



Unit 5

Strengthening human resources

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Cover photo: A clinician treats a child in a PIH-supported health center
in Rwinkwavu, Rwanda

Courtesy of Laurie Wen



Unit 5

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Unit 5

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“All too often, NGOs ask those on the economic margins of society to volunteer their services—a practice that is neither just nor sustainable. True community-based programs pay local people for their work.”

– Joia Mukherjee, Chief Medical Officer, Partners In Health

INTRODUCTION

Investment in the recruitment, training, and retention of healthcare workers at all levels is needed for delivery of comprehensive health care in poor countries. Engaging paid community health workers (CHWs) increases the number of personnel capable of delivering high-quality care, decreases the workload of the small number of health professionals available (a practice called task shifting), and provides gainful and meaningful employment for people living in impoverished communities. Collaborating with the government to provide high-quality health care for its people promotes the idea that access to health care is a fundamental human right. Working with a country's Ministry of Health (MOH) to provide improved working conditions, training, and compensation within the context of the public health system avoids creating a parallel healthcare system and wasting scarce human and financial resources.

This unit provides an overview of issues to consider for developing, remunerating, and retaining your workforce. As PIH has grown over the years, so has the complexity of managing human resources (HR) at the sites. In this respect, trade-offs exist between preserving the nimbleness of a smaller organization and creating the structures that necessarily accompany expanding programs. Some general HR practices can help you strengthen both the organization and the communities you are serving. While training cannot be completely separate from HR, we dedicate a separate unit of this Guide to training because it is so integral to building local capacity and maintaining high standards of care (see *Unit 6: Improving programs through training*). As you read this unit, consider how the size, scope, budget, and location of your organization will affect your investment in your employees and, ultimately, the care that patients receive.

1. STAFFING A CORE TEAM

When starting up a small NGO, one of your top priorities will be finding out what type and how many staff members your organization requires. Your organization's staff makeup depends on the scope of services being provided, population served, catchment area, and available resources. The World Health Organization (WHO) provides guidelines on recommended basic staffing for both large and small primary health centers and on recommended additional staff for HIV care and treatment.



PIH NOTE

When PIH first arrived in Rwanda at the invitation of the MOH, our number-one HR priority was hiring clinical staff. In hindsight, it would have been a good idea to hire technical and administrative staff at the same time. Our clinical staff and program manager could not possibly devote enough time to understanding all the labor codes pertaining to recruitment policies, vacation days, overtime, severance, or employment contracts. Having someone on staff who had been working in the community and had a general understanding of local labor practices would have allowed the clinical team to focus more of their time on issues pertaining to clinical care.

As an example, you may require the following core clinical staff:

- Medical director or lead physician (who may also serve as temporary program manager)
- Nurses
- Laboratory technicians
- Pharmacist or pharmacy technician
- Social workers
- Community health workers

This sample core administrative team reflects the functions that you may require to start up a program:

- Program manager
- Translator/interpreter
- HR officer
- Driver
- Accountant, finance officer/assistant
- Logistics/procurement officer
- Someone to manage infrastructure (if your organization is doing construction or significant renovation)
- Information technology specialist
- Coordinator of social and economic support services (see *Unit 11: Addressing the social determinants of health through a program on social and economic rights [POSER]*)

2. COLLABORATION WITH THE MOH

Working within the public sector of your host country to provide health care helps the government achieve its goals for the country's health system, avoids the creation of a parallel system, and promotes the idea that access to health care is a fundamental human right. A public-private collaboration avoids poor use of scarce human and financial resources by not drawing healthcare workers away from the public sector. This approach is more sustainable than offering parallel services because it increases people's confidence in the public health system by supporting the government's efforts.



PIH NOTE

Initially PIH's relationship with the director general and the administrators working at the MOH in Lesotho was strained because they thought that PIH intended to hire only expatriates. We explained to the director general that we hire expatriates only for positions that require a degree of training not found locally. We learned that communicating our commitment to hire local people to the MOH can help to foster a good relationship from the beginning.

Making sure that your administrative staff has access to the MOH is critical to establishing strong long-term relationships. For the same reason, it is important to work with all levels of MOH staff—not just top officials or aides. Schedule meetings regularly to keep lines of communication open. Be sure to have a list of your most important questions. As a courtesy, you may want to send this list of questions to the appropriate person beforehand.

Examples of questions to ask the MOH:

- Is there a nationally endorsed framework that helps to ensure that health facilities follow common standards for medical services throughout both the public and private sectors? (For example, are there national training or certification requirements for delivering HIV care?) If so, how can the organization best operate within this framework?
- Does the government have norms for staffing certain kinds of health facilities?
- Is there a national job classification system? If so, how can the organization help support this system?
- Are there salary scales by which the organization should abide?
- Does the government have a framework in place for training health workers?
- Is a structure for recruiting, hiring, and training community health workers already in place? If so, are the workers paid?



TIP: *It is not imperative that you become an expert on your host country's health system, but knowing what questions to ask when you visit the MOH or other government offices can only help to advance your agenda.*

3. TASK SHIFTING

The formal definition of task shifting according to the World Health Organization is the practice of delegating certain tasks, such as recognizing symptoms of illness or side-effects of medications or administering medication, from medical professionals—usually doctors and nurses—to less specialized health workers. In practice, task shifting can occur at all levels of the health system. Some ways in which responsibilities can be delegated are:

- From medical professionals to community health workers. For example, CHWs may be responsible for providing treatment and follow-up in the home for malaria or respiratory illnesses in children. Their tasks generally focus on assuring that basic needs of the patients are being met and on solving practical, day-to-day problems, but can also extend to active case-finding—reaching out to community members who may be ill and encouraging them to seek treatment in a healthcare setting.

(See *Unit 7: Improving outcomes with community health workers.*)

- From physicians to nurses. For example, in addition to doctors, nurses would be permitted to prescribe and start antiretroviral therapy (ART).
- From specialty physicians to generalists. For example, a generalist could perform cesarean sections, whereas otherwise only an obstetrician could perform the procedure.
- From clinicians to administrators, pharmacists, support staff, or even family members. For example, a family member of a patient could be trained to change the dressing on a wound so the patient would not have to travel to the clinic.

In response to the global shortage of healthcare workers, many governments have formally adopted the task-shifting model and have included it in their national strategic plan. It is important to understand how the regulatory framework of the host country might support or impede task shifting. National clinical protocols may restrict certain employees from performing certain tasks, which will affect the number and types of recruits. As part of the task-shifting initiative, some countries may have already conducted a human resource analysis that provides information on the demography of current human resources for health care in the public and private sectors, the gaps in service provision, and the existing human resource quality assurance mechanisms. These data, where they exist, will be extremely helpful for developing an HR plan and should be available from the MOH.



