KILIFI COUNTY GOVERNMENT
DEPARTMENT OF HEALTH SERVICES

INCENTIVE FRAMEWORK FOR ATTRACTION AND RETENTION OF HEALTH WORKFORCE

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FOREWORD

Since the devolution of health services in 2013, the department of health has progressively increased its workforce from 907 to 1426, which is a 32% increase, by the end of 2017. This investment is expected to continue in an effort to increase health worker numbers, which is aimed at improving access to health services to the population of Kilifi County.

This effort notwithstanding, investing in Human Resources for Health (HRH) is a resource intensive investment, which is hindered by limited budgetary allocation among other dynamics. To facilitate the development of a vibrant and well-motivated workforce, the department, working with its partners, developed these guidelines to address various HRH challenges, which include: staff shortages, unequal distribution, high attrition especially in the hard-to-reach areas, out migration among others.

The overall objective of these guidelines framework is to ensure improved attraction and retention of health workers in the county. This is to be achieved through the institutionalization of four key strategies namely: financial incentives; non-financial incentives; making work environment more attractive and; making rural and hard-to-reach stations more attractive.

With the leadership of the Kilifi County Government's vision for a healthy and a productive population, it is envisaged that resources will be committed towards the implementation of these guidelines, which ultimately will address the intended purpose; improved health service delivery for the people of Kilifi.

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ACKNOWLEDGEMENTS

The Kilifi County Department of Health Incentive Framework for Attraction and Retention of Health Workforce Guidelines has been developed through a consultative process by various stakeholders at various levels, which include the health service providers, health service managers and partners.

The department of Health leadership wishes to sincerely acknowledge all individuals and organizations who contributed in the development of this critical document. First and foremost, we thank the USAID-funded IntraHealth International-led HRH Kenya Mechanism for providing financial and technical support to this process.

We acknowledge the health facilities, Sub-counties and County Health Management teams whose inputs, throughout all the stages, shaped the development of these guidelines. We also acknowledge the support of all our stakeholders who, in one way or the other, contributed to the successful development of the incentive guidelines.
I look forward to the partnership of both the County Government and other stakeholders to make the implementation of this policy a reality for the betterment of the health services in our County.

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BACKGROUND

Human Resource for Health is the backbone of the health sector, thus the most important pillar in the health system. Worldwide, the growing gap between the supply of health care professionals and the demand for their services is recognized as a key issue for health and development, thus the need for incentive systems for health care professionals.

The World Health Organization (WHO) reports a global shortage of 4.3 million health workers, including approximately 3 million health professionals. Many countries are affected by the shortage and 57 have been identified as 'in a crisis'.

In most countries, imbalance in labor supply is caused by a number of factors. These include: poor human resource (HR) planning and management, and unsatisfactory working conditions characterized by heavy workloads; lack of professional autonomy; long working hours; unsafe working conditions and; unfair pay. It is within this context that policy makers, planners and managers have turned their attention to identifying and implementing incentive systems, which will be effective in improving the recruitment and retention of health care personnel (World Medical Association, June 2008).

The World Health Organization defines incentives as factors and, or conditions within health professionals work environments that enable and encourage them to stay in their jobs, in their profession, and in their countries.

According to the evaluation of the Human Resource for Health Strategic Plan 2009 -2012 and the HRH Strategy 2014 - 2018, the key HRH challenges facing Kenya include: staff shortages; inequitable distribution; high attrition especially in hard to-reach areas; out-migration of health staff especially nurses and doctors; weak human resource management systems; poor leadership and management capacity; weaknesses in pre-service and in-service training; inadequate sectoral coordination of the HRH agenda and; low compensation and benefits package.

Kilifi County has a population of 1,447, 670 (KNBS projected from 2009 census). It has seven sub counties, 35 administrative wards, 143 public health facilities (5 hospitals,

14 health centres and 124 dispensaries) and 151 private facilities. The doctor-patient ratio in Kilifi County stands at 10:100,000 against the accepted WHO standard of 36:100,000. Moreover, this ratio compares dismally with Kenya's own Health Sector Strategic Plan (KHSSP, 2014-2018) whose recommended ratio is 19:100,000.

