HEALTH CARE HUMAN RESOURCE CAPACITY BUILDING INITIATIVES INFLUENCING SUSTAINABILITY OF HIV/AIDS SERVICES AT SIAYA COUNTY REFERRAL HOSPITAL, KENYA

BY

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A PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR THE AWARD OF THE UNIVERSITY OF NAIROBI HIV CAPACITY BUILDING (UHIV) FELLOWSHIP IN THE INSTITUTE OF TROPICAL AND INFECTIOUS DISEASES (UNITID) IN THE UNIVERSITY OF NAIROBI

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DECLARATION

This project is my original work and has not been presented for a degree in any other university.

Signature: _____ Date: _____

Name of Candidate: _____

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<u>Supervisors' Approval</u>

This project has been submitted for examination with my approval as the University Supervisor.

1st Supervisor

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DEDICATION

I dedicate this work to the Kenyan healthcare professionals and to those that plan for and facilitate health care provision in Kenya.

ACKNOWLEDGEMENTS

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AIDS – Acquired Immunodeficiency Syndrome

ART – Antiretroviral Therapy

AWP – Annual Work Plan

CCC – Comprehensive Care Clinic

CHMT – County Health Management Team

CHS – Center for Health Solutions

HIV – Human Immunodeficiency Virus

HMT – Health Management Team

HRH – Human resources for health

KNH – Kenyatta National Hospital

MCH – Maternal and Child Health

MOH – Ministry of Health

MTRH – Moi Teaching and Referral Hospital

NBU – New Born Unit

OCA – Organizational Capacity Assessment

PLWHAs – People Living with HIV/AIDS

PMTCT – Prevention of Mother to Child Transmission

SCIDP – Siaya County Integrated Development Plan

SCPSB – Siaya County Public Service Board

SCRH – Siaya County Referral Hospital

SP – Sustainability Planning

TB – Tuberculosis

UNAIDS – The Joint United Nations Programme on HIV and AIDS

UNM – University of New Mexico

DEFINITION OF TERMS

Clinical HIV services refer to prevention of mother to child transmission (PMTCT) of HIV services, Counseling and Testing services, antiretroviral therapy (ART) services, clinical care services, HIV-related laboratory and pharmacy services enhanced by information management systems at Siaya County Referral Hospital.

Sustainability (of health programs and services) refers to the capacity of Siaya County Referral Hospital to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial and technological assistance from an external donor.

Human Resource Capacity Building Initiatives refer to systems and processes put in place at Siaya County Referral Hospital by management as part of their human resource policy for staff development. This could include training, mentorship, staff rotation and scholarship opportunities among others.

Terms of Engagement refer to the status of engagement of the staff at Siaya County Referral Hospital which could be permanent (and pensionable), contractual, voluntary or internship.

Work Environment refers to the conditions and factors whether favorable or unfavorable, an employee of Siaya County Referral Hospital operates in.

Turnover Intent refers to the choice of a staff at Siaya County Referral Hospital to stay employed at Siaya County Referral Hospital or to seek new employment elsewhere.

Program Level Challenges refer to program implementation and sustainability constraints within the program as defined by the HIV program partner staff in Siaya County Referral Hospital.

PROJECT SUMMARY

The HIV prevalence in Siaya County is 24.8 percent (4.2 times higher than the national prevalence) according to the Kenya HIV Estimates 2015. It is estimated that by the end of 2015, a total of 126,411 people were living with HIV in the County. There is a need for improvement in the County's cascade of HIV care to achieve the unmet gaps of the UNAIDS 95:95:95 targets in identification, linkage, and viral suppression. Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression can only be achieved with a competent Healthcare workforce. The Kenya Healthcare system however, experiences an acute shortage of qualified and competent Human Resources for Health (HRH) in addition to their uneven distribution both geographically and within facilities. Focusing on Siaya County Referral Hospital (SCRH), this project sought to determine the Healthcare Human Resource Capacity Building Initiatives Influencing Sustainability of HIV/AIDS Services. Project objectives included: to identify the human resource capacity gaps in terms of knowledge, skills, competencies and numbers; to identify the human resource capacity building initiatives currently being applied at Siaya County Referral Hospital; to determine the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff; and to identify the program level challenges faced by development partners all of which influence sustainability of HIV/AIDS services at Siaya County Referral Hospital. Applying survey research design and using simple random sampling as well as purposive sampling, a sample of forty five hospital staff, four hospital executives and four partner program officers was drawn for the baseline survey. Researcher administered questionnaires and Interview Schedules were used to collect primary data which resulted in a response rate of 81.95%. The survey findings revealed that the major human resource capacity gap was staff numbers with specific skills and competencies. The widely used human resource capacity building initiative at SCRH was formal training and on-job training/mentorship. The terms of engagement, remuneration, performance appraisal and work environment greatly influenced the staff turnover intent and ultimately employee satisfaction. The main program level challenge faced by the HIV development partner was lack of sustainability plans for the HIV programs at SCRH. It was therefore recommended that an SCRH Human Resource Capacity Building Committee be established whose mandate would be to develop a HR Needs Assessment Report, a HR Capacity Building Plan, a Staff Engagement and Performance Status Report which would guide the development and implementation of a HIV Program Sustainability Plan for SCRH. The project could eventually be rolled out to the sub-county hospitals in Siaya County as well as other facilities offering HIV clinical services in Nyanza region and Kenya at large. A recommendation for further research is to identify factors hindering development and implementation of sustainability plans for HIV Programs in Kenya.

INTRODUCTION AND BACKGROUND

1.1 Background

Sustainability is an active process of establishing a program initiative, developing relationships, practices and procedures that become a lasting part of the community. Developing a plan for sustainability will increase a program impact. A program needs a strong, clear identity, a base of engaged stakeholders and capacity that is aligned to deliver promised results and meet the needs of the beneficiaries (Buck, 2013).

According to Pollyn Barinua and Agi (2016), human resource practitioners have put in place policies and strategies capable of developing the talents, knowledge stock, competencies and skills of the workforce in order to increase their productivity towards the attainment of desired organizational goals.

The objectives of this project included to identify the human resource capacity gaps in terms of knowledge, skills, competencies and numbers influencing sustainability of HIV/AIDS services at SCRH; to identify the human resource capacity building initiatives currently being applied at SCRH and their influence on sustainability of HIV/AIDS services; to determine the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at SCRH; and to establish the program level challenges influencing sustainability of HIV/AIDS services at SCRH.

1.1.1 Human Resources For Health

According to the World Health Organisation (WHO, 2009), the term Human Resources for Health (HRH) refers to all people engaged in actions whose primary intent is to enhance health. These include care givers (doctors, nurses, clinical officers, pharmacists among others), lab technicians, managerial personnel and other staff (such as cleaners, medical records officers, health economists among others) who do not deliver services directly to the patients but are vital to the functioning of the health system. The WHO report further states that the human resources for health (HRH) is one of the core building blocks of a health system in any country. It has two essential components: Human Resources Development (HRD) and Human Resources Management (HRM). Global evidence points to a direct correlation between the size of a country's health workforce and its health outcomes. The workforce goal as stated by the WHO is

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to get the right workers with the right skills in the right place doing the right things. World Health Organization (WHO) has further estimated that though sub-Saharan Africa has 25% of the world's diseases burden, it possesses only 1.3% of the trained health workforce. Kenya is said to have an average of 19 doctors and 166 nurses per 100,000 populations, compared to WHO recommended minimum staffing levels of 36 doctors and 356 nurses per 100,000 populations.

The WHO report further observed that the recent trends in the Kenyan public health workforce suggest that the country is experiencing a crisis in human resource service coverage. This is attributed to attrition (among other factors) that is reported to be the leading cause of diminishing numbers of health care workers in key cadres, particularly among enrolled and registered nurses. Poor remuneration, inequalities in the distribution of key skilled personal and sub-optimal work environments have further exacerbated HRH attrition rates.

The Constitution of Kenya 2010 devolved health services to the counties, which meant a complete change in the HRH structure and its management in the country. The Human Resources Strategy 2014-2018 was developed with the purpose to guide and provide a road map for HRH interventions for improved health service delivery. The projected outcomes and strategic objectives for the strategy include adequate and equitably distributed health workforce with the objectives being to strengthen recruitment of adequate numbers of health workforce with the right skills mix and to equitably deploy and redeploy the health workforce (NASCOP, 2014). Further, the Kenya Health Policy (2014-2030), Policy Orientation 3, focuses on the adequate and equitable distribution of a productive health workforce. This policy stipulates that the national government in conjunction with Public Service Commission would provide and review norms and standards for HRH. The norms and standards for the health workforce required should include adequate numbers, skills mix, competence, and attitudes of the health workforce required to deliver on the health goals.

According to the Kenya Health Policy (2014-2030), the National government is supposed to provide the necessary capacity building and technical assistance to the counties. Both national and county health services departments would facilitate the training of health workers through the following: a) Identification of training needs and provision of opportunities for training; b) Provision of scholarships for health workers as needed; c) Ensuring that the salaries and

remunerations of officers on training continue to be paid by their stations during the training period; d) Ensuring appropriate redeployment of health workers on completion of their training; e) Ensuring appropriate human resource training and continuous professional development and career progression; f) Ensuring placement on attachment or internship; and g) Increasing and equitably distributing health worker specialists through an intergovernmental relations mechanism with the goal of ensuring equitable access to health specialist services. This is however not the reality on the ground. There is an urgent need for capacity building of health workers across the country which begs the question as to what extent this policy has been implemented.

The national and county governments are expected to maintain a database for all registered health workers providing services in the entire country and in every county as well. The national government, in consultation with the county governments, is supposed to develop a comprehensive training policy for all health workers. The national government, in consultation with county governments, is also expected to implement schemes of service for all health workers (Kenya Health Policy, 2014-2030).

1.1.2 Sustainability of HIV/AIDS Programs and Services

According to a recent report on assessment of program sustainability globally, (Calhoun, et.al, 2014), international donors have made a concerted effort over the past years to address the HIV/AIDS epidemic by ramping up their funding to fight the epidemic. In addition to this, many of the hard-hit countries have also managed to contribute their own scarce resources to address the crisis. This resulted in a global scale-up of HIV/AIDS prevention, treatment and care services. The situation however changed in the recent past, growth in funding levels slowed and in 2010, donor governments for the first time decreased funding for HIV/AIDS.

Countries that have been beneficiaries of the funding for HIV/AIDS programs, therefore face the challenge of whether they have to scale down activities, compromise quality, or eliminate services. Sustainable service delivery in the HIV response can only be achieved if adequately addressed in project planning and implementation. Employing strategies to achieve technical and programmatic sustainability would achieve operational sustainability of facility-based HIV services. Necessary contextual factors including enabling national health policies, collaboration

among non-governmental organizations and a conducive political climate from both government and donors, would further enhance sustainability (Calhoun et.al, 2014). This can be further supported by the decentralized health system, with the national ministry of health linked to management units at county, sub-county and health facility levels through which the HIV response can be monitored and delivered.