Figure 1: A village health worker in Malawi conducts a home visit



PIH NOTE

In PIH's experience, task shifting, handled properly, increases the accessibility of health services by moving some types of care to the community, and it lessens the burden of care on the clinic staff. At PIH-supported sites, community health workers are the "eyes and ears" of clinic staff. They receive monthly training on how to provide care for and recognize the needs of patients and family members. Subject matter includes patient education, reporting side effects, communication with the clinic, screening for malnutrition, and administering medication. Having dedicated CHWs who receive ongoing, relevant training and supervision allows more patients in remote areas to receive optimal care.

4. LOCAL LABOR LAWS AND PRACTICES

It is helpful to have an understanding of in-country labor laws and practices before beginning the recruitment and hiring process. Most countries have specific laws on taxation, recruitment, diversity and equality, hiring, promotion, and termination processes. Operating within the bounds of labor laws—and within cultural norms—will help you gain credibility with the government and earn the trust of people in the community. Understanding labor codes has the added benefit of building positive working environments and high staff morale.



TIP: *Be aware of your own capacity to grasp your host country's labor laws and cultural norms in a short period of time, particularly if you are not fluent in the local language. Hire local staff and consult with people who are familiar with how the system works.*

Often the official government website will post information on labor laws, but it may be easier to speak directly with relevant parties in the government (MOH, Ministry of Labor, Ministry of Justice, or the person in charge of public administration). Other NGOs in the area may also have information to share about staffing and compensation practices. Consider hiring a local lawyer who can provide counsel on the intricacies of labor laws during the planning phase—and definitely before beginning the hiring process. Doing so can save time and resources in the long run. (See *Unit 2: Understanding legal matters* for more on hiring legal counsel.)



Figure 2: Zanmi Lasante employs local staff to prepare meals at the health facility in Cange, Haiti
Photo: Rose Lincoln

4.1 Local staffing norms

As explained in more detail later in this unit, some governments have staffing requirements for health facilities at different levels (such as district hospital or health clinic). For example, the government may require organizations operating in a public health facility to employ a certain number of nurses with a given job classification (see below). However, even existing public health facilities do not always meet these requirements, either because of a lack of government funding or a shortage of healthcare workers. While it may not always be possible for your organization to meet MOH staffing norms because of limited resources, staying up-to-date on these norms helps you to align your program as closely as possible to MOH requirements. Familiarity with the job classification system can be useful for HR planning and staffing functions, such as developing job descriptions, hiring, and setting salary and benefits.

4.2 Job classifications

Some countries use a classification system that specifies titles and qualifications for professional, clinical, technical, and support staff. For example, if your site is looking to hire a pediatric nurse, the candidate may need to have attained the national job classification or grade for a nurse in that country. The job classification would require the candidate to have received a certain education and professional level or to have gained a certain number of years of experience working in a clinical pediatric setting.

Job classifications also outline general criteria for the position, including:

- Educational or professional qualifications and experience
- Level of responsibility and autonomy in carrying out one's duties
- Supervisory or managerial functions of the position, if applicable



TIP: *Understanding the local job classification system can help avoid unnecessary conflict or litigation. Regulations on job classifications are often posted on a country's Ministry of Labor website.*

5. HR PLANNING

HR planning is the development of strategies for matching the size and skills of your workforce to your organizational needs—in other words, hiring the right people to do the right job. The board of an organization should be involved in HR planning and in helping execute these plans.

Not every organization has the time to develop an elaborate HR plan, particularly if it is faced with an emergency health situation from the outset. Indeed, you will have other priorities upon arrival in a rural area in which there is no electricity or access to clean water. However, when starting a new site or program, it is important to ask critical questions about organizational goals, available resources, and how much money can be spent on staffing.

A general picture of the trajectory of your organization can help elucidate the role that HR can play in achieving organizational goals. For example, if your organization has plans to expand to a new site or add a new program, the HR plan would include a timeline and budget for hiring staff and would identify strategies for aligning resources to achieve this goal. These efforts could include recruiting, training new or existing staff, acquiring certain equipment, or expanding communication and transportation networks. As with any such complex undertaking, remember that even organizations with a clear mission and firm goals will inevitably encounter bumps in the road.

5.1 HR roles and responsibilities

The role and functions of a program manager can vary greatly depending on the size and maturity of the organization, its geographic location, and whether health services are delivered through the public or private sector. Government-run health facilities typically have more personnel dedicated to carrying out specific administrative duties, while an NGO might require the program manager to recruit, hire, and even train staff. Often, even clinical staff assume administrative responsibilities because of limited HR capacity. Given this variability in HR needs across different types of health facilities, documenting HR duties and who is responsible for fulfilling them is crucial. It is therefore important to understand or define the scope of your human resource responsibilities before you begin working. The scope of HR responsibilities may include:

- Developing job descriptions
- Recruitment
- Office management
- Developing, maintaining, and interpreting relevant HR policies/procedures and laws
- General oversight of employee performance
- Conflict resolution
- Recordkeeping
- Training/appraisal
- Planning for the organization

5.2 HR Work plan

A work plan outlines what your organization can realistically accomplish in a given time. It is a good idea to put the plan in writing, keeping in mind that it is a plan only and that it is subject to change depending on the evolving needs of patients and the program, as well as on funding. Vital to the success of the work plan are regular, systematic reviews of both the short-term and long-term strategies of your program, and regular consultations with staff and health officials. Take into account several factors when developing your plan, including government influence, sociopolitical and economic conditions, and workforce demographics. Communicate this plan to your staff. The work plan might include the following:

- Programs to implement
- Support services that programs require

- Current number of staff and their roles
- Levels of staffing needed to implement support services for programs, assessment of any gaps
- Short-term goals (next 6 months to a year) for recruitment
- Long-term goals (3 to 5 years) for recruitment
- HR activities related to recruitment, hiring, and training

5.3 Budget

In addition to the work plan, your budget is a road map for staffing. Funding streams can influence how your program is organized and, therefore, how you budget for certain categories, including HR (see *Unit 8: Establishing a financial system*). For example, grants from international donor agencies may only cover program expenses related to HIV/AIDS care, which might include the salaries of some staff and not others. Therefore, a budget dedicated solely to HR expenses may not be practical. However, keeping track of line items that are related to HR month-by-month for each quarter, and including them as part of your organization's total operating costs, offers a close-up look at how much you are spending on staffing. It will also make doing the budget for the next fiscal year easier and, if necessary, allow you to quickly adjust spending for the current year. Line items that are related to staffing include:

- Salaries
- Benefits
- Indirect costs
- Housing expenses
- Transportation
- Equipment and supplies
- Training
- Communication
- Travel
- Other



PIH NOTE

When we hire staff at PIH, we take into consideration many other costs besides salaries. Fringe benefits, indirect costs, staff housing, transportation, equipment, supplies, training, communication, travel, and "other" are all categories that support hiring. Each of these categories has its own budgeted line items. Housing expenses include food, supplies, salaries for maintenance staff and cooks, and costs associated with building or renting a facility. At many of our sites, some of our professional staff stay in the capital city with their families over the weekends and travel to rural health centers Monday through Friday, so we must also figure in the cost of transportation. In summary, HR costs include a great deal more than just salaries and benefits. It is important to consider the wide range of expenses that support your entire team.

