

Topic 10. How to manage human resources?

A hand out from the project on “Integrated management of public health programmes at district level”

This project was developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.



**Developed by
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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (*see CD accompanying the manual*)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (*see list of contributors*).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

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10. How to manage human resources?

One of the biggest and often the most challenging task of the District Public Health Management is the management of the human resources. This is a large multi-level, multi disciplinary and multi skilled team under his/her charge. The success or reputation of the manager often also hinges on the ability to make such a diverse team committed to a common goal, vision and mission and the plural challenges of health, health care and health systems at the district level.

Health Human-resource management consists of several important facets. These include –

- Human Resource Planning
- Recruitment and Selection
- Salaries, compensation and allowances (Most often these are set by State authorities, what District level planning requires is the selection of grades for any new staff envisaged)
- Allocation of work, deployment including postings and transfers
- Career planning and staff development
- Discipline and grievance redressal and incentives and rewards.
- Counseling and guidance
- Conflict resolution
- Job descriptions – norms and standards

Human Resource Planning

Most often the District Health Manager will find himself/herself thrust into a position of management and leadership by a sudden promotion, with or without any special training. Often the biggest and toughest challenge will be the army of health workers – from doctors to village based cadres, who are to be managed to meet the district health challenges. However whether as hindsight or as prospective planning, every District manager should be encouraged to undertake a human resource planning exercise. It is also a good idea to repeat this exercise periodically, say every 2 to 3 years. Planning for human resources should include the following steps:-

- a) Assessing how many personnel of specific types and skills are needed for the different facilities existing in the district and at different levels (while this will often coincide with the number of posts sanctioned for facility and every level, the assessment must also be done with an appreciation of actual need so that new posts or additional human resource needs can be facilitated (or excessive staff redeployed)

- b) Identifying in this assessed need the positions available, filled and correctly deployed. Vacant positions must be highlighted with a note on the current status of attempts to fill the posts.
- c) From these two steps an assessment of how many are needed can be made and a plan drawn up to recruit, and or train to build up these numbers / types of personnel required
- d) The next decision is to decide through consultation with the district health team how many can be recruited by open selection and how many should be produced by inservice training and upgradation.
 - a. Many cadres like multipurpose workers are also produced in different countries by special institutions which provide specific pre-service education: e.g. schools for auxiliary nurse mid wives etc.,
- e) As this plan is evolved it is advisable to also plan for the foreseeable future and decide how many posts or personnel would be required in the next 5-10 years. Plans are not static and a dynamic plan providing for future growth and expansion in the quantity and quality of the health services is always preferable.
- f) From all these suggested steps a district health human resource plan can be evolved, and updated and reviewed for need and performance from time to time.

Recruitment and Selection

Recruitment of appropriate staff for the District health system is the next challenge. This is usually done in most countries by some sort of public recruitment commission and may even be centralized with the District Health Officer not having a direct say in the selection process.

The challenge of the recruitment process is

- a) To keep it fair and transparent
- b) Ensuring maximum weightage on objective criteria
- c) To have a clarity on the type of requirements for each job – or each team member.

This usually includes

- Attainments (including qualifications and experience)
- Special aptitudes
- Interests
- Disposition or personal style / attitudes e.g assertive, confident, ability to influence others
- Circumstances including social needs

- d) Having a plan for the selection process with some of the factors above help to make it more objective and less subjective or adhoc
- e) It is advisable to have more than one member in the selection process and for each members to independantly evaluate or assess the same issues / features in all the candidates to introduce in element of standardization.
- f) Recruitment depends on the salary and compensation package. If it is good it will attract more candidates and a better range is available for selection
- g) The selection process must also often try to determine candidates for difficult terrains and difficult or challenging aspects of a job
- h) For the more specialized jobs or often for jobs at a higher level – the trend is to appoint a search committee or some times even a recruitment agency which is provided with set criteria and standards / norms for the process
- i) All selection processes must have a method to screen a large number of applicants to produce a shorter list with those having reached an acceptable basic standard through a written examination and or basic verification of certification and skills. An interview procedure helps to arrive at a suitable candidate from the short list
- j) It is good policy to have a back-up list of selected candidates in order of performance because often the candidate selected does not report for duty. It is efficient in terms of time and effort, as well as being fair to candidates who may have done well in the selection process but lost out to another candidate.
- k) Finally in many public sector health system for the purpose of quicker recruitment and filling up urgent shortages in less a time, recourse to contract appointments is being made. These appointments can be more decentralized and can be more flexible and innovative include in arriving at compensation package. However there is some problem of these not being very good for job security and long term motivation of staff. The absence of social security in contract jobs is also a cause for concern.
- l) Taking the trouble to select proper workers with requisite qualification and experiences for a job can avoid a lot of problems later with reference to job satisfaction, job performance and staff morale

- m) Finally it is important in recruitment/selection procedures to give adequate weightage and focus to in-service candidates who may be promoted to next levels after adequate training and experience.