In addition, the nurse-patient ratio for Kilifi County stands at 40:100,000 against the Kenya national standard of 166:100,000 and WHO standard of 356:100,000 (IPPD, 2012). Health workforce retention has been a major challenge in the county. This has been aggravated by other factors such as: shortage of health workers, low staff morale, staff out-migration, inequitable distribution, poor HR management, heavy workload, inadequate medical equipment and supplies, lack of recognition, negative attitude towards work, deplorable working conditions, poor communication channels and inadequate support supervision.

It is against this background that the department of health services in Kilifi County felt the need to come up with guidelines that will enable the department to attract and retain health workers, especially in the hard-to-reach areas.

Purpose of Framework

This incentive framework identifies the essential strategies that Kilifi County will put in place to ensure that health workers' attraction and retention is optimized towards improving health workforce productivity and health outcomes of the clients.

Present Context and Case for Change

Kilifi County Department of Health has 1,449 health workers, which accounts for 40 % of the total workforce in the County Government. Of these are 78 medical officers, 26 Pharmacists, 11 dental officers, 17 medical specialists, 597 nurses and 139 clinical officers among other professionals. The health workers have a specific skill set that requires many years of intense training and conditioning, thus making them scarce locally and globally. It is clear from the background outlined above that there is a strong need for change in the way health workers can be attracted, retained and managed for the ultimate benefit of Kilifi County. Below are notable achievements by

the health department as it endeavors to attract and retain health workers, as well as areas that require intervention and improvement.

Kilifi County has made efforts to recruit Health Workers (HWs) after the devolution of health services. However, the county is still faced with severe shortage of health workers, especially in Level 4 hospitals due to attrition, introduction and expansion of services and opening of new facilities.

- The county has made efforts to make working conditions more attractive through construction of new facilities and renovation of existing health facilities, and procurement of medical equipment. More needs to be done to incentivize health workers e.g., through provision of adequate tools and equipment, provision of adequate housing, timely promotions, etc.
- Inadequate Human Resource for Health support supervision has hampered quality service delivery and health workforce productivity.
- Dissatisfaction by HWs due to non-payment of daily subsistence allowances e.g., during patient referral services, surgical camps, delayed salary payments, etc, which compromises quality health-care services and attainment of Universal Health Care (UHC).
- Non implementation of existing HR policies e.g., staff are put on acting capacity without the prescribed allowances; delay in confirmation after probation; delay in promotions; staff welfare, etc.
- Disparities in the management of health workforce e.g., remuneration benefits, medical cover for health workers etc.
- Lack of policy and guidelines to manage, improve, attract and retain health workers in the County.

Critical Success Factors

Critical success factors include: Support from the National Government, County Government (Executive, County Public Service Board (CPSB), County Department of Health (CDoH) and; County Assembly), private sector, Faith Based Organizations (FBOs) and development partners.

Guiding Principles

The strategies under the framework are in line with the Human Resource Management (HRM) policies and guidelines from National and County Governments; guided by principles and values including fair hiring, integrity, accountability, transparency, diversity, equal opportunities and equality in remuneration among others.