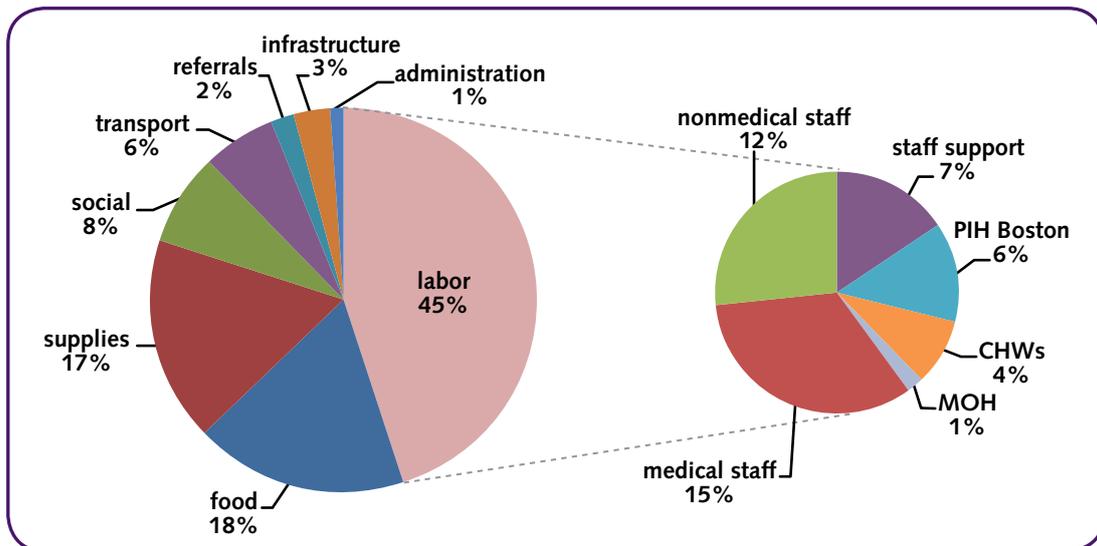


Figure 3: Sample HR cost breakdown for a PIH country site

The pie charts above show an example of the cost breakdown of one of PIH’s country sites. The chart on the left breaks out costs as a percentage of the total budget for that site.* The chart on the right breaks out costs associated with labor. In this example, labor accounts for nearly half (45 percent) of the program budget. These costs include medical and nonmedical staff, staff support, PIH-Boston staff, CHWs, and MOH staff.

6. RECRUITMENT

Recruitment is the process of obtaining the number and type of people that the organization needs. PIH first assesses what types of positions can be filled by people in the local community, including patients or former patients. Hiring from the community is an investment in the local economy and the country’s health infrastructure. Hiring local residents also helps to build local capacity and trust in your organization. Organizations that hire locally tend to have lower staff turnover rates than those that hire only expatriates.

PIH employs many former and current patients at the sites. Patients can make excellent CHWs because they know firsthand what problems and obstacles patients face every day, and they have a strong sense of empathy with those who are vulnerable or ill. In some cases, CHWs are themselves HIV positive or have been successfully treated for tuberculosis (TB). Check whether labor laws permit hiring patients if they would be working in a government-run facility.



Figure 4: A Zanmi Lasante employee (and former patient) poses with his daughter in Haiti

*The category “social” (8 percent) refers to social assistance. “Referrals” (2 percent) are fees for referral to non-PIH hospitals.

Leaders in the community, such as village chiefs or local government officials, may be able to offer recommendations on potential employees. However, it is always a good idea to get more than one opinion because people often refer their relatives. It is also important to check whether the country you are working in has regulations on employing relatives. For example, to avoid conflicts of interest, some labor laws forbid hiring a person for a position in which she or he would be directly supervised by a relative. If you develop a policy, make clear who qualifies as a relative (parents, spouses, siblings, nieces/nephews, first cousins). Although implementing this policy may be challenging in practice, it is a good idea to encourage staff to notify management if they have a family relationship to a person under consideration for employment.



TIP: NGOs often play a service-coordination role, and so their workers are aware of other organizations in the community, including volunteer organizations, that can provide recommendations for potential employees.

6.1 Job descriptions and job posting

Word will likely spread quickly that your organization is hiring, and you may receive hundreds of inquiries about jobs. While recruiting by word of mouth often comes naturally and is perhaps the easiest way to develop an applicant pool, it may not be the best way. Operating within the bounds of local laws and procedures for hiring lends credibility to your organization. Doing so also lets staff know that they were hired based on their credentials and on the expectations set forth in the job description, rather than on whom they know. A recruitment process that is legal, fair, and transparent helps to foster a positive work environment and improves staff retention.

When posting or announcing a job, clearly state the position's responsibilities and qualifications. This practice will help attract candidates who meet particular criteria. Each job description should outline specific duties and state clearly the lines of supervision. Job descriptions generally include:

- The scope of the job
- The reason the job exists; that is, the value the job adds to the organization
- Responsibilities and objectives—what is expected from an individual in measurable terms
- Qualifications and required skills
- To whom the position reports or whom the position supervises
- Duration of the position (if a contract or grant-funded position)

Some governments recommend advertising jobs in all forms of media that will reach the local population. Since there are regulations in many countries against hiring expatriates for positions that could be filled locally, it is important to advertise positions in major local media. Keep in mind that the government may ask for proof that you advertised locally before hiring an expatriate for a position. At the sites, PIH usually advertises openings on the radio, in a national or local newspaper, and in designated public spaces. Find out whether laws exist on:

- Diversity and equality in the workplace
- Internal posting (duration before announcing the job publicly)
- Posting via media (newspapers, radio) or public venues
- Duration of posting before interviewing or hiring can take place
- What the announcement should include (skills required, number of years of experience, education, when the posting closes)
- Language(s) the posting must be in (if posting in a language in which you are not fluent, hire a translator)



PIH NOTE

PIH tries to hire as many local people as possible and minimize the number of expatriate staff whenever feasible. When we hire expatriate staff, it is for a specific skill set not available locally, and we assess their maturity and previous experience working in a resource-poor setting as well as in a culture different from their own. Otherwise, we risk damaging longstanding relationships with the local staff. Generally, all staff are hired with a three-month probation or introductory period. During this time we try to get as much confidential feedback as possible from the local staff before an expatriate is hired. A new hire should be able to make the local staff feel comfortable and adapt to the local culture within a reasonable amount of time.