The Siaya County HIV/AIDS Strategic Plan (2014/2015-2018/2019) aims to build a strong and sustainable system for HIV service delivery at county level through specific health and community system approaches, actions and interventions to support the HIV response. A key objective related to this is the provision of a competent, motivated and adequately staffed workforce at the county level to deliver HIV services integrated in the essential health package. This is expected to result in the increased health workforce for the HIV response at county and sub-county levels by forty percent (40%).

1.1.3 Siaya County

Siaya County is situated in Western Kenya. It is bordered by Busia County to the North, Vihiga and Kakamega Counties to the North-East, Kisumu County to the South-East and Homabay County to the south. The County is divided into six administrative sub-counties namely; Gem, Ugunja, Ugenya, Alego Usonga, Bondo and Rarieda. Alego Usonga sub-county is the largest covering an area of 605.8 km^2 (see appendix). Siaya County has a population of 963,007 made up of 457,215 males (47%) and 505,792 females (53%). Children below 15 years constitute forty four percent (44%) of the population while youth aged 15-24 years constitute twenty percent (20%) of the population according to the 2015 KNBS Population Projections (Siaya County Integrated Development Plan, 2013).

Siaya County Referral hospital (SCRH) is the largest health facility in Siaya County with a catchment population of 42,452. The facility was started in 1975 and has a bed capacity of 220. SCRH is a public hospital offering preventive, diagnostic, palliative and curative care as its core services. The hospital is headed by a Medical Superintendent with a team of specialized health workers and non-technical staffs totaling to approximately 280 (see appendix 1). The vision of the hospital is to be "a preferred teaching and referral County Hospital offering quality

specialized health services in the region." Its mission is "to deliberately build a progressive, responsible and sustainable technologically driven, evidence-based and client centered health center (SCRH Workplan, 2017).

According to the Kenya HIV Estimates (2015), the HIV prevalence rate of Siaya County is at 24.8 percent (24.8%) with the estimated number of People Living with HIV (PLHIV) being 126,411. The county has one hundred and fifty (150) HIV care and treatment centers. The Ministry of Health together with other partners are making concerted efforts towards making the UNAIDS 95:95:95 targets towards the HIV epidemic control a success in Siaya.

1.1.4 Project Identification

Following the Organizational Capacity Assessment (OCA) conducted at Siaya County Referral Hospital (SCRH) in March 2017, a total of nine organization domains were assessed: Governance and Leadership, Finance Compliance and Operations, Human Resource Management, Epidemiology, Health Informatics and Health economics. Key recommendations for SCRH included: development of a strategic plan for the hospital, development of a resource mobilization strategy and development of a sustainability plan for the Comprehensive Care Clinic (CCC) and entire hospital. Dependency on donors and donor funding/support was identified as a capacity gap in the adoption of the UNAIDS 95:95:95 strategy. Following consultations with SCRH Health Management Team, Health Care Human Resource Capacity Building Initiatives Influencing Sustainability of HIV/AIDS Services at Siaya County Referral Hospital, was adopted as a suitable project.

1.1.5 Statement of the Problem

According to NASCOP (2014), timely HIV diagnosis, optimal linkage and retention to care of persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV (PLWH). There is need for more improvement in the Siaya County cascade of care to achieve the unmet gaps of the UNAIDS 95:95:95 strategy in identification, linkage, and viral suppression which can only be achieved with the support of a competent, motivated and adequately trained healthcare workforce providing the HIV services. The donor supported staff working at the SCRH Comprehensive Care Clinic (CCC) and who come into direct contact with the clients include 6

Clinical Officers, 2 Nurses, 2 Adherence Counselors, 1 Social Worker, 9 Peer educators, 13 HIV Testing Services Counselors, 4 Screeners, 2 Pharmacy Technologists. 4 Mentor mothers, 7 Laboratory technologists, 1 Nutritionist and 5 Data Clerks, making a total of 52 staff. The total number of HIV positive clients currently on care at SCRH is 3558 while those enrolled on treatment are 3552 (March 2018 facility data). The challenge comes in when these clients are admitted in the wards, the healthcare workers at CCC fall sick or are off duty. Staff not trained to provide a specific HIV service are not able to fill this gap. There is no rotation schedule for staff at CCC hence other hospital staff cannot fill the gap. Also, the 52 CCC staff are on Contractual employment, hence if donor funding stops, sustainability of the HIV services they provide is not guaranteed. Generally, the Kenya Healthcare system experiences an acute shortage of qualified and competent Human Resources for Health (HRH). The lack of adequately trained health personnel on permanent employment (County Government supported) in HIV services and their uneven distribution geographically and across the health sector makes the situation even worse (Intrahealth, 2018).

1.1.6 Project Objectives

1.1.6.1 Goal
The Goal of this project was to provide a competent, motivated and adequately staffed workforce in Siaya County to deliver HIV services.

1.1.6.2 Purpose
The purpose of this project was to optimize capacity building of human resources for health for sustainability of HIV services at SCRH.

1.1.6.3 Specific Objectives
The objectives of this project were to:

i. To identify the human resource capacity gaps in knowledge, skills, competencies and numbers, influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital.

ii. To identify the human resource capacity building initiatives currently being applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS services.

iii. To determine the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital.

iv. To identify the program level challenges faced by development partners influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital.

1.1.7 Deliverables/Outputs

i. Siaya County Referral Hospital Human Resource Capacity Building Initiatives Survey Report;

ii. Siaya County Referral Hospital Human Resource Capacity Needs Assessment Report;

iii. Siaya County Referral Hospital Human Resource Capacity Building Plan;

iv. Siaya County Referral Hospital Staff Engagement and Performance Status Report; and

v. Siaya County Referral Hospital HIV/AIDS Program Sustainability Plan.

1.2 Justification/Significance

The Kenya AIDS Strategic Framework 2014/15-2018/19 Strategic Direction 4 aims to build a strong and sustainable system for HIV service delivery at both national and county levels through specific health and community systems approaches, actions and interventions to support the HIV response. A key intervention area that this project addressed is provision of a competent, motivated and adequately staffed workforce at national and county levels to deliver HIV services integrated in the essential health package. The expected result of this by 2019 is an improved health workforce for the HIV response at both county and national levels by forty percent (40%). This can be achieved through improved HR performance management initiatives to ensure efficient and effective use of available HR in delivery of health services (including HIV services); an integration and improvement of capacity building of staff in HIV management and leadership in general pre/in-service training; and development and revision of HRH development

plan to guide HR needs of the health sector especially for HIV prevention, treatment and care (NASCOP, 2014).

1.3 Alignment of Project with UNAIDS 95:95:95 Targets

Since the UNAIDS 95:95:95 strategy in identification, linkage, and viral suppression can only be achieved with the support of a competent, motivated and adequately trained healthcare workforce continuously providing the HIV services, HRH are needed to provide Counseling and Testing services; to enroll HIV positive clients to care and treatment as well as develop individual treatment plans; and to follow-up clients e.g. during clinic visits, home visits, Viral Load testing, Adherence Counseling among others (Intrahealth, 2018).

PROJECT IMPLEMENTATION METHODS AND MANAGEMENT PLAN

2.1 Introduction

This project was implemented by a team drawn from the Siaya County Referral Hospital (SCRH) Health Management Team (HMT) led by the University of Nairobi HIV Capacity Building (UHIV) Fellow and the two trained medium-term fellows. Baseline data was obtained through a survey on the health care human resource capacity building initiatives influencing sustainability of HIV/AIDS services at SCRH.

2.2 Key Institutional Issues Addressed

The results framework of the Siaya County HIV/AIDS Strategic Plan 2014/15-2018/19 Strategic Direction four (SD4-1) key activities highlights the issues which if addressed by the Siaya County Government in the implementation of the Plan, SCRH also stands to benefit. These include the following:

i. Recruitment of staff by the county government to improve overall staff population ratio in line with the Kenyan staffing norms with a special focus on availability of adequate, competent and skilled medical personnel in at least every tier II health facility;

ii. Improvement of the human resource performance management initiatives to ensure efficient and effective use of available human resources in delivery of health services including HIV;

iii. Creation of incentives for health staff in terms of training, remuneration and other rewards with a particular focus on high burden and disadvantaged areas; and

iv. Development and implementation of a health staff retention policy that takes into account the additional HIV burden.

In addition to these key issues the Siaya County HIV/AIDS Strategic Plan (2014/15-2018/19) seeks to address, there is need for continuous capacity building efforts led by the Health Management Teams at facility level as well as implementation of capacity building plans (SCHASP, 2014).

Generally, this project sought to address issues of health care human resource capacity building initiatives influencing sustainability of HIV/AIDS programs and services.

2.3 Project Activities

The following table outlines the activities that were conducted as guided by the project objectives:

Table 2.1: Project Activities

	Objective	Activities

1	To identify the human resource capacity gaps in terms of knowledge, skills, competencies and numbers, influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital	1. Conduct a survey on Siaya County Referral Hospital human resource capacity gaps influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital.
		  • Administer Questionnaires to staff
		  • Interview Siaya County Referral Hospital Executive management
		  • Interview HIV Program Partner Program Officers
		2. Review Data collected
		3. Identify H.R. Capacity gaps and how it influences sustainability of HIV/AIDS services

2	To identify the human resource capacity building initiatives currently being applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS Services.	1. Conduct a survey on Siaya County Referral Hospital human resource capacity building initiatives currently being applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS services at Siaya County Referral Hospital.
		  • Administer Questionnaires to staff
		  • Interview Siaya County Referral Hospital Executive management
		  • Interview HIV Program Partner Program Officers
		2. Review Data collected
		3. Identify the H.R. Capacity building initiatives applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS services

3	To determine the influence of terms of engagement remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital.	1. Conduct a survey on the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital.
		  • Administer Questionnaires to staff
		  • Interview Siaya County Referral Hospital

		Executive management • Interview HIV Program Partner Program Officers • Review Data collected 2. Identify the factors that determine the influence of terms of engagement remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital.
4	To identify the program level challenges faced by development partners influencing sustainability of HIV/AIDS Services at Siaya County Referral Hospital.	1. Conduct a survey on program level challenges faced by development partners influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital. • Interview SCRH Executive management • Interview HIV Program Partner Program Officers 2. Review Data collected 3. Identify the program level challenges faced by development partners influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital.

2.4 Roles and Responsibilities

There were different roles and responsibilities conducted as part of the project as shown in the following matrix.