Salaries, Compensation and Allowance

A very important component of health human resource management is the economic incentive provided or linked to each job and this is an important factor for long term satisfaction, retention and sustainability of system building in any public health system. **(This important point is often not directly in the ambit of District Health Managers and may be considered / decided at State or Central levels. However district managers can provide feedback from their teams on these matters to encourage regular and responsive action).**

- a) Salaries must be commensurate with educational attainments and achievements and years of experience. Usually in most countries some nationally accepted scales and standards of pay are applied to public health system related jobs.
- b) In addition to basic salaries, the compensation package usually includes other allowances like transport, rental, child allowance, dearness allowance and medical insurance.
- c) Many public health systems offer additional incentives to compensate for the staff having to work in difficult or remote areas or in non- urban situations. These include hardship allowance, additional duty allowance, books and scholarship allowances, support for conferences and studies – short term and long term, support to childrens education especially when adequate facilities are available only away from places of work.
- d) Social security schemes like health and accident insurance, gratuity and provident fund and pension plans help to provide long term job security and better staff morale.
- e) Finally it is important to review salaries and compensation packages every 3-5 years to ensure that rising costs of living do not affect morale or reduce motivation.

Deployment, Posting, Transfers and Promotions

A good human resource development strategy is greatly strengthened by a systematic and regular method of rational deployment of team member to levels and situations depending on need, load and demand. Giving workers task which are within their capabilities and make the best use of their skills and knowledge is a challenge. (It is an unfortunate fact that very often

transfers and postings are carried out for reasons other than job requirements and may not be left to the District Health Manager)

- a) The biggest challenge for rational deployment is the adage – fitting the right person into the right job.
- b) Every person must be oriented and supported to understand and perform his/her roles according to the requirements of the job and the vision of the system..
- c) Postings according to situation may be difficult or challenging or moderately so or relatively easy. It is a good policy to rotate these postings between candidates so that no one is discriminated against.
- d) Transfers from one place to another on the same job or from one job to another should always be fair, transparent and non discriminatory.
- e) Promotions from one level to the next should be based on experience, aptitude, getting the necessary qualifications for the next level job and based on performance assessment.
- f) Adhoc, arbitrary or politically motivated transfer , postings or promotions should be avoided to prevent staff dissatisfaction, loss of morale and demotivation.
- g) Posting, transferring or even promoting candidates to jobs where they cannot use their skills or experience can be very demotivating and demoralising.
- h) All postings, transfers or promotion policies should be based on rational criteria which take into account the suitability of candidates for a job; and the needs of the public health system itself

Career planning and staff development

A good health human resource development plan will always include a strong element of career planning and staff development.

- a) All staff should be provided with opportunities to discuss their career plans and identify options and alternatives for self development – especially technical advancement with a focus on skill and capacity improvement.
- b) Apart from counselling on this aspect, public health system management policies should be flexible enough to allow staff to avail of special study leave or allowances and opportunities that can promote technical advancement.

- c) The health human resource plan should allow for a career structure and advancement of staff along well designated and delineated career pathways or career ladders.
- d) Staff should be encouraged to make use of these options and opportunities and not allowed to stagnate at one level. This is particularly important for long term staff morale and social justice.
- e) Women candidates must be supported by gender sensitive staff and career policies that allow them time, space and opportunity for child bearing, child caring and for mid course breaks for family duties – often imposed by their social roles in society.
- f) While it is important to constantly find ways and means to keep up the motivation and morale of staff, all good public health managers must also be ready to discover staff who have outgrown their work level and require new jobs or enhanced opportunities to maintain their professional standards or creativity. Some of them may have to be counselled to change their current positions and seek career advancement by changing employers or seeking more relevant job opportunities commensurate with their needs and evolving potential.

Discipline and Grievance Redressal

Good workforce management is often misunderstood as strict disciplinary enforcement and it is often thought that if strong action is taken against a person (who may often even make a scapegoat) and made to take full responsibility for a system failure then the system will be set right. Fear and stern disciplinary action are overrated as determinants of change.

- a) As a guideline all systems should recognize that most members of a team usually work properly within certain limits and follow rules and regulations in a disciplined way.
- b) A few people, often in the minority, break rules and regulations or perform in ways that may be difficult, awkward, embarrassing or deleterious to the management of the system. Such errant members of a health system need some form of action that will encourage them to become part of normative behaviour.
- c) All such disciplinary issues should always be properly, promptly and appropriately investigated and action taken must then be justified, within acceptable limits and primarily to act as a deterrent to further rule breaking and a motivation to return to normative behaviour.

- d) Sometimes disciplinary action should be supplemented by some generic system change and also some positive incentives to solve the primary problem or reduce it to manageable proportion.
- e) Disciplinary action should never be adhoc, anarchic or involve breaking of rules themselves.
- f) Before any disciplinary action is taken, the person accused of indiscipline must have recourse to a mechanism of grievance redressal that is available for consultation and review by all concerned. This is particularly important to prevent any wrong accusations, or biased action by supervisors or seniors, or malicious action by co-workers.
- g) As a counter to indiscipline many well managed health systems offer rewards and incentives (including recognition) for good performance or good quality work to motivate the hard working, rule abiding and sincere worker and to encourage them to continue to demonstrate efficiency and reliability in their performance
- h) These incentives for good performances do not always need to be monetary or financial incentives. They could include support to a training programme or continuing education seminar, or some form of social or public recognition (like best / sincere worker award etc) or some leave relaxation or some additional responsibility or work opportunity.

Job descriptions: Norms and standards:

One of the key challenges in public health management is the constantly changing and dynamic nature of health programme responses to a changing health scenario. Roles and responsibilities of staff are also constantly expanding or getting modified in nature and methodology.

Good district level public health management systems are greatly supported if they build job descriptions for all levels of jobs with clarity and comprehensive detail and also set norms and standards for performance at every level. This is an evolving exercise which should be regularly reviewed and renewed with feedback from supervisors and workers and dialogue with technical resource persons who may undertake operational research or pilot projects to evolve these job descriptions – norms and standards.

Further Reading on Health Human Resource Management

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