6.2 Screening applications

Screening applications consists of gathering and evaluating application documents. Find out whether there are equal-opportunity employment laws that pertain to screening applicants. The same criteria should apply to all applications to ensure fairness. Putting general criteria for screening in writing helps to ensure that reviewers are clear on what application documents are required, in addition to what qualifications the applicant must possess.

Drawing up a short list involves cutting through the pile of applications to identify candidates you would like to interview. To help minimize bias in the selection process, compare each application with the employee specification (job description) to establish whether, on paper, the person has the type of background that is necessary or desirable for the job.



TIP: *Have a committee, rather than an individual, shortlist candidates to help minimize bias in the selection process.*

6.3 Interviewing

Once candidates are selected, decide where and when the interviews will take place and who will conduct them. Interviews can be conducted by an individual or by a team of people. Consider the following before beginning to interview:

- If your organization is small, involve all staff who will work closely with the new hire in the interview process—not only supervisory staff. If your organization is larger, identifying a search committee to interview candidates may be more practical. Ideally, all team members should interview all candidates to provide a basis for comparison. Decide whether you will use a standard evaluation system to rank candidates.
- Write down a core set of questions that you will want all interviewees to answer. Remember to take notes. Do not rely entirely on your memory—after a half dozen interviews, candidates will start to blend together!
- Meet briefly with the review team (if applicable) following the interview to share thoughts, including the candidate’s strengths and weaknesses.
- Decide whether you will administer any necessary skills tests (literacy, numeracy, typing, data entry, software).

6.4 Reference checks

Make it a policy to check the references of all shortlisted candidates. Establish a process for reference checks that stipulates how many references are needed and who will do the checking. Candidates may include references with their application. If they have not, ask shortlisted candidate(s) to provide three professional references. Reference checks should include the same questions for all candidates. If you do not speak the local language and do not yet have a dedicated HR officer, you may need to hire an interpreter to assist with reference checks.

6.5 Accepting and rejecting applicants

Establish a process for notifying accepted and rejected applicants. At the sites, PIH notifies accepted applicants by telephone, if they have one; in the case of CHWs, staff go to selected candidates’ homes. Consider the following for accepting and rejecting applicants:

- Will all candidates be notified or just those who are accepted for the position?
- Will the curriculum vitae (CVs) of rejected applicants be retained for consideration for future openings?
- Do applicants have a telephone? If not, how will they be notified?
- What information will be given to accepted applicants regarding next steps?

7. HIRING

The hiring process is usually initiated by an offer letter or employment contract, both of which outline provisions for employment, including salary, hours, and benefits. Almost all countries have hiring protocols, which may require that hiring contracts include specific provisions. If general hiring policies and practices exist, following them insofar as possible will help your organization earn respect and credibility with the local community and the government. Other NGOs or health centers operating in-country may have information on the hiring process or may be able to provide examples of employment contracts.

7.1 Employment contracts

Find out the legal implications of different types of employment contracts. Using a template for these documents that includes the necessary clauses for each type of employment contract can streamline this process. All employees should receive and sign the offer letter or contract before their start date.



TIP: Standardize employment contracts to help avoid legal problems and misunderstandings among staff.

Contracts should specify the currency in which salaries are administered. Also consider whether and how fluctuations in exchange rates would affect net salary. Policies regarding taxation and health insurance in some countries change with some regularity, which affects the net amount that employees receive in their paychecks even when the gross amount remains the same. To avoid confusion or misunderstandings, specify the gross amount in employment contracts. Doing so commits your organization to paying the employee a set gross sum, regardless of any changes in local or national tax or health insurance policy that may cause a change in the net.

Both employer and employee should have a clear understanding of contractual obligations. For example, there are implications for offering employees indefinite contracts, as opposed to renewable contracts with end dates. In some countries, indefinite contracts are viewed as being more advantageous to employees, allowing them to obtain loans, among other benefits. If you offer indefinite contracts, consider in advance what your obligations as an organization are to the employee. For example, this type of contract might include provisions for severance, or it may require detailed documentation of a formal review and notifying the employee at various junctures of his or her performance. If your organization does not have a well-functioning performance review system in place, it may be difficult to terminate an employee who is not meeting expectations. Indefinite contracts can work well, but it is important to have the necessary review and warning processes in place beforehand. (See *Section 10, Employee relations* in this unit.)

7.2 Employee data

Job-related and personal information about each employee is kept in an official personnel file. These data can be useful for tracking employees for long-term HR planning or for contacting next of kin in an emergency or in the event of an employee's death. Upon being hired, PIH employees at most sites fill out a personal details form that is kept in a secure, locked cabinet. Employee data may include:

- Contact information
- Contract or letter of engagement
- CV or resume
- Salary grade
- Banking information

- Tax documents, if applicable
- Benefit coverage information (if applicable)
- Next of kin
- Beneficiaries in the event of death
- Copy of the person's passport or national identification card
- Copy of the person's work visa, if applicable
- Copy of the person's driver's license, if applicable
- Sign-off that the employee received his or her HR manual, if applicable
- Performance review documents
- Other relevant hiring documents

7.3 New-hire orientation

Orienting new employees is one way to help new staff members feel welcome and to assimilate them into a new working environment. It provides an opportunity for others within the organization to meet the new staff member and learn about his or her role and, correspondingly, gives the new hire details on the organization's programs and the specifics of his or her job. Even if your orientation program is informal, consider what activities should be involved, when they take place, how often and where they occur, who should be responsible for conducting the orientation, what the duration of the program should be, and whether or not participation is required.