Table 2.2: Responsibility Matrix

	Activity	Person Responsible
1.	Identification of program management gap at Siaya County Referral Hospital from Organizational Capacity Assessment (OCA) conducted by the University of Nairobi	Fellow/Siaya County Referral Hospital Health Management Team
2	Selection and training of two Medium-term fellows	Fellow/ Siaya County Referral Hospital Health Management Team
3	Development of a Project Proposal based on identified problem	Fellow
4	Approval of Project Proposal for Siaya County Referral Hospital	Siaya County Referral Hospital Health Management Team

	Activity	Person Responsible
5	Development of Data Collection Tools	Fellow
6	Conducting a survey on health care human resource capacity building initiatives influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital	Fellow/Medium Term Fellows
7	Data analysis and report compilation	Fellow
8	Formulation of Siaya County Referral Hospital Human Resource Capacity Building Committee	Siaya County Referral Hospital Health Management Team/Fellow
9	Review of findings of the Siaya County Referral Hospital Human Resource Capacity Building Initiatives Survey Report	Siaya County Referral Hospital Human Resource Capacity Building Committee/Fellow
10	Development of a Siaya County Referral Hospital Human Resource Capacity Needs Assessment Report from the identified human resource capacity gaps in terms of knowledge, skills, competencies and numbers which will be shared with the Siaya County Chief Officer of Health for onward submission to the Siaya County Public Service Board	Siaya County Referral Hospital Human Resource Capacity Building Committee/Fellow
11	Development of a Siaya County Referral Hospital Staff Engagement and Performance Status Report from the identified factors that determine the influence of terms of engagement, remuneration, performance appraisal and work environment on staff turnover intent among Siaya County Referral Hospital staff from the Human Resource Capacity Building Initiatives Survey Report.	Siaya County Referral Hospital Human Resource Capacity Building Committee/Fellow
12	Planning for and convening a Siaya County Referral Hospital workshop for Siaya County Referral Hospital development partners and County Health Management Team to review	Siaya County Referral Hospital Human Resource Capacity Building Committee/Fellow

	MOU agreements, share successes and challenges and discuss integration plans and way forward; and	
13	Development of a sustainability plan for the Siaya County Referral Hospital HIV/AIDS Program including human resource management, infrastructure maintenance and activity funding with the input of the County Health Department and Center for Health Solutions (CHS).	Siaya County Referral Hospital Human Resource Capacity Building Committee/Fellow
14	Monitoring and Evaluation	Fellow/ Siaya County Referral Hospital Human Resource Capacity Building Committee
15	Project Hand over	Fellow/ Siaya County Referral Hospital Health Management Team

2.5 Documentation Process

The report of the survey on the health care human resource capacity building initiatives influencing HIV/AIDS services at Siaya County Referral Hospital (SCRH) was handed over to the SCRH Executive Management and the proposed SCRH Human Resource Capacity Building Committee. The Siaya County Referral Hospital Human Resource Capacity Building Committee kept a file of minutes of meetings as well as copies of the reports from the reviews they conducted. The final project report was handed over to the Siaya County Referral Hospital Executive Management.

2.6 Risks and Assumptions

An assumption was made that the implementation of this project would proceed without any hitches. However, some anticipated risks were assessed and mitigated through a continuous review of the project plan. Some of the anticipated risks were political and operational risks which were outlined in the risk management matrix.

2.6.1 Risk Management Matrix

The risk management matrix is depicted in the following table.

Table 2.3: .Risk Management Matrix

Risk Category	Risk Name	Status	Response	Responsibility	When
Political	Risk of non-continuation of project at end of project phase	Low	Stakeholder ownership and commitment	SCRH HMT	Feb-Dec 2018
	Lack of County Government buy-in	Medium	County Government engagement during project planning	SCRH HMT Med Sup	Feb-May 2018
Operational	Uncoordinated efforts from various actors/partners	Medium	Establish Partner/Stakeholder forums	SCRH HMT Fellow	Feb-Dec 2018

2.7 Sustainability Plan

In order for the project to be sustainable even after its set time frame, the following was done:

i.   Selection and training of two Medium-term fellows who would carry on the project goal and purpose;

ii. Formulation of Siaya County Referral Hospital Human Resource Capacity Building Committee which would be an arm of the Health Management Team;

iii. Development of a Siaya County Referral Hospital Human Resource Capacity Needs Assessment Report from the identified human resource capacity gaps in terms of knowledge, skills, competencies and numbers which will be shared with the Siaya County Chief Officer of Health for onward submission to the Siaya County Public Service Board;

iv. Development of a Siaya County Referral Hospital (SCRH) Staff Engagement and Performance Status Report from the identified factors that determine the influence of terms of engagement, remuneration, performance appraisal and work environment on staff turnover intent among SCRH staff from the Human Resource Capacity Building Initiatives Survey Report;

v. Development of a sustainability plan for Siaya County Referral Hospital HIV/AIDS Program including human resource management, infrastructure maintenance and activity funding with the input of the County Health Department and the Center for Health Solutions (CHS) as the HIV program development partner.

2.8 Gantt Chart

The project Gantt chart is as illustrated on table 2.4 that follows.

Table 2.4: *Gantt Chart*

	ACTIVITY	MONTHS (2017-2018)																	
		J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
1	Identification of Program Management Gap from the Organizational Capacity Assessment (OCA) report	▓	▓	▓	▓														
2	Selection and training of two Medium-term fellows	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓							
3	Development of a Project Proposal based on identified problem	▓	▓	▓	▓	▓	▓	▓	▓	▓									
4	Approval of Project Proposal by the University of Nairobi and Siaya County Referral Hospital Health Management Team									▓	▓	▓	▓						
5	Development and approval of Data Collection Tools														▓	▓			
6	Conducting a survey on health care human resource capacity building initiatives influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital															▓	▓		
7	Data analysis and report compilation																▓		
8	Formulation of Siaya County Referral Hospital Human Resource Capacity Building Committee																▓		

	ACTIVITY	MONTHS (2017-2018)																	
		J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
9	Review of findings of the Siaya County Referral Hospital (SCRH) Human Resource Capacity Building Initiatives Survey Report by SCRH Human Resource Capacity Building Committee																	▓	
10	Development of a SCRH Human Resource Capacity Needs Assessment Report																	▓	
11	Development of a SCRH Staff Engagement and Performance Status Report																	▓	
12	Planning for and convening a workshop for SCRH development partners and County Health Management Team																	▓	
13	Development of a sustainability plan for SCRH HIV/AIDS Program																	▓	
14	Monitoring and Evaluation									▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
15	Project Hand over																	▓	▓

2.9 Expected Outcomes

The following outcomes were anticipated at the end of the project:

i. Engagement of adequate number of competent, motivated and qualified staff capable of providing HIV services throughout Siaya County Referral Hospital (SCRH) and not just the Comprehensive Care Clinic (CCC);

ii. Integration of HIV services in normal SCRH service delivery operations especially at the outpatient department not secluded to CCC;

iii. Continuous staff capacity building efforts led by the SCRH Human Resource Capacity building Committee and Hospital Management Team;

iv. Development of Capacity Building mechanisms for human resource development and harmonization of capacity building initiatives across call cadres for effective and efficient service delivery;

v.   Increased County Government support in staffing (employment or deployment), human resource performance management and financing of HIV/AIDS Programs and services; and

vi.   Implementation of healthcare human resource motivation mechanisms such as performance based reward systems to enhance employee satisfaction for sustainable effective and efficient service delivery.

The success of this initiative at the Siaya County Referral Hospital can be replicated in the sub-county hospitals in Siaya County and other counties as well.

2.10 Project Monitoring and Evaluation

A monitoring and evaluation framework was developed to guide the project implementation process. This helped to ensure that the project was being implemented according to plan while focusing on efficiency and effectiveness during its implementation. The Monitoring and Evaluation Framework is depicted in the following table.

Table 2.5: Monitoring and Evaluation Framework

	Indicators	Means of Verification	Assumption
Objective 1: To identify the human resource capacity gaps in terms of knowledge, skills, competences and numbers, influencing sustainability of HIV/AIDS Services at Siaya County Referral Hospital.	Number of human resource capacity gaps (knowledge, skills, competencies and numbers) identified from survey	Human resource capacity needs assessment report	Willingness of Siaya County Referral Hospital staff to participate in the human resource capacity gaps identification survey.
Outcomes: An adequate number of competent, motivated and qualified SCRH staff capable of providing efficient services including HIV services.	Number of SCRH staff newly trained on and offering HIV Clinical Care services.	Staff training database	Willingness of staff to enroll for HIV Clinical care services training; and Provision of training opportunities by Program Partners.
		New Staff rotation schedule for CCC	Staff will be willing to do rotations at the CCC after training.
Outputs SCRH Human Resource Capacity (Knowledge, Skills, Competences and Numbers) Needs Assessment report	Number of SCRH Capacity Needs Assessment Reports	Compiled SCRH Capacity Needs Assessment Report.	Human Resource Capacity gaps will be accurately identified through the survey.
Activities 1. Conduct a survey on SCRH HR	1. Number of data collection tools prepared and used for the survey.	1. Data collection tools for survey on HR Capacity Gaps	1. Reliability and validity of the Data collection tools is

	Indicators	Means of Verification	Assumption
capacity gaps influencing sustainability of HIV/AIDS services at SCRH i) Administer Questionnaires to staff ii) Interview SCRH HMT representatives iii) Interview HIV Program Partner leads 2. Review Data collected 3. Identify H.R. Capacity gaps and how it influences sustainability of HIV/AIDS services 4. Develop a SCRH H.R. Capacity needs assessment report	2. Number of responses received from respondents. 3. Number of HR Capacity Gaps identified 4. Number of SCRH H.R. Capacity needs assessment reports developed	influencing sustainability of HIV/AIDS services. 2. Fully filled questionnaires and interview schedule response sheets. 3. List of Capacity Gaps identified. 4. SCRH H.R. Capacity needs assessment reports	assured. 2. Respondents would understand the questions posed and respond accordingly. 3. H.R. Capacity Gaps will be easily identified from the responses 4. H.R. Capacity Gaps identification survey will generate adequate information.

	Indicators	Means of Verification	Assumption
Objective 2: To identify the human resource capacity building initiatives currently being applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS Services.	Number of human resource capacity building initiatives being applied at SCRH	Healthcare human resource capacity building initiatives survey data.	H.R. Capacity building initiatives will be easily identified from the responses
Outcomes 1. Continuous staff capacity building efforts led by SCRH Human Resource Capacity Building Committee and Hospital	1. Number of staff released for further training in the last 6 months 2. Number of staff promoted	1. SCRH Staff training database 2. SCRH Human	1. SCRH Staff training database is in place 2. SCRH Human

	Indicators	Means of Verification	Assumption
Management Team. 2. Development of Capacity Building mechanisms for human resource development and harmonization capacity building initiatives across call cadres for effective and efficient service delivery;	after training in the last 6 months 3. Number of CME presentations by staff after going for training in the last 6 months. 4. Number of non-CCC staff doing rotations at CCC after training. 5. Number of senior level staff enlisted to mentor newly trained staff on HIV Clinical Care.	Resource Capacity Building Committee Minutes on staff Promotion 3. SCRH CME Schedule of presentations for the last 6 months 4. New staff rotation schedule for CCC 5. New Staff Mentors list	Resource Capacity Building Committee is in place and discusses promotions after staff training. 3. SCRH CME Schedule is in place 4. A new staff rotation schedule for CCC will be developed 5. More experienced staff in HIV Clinical care will be willing to mentor other staff.