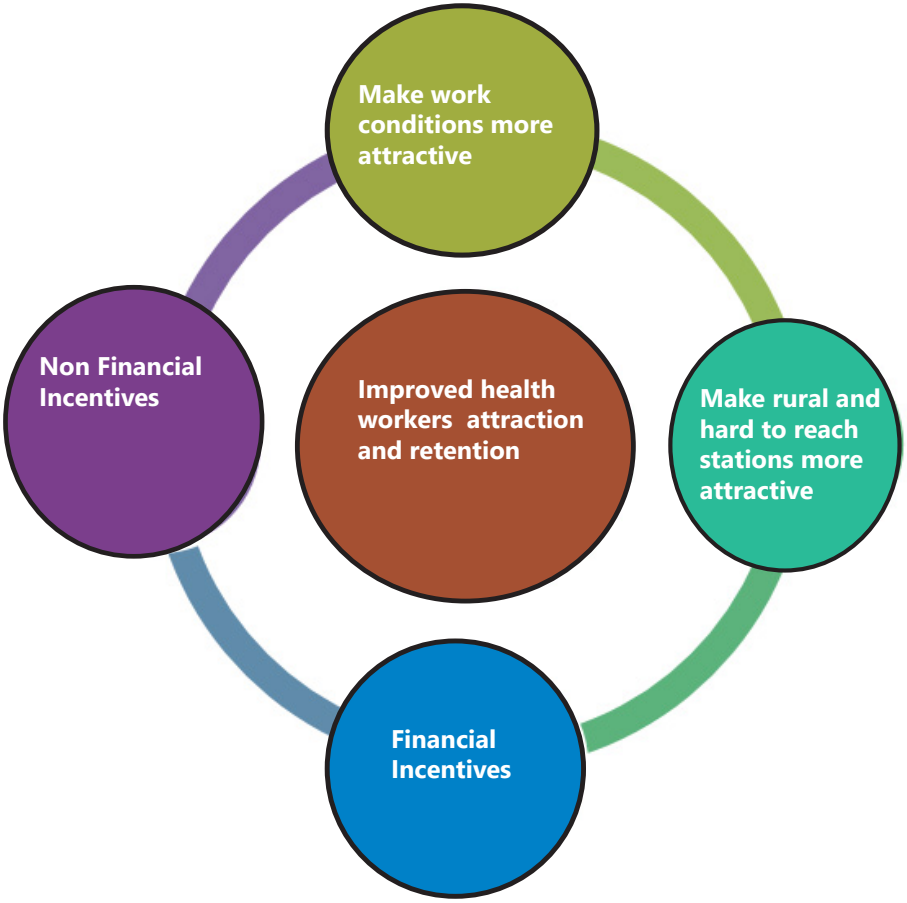
COMPONENTS OF THE FRAMEWORK

Management of the health sector under a devolved system necessitates improved institutional and management arrangements. Counties need to create an environment where health facilities located in marginalized or hard to reach areas do not continue to suffer staff shortages. This will require the design of attractive packages to attract and retain health workers. Extra funding may be necessary for such packages, which may be sought from the Equalization Fund as provided for in Article 204 (2) of the Kenyan Constitution.

Several factors can contribute to improved health worker retention and productivity (Dieleman & Harnmeijer 2006). Various factors influencing staff retention and mobility can be distinguished: Personal and lifestyle-related factors including living conditions; work-related factors, preparation for work during pre-service education; health-system related factors such as human resources policy, planning and job satisfaction influenced by health facility factors, such as financial considerations, working conditions, management capacity and styles, professional advancement, and safety at work.

The following strategies (*in Figure 1 below*) are expected to contribute to the achievement of health workforce attraction and retention:

Figure 1: Strategies for attraction and retention of health workforce (adapted from National incentive guideline).



STRATEGIES FOR ATTRACTION AND RETENTION OF HEALTH WORKFORCE IN KILIFI COUNTY

Table 1: Strategies for attraction and retention of health workforce in Kilifi County

Make work conditions more attractive	Make undeveloped and hard to reach stations more attractive
• Implementation of an incentive policy for attraction and retention of health workers. • Provision of staff houses. • Provision of teas and drinking water at the workplace. • Provision of adequate medical equipment and supplies. • Employ adequate HCWs to reduce workload and burnout. • Conduct induction programs for newly hired, re-designated and promoted staff. • Registration, licensing and accreditation of health facilities to attract donor support. • Improve communication channels at all levels. • Provision of Internet connectivity to all health facilities. • Improve access to departmental policies, guidelines, advertisements, and other relevant information. • Use of accurate HRH data for better decision making. • Improved personnel records and filing systems at all levels. • Provision of adequate working tools to enable HWs to undertake their responsibilities.	• Improve communication channels. • Increase opportunities for continuous professional development. • Subsidized utilities including water and electricity. • Provision of adequate housing within vicinity of the health facilities. • Improving work environment including infrastructure (e.g., security, roads, communication, schools). • Strengthen referral systems and improve staff movement. • Develop a structured staff rotation system for health workers working in hard to reach areas. • Facilitation of staff for family visits for staff living far from their nuclear family.