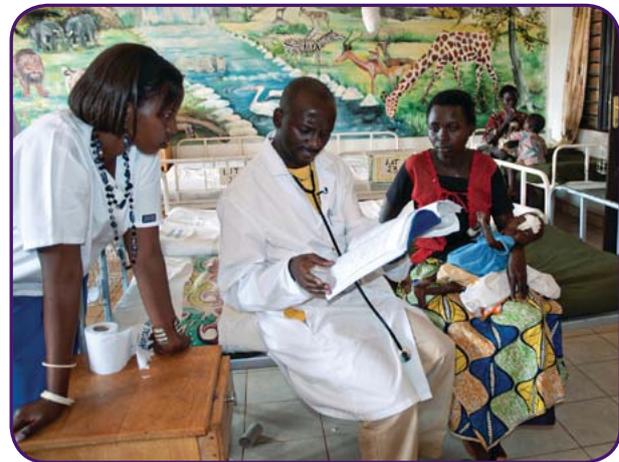


Figure 5: The pediatric ward at the Rwinkwavu District Hospital in Rwanda
Photo: Bill Campbell

During orientation, staff are usually given an employee manual to help them become familiar with HR policies and procedures. Not only is the manual an important reference tool, but it also helps reduce time needed to orient new people. An employee manual generally contains the following information on organizational policies and procedures:

- Recruiting
- Hiring
- Compliance (for example, policies on drugs and alcohol in the workplace, dress code, use of equipment)
- Payroll
- Benefits
- Termination
- Security

8. COMPENSATION

Organizations operating in resource-poor settings vary greatly in how they provide compensation, depending on their financial resources and availability of and access to services. For each of the categories that follow, consider how rules and regulations that apply to compensation may vary for expatriate staff, local staff, and nationals who transfer to a new health center in-country.

8.1 Salary scales

Salary scales indicate the minimum to maximum pay range for particular jobs. Ranges vary from country to country, depending on the job's level of authority and responsibility and its market value. NGOs operating in the area may be able to provide information on a given position's market value. In countries with many NGOs, salaries will likely be more competitive.

A common challenge associated with using national salary scales in your host country is that they are not always relevant to the situation of many NGOs. In areas where there are many NGOs, there is a more competitive market for certain kinds of jobs, particularly those requiring highly technical skills. In this situation, it may be hard to retain key staff who have received better offers elsewhere.

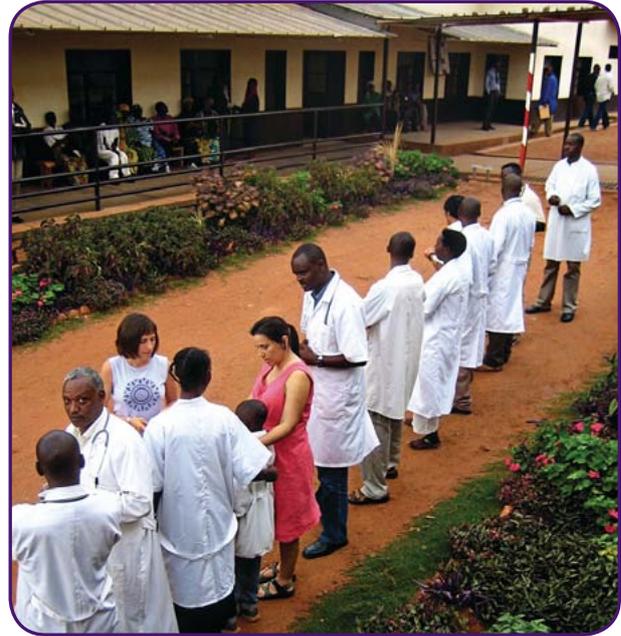


Figure 6: Rwinkwavu District Hospital staff, Rwanda



PIH NOTE

At Inshuti Mu Buzima, or IMB (the PIH-supported site in Rwanda), there are some staff who either exceed the national salary scale for their particular job or who have been offered better pay elsewhere because their skill set is hard to come by. This has been the case for several of our Rwandan computer programmers, in part because there are only about 20 in the entire country. PIH has had to decide whether to make exceptions and increase certain individuals' salaries or to hold firm. In the case of a particular programmer, we did not offer the desired pay increase and unfortunately lost a valued member of the IMB team. Although these decisions are rarely easy and generally made on a case-by-case basis, we try to adhere to the NGO Code of Conduct for Health Systems Strengthening¹ and avoid "poaching" staff from other NGOs in-country and from the public sector.

¹ Health Alliance International et al. (2009). *NGO conduct for health systems strengthening*. Seattle, WA: Health Alliance International. Retrieved online from: <http://www.ngocodeofconduct.org/pdf/ngocodeofconduct.pdf>.

8.2 Salary top-ups

When an NGO supports a government-run health facility or invites MOH staff to work in a private facility, NGO staff and MOH employees work side-by-side. In this situation, it is not uncommon for two health workers with technically different employers to have the same level of responsibility and perform the same tasks. A problem of parity arises, however, when NGO staff receive comparably higher salaries than MOH staff do. One way to prevent foreign NGOs from drawing healthcare workers away from the public sector is for the NGO to offer a top-up—a performance-based salary increase—to MOH employees so that salaries are more equitable.

When offering a top-up, consider how many employees you will be paying; this number will determine how much of a top-up your organization is able to offer to qualifying individuals. Part of the fact-finding process involves asking other NGOs in the area what their pay ranges are. Consult with the MOH about what it offers its employees in terms of salary and benefits. Also ask how to go about establishing top-ups so as not to undermine a system that the government might already have in place.



TIP: Remember that top-ups are not simply a one-time initiative, but a process that requires ongoing monitoring and open communication with both government employees and your staff.

There are some common challenges associated with offering top-ups. Top-ups can be complicated because government employees may be taxed differently than staff paid by an NGO. A common scenario is one in which MOH employees are offered their normal salary and then a top-up from the NGO. The NGO employees receive a flat salary that equals the MOH salary plus the top-up. While the gross salary is the same, the net salary is not because the government employee will likely not get taxed on the top-up, whereas the NGO employee gets taxed on the entire salary. When NGO staff work side-by-side with the MOH staff but take home a smaller paycheck, some may think that this is unfair. One way to help avoid this problem is to include specific provisions in the employment contract for gross and net salary amounts so that staff are clear on tax implications from the start. (See *section 7.1, Employment contracts* in this unit.)

Also consider how your organization will respond if the government increases pay for its employees. You will need to decide whether NGO staff will get a corresponding increase. Whatever your organization decides, make a plan on how and when this information will be communicated to staff.

8.3 Forms of payment

Form of payment is how salaries are administered: the currency, the frequency, and date of the month that payments are made. Communicate policies on payment clearly to all staff. If staff have bank accounts, salaries can be administered by check, direct deposit, or wire transfer. In-country bank transfers can often be a lengthy process, which should be taken into account when establishing monthly payroll.



TIP: Where possible, encourage staff to open bank accounts to help them establish credit and promote savings. Doing so also benefits your organization, because it avoids having to keep large sums of money on site. In cases where employees live in remote areas, try to arrange for those workers to take several trips per month to the nearest bank.

PIH assists employees who are new to the banking system by either accompanying them to the bank or sending them to the bank with a letter describing the type of account needed and asking the bank to assist the employee as much as possible. (See *Unit 8: Establishing a financial system* for more on opening bank accounts for employees.)