	Indicators	Means of Verification	Assumption
<u>Outputs</u> SCRH Human Resource Capacity Building Plan	1. Number of human resource capacity building initiatives being applied at SCRH 2. Number of staff released for further training in the last 6 months 3. Number of staff promoted after training in the last 6 months 4. Number of CME presentations by staff after going for training in the	1. Staff training database 2. SCRH Training Committee Minutes 3. SCRH Training Committee Minutes on staff Promotion 4. SCRH CME Schedule of presentations for	1. SCRH Training Committee is in place 2. SCRH Staff training database is in place. 3. SCRH Human Resource Capacity building Committee discusses promotions after training 4. SCRH CME Schedule is in place

	last 6 months.	the last 6 months
	5. Number of non-CCC staff doing rotations at CCC after training.	5. New staff rotation schedule for CCC	5. A new staff rotation schedule for CCC will be developed
	6. Number of senior level staff enlisted to mentor newly trained staff on HIV Clinical Care.	6. New Staff Mentors list	6. More experienced staff in HIV Clinical care will be willing to mentor other staff.

	Indicators	Means of Verification	Assumption
Activities			
1. Conduct a survey on the HR capacity building initiatives currently being applied at SCRH and their influence on sustainability of HIV/AIDS services at SCRH	Number of on-going human resource capacity building initiatives applied at SCRH identified.	List of identified H.R. Capacity Building Initiatives	HMT will approve formation of SCRH Capacity Building Committee.
i. Administer Questionnaires to staff	Number of SCRH Training Committee meetings held in the last 6 months.	SCRH Training Committee Meeting Minutes	H.R. Capacity Building Initiatives will be adequately identified by respondents
ii. Interview SCRH HMT representatives			
iii. Interview HIV Program Partner heads	Number of H.R. Capacity building initiatives identified by the HMT, Staff and Partner Program heads.	Documented Questionnaire and Interview responses by respondents	SCRH Training Committee exists and holds meetings
2. Review of Primary Data			Survey data collections tools would capture the intended responses
3. Identify the H.R. Capacity Building Initiatives applied at SCRH and their influence on Sustainability of HIV/AIDS services.	Number of SCRH H.R. Capacity Building plans developed.	SCRH H.R. Capacity Building plans developed.	Data collected from survey on capacity building

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4. Develop a SCRH H.R. Capacity Building plan.			initiatives would be adequate.
	Indicators	**Means of Verification**	**Assumption**
<u>Objective 3</u> To determine the influence of Terms of Engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital.	Number of staff employed on casual or contract basis becoming permanent staff in the last 6 months.	SCRH staff recruitment records for the last 6 months.	Staff recruitment database is upto date
	Number of staff providing HIV services employed on permanent basis.	Comprehensive Care Clinic (CCC) Staff database	HIV Clinical services are also provided by Non-CCC staff.
	Number of staff rewarded based on performance appraisal results in the last 12 months	SCRH Staff performance appraisal report of 2017/2018	Reports of previous staff performance appraisal are available
<u>Outcomes</u> An adequate number of competent, motivated and qualified staff capable of providing efficient services including HIV services.	Number of non-program staff newly trained on HIV Clinical Care services and competently delivering the services.	List of non-program staff newly trained on HIV Clinical Care services.	Non-program staff will be willing to enroll for HIV Clinical Care services trainings.
<u>Outputs</u> SCRH Staff Engagement and Turnover Intent Status Report	Number of SCRH Staff Engagement and Performance Status Reports developed at end of survey.	SCRH Staff database Filled questionnaires and Feedback from Interviews conducted	SCRH Staff database is available. SCRH Staff, Executive Management and Partner Program Leads would be

	Indicators	Means of Verification	Assumption
			willing to share their views on SCRH staff engagement and staff turnover intent issues.
Activities			
1. Conduct a survey on the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at SCRH i. Administer Questionnaires to staff ii. Interview SCRH executive management iii. Interview HIV Program Partner heads 2. Review of Primary and Secondary Data 3. Develop a SCRH Staff Engagement and Performance Status Report	Number of tools developed for data collection Number of SCRH HR Policies reviewed. Number of SCRH Staff Engagement and Performance Status reports developed	Accurately filled staff questionnaires and Interview schedule forms. Existing SCRH HR Policies Newly developed SCRH Staff Engagement and Performance Status report	Staff, HMT members and Program heads will be willing to take part in the survey. Staff recruitment and placement at SCRH is guided by a working HR policy. Program staff have a separate database Survey data will lead to the development of a SCRH Staff Engagement and Performance Status report

	Indicators	Means of Verification	Assumption
Objective 4			
To identify the program level challenges faced by development partners, influencing sustainability of HIV/AIDS Services at Siaya County Referral Hospital.	Number of Challenges influencing sustainability of HIV/AIDS services at SCRH identified by Partner Program heads	Interview responses from Partner Program heads	Partner Program heads will be willing to take part in the Interviews and to give information on the challenges.
Outcomes			
Integration of HIV services in normal SCRH service delivery operations not secluded to CCC.	Number of HIV Clinical Care services integrated to the Outpatient department (OPD) of SCRH	New HIV Clinical Care service points integrated at OPD of SCRH.	Most of the HIV Clinical Care services can be provided at the Outpatient department (OPD).
Outputs			
SCRH HIV/AIDS Program Sustainability Plan.	Number of HIV Program Sustainability Recommendations given by the HIV Program heads	Interview responses from HIV Program heads.	The HIV Program heads will be willing to take part in the interview.
Activities			
1. Conduct a survey on the Program Level challenges faced by development partners, influencing sustainability of HIV/AIDS services at SCRH.	Number of tools developed for data collection	Reliable interview schedule for Program heads	Data collection tools will pass test of validity and reliability.
- Interview HIV Program Partner heads	Number of Program Heads interview responses reviewed.	Accurately filled interview response sheets	Program heads will be willing to take part in the survey through interviews.
- Interview SCRH executive management	Number of SCRH executive management responses received	List of identified Program level challenges	Program heads will identify the program level challenges

2. Review of Primary data 3. Identify program level challenges influencing sustainability of HIV/AIDS Services at SCRH 4. Formulate SCRH Human Resource Capacity Building Committee from SCRH HMT 5. Hold a SCRH Partners workshop to share survey findings 6. Develop a SCRH HIV/AIDS Program Sustainability Plan 7. Hand-over Project.	Number of Program level challenges influencing sustainability of HIV/AIDS Services at SCRH identified by Program heads and SCRH Executive management	influencing sustainability of HIV/AIDS Services at SCRH	influencing sustainability of HIV/AIDS services
	Number of SCRH Capacity Building Committee members proposed by the HMT.	List of new SCRH Human Resource Capacity Building Committee members	HMT would approve formation of SCRH Capacity Building Committee.
	Number of staff, HMT members, Program partners and County Officials invited for Partners Workshop	List of participants for SCRH Partners Workshop	SCRH partners and stakeholders will support the development of a SCRH HIV/AIDS Program sustainability plans
	Number of HIV Program Sustainability Plans developed.	Minutes of SCRH Human Resource Committee Meetings with HIV Program Sustainability Plan as main agenda.	SCRH HMT will make sustainability of HIV/AIDS Program a priority issue.
	Number of Project Reports handed over to SCRH Executive Management	Dully signed Fellowship Project Report.	A Project hand-over session would be conducted at end of project.

METHODOLOGY, DATA COLLECTION, TOOLS AND PROCEDURES

3.1 Introduction and Methodology

This section discusses the methodology, data collection process, the tools used, procedures followed, the validity and reliability of data; pre-testing of the data collection tools; the data analysis plan; and the ethical issues. Following the project objectives, survey research design was best suited as the study design for the baseline survey which would provide empirical evidence of the issues to be addressed through the project.

For the purpose of the baseline survey, simple random sampling and purposive sampling was applied. The population for the study included 250 hospital staff, 4 hospital managers and 4 HIV partner program officers making a total of two hundred and fifty eight (258). A sample of 52 was drawn from this heterogenous population which was adequate in making inferences to the larger population.

3.2 Data Collection Instruments

Data collection instruments are tools used in gathering empirical evidence in order to gain new insights about a situation and to answer questions that prompted the undertaking of the project (Cooper & Schindler, 2003). Since this project adopted the survey research design, the fellow used interview method and questionnaires to collect data.

3.2.1 Questionnaire

A questionnaire consists of a number of questions printed or typed in a definite order on a form or set of forms (Kothari, 2004). In this project, the items in the questionnaire addressed each of the objectives. The questionnaire (see appendix 6) included both open ended and close-ended questions. The Fellow administered questionnaires to Siaya County Referral Hospital staff working in fifteen key departments of the hospital. This included: Out Patient, Laboratory, Pharmacy, Maternal and Child Health Clinic, Chest Clinic, Theatre, Renal Unit, Mental Health, Maternity, Male Ward, Female Ward, Pediatric Ward, Physiotherapy, Orthopedic Technology and Nutrition Departments.

3.2.2 Interview Schedule

An interview is a face to face interaction with a respondent with a purpose of gathering information. An interview schedule is a list of questions or topics a used by a researcher to guide

him/her during the interview. In this project, the Fellow used an interview schedule with close-ended and open-ended questions to interview Siaya County Referral Hospital Executive Management (Medical Superintendent, Deputy Medical Superintendent, Nursing Officer In-charge and the Health Administrative Officer) and the HIV Program Development Partner (CHS) Program Officers (see appendix 8 and 9).

3.3 Data Collection Procedures

The Fellow obtained a letter of authority to collect data from the Health Administrative Officer of Siaya County Referral Hospital (see appendix 6). The Fellow presented the letter to the Department heads and SCRH Executive management as well as the CHS Program Officers before data collection.

3.4 Validity and Reliability

Validity is the accuracy and meaningfulness of inferences, which are based on the survey results. It is simply how accurately the data obtained in the survey represents the variables of the project in order to have meaningful and accurate inferences. Reliability on the other hand, is the measure of the degree to which a data collection instrument yields consistent results or data after repeated trials (Mugenda & Mugenda, 2003). Since the Fellow used both questionnaires and interviews to collect data, any bias was countered and in-depth information that may have been missed using one instrument was obtained from the other. The tools were also evaluated by the Fellow's Supervisors. In order to achieve validity and reliability of the data, the Fellow conducted a pre-test of the tools on one Senior staff and five Volunteers at SCRH who were not included in the survey.

3.5 Pretesting of Data Collection Tools

A pre-test or pilot study involves testing of data collection instruments on participants who will not be included in the actual survey. Pre-testing of questionnaires helps the researcher review the questions and modify them not only for better understanding by the respondents but also for ensuring their reliability and the validity of the responses they evoke (Robson, 2002; Chandran,2004). Hence ascertain whether they measure what they are intended to measure to satisfy the purpose of the research. The Fellow conducted a pilot test by interviewing one Senior staff in the X-ray department and administering questionnaires to five volunteers working at

Siaya County Referral Hospital, all who were not included in the survey. From the pilot study the Fellow confirmed that the questions in both the questionnaire and interview schedule were clear and both tools measured the project variables adequately.