• Provision of training opportunities for all health workers. • Adherence to existing HR Policies and Guidelines. • Adherence to existing service delivery and operational guidelines & Standard Operating Procedures (SOPs). • Improved human resources management (HRM) practices. • Improve staff welfare by establishment of social amenities within vicinity of the health facilities. • Improve working standards through modernization of health facilities. • Strengthen supportive supervision.	
Financial incentives • A commensurate hardship allowance paid to members of staff who are stationed in the designated hardship areas. • Timely remittance of HWs' pension contribution, statutory deductions and other by-products. • Facilitate access to subsidized mortgage facilities and car loans. • Introduction of retirement package. • Implementation of the HR policies and procedures manual 2016 on bereavement fund, and transport of the bereaved staff and family members.	**Non-Financial incentives** • Provide comprehensive health care services for health workforce and immediate family. • Provide opportunities for county sponsored trainings. • Facilitate payment of professional membership and subscriptions. • Provide opportunities for on-the-job development e.g., coaching, mentorship, etc. • Staff recognition program for exemplary work and achievement.

MONITORING AND EVALUATION

Reporting of the progress in attraction and retention should be included as part of each county government's corporate human resources plan.

Progress reports will be done on a quarterly basis during the County Health Management Team (CHMT) meetings, data review meetings, Health department joint work council meetings (Union leaders and County leadership), and shared with the Executive and CPSB.

IMPLEMENTATION FRAMEWORK

	Strategy	Activities	Timelines	Responsibility
	Make work conditions more attractive			
1	Implementation of an incentive policy for attraction and retention of health workers.	Facilitate cabinet approval; disseminate guidelines to all health workers	30th August, 2018	CECM Health and Director of Admin
2	Provision of staff houses.	Repossess the County institutional houses occupied by non-health workers in the health facilities; Repair and renovate existing houses; construct more housing units	2018/2022	National and County Directors of Housing, COH, Director of Admin, Health
3	Provision of teas and drinking water at the workplace.	Facilitate the procurement of the necessary consumable items.	Continuous (effective August, 2018)	COH
4	Provision of adequate medical equipment and supplies.	Facilitate the procurement of the required equipment.	Continuous (effective July, 2018)	COH
5	Employ adequate HWs to reduce workload and burnout.	Implement the gap analysis report, replace the health workers that have exited the service and recruit additional staff.	Continuous FY2018/2022	COH
6	Plan and budget for induction programs for newly hired, re-designated and promoted staff	Conduct induction programs for newly hired, re-designated and promoted staff	Continuous, effective FY 2018/19	COH
7	Gazettement, licensing, and accreditation of health facilities to attract donor support	Identification of facilities, forward to county assembly for approval, advertise the facilities for registration	Immediate (FY2018/2019)	CECM Health
8	Improve communication channels at all levels.	Disseminate existing communication channels to all HWs and issue guidelines on how they should be implemented	Immediate (effective July, 2018)	CECM Health COH
9	Provision of internet connectivity to all health facilities.	Provide budget	Continuous, (effective July, 2018)	COH
10	Improve access to departmental policies, guidelines, advertisements, and other relevant information.	Sensitize staff and public on the existence of the county departmental website for ease of access of information.	Continuous, (effective July, 2018)	CECM Health COH

	Strategy	Activities	Timelines	Responsibility
11	Use of accurate HRH data for better decision making.	Regular updating of staff data in Integrated Human Resource Information System (IHRIS).	Continuous, (effective July, 2018)	HRH Officer
12	Improved personnel records and filing systems at all levels.	Provision of a secure filing registry; recruit registry staff.	FY2018/2019	HRH Officer
13	Provision of adequate working tools to enable HWs to undertake their responsibilities.	Facilitate procurement of the working tools.	Continuous, (effective July, 2018)	COH
14	Provision of training opportunities for all health workers.	Nominate a training coordinator; update the training database.	Continuous, (effective July, 2018)	COH
15	Adherence to existing HR Policies and zGuidelines.	Sensitize staff on the existence of the policies and guidelines. Institute sanctions for non-compliance. Implementation of the HR policies and procedures manual 2016 on bereavement fund, and transport of the bereaved staff and family members.	Continuous, (effective July, 2018)	County HR Director of Admin, Health HRH Officer
16	Adherence to existing service delivery and operational guidelines & SOPs.	Sensitize staff on the existence of the service delivery and operational guidelines and SOPs. Improve on existing SOPs. Institute sanctions for non-compliance.	Continuous, (effective July, 2018)	Director of Health
17	Improved human resources management (HRM) practices.	Issue all HWs with JDs for clarity of roles and responsibilities; timely promotions; decentralization of human resources activities, and performance appraisals. Introduction of retirement packages to staff.	Continuous (effective July, 2018)	COH/ County HR / Director of Admin, Health/HRH Officer
18	Improve staff welfare by establishment of social amenities within vicinity of the health facilities.	Establishment of resource centers, staff canteen, gym facility, sports grounds, recreation centers, etc.	Continuous, (effective 2018 - 2019)	COH Director of Admin, Health
19	Improve working standards through modernization of health facilities.	Renovations, upgrading the facilities and re-equipping the medical facilities with new technology e.g., to facilitate telemedicine.	Continuous, (effective July, 2018)	CECM Health, COH