If staff members do not have bank accounts, as may be the case at many rural locations and for CHWs, payment in cash is possible. If bank accounts are not an option, consider the following when paying staff in cash:

- How will your organization acquire bulk cash on a regular basis?
- Where will the cash be stored, and who will have access to it?
- What types of security measures, such as a dual-lock safe, are in place?
- When and where will staff be paid? Will a third party, such as a bookkeeper, be present?
- Who will be responsible for tracking payment of salaries?
- What form of record will you use to prove that the employee received payment?
- What are the policies and procedures regarding loss or theft of cash?

8.4 Salary policies

Policies on salary should be clear to all staff and be available in writing. Common salary policies include those pertaining to pay increases, overtime pay, salary advances, paid leave, and severance. Research any national salary policies, because they may affect if, when, and on what criteria staff are eligible for certain increases and benefits.

8.4.1 Salary increases

Establish when and on what criteria salary increases are granted. When establishing a process for salary increases, ask the following:

- Do increases reflect employee performance? If so, are criteria for different levels of increases set in writing and communicated to all staff?
- Are increases considered for all employees at the same time of year or are they based on each individual's length of service?
- Does your organization offer employees a cost of living adjustment (COLA) each year? If so, what is it based on? (Factors can include local market prices and the rate of inflation in the country for that fiscal year.)
- Are increases established in local or foreign currency? Which party (employer or employee) assumes the risk in fluctuation of currency value?

8.4.2 Paid leave

Paid leave includes vacation (or annual leave in some countries), sick leave, personal leave, maternity or paternity leave, and bereavement leave. Find out whether there are national laws on paid leave. Try to schedule leaves so that they do not compromise service. When establishing a policy on paid leave, consider the following:

- Who is eligible for each type of leave
- The maximum number of days allowed for vacation and sick leave
- The length of leave for maternity and bereavement and the conditions for taking leave
- Rules for carryover from one year to the next
- Payment during leave
- Documentation required
- Procedures for requesting leave
- Procedures for an employee who does not return to work

8.4.3 Severance

Severance pay is money that an employer might want to provide for an employee who is leaving his or her job. Normal circumstances that can warrant severance pay include layoffs, job elimination, and mutual agreement to part ways, for whatever reason. Countries often have laws on severance pay. If your organization offers a severance package, establish the following:

- Conditions under which an employee is entitled to severance
- Terms for notifying the employee about severance arrangements/availability
- The amount of payment available based on length of service

9. BENEFITS

As with compensation, organizations operating in resource-poor settings vary greatly in how they provide benefits, or non-wage compensation. Offering health insurance and room and board may be priorities for both individuals and your organization. For each of the categories that follow, consider how rules and regulations that apply to benefits may differ for expatriate staff, local staff, and nationals who transfer to a new health center in-country.

9.1 Health insurance

If health insurance is an option, eligibility may depend on the work status of the employee. For example, a common business practice or government standard may require that only employees working a certain number of hours per week may be entitled to receive company health insurance. In many cases, local staff benefit from government-sponsored health insurance. When another source does not provide health insurance, you may be able to offer health insurance to employees through either a national medical insurance provider or a private insurance provider in-country. If you offer health insurance, consider providing employees with the following information:

- The proportion of premiums to be paid by employees, if applicable
- Contact information for the insurance carrier
- Forms and procedures for making claims
- Deductibles and maximum benefits
- Types of expenses covered
- Responsibility for costs not covered under insurance or at private hospitals
- Which family members are eligible for coverage of dependents/family

9.2 Room and board

Room and board is a type of benefit that typically includes meals, housing, and provision of necessary supplies. Offering suitable housing is one way to increase staff retention and help those working in a remote rural setting to feel less isolated. If offering room and board to staff and/or volunteers, decide whether building, renovating, or renting a facility makes the most sense. You will also have to decide whether it makes more sense to buy or rent a vehicle and whether you will hire drivers, cooks, and cleaning staff.



TIP: *Offering staff housing can be a strong incentive for clinicians from urban areas to work in a remote rural health center.*

Consider establishing criteria for which staff are eligible for housing, such as those who commute long distances or whose positions require them to be on call. Some general house rules can avoid confusion and misunderstandings. Make clear who is permitted to stay at the house and for what length of time, whether or not visitors are permitted to stay in a guest's room, and whether quiet hours are observed. PIH has a common house at most sites and tries to accommodate housing requests from volunteers and visitors whenever possible. However, because of limited space, guests may have to share a room or sleep on a mattress on the floor.

10. EMPLOYEE RELATIONS

Good communication with staff members is vital for creating and maintaining good employee relations and a positive work climate. When you communicate with your staff well, you help to create a work climate that encourages the flow of ideas and conversations where people learn from one another. Depending on the size and makeup of your organization, you will need to establish ways to communicate news and events to staff. PIH holds monthly all staff meetings to discuss important organizational decisions or address a current challenge that the organization is facing. These meetings are typically led by one or more members of PIH's six organizational planning members.

Establishing and communicating expectations early on can help avoid misunderstandings or performance problems down the road. However, some problems are unavoidable, so you

should have a plan in place for dealing with them before they happen. Check whether local labor laws might affect processes and procedures relating to discipline, termination, and grievance. All staff should be made aware of these procedures as they apply to the organization. Formally document all matters relating to these procedures, since the law may require you to produce documentation if a conflict does arise.



Figure 7: Nursing staff show their solidarity at Socios En Salud in Peru
Photo: Socios En Salud



PIH NOTE

Transparency is very important in Malawi, and as a result, it is common for committees rather than individuals to make decisions. At Abwenzi Pa Za Umoyo, or APZU (the PIH-supported site in Malawi), staff have formed a procurement committee, a disciplinary hearing committee, and even a “party” committee that organizes social gatherings for patients. Although this consensus-driven structure is sometimes less efficient by Western standards, it puts decision-making power in the hands of local staff.

10.1 Discipline

Use formal, consistent guidelines for discipline to address poor performance, insubordination, or failure to follow organizational policies. Outline what types of behavior can lead to a warning or termination of employment (for example, negligence, failure to fulfill one’s duties, inappropriate behavior, such as theft or disrespectful or dishonest interactions with others, poor cooperation with co-workers). It is important to meet with a staff member who has performed poorly or been involved in an incident to discuss what happened, and give him or her a chance to improve or rectify the situation.