3.6 Data Analysis Plan

Data analysis is the process of organizing the information collected and relating them to the project objectives (Kothari, 2004). This survey generated both qualitative and quantitative data. The data collected was analyzed using Microsoft Excel and organized in relation to the project objectives. All quantitative data was presented using distribution tables, pie charts and graphs. Qualitative data was analyzed thematically based on project objectives and presented, interpreted and discussed using descriptive narrative.

3.7 Ethical Issues

The Fellow obtained a letter of authority from the Health Administrative Officer of Siaya County Referral Hospital. The project was implemented following ethical standards guiding non-research studies. The reports generated were only to be shared with the Siaya County Referral Hospital Management Team and were to be used solely for the purpose of this project. Staff and client confidentiality was upheld to avoid discrimination in any way. Since this survey sought to know people's perceptions, beliefs and feelings, establishment of rapport with the respondents (SCRH staff, Executive Management and Program Officers) was necessary.

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This section presents the empirical data of the baseline survey collected using questionnaires and interview schedules, analysis and interpretation of findings on the health care human resource capacity building initiatives influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital (SCRH). The objectives of this project included to identify the human resource capacity gaps in terms of knowledge, skills, competencies and numbers influencing sustainability of HIV/AIDS services at SCRH; to identify the human resource capacity building initiatives currently being applied at SCRH and their influence on sustainability of HIV/AIDS services; to determine the influence of terms of engagement, remuneration, performance appraisal, work environment and turnover intent of staff on sustainability of HIV/AIDS services at SCRH; and to establish the program level challenges influencing sustainability of HIV/AIDS services at SCRH. All quantitative data is presented using distribution tables, pie charts and graphs. Qualitative data having been analyzed thematically based on project objectives was presented, interpreted and discussed using descriptive narrative.

4.2 Response Rate

Six out of the intended eight interviews were conducted giving a response rate of seventy five percent (75%). Out of the 45 questionnaires that were issued, 40 were returned thus giving a response rate of 88.9 percent. A response rate of sixty percent (60%) is considered good for acceptable statistical interpretation while a response rate of thirty percent (30%) and below is not acceptable (Chandran, 2004). Hence having exceeded the acceptable limit the results of this survey qualified to be used for analysis and drawing of conclusions as well as making recommendations.

4.3 Demographic Statistics of the Respondents

According to a study by Kotur and Anbazhagan (2014), age and gender have a direct effect on the performance of workers, in this case, healthcare workers. The two argued that workers in their median age range performed better than those in their older ages i.e. workers tended to exhibit relatively better performance up to 45 years after which performance declined. The study also concluded that female workers were relatively more productive as compared to their male

counterparts. Despite these findings however, another study by Odhiambo, Gachoka and Rambo (2018) introduced a different perspective. According to them, age diversity is critical and positively influences employee performance since it creates a situation where generational skills, knowledge and experiences are harnessed. The trio further state that a workforce that is heterogeneous in age encourages more creativity and productivity thus resulting in better organizational performance.

4.3.1 Gender

In this survey, staff of SCRH made up 40 out of the 46 members of the sample while the SCRH Executive Management and CHS Program Officers made up the remaining 6 members. Four SCRH Executive members were interviewed, namely Medical Superintendent, Deputy Medical Superintendent, Nursing Officer In-charge and the Health Administrative Officer who were all male. Two Program Officers were interviewed, one was male and the other female. The accessible population of the survey therefore comprised of 28 males and 18 females. Hence the respondent distribution was 60.9 percent male and 39.1 percent female as illustrated in figure 4.1. It was important to compare respondents by gender since it would help deduce the gender distribution of Siaya County Referral Hospital staff across cadres and organizational levels. It is also worth noting that the Siaya County Referral Hospital Management comprised of only males and this is further depicted by the higher number of male employees at the hospital.
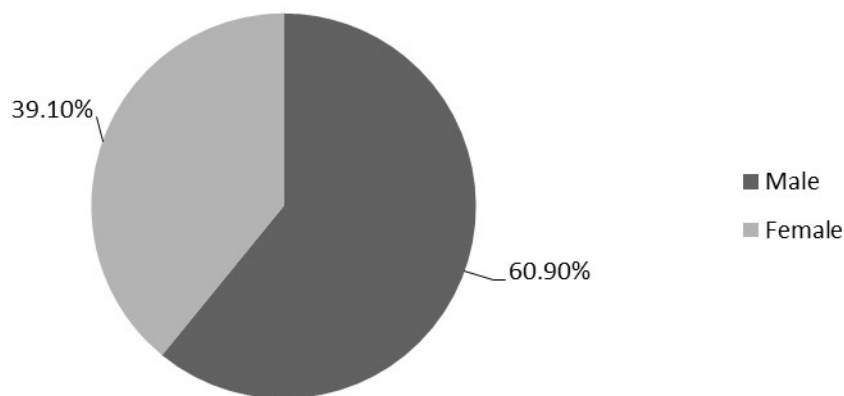
Figure 4.1: Gender Distribution

4.3.2 Age

The SCRH staff, executive management and CHS program officers' ages were distributed in different categories as shown in the table 4.1. that follows. A majority of the respondents were aged between 20 and 39 years (32 out of 46). The age distribution of the respondents provided a picture of the age distribution of the Siaya County Referral Staff indicating a median age of 30-39 with 17 out of the 46 respondents with ages in that age group.

Table 4.1: Age Distribution

Age (Years)	20-29	30-39	40-45	46-49	Above 50	Total
Male	10	11	2	2	3	28
Female	5	6	5	1	1	18
Total	15	17	7	3	4	46

Linking these findings to the study previously discussed, by Kotur and Anbazhagan (2014); it can be observed that the total number of staff aged 45 years and below are higher than those aged 46 years and above (i.e. 39 out of 46 and 7 out of 46 respectively). If the age and gender distribution trends at Siaya County Referral Hospital are anything to go by, investing in long-term capacity building initiatives would have greater impact for the existing staff However, there is need to recruit more female staff and to engage female staff at Managerial level in order to have both genders equally represented thus enhancing human resource performance as per the universally acceptable human resource management standards.

4.3.3 Years of Service

The years of service for the Siaya County Referral Hospital (SCRH) Staff, executive management and HIV Program Partner Program Officers was also distributed in the following table. Among the four hospital executives, only one had worked at SCRH for more than five years. Two of them had been in the Executive level position for only 3 months. A majority of the respondents had worked at SCRH for five years or less (33 out of 46). These findings raise a concern for program sustainability if staff have short periods of engagement with the hospital. This is more wanting at the managerial level where policy formulation and implementation is key and which has a direct impact on the organizational performance.

Table 4.2: Years of Service of Staff

Years of Service	0-5	6-10	11-15	Above 15 years	Total
No. of staff	33	5	3	5	46

4.3.4 Positions of Work

The 46 respondents held the following positions at Siaya County Referral Hospital with the majority being Nurses or Nursing officers (11 out of 46).

Table 4.3: Positions Held By Staff at SCRH

Position	Number
Anesthetist	1
Chief Pharmaceutical Technologist	1
Clinical Officer In-charge	1
Clinical Officer	1
Clinical Pharmacist	1
Consultant General Surgeon	1
Dentist	1
Gender Based Violence Counselor	1
Health Administrative Officer	1
Health Records and Information Officer	2
HIV Clinical Coordinator	1
KRCH Nurse	1
Laboratory Manager	1
Medical Lab Technologist	2
Medical Officer Intern	1
Medical Officer	1
Medical Social Worker	2
Mentor Mother	2
Mortuary Superintendent	1
Nursing Officer In-charge	1
Nursing Officer/Nurse	11
Nutrition and Dietetics Officer	1
Orthopedic Technologist	1
Pharmaceutical Technologist	1
Pharmacist Intern	2
Pharmacist	1
Physiotherapist	2
Program Officer	2
Senior Medical Officer	1
TOTAL	46

The following staffing positions were identified as part of the 5 programs at SCRH:

Table 4. 4: Staffing Positions among CHS Supported Programs at SCRH

ART – 45	GBV – 3	LAB - 8	PMTCT - 12	VMMC - 17
5- COs	1-GBV CO	8-Lab Technologists	1-Screener	1-CO Surgeon
2- Nurses	1-GBV Counselor		4-HTS Counselors	1-Asst Surgeon (Nurse)
2-Adherence Counselors	1-GBV Program Officer		2-Nurses	1-HTS Counselor
1-Social Worker			1-CO	1-Infection, Prevention Officer
9-Peer Educators			3-Mentor Mothers	1-Driver
13-HTS Counselors			1-Adherence Counselor	1-Mobilization Officer
4- Screeners			1-Program Officer	10-Peer educators
2-Pharmacy Technologists				1-Program Officer
5- Data Clerks				
1-Nutritionist				
1-Program Officer				

4.3.5 Level of Education

All the 46 respondents were distributed between Certificate and Masters levels of education with the majority holding Diploma levels (45.7%) as illustrated in figure 4.2. It was necessary to compare the distribution of respondents according to level of education and the positions they held at Siaya County Referral Hospital. However, it was noteworthy that some positions required basic qualifications while others demanded higher levels of educations. Some examples include, Health Records and Information Systems which required a diploma level of training and Surgery which required a Masters level of training.
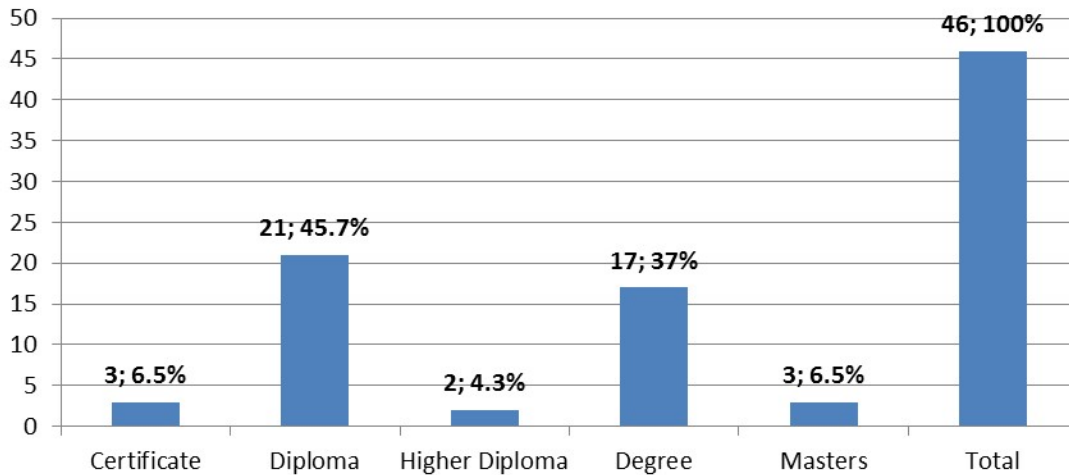
Figure 4. 2: Level of Education

4.3.6 Field of Study

A majority of the 46 respondents held positions at SCRH based on their field of study except for two who included staff with Public health training but carrying out Gender Based Violence Counseling and Medical Social Work.