	Strategy	Activities	Timelines	Responsibility
20	Strengthen supportive supervision.	Conduct regular supportive supervision; review HRH supportive supervision tools and guidelines; improve the feedback process.	Continuous (effective FY2018 - 2019)	Director of Health HRH Officer
	Make undeveloped and hard-to-reach stations more attractive			
1	Improve communication channels.	Provision of communication equipment e.g., mobile phones, radio calls, satellite phones, airtime, etc.	Continuous, (effective FY2018 - 2019)	COH Director of Admin, Health
2	Increase opportunities for continuous professional development.	Prioritized post-graduate training after serving a certain number of years; Provision of internet access to enable continuous professional development training.	Effective FY2018 - 2019	COH
3	Provision of utilities including water and electricity.	Drilling of boreholes; harvesting of rainwater; installation of generators or solar systems.	Effective FY2018 - 2019	CECM Health COH
4	Provision of adequate housing within vicinity of the health facilities.	Construction of new staff housing units; renovation of existing staff houses; installation of satellite television.	Continuous, (effective FY2018 - 2019)	CECM Health, COH
5	Improving work environment including infrastructure and social/essential services (security, roads, communication, schools).	Advocacy through collaboration with other county departments and other stakeholders.	Continuous, (effective FY2018 - 2019)	CECM Health
6	Strengthen referral systems and improve staff movement.	Procurement, maintenance of ambulances and utility vehicles.	Continuous, (effective July 2018)	COH
7	Develop a structured staff rotation system for health workers working in hard to reach areas.	Establish a team to develop the structure.	Effective, FY2018/2019	COH
8	Facilitation of staff for family visits for staff living far from their family.	Develop a policy to guide the execution of the strategy. Provision of means of transport or its equivalent.	Effective FY2018/2022	CECM Health, COH
	Financial incentives			
1	A commensurate hardship allowance paid to members of staff who are stationed in the designated hardship areas.	CPSB to lobby SRC for a hardship allowance for HWs based in hard to reach areas.	Immediate	CECM Health

	Strategy	Activities	Timelines	Responsibility
2	Timely remittance of HWs pension contribution, statutory deductions and other by-products.	Move to HRM practices.	Continuous	COH
3	Facilitate access to subsidized mortgage facilities and car loans.	Lobby the County Executive to set aside money for this activity.	Immediate	COH
	Non-Financial incentives			
1	Provision of comprehensive health care services for health workforce and immediate family.	Revive and strengthen the staff clinics to enable staff access quality healthcare services.	Continuous, effective July, 2018	CECM Health, COH
2	Provide opportunities for county sponsored trainings.	Develop a training database. Training to be informed by Staff Performance Appraisal System (SPAS) and Training Need Assessment (TNA).	Continuous, effective July 2018	HRH Officer
3	Facilitate payment of professional membership and subscriptions.	Provide a budget for professional subscriptions.	Continuous, effective 2018/2019	COH
4	Provide opportunities for on-the-job staff development, e.g., coaching, mentorship, etc.	Improve coaching, mentorship and on-the-job training for HWs.	Continuous effective July, 2018	COH
5	Staff recognition program for exemplary work and achievement.	Develop criteria for identifying the highly performing staff. Issuance of commendation letters and other honors, e.g., staff of the year award, etc.	Continuous, effective July, 2018	CECM Health COH

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