and benefits to the exclusion of other HR functions. Ultimately, this is likely to undermine the performance of essential HRM functions, with lack of budget cited as an excuse or a real setback.



Key Takeaways:

Putting the government in the driver's seat, participatory assessment of HRM capacity gaps, and bringing together health, civil service and finance sectors maximized the success and institutionalization of project activities.

Next Steps

1 Strengthen HR governance structures, staffing, and capacity building at the woreda and health facility levels. It is extremely important to create dedicated HR structures and strengthen HR staffing levels at woreda health offices and health facilities, as well as to improve their leadership and management capacity through targeted training and coaching.

2 Professionalize HRM by recruiting qualified HR specialists and consolidating HR functions. Attracting, motivating, and retaining dedicated HR professionals will require raising the profile of HRM, increasing remuneration, and offering a clear career pathway. Beyond that, currently fragmented HR functions must be consolidated under the authority and influence of reinvigorated HR departments and units with expanded scopes, especially at the woreda and facility levels.

3 Scale up HRM training to reinforce and expand improvements in HRM capacity and performance. Given high turnover among national and regional HR staff, HRM performance will inevitably decline without a continued commitment to training. Training must also be extended to HR staff at lower levels of the health system.

4 Supplement HRM training with other capacity-building strategies. In-service HRM training is essential, but insufficient, to improve performance. Also critical are on-the-job support, supervision, and coaching; an enabling environment for lifelong learning and professional development; and performance management systems that engage staff in the big picture of the organization.

5 Strengthen comprehensive, evidence-based HR planning and budgeting at FMOH, RHBs, and sub-regional levels. HR managers and staff – especially those working at zonal, woreda, and facility levels – need practical training and coaching on evidence-informed planning, costing and budget development.

This program-learning brief was prepared by Dr. Shelemo Shawula and reviewed by Dr. Tegbar Yigzaw, Dr. Sharon Kibwana, and Adrian Kols.

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