If every effort has been made to help an employee who has work problems and those problems persist, address the situation quickly and firmly, usually following a specific sequence and involving supervisors as appropriate. Establish who will be responsible for carrying out each of these steps (such as a program manager or HR officer). A designated individual or disciplinary committee may be involved in documenting, investigating, and determining whether the problem warrants further action. The sequence of events can include:

- Informal discussion
- Oral warning
- Written warning
- Final warning
- Dismissal

10.2 Termination

Termination of employment technically includes both resigning (voluntary) and being laid off or fired (involuntary). In all cases, managers need to have guidelines for the termination process. When possible, try to take steps to avoid termination. The following are some considerations regarding termination:

- What, if any, national laws exist on terminating an employee?
- Which co-workers should be notified of the termination?
- Who should be present when the employee is notified?
- What, if any, property belonging to the organization (such as badges, keys, and laptops) should be collected from the employee?
- When and how will the employee's access to servers or email accounts be terminated?
- Do salary and benefits need to be reconciled (as in a final paycheck, payment for unused vacation, or any severance pay)?
- Does the organization have a policy regarding references? If so, communicate this policy to the employee.
- What steps should be taken if there are threatening statements or behavior from the employee?



PIH NOTE

Malawian labor law requires a formal hearing before action (such as demotion or firing) can be taken against an employee for poor performance or inappropriate conduct in the workplace. As part of the investigation, the organization to which the employee belongs must gather any relevant information pertaining to his or her performance or behavior. A group of employees and community members are empanelled to hear testimony from both the employee in question and the staff member or members who have lodged a complaint against him or her. After hearing both sides, the panel then makes a recommendation on whether to allow the employee to remain in the current position or to have him or her demoted or dismissed. It is up to the organization to make the final decision. This process has helped resolve several disputes that have occurred among staff at the site in Malawi.

10.3 Grievance

Grievance procedures are a means of dispute resolution that can be used to address complaints by employees against management or by employees against other employees. Grievance procedures do not necessarily have to be formal or elaborate. In a small organization, the procedures may consist of a few lines in an employee manual or the designation of a single staff member to deal with problems as they develop. Grievance procedures are intended to allow an organization to hear and resolve problems in a timely manner before they escalate or result in litigation. Knowing that formal procedures are available often encourages employees to raise concerns or question organizational policies before major problems develop. For grievance procedures to be effective, both parties should

view them as a positive outlet that facilitates the open discussion of problems. A typical grievance procedure may follow this sequence of events:

- An employee presents a problem to his or her immediate supervisor within a certain time frame after the event has occurred.
- The supervisor has a set amount of time to either respond or send the grievance up the chain of command (for example, to the medical director).
- A designated staff member or members begin negotiations or dispute resolution (for example, with the program manager, HR officer, or medical director).

11. STAFF SUPERVISION

In supervising staff, it is important to establish clear lines of authority and make sure that all staff members are aware of the reporting structure. Supervisors should understand their roles and lines of authority and meet regularly with their direct reports to develop a work plan, evaluate performance, and recognize staff for their achievements.



PIH NOTE

At some sites, staff report to both MOH and PIH supervisors. Having two parallel reporting structures can be challenging, because staff often consider the organization that pays them to be the one they are accountable to. At the site in Malawi, the HR department has made a huge effort to convey to staff that PIH is there to support the MOH, and even if someone is technically a PIH employee, he or she should show equal respect to MOH staff and supervisors. Senior leadership and the HR department have encouraged the integration of the two groups as much as possible. For example, both PIH and MOH staff eat together in the staff kitchen and participate in monthly meetings and events together. We also can't underestimate the instrumental role that the new flat-screen television in the common room of the staff house in Neno, Malawi has played in smoothing any tensions among staff—that is, unless there's a soccer match on.

As part of regular planning, the supervisor and employee should review and revise the employee's job description as required. Using this document and the organization's (or department's) annual work plan as a guide, the supervisor and employee should jointly develop the employee's objectives for a designated length of time. The objectives of the organization's annual work plan can inform the employee's objectives. The plan should be in writing, and both parties should sign it. At the end of the designated period, the parties meet again to review the employee's performance against his or



Figure 8: PIH staff and guests play soccer to celebrate the first year anniversary of a health facility in Lesotho

her objectives and to develop a work plan for the next time period. This process helps the employee understand the stated goals and his or her responsibility for achieving them. If the employee does not meet these objectives or is not performing satisfactorily, the supervisor should address how the employee can improve performance or learn needed skills.

For performance reviews, explain when and how frequently appraisals will take place and how they will be documented. You will also have to establish objective criteria for evaluation. All performance plans and reviews should be in writing and should become part of the employee's personnel file. Employees usually have the right to examine the written review, correct any inaccuracies, and make written comments. These comments should also be held in the employee's file. In general, the purpose of reviews is to:

- Encourage discussion of job responsibilities so that each individual clearly understands what is expected of him or her
- Provide systematic, constructive feedback of an employee's overall performance (recognizing achievements and detailing areas for improvement)
- Provide objective information to guide future decisions about work assignments and staff development needs

The performance review process typically involves the following steps:

- The supervisor completes the appropriate sections of the review form, which may include drafting a work plan for the upcoming year.
- The employee completes the appropriate section of the review form and also may provide additional information in the sections completed by the supervisor.
- Supervisor and employee meet to discuss the review form and work plan.
- Both parties sign the form and submit it to HR.
- Supervisor and employee keep a copy of the form and work plan and use it to guide the year's activities.

12. PROFESSIONAL DEVELOPMENT

Ideally, training programs and continuing educational support for health workers should be tied to certification, registration, and career progression mechanisms that are standardized and nationally endorsed (see *Unit 6: Improving programs through training*). Clinical staff members at the site will most likely need in-country licensing or accreditation before beginning work. Look into how licensing and accreditation may differ for country nationals and expatriates. While each country has different requirements, clinical staff members typically need to present their existing license, CV, proof of academic credentials, and occasionally a police report.



Figure 9: Twenty Zanmi Lasante physicians were honored in 2010 for their accomplishments and leadership in Cange, Haiti



PIH NOTE

When one of our doctors, an expatriate, first arrived in Malawi, he was not permitted to practice until he completed government-mandated HIV training for physicians. Unfortunately, this training took place only twice a year, so he had to wait six months until he could begin working. It's advisable to check with the MOH in advance about what types of licensing and accreditation are mandatory, how and where to register, when exams or training sessions are offered, and whether there are any associated fees.

Budget permitting, employees may want to attend professional conferences and workshops. Sometimes scholarships or grants can be used to cover these types of fees. Establish ahead of time what the attendee plans to gain from this opportunity. For example, does it make more sense for the employee to take courses toward his master's in public health than to attend a leadership workshop? If professional development is part of your HR plan and budget, you may require staff members who wish to participate in external education opportunities to submit a request to their supervisor or program manager. You may want to establish a policy on what types of staff members are permitted to attend which conferences or workshops, and how often.



PIH NOTE

In Lesotho, the office of the director general in the MOH is the best place to start for information on licensing and accreditation. Prior to practicing in Lesotho, doctors and pharmacists have to register with the Medical Council and the Pharmacy Council. Expatriates must provide their signed contract, educational certificates, and a cover letter from the sponsoring organization (in this case, PIH). Both nationals and expatriates have to be licensed to work at PIH-supported sites, but only expatriates also need a residence permit. A residence permit will be granted to an expatriate only if the site can prove that there were no qualified local residents for the position. The MOH also requires a Memorandum of Understanding between the sponsoring organization and the MOH, a cover letter from the sponsoring organization, and a copy of the expatriate's passport. These documents serve the basis for approval or rejection of a residency permit and accreditation for an expatriate.

13. STAFF RETENTION

Staff retention generally means keeping staff who are already employed. A high retention level is one indicator of an organization that is functioning well. Retaining staff helps minimize the expense associated with frequent staff loss and new hiring.

Retention of skilled health professionals is one of the biggest challenges of delivering care in a resource-poor setting. Working at an understaffed facility can be particularly strenuous for existing staff because of the physical and psychological demands of a high patient load

and rigorous work schedules. Other significant challenges include limited resources (such as essential medicines, supplies, and equipment), lack of a reliable communications network, political unrest, harsh climate, and working in isolation. Keep in mind that workers in an understaffed health clinic may be less than welcoming to a foreign nonprofit that wants to make improvements to the facility's infrastructure or service delivery because doing so can often attract many more patients and make their jobs even more difficult.



Figure 10: Hospital staff relax outside a PIH-supported health facility in Neno, Malawi
 Photo: Jamil Simon

While it is not always possible to address all the social and economic needs of your employees, the following measures can help improve staff retention:

- Procure necessary diagnostic tools, medications, equipment, and supplies so that staff have the tools they need to do their work well
- Work to make the recruitment and hiring process legal, fair, and transparent
- Hire adequate numbers of support staff
- Offer all staff, including CHWs, a fair wage
- Offer salary top-ups, if possible
- Provide regular training opportunities with the goal of improving programs
- Establish clear reporting lines and ongoing supervision
- Ensure safe working conditions
- Offer staff housing and/or transportation
- Develop and distribute an employee manual
- Establish clear lines of communication with staff
- Create support networks that involve collaboration with local partners
- Encourage team building and camaraderie through all staff meetings, workshops, and outings
- Allow staff time and space for rest, relaxation, and recuperation away from work



PIH NOTE

Community health workers have helped the government, PIH, and our partners overcome barriers to health care delivery at the sites. They connect clinics with local communities by serving as counselors, educators, treatment providers, and patient advocates. By improving community-based care through trained CHWs, PIH has actually seen a decreased patient load in clinics and hospitals, resulting in less strain on our local staff.

CONCLUSION

The care you take in managing your organization's employees will ultimately be reflected in the care that patients receive. An important aspect of human resources in impoverished settings is the investment in human capital, which takes the form of recruiting, training, and retaining local workers at all levels of your organization. Hiring and training CHWs in particular can decrease the patient load at the health center, if not initially, over the long term, and is one way to extend the reach of the health clinic into the community. Beyond increasing the ability of local residents to earn and provide for their families in the short term, this emphasis on capacity building can have a long-lasting impact on the health of communities.



Unit 5

Resources

WORKS CITED

Health Alliance International et al. (2009). *NGO conduct for health systems strengthening*. Seattle, WA: Health Alliance International.
<http://www.ngocodeofconduct.org/pdf/ngocodeofconduct.pdf>

SELECTED RESOURCES

Task Shifting

World Health Organization. (2007). **Task shifting: Rational redistribution of tasks among health workforce teams: Global recommendations and guidelines.**

http://data.unaids.org/pub/Manual/2007/ttr_taskshifting_en.pdf

The document contains 22 recommendations to implement a task-shifting agenda in human resources management based on peer-reviewed and grey literature, and evidence gathered from international studies. It includes a bi-national study by PIH mapping the distribution of HIV-related clinical tasks among different cadres of healthcare workers in our programs.

Staff Retention

World Health Organization. (2010). **Increasing access to health workers in remote and rural areas through improved retention.**

<http://www.who.int/hrh/retention/guidelines/en/index.html>

The guidelines propose 16 evidence-based recommendations on how to improve the recruitment and retention of health workers in underserved areas. It also offers a guide for policy makers to choose the most appropriate interventions, and to implement, monitor, and evaluate their impact over time.

HR Planning

Human Resources for Health

<http://www.human-resources-health.com/>

This is an open access peer-reviewed, online journal covering all aspects of planning, producing and managing the health workforce.

Human Resources for Health Global Research Center

<http://www.hrhresourcecenter.org/>

A service of the Capacity Project, this digital library provides a web-based, searchable knowledge base of human resources for health and offers personalized support.

Human Resources Management Resource Kit

<http://www.msh.org/resource-center/hrm-resource-kit.cfm>

This kit is a collection of resources assembled by Management Sciences for Health for the Global Health Conference in 2005. It includes tools for developing personnel policy manuals, salary policies, workplace health promotion programs, supervision manuals, and training needs assessments, among others.

The Manager's Electronic Resource Center (ERC)

<http://erc.msh.org/>

A website of Management Sciences for Health, the ERC provides a wide range of tools and resources relevant to health managers including resources on developing and managing human resources and leadership.

World Health Organization. (2010). **Models and tools for health workforce planning and projections.** Human Resources for Health Observer, Issue 3.

<http://www.who.int/hrh/resources/observer3/en/index.html>

This paper takes stock of the available methods and tools for health workforce planning and projections, and describes the processes and resources required.

Health Alliance International et al. (2009). **The NGO Code of Conduct for Health Systems Strengthening.**

<http://ngocodeofconduct.org/>

This document, drafted by a coalition of service organizations (including Partners in Health and Health Alliance International) serves to encourage NGO practices that contribute to building public health systems and discourage those that are harmful. The website also offers other useful tools for system strengthening.

World Health Organization Health Workforce

http://www.who.int/topics/health_workforce/en/

This web page provides links to documents, publications, multimedia, statistics, and resources from all WHO Regions regarding the health workforce.

Staff Supervision

Management Sciences for Health. (2005). **Managers who lead: A handbook for improving health services.**

<http://www.msh.org/resource-center/managers-who-lead.cfm>

This handbook includes six chapters, a toolkit, and an annotated bibliography. Each chapter presents key issues facing program managers, practical advice on applying leadership and management practices to address health care challenges, questions for reflection, and real-life examples that illustrate the role of leadership and management in improving health.