4.4 Human Resource Capacity Gaps

Identification of the human resource capacity gaps at Siaya County Referral Hospital was key to this project because by filling these gaps the sustainability of service delivery is assured. The human resource capacity gaps were viewed in terms of knowledge, skills, competencies and numbers.

4.4.1 Levels of Qualification

The highest level of qualification or education required for a position at SCRH was compared with the staff current level of qualification. The comparison revealed a 52.5% gap in terms of education level for SCRH staff as depicted in the following table.

Table 4.5: Human Resource Capacity Gaps Among SCRH Staff

Level of Education	Already Attained	Yet to Attain	Gaps
Certificate	3	0	0
Diploma	5	2	5%
Higher Diploma	2	1	2.5%
Degree	8	4	10%
Masters	1	7	17.5%
PhD	0	7	17.5%
Total	19	21	52.5%

*It was interesting to note that one staff was overqualified for the position they were holding since the highest level required for the position was Certificate level yet the staff had a Bachelors Degree.

4.4.2 Skills Required for Positions Held By Staff at SCRH

In response to the question on the skills (technical) required for specific positions held by staff at SCRH, the staff gave varying responses which is depicted in the following table.

Table 4.6: Skills Required for Positions Held By Staff at SCRH

Nursing	Clinical Medicine	Medicine	Laboratory Technology	Social Work
- Nursing Care of Patients - Counseling - Managerial skills - Health Education - Conducting Home visits - Drug administration - Bed-making - Trauma and Emergency skills -Communication skills - Good observation skills - Training in a recognized institution - Licensure by Nursing Council of Kenya - Mentorship Skills - Willingness to help patients - Up to date with latest Nursing care guidelines and updates - 2 years work experience for specialized nursing care e.g. NBU, Pediatric, Anesthesia e.t.c	- Diploma in Clinical Medicine and Surgery - Registered by KCOC. - Relevant work experience - Good performance based on targets - Done additional relevant trainings	- Bachelors Degree in Medicine and Surgery - Done 1 year internship - Registration by MPDB. - Managerial skills for Senior M.O.s -Having knowledge of latest medical updates -Practical experience in conducting medical procedures - Ability to teach Junior M.O.s and medical students - Ability to supervise medical students and interns - Ability to clerk patients - Ability to manage patients -Ability to handle emergencies -Ability to conduct proper patient investigations.	-Diploma level of training - 3 years work experience - Management training for Lab Manager - Ability to collect samples, label, register and analyse. - Referral of tests to external labs -Ability to conduct tests according to SOPs and guidelines -Ability to maintain health and safety standards	-Communication Skills -Leadership skills -Ability to work well with people

Pharmacy/ Pharmacy Technology	Health Records and Information	Nutrition and Dietetics	Mentor Mother & GBV Counseling	Physiotherapy/Ortho pedic Technology
-Decision making skills - Supervisory skills -Pharmaceutical skills - Patient care skills - Clinical care skills	-Coding and indexing of diseases -Clinical preparation - Ability to handle Patient admissions - Data entry skills - Data collection and collation	-Completed training in Foods, Nutrition and Dietetics at degree level - Registered and licensed Nutritionist -Computer literacy -Organizing skills - Communication skills -Managerial skills	-Counseling skills on trauma and adherence - Communication skills -Interpersonal skills - Trained on PMTCT -Trained on Kenya Mentor Mother Program (KMMP)	-Supervision skills -Ability to treat and rehabilitate patients with interventions -Ability to evaluate treatment outcomes -Diploma in Physiotherapy or Orthopedic Technology -Ability to asses, examine and make an impression or diagnosis of a patient.

4.4.3 Competencies Required for Positions Held By Staff at SCRH

In response to the question on the competencies (behavioral) required for specific positions held by staff at SCRH, the staff gave varying responses which is depicted in the following table. The most commonly mentioned competencies included Confidentiality, empathy, positive attitude towards work and good interpersonal relationship with colleagues.

Table 4.7: Competencies Required for Positions Held By Staff at SCRH

Nursing	Clinical Medicine	Medicine	Laboratory Technology	Social Work
-Mentoring of students - Nursing care -Appraising staff (for supervisors) -Working without supervision -Having a positive attitude -Team player -Problem solving - Listening skills -Empathy -Knowledge of local language -Respectful to other staff -Discipline - Tolerance -Self-understanding -Swiftness -Communication	-Team player - Respectful - Willingness to follow laid down procedures - Management skills -Supervision skills	-Smart/neat dressing -Respectful to seniors and supervisors - Role-model to juniors and medical students -Good interpersonal relationships with other staff -Leadership skills -Ability to work well with colleagues -Avoiding overindulgence -Empathy with patients -Treating all patients equally irrespective of their socio-economic status	-Management competencies -Conflict resolution skills -Ability to ensure services continue uninterrupted -Observation skills -Ability to apply family care model when handling patients	-Empathy -Non-judgmental -Treating all patients equally irrespective of their economic status or religious affiliations.

Pharmacy Technology	Health Records and Information	Nutrition and Dietetics	Mentor Mother Program/ Gender Based Violence Counseling	Physiotherapy/ Orthopedic Technology
-Cooperativeness - Honesty - Humility - Hardworking - Commitment - Dedication - Team Player	- Confidentiality in dealing with patient information - Communication - Humility -Ability to handle situations	-Interpersonal skills - Neat dressing - Team player - Professionalism	- Disciplined -Having a positive attitude towards work - Willingness to perform any duty assigned -Confidentiality -Empathy -Ability to motivate PMTCT mothers - Being a role-model	- Integrity - Positive attitude -Good interpersonal skills - Empathy with patients - Confidentiality -Ability to maintain good ethical standards in interactions with patients or clients

It was necessary to identify the skills and competencies of staff for the different positions at Siaya County Referral Hospital since each position was unique and required unique skills and competencies. It was worth noting that some of the competencies were shared across the board. Human resource capacity is depicted through skills and competencies.

4.4.4 SCRH Staff Numbers

As highlighted in the SCRH Workforce (AWP 2017-2018), see appendix, the staff of SCRH are distributed in various cadres and from the list of the available staff, we can deduce that there are two hundred and thirty (230) staff. However, the total number of staff is approximated to two hundred and eighty (280) following recent recruitments. In as much as this number is considered high, there are gaps in specific cadres such as Nursing which greatly affects service delivery. The available number of nurses is 80 yet the expected number is 215 indicating a 62.8% gap in terms of numbers.

Each of the Hospital Executives responded with regards to the human resource capacity gaps at SCRH with regards to the departments they headed, as seen in the following table.

Table 4.8: Human Resource Capacity Gaps According to SCRH Executive Management

Question	Med-Sup	Deputy Med-Sup	Nursing Officer I/C	HAO
Departments Covering	Entire Hospital	Dental Dept	Nursing	Administration
Number of staff in Department	280	5	80	66
Gaps in terms of Numbers	3	3	135	47
Gaps in terms of knowledge, skills and Competencies	1-Casualty-Emergency response 1-Pharmacy (Dispensing) 1-Handling patients in the wards	1-Dentist 1-Dental Technologist 1-Dental Assistant	1-Pediatric Nurse 1-Perioperative Nurse 1-Oncology Nurse 1-Psychiatry Nurse 1-Accident & Emergency Care Nurse	1-HAO 1-Director of Clinical Services 1-Cateress 2-HR Manager 1-Clerks (10) 1-Procurement Officer 1-Accountant 1-Store Man (4) 1-Cooks (8) 1-Drivers (4) 1-Laundry 1-Housekeeper (7) 1-Welder 1-Carpenter 1-Plumber 1-Electrician 1-Mason
Staff Recruited by Partners	-CHS -UNM -Hospice -APDK -KEMRI/CDC -Hewa Tele -KNH Studies	0	2	0
If staff require HIV Clinical Care Training	Yes	Yes	Yes	Yes
Reasons why they recommend training in HIV Clinical Care for staff	-High HIV prevalence in Siaya County -Most admissions are HIV related -Everyone is affected	-Dental clinic receives all patients including HIV clients -Staff handle oral presentations due to HIV/AIDS e.g. Kaposi sarcoma	-There is need for new updates -HIV clients get admitted in wards	-New updates keep coming up

4.4.5 Implication of Findings

In terms of levels of qualification, in as much as the highest levels of qualification for some positions was Masters or PhD, for example in Nursing, the delivery of services at SCRH would still be conducted by the basic levels of qualification of the staff, that is Diploma in Nursing. Thus, a nurse with a Masters or PhD would be overqualified for the level of services at SCRH hence that is not a prerequisite.

A majority of the staff felt like they did have the right skills and competencies mix for their positions at SCRH. This was supported by the responses from the Executive management especially for the Nursing department. None the less, staff skills and competencies needed strengthening for effective and efficient service delivery.

The human resource gaps in terms of numbers as indicated in the SCRH Workforce (AWP 2017-2018), was supported by some of the staff as well as the Executive Management for some of the cadres like Nurses and Cooks. However, the SCRH Workforce gaps as per the AWP needs further review so as to justify the need for the additional staff. For example a big number of consultants as proposed in the report may not necessarily translate to service delivery since the positions may be underutilized considering the institutional capacity of SCRH.

4.5 Human Resource Capacity Building Initiatives

It was important to identify the human resource capacity building initiatives being applied at Siaya County Referral Hospital because it would help point out the areas that need strengthening, improvement or an introduction of working initiatives. Human resource capacity building is an on-going process hence different initiatives need to be applied to ensure sustainability.

4.5.1 Staff Training

All the four hospital executives were in agreement that SCRH staff were given opportunities for further training and they also agreed that all the training opportunity options provided, namely personal initiative, partner plans, hospital recommendation and County/National government initiative, apply although the County government call for trainings was rare. The hospital executives also agreed that the trainings were mostly funded by development partners and the hospital or County government but that further studies would be self-sponsored or by the County

Government. The hospital would support staff going for training or further studies in the following ways:

a) Training fees;
b) Study leave;
c) Daily subsistence allowance; and
d) Permission to go for training

The executive management also mentioned that Siaya County Referral Hospital (SCRH) staff on contract do not get study leave, the option they have is to either resign and go for the training or not go at all while still on employment. They could however go for short-term training. Following training the following is likely to happen to the staff working at SCRH:

a) Immediate placement to relevant work station;
b) Promotion - by Siaya County Public Service Board (SCPSB); and
c) Salary increment though it is dependent on the promotion by SCPSB.

The hospital executives noted that contractual staff would rarely return to the hospital after going for further studies; they would normally seek new employment. Permanent staff would be bonded for a given period after going on study leave and completing their training. These staff would only be allowed to seek other employment after the bonding period elapses.

The Siaya County Referral Hospital executives were also in agreement that staff placement at the hospital was done based on training. Some of the examples given included:

i.   Eye Department – Opthalmic Nurse and Clinical Officer
ii.   Theatre – Anesthiology Clinical Officer and Nurse Anesthetist
iii. New Born Unit – New Born Unit Nurses
iv.   Renal Unit – Renal Nurses
v.   Chest Clinic – Lung and Skin Clinical Officer

The hospital staff were asked to list the trainings they had attended between 2018 and 2015 and beyond. For the majority of the respondents, the most recent trainings they had attended was in 2015 or before 2015. The following figure further illustrates this.
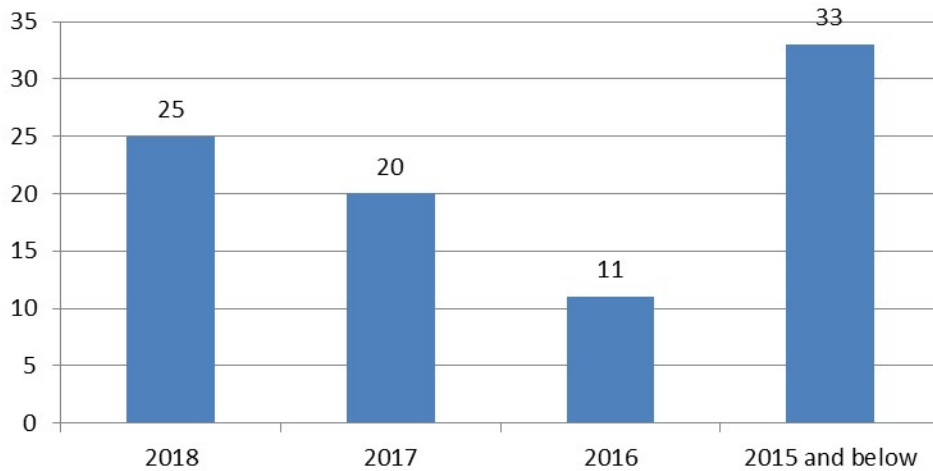
Figure 4.3: Total Number of Trainings Attended By Staff By Year

In regards to providing additional training for staff, the Program Officers of the Center for Health Solutions, the Program supporting HIV/AIDS care and treatment at the hospital, were in agreement that the program offers support. Some of the trainings that had been provided included but not limited to the following;

i.   Voluntary Medical Male Circumcision (VMMC) Surgery

ii.   Basic Life Support (BLS)

iii.   Advanced Life Support (ALS)

iv.   Anti-retroviral Therapy (ART) Guidelines

v.   Leadership Management

vi.   Mentor Mother Programs

vii.   HIV Testing Services (HTS) Training

viii. Anti-retroviral Therapy (ART) in Adults and Peadiatrics

ix.   Prevention of Mother to Child Transmission (PMTCT) Guidelines

x.   Continuous Medical Education (CME)

According to the Center for Health Solutions (CHS) Program officers, these trainings would be conducted by both internal and external facilitators. The length of the trainings would be a maximum of two weeks or a minimum or two days. Even though CHS supported the staff in the short term trainings that was not the case for further studies. Staff would have to cover the cost for the long-term training on their own. Therefore, study leave was not provided for the program

staff at Siaya County Referral Hospital. Only the Program Officers working directly with the development partner could get ten working days in a year for studies.

Three staff out of 40 had never gone for any training since joining Siaya County Referral Hospital. However, these staff had worked at Siaya County Referral Hospital for five years or less. Nineteen out of forty staff had their latest training in 2018. Majority of these trainings were offered by partners with some being MOH/ partner collaborations.
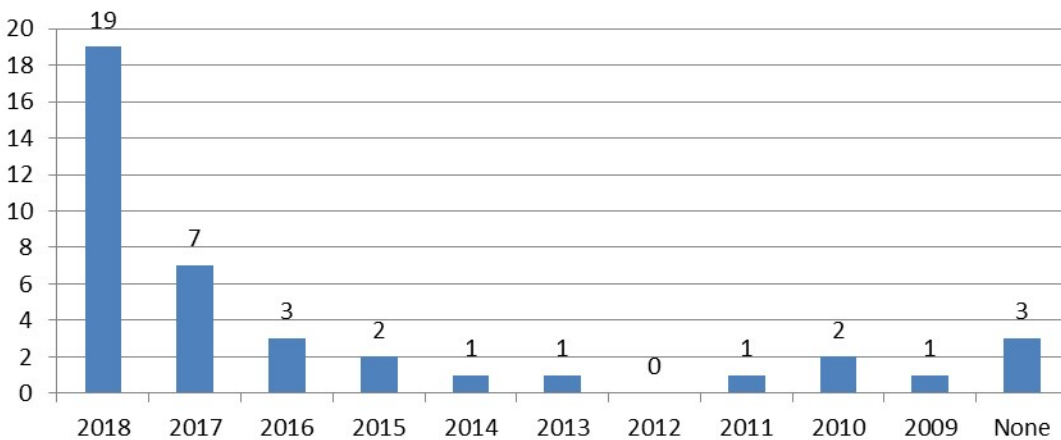
Figure 4.4: Latest Trainings Attended By Staff

4.5.2 Training on HIV Clinical Care

In response to the question on whether the staff had undergone any training on HIV Clinical Care, thirty five percent (35%) of them said they had been trained, sixty percent (60%) said that they had not while five percent (5%) did not give an answer as shown on figure 4.5.
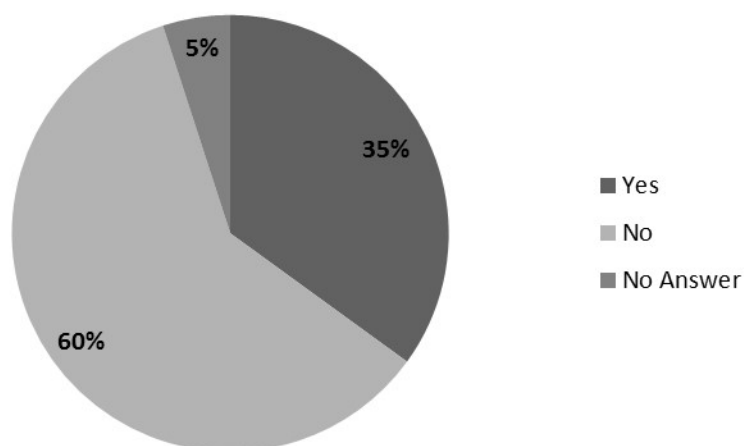
Figure 4.5: Staff Who Have Been Trained on HIV Clinical Care

The common HIV Clinical Care trainings done by the staff included the following:

Table 4.9: Common HIV Clinical Care Trainings Done by SCRH Staff

Training	No. of Staff Trained
Adherence Counseling	1
Adolescent Package of Care	1
Adult ART	2
ART Guidelines	5
Caregivers Training	1
DTG Switching	1
HIV Counseling	1
HTC/VCT	2
Integrated Management of Adulthood Illnesses	1
Integration of Family Planning into ART Services	1
Management of OIs	1
Nutrition and TB	1
Nutrition in HIV	2
Pediatric ART	3
PrEP	1
TB HIV	2

The HIV Clinical Care training with the highest demand among staff was Quality Improvement (70%), followed by PMTCT at 47.5% as well as Adult ART and Nutrition in HIV with 45% each. This is depicted in the following table that follows.

Table 4.10: HIV Clinical Care Areas for Consideration for Training

Trainings	Number of Staff Interested (N=40)	Percentage
Adolescent ART	17	42.5%
Adult ART	18	45%
Nutrition in HIV	18	45%
Pediatric ART	17	42.5%
Pharmacovigillance	15	37.5%
PMTCT	1	47.5%
Quality Improvement	8	70%

The other trainings the staff were interested in included Anti-retroviral Therapy (ART) Lab Monitoring, Advanced Trauma Life Support/Basic Life Support (ATLS/BLS), Integrated Management of Childhood Illnesses (IMCI), New ART Guidelines and Emergency Triage Assessment and Treatment (ETAT).

4.5.3 Continuous Medical Education (CMEs)

Concerning continuous medical education (CMEs), the hospital executive management agreed that even though the sessions were supposed to be held weekly, it was generally erratic and that they would majorly be attended by medical or clinical staff. The CMEs were accredited, meaning the clinical staff could earn accreditation points for attendance. This was attributed to the fact that the hospital being a Level 5 hospital i.e. a teaching and referral hospital, and with a registration certificate, the CMEs held were recognized by the various medical boards. The accreditation would however be a process since the hospital's annual CME schedule and list of attendance was to be shared with the different boards. Nursing department benefited from online accredited CMEs. Accreditation books were used for internal CMEs.

4.5.4 Staff Rotation

On the question on whether the staffs were interested in doing a rotation at the Comprehensive Care Clinic (CCC) after undergoing training in any of the HIV Clinical Areas they had selected, seventy five percent (75%) of them overwhelmingly said they would while 17.5% were not for the idea. Figure 4.6 depicts this. Some of the arguments supporting the decision included the ability to capture needy cases for immediate intervention; opportunity to get well versed with Anti-retroviral therapy (ART) guidelines and treatment; practical understanding of HIV Care

drug administration and regimen change; for practical experience; to learn more skills; and to apply the new knowledge and skills gained. Those that were opposed to the idea supported their argument with reasons that their relevance at the Comprehensive Care Clinic would not be clear; they had a different focus e.g. surgery, obstetrics or physiotherapy; and their services were needed in other departments not specifically the Comprehensive Care Clinic (CCC).
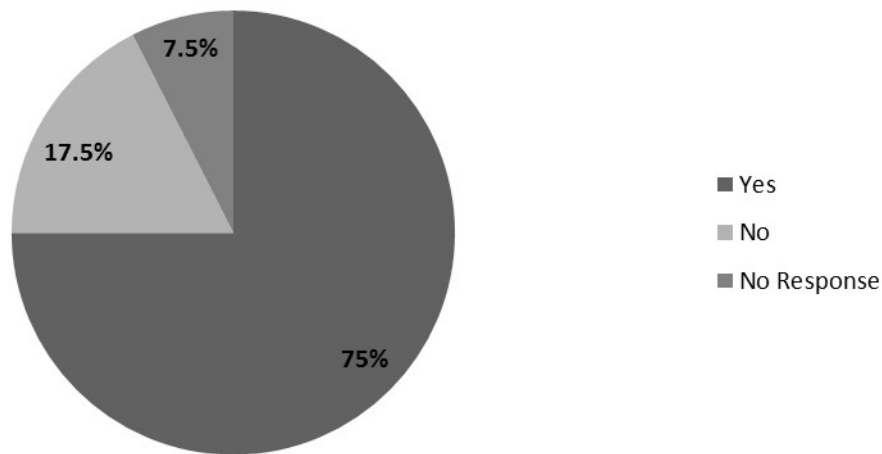
Figure 4.6: Staff Interest in Doing Rotation at the Comprehensive Care Clinic

In response to whether Comprehensive Care Clinic (CCC) staff should also rotate in other departments at SCRH 87.5% of the respondents were in agreement while 7.5% were not for the idea. Five percent (5%) of them did not give any answer. Those for the idea supported their argument with the following reasons: that HIV clients were being served in other departments of the hospital e.g. the wards; the CCC staff would share knowledge with other staff; that it would be a good change for them; that it would help the CCC staff to be all rounded in patient care and management; that it was relevant for nurses and clinical officers specifically to rotate in other departments; and the CCC staff would be able to follow up patients in wards by taking part in ward rounds. Those that were against the idea mentioned that the rotation would cause an interruption of ART services; that the CCC staff needed to only focus in one are i.e. HIV/AIDS; and that the design of the CCC is a one stop shop for all the key services unlike other departments in the hospital. Figure 4.7 illustrates the broad view of responses.
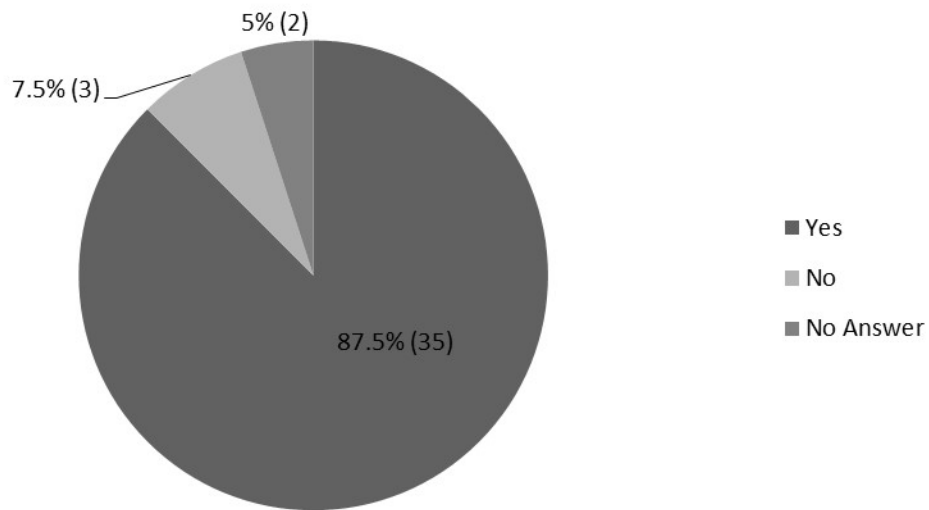
Figure 4.7: Necessity of Rotation of CCC Staff in other SCRH Departments

The four hospital executives were in agreement regarding the practice of staff rotation at SCRH but emphasized that it was specific to cadres e.g. nurses and to a small extent other cadres as well. In the Administration department for example, a clerk would be moved from Registry to Health Records Office before going to Cash Office. Rotation was also practised among students on attachment and interns. The executives gave various reasons as to why they considered rotation important:

i. For building all rounded skills;

ii. Helps fight 'bad habits' e.g. a staff getting too used to work hence developing a sense of entitlement with little or no new innovations;

iii. Helps keep staff on toes; and

iv. Provided exposure to different environments within the hospital.

4.5.5 On Job Training (OJT) and Mentorship

Regarding on the job training (OJT), all four hospital executives agreed that it was being practised at Siaya County Referral Hospital. They however went on to mention that it was specific to cadres and departments and gave examples including Surgery department – Interns, Medical Officers trained by Consultant General Surgeon; Renal Unit – a Renal nurse from

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu would come to train and mentor the newly trained and deployed Renal nurses; and Administration – new staff would take up routine duties from senior staff.

The hospital executive also agreed that on the job training (OJT) and mentorship took place hand in hand at Siaya County Referral Hospital (SCRH) and that mentorship was conducted as OJT when new staff were learning how to perform routine tasks from senior staff. The executives also added that the senior staff would mentor new staff or students on attachment, the interns or volunteers. One hospital executive reiterated that a mentorship program structure or system was not in place and which needed to be developed and set up.

In response to the question of mentorship by a more experienced staff in the new area of training, all the forty (40) hospital staff staff agreed to be mentored by a more experienced staff in an area they were newly trained on. Mentorship therefore could be a new practice embraced by SCRH. The following table illustrates the responses from the staff.

Table 4.11: Mentorship for Newly Trained Staff by More Experienced Staff

Responses	Numbers	Percentage
Yes	40	100%
No	0	0
Total	**40**	**100%**

4.5.6 Integration of HIV Services at Siaya County Referral Hospital

In response to the question on the extent to which HIV/AIDS services had been integrated in other service areas at SCRH and how it was being done, the hospital executives said that, HIV testing was being done at most service points (the Center for Health Solutions (CHS) had put up HIV testing booths at strategic points within the hospital; Prevention of Mother to Child Transmission (PMTCT) had been integrated at the Maternal and Child Health (MCH) Clinic; and there was a functional Tuberculosis (TB) clinic within the Chest clinic. It was agreed that the level of integration was sixty percent (60%), evidenced in the Laboratory, Pharmacy and MCH Departments.

According to the hospital executives, the successes of integrating HIV services with other hospital services would be:

i. Patients being able to receive their medication (ARVs) in the wards uninterruptedly;

ii. HIV services being offered everywhere in the hospital not restricted to the Comprehensive Care Clinic (CCC);

iii. Little missed opportunities in terms of testing e.g. all in patients getting tested;

iv. Continuation of care beyond the CCC; and

v. Exposure of staff to HIV related conditions at ward level.

The hospital executives also mentioned several challenges towards achieving integration which included:

i. Having only one nurse at the Maternal and Child Health (MCH) clinic being allowed to do HIV testing hence it increases the workload;

ii. Staffing – only partner supported staff were providing HIV services and they only do straight shifts i.e. no night shifts;

iii. Over-reliance on donor/program partner support;

iv. Partner reluctance towards full integration;

v. Poor staff attitudes;

vi. Skewed partnership Memorandums of Understanding (MOUs) – partners have their own goals and objectives that is separate from hospital goal and objectives; and

vii. Lack of follow-up after project implementation at Siaya County Referral Hospital.

Regarding plans to integrate the program staff as hospital staff at the end of the five year program cycle, the Partner Program Officers mentioned that there was an on-going sustainability study but which was solely for the Voluntary Medical Male Circumcision (VMMC) project. They also mentioned that the current Center for Health Solutions-Ministry of Health (CHS-MOH) collaboration in payment of staff salaries i.e. sub-granting, was a step towards integration. However, they agreed that the integration conversation was yet to fully take place and that it was expected that at the end of the program cycle, a new partner would take up the provision of HIV services thus engage the existing staff. They noted that this had been the case with the new partnership, three years before.

4.5.7 Implication of Human Resource Capacity Building Initiatives at Siaya County Referral Hospital

From the analysis discussed, it is evident that many staff of Siaya County Referral Hospital have not attended trainings in the last three years. However, of those that were trained, a majority had attended the trainings in 2018. These trainings were mainly offered by partners with only a few being Ministry of Health/Partner collaborations. The HIV related trainings had only been attended by the HIV program staff working at Siaya County Referral Hospital (SCRH). Hospital staff were willing to do HIV related trainings if given the chance. Hospital staff were willing to do rotations at the Comprehensive Care Clinic (CCC) if they knew that the experience would enhance their service delivery or that their services were also needed at the CCC. The Comprehensive Care Clinic (CCC) staff needed to rotate in the wards and at the Outpatient department so that their capacity development is all-round. Integration of HIV Program services extends to human resources and service delivery. The more experienced staff were willing to mentor the new staff or newly trained staff. This would be cost effective to the hospital since the human resource capacity of the hospital would be developed in-house. Acknowledging the role the mentors played was key. New staff would get exposed to the work environment and would get hands-on experience to be well equipped for service delivery at SCRH.

4.6 Terms of Engagement For Staff

In this project, the terms of engagement for staff refer to the employment status of the staff working at Siaya County Referral Hospital (SCRH). The staff could either be permanent and pensionable, volunteers, interns, casuals or contractual staff. The terms of engagement for these staff influence the overall staff capacity development plans. This is because the for long-term capacity building investment, permanent and pensionable staff are the preferred option. The other terms of engagement are on short-term basis.

Out of the forty six (46) respondents, thirteen (13) had been employed on Contract basis (28.3%); twenty seven (27) on Permanent basis (58.7%) ; two (2) on Voluntary basis (4.3%); one on Casual terms (2.2%) and three (3) on Internship basis (6.5%). A majority of the respondent were employed on permanent basis. This is well illustrated in the following figure.
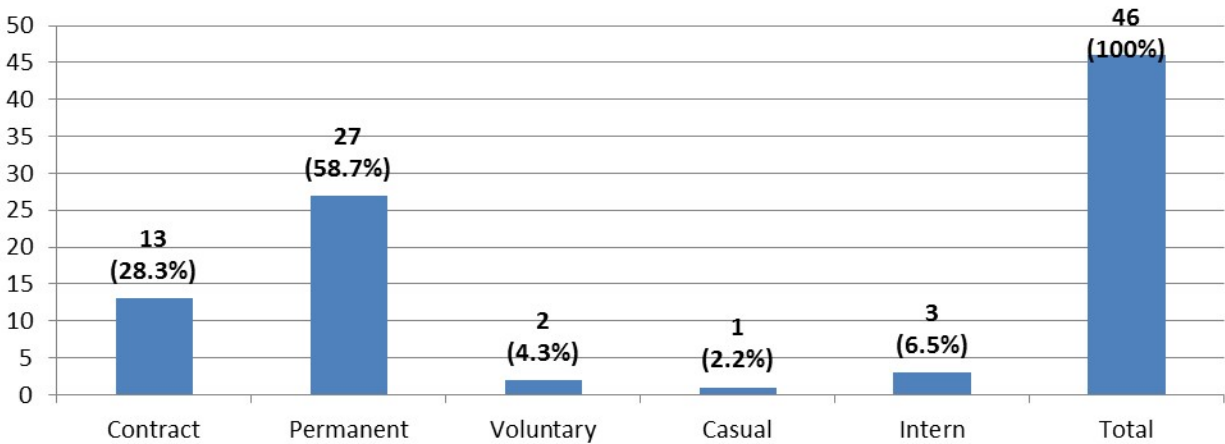
Figure 4.8: Terms of Engagement of Staff

These findings on terms of engagement of staff at Siaya County Referral Hospital raise more concerns on program sustainability. This is because, if only 27 out of 46 staff (58.7%) are employed on permanent terms while 19 out of 46 (41.3%) are on non-permanent levels of engagement with the hospital, human resource capacity building initiatives would have less impact on sustainability in the long run. The higher the number of staff engaged for longer periods or terms of employment, the more effective sustainability plans will be.

According to the hospital executives, there were six forms of staff engagement applied at Siaya County Referral Hospital (SCRH). This included: Contract; Voluntary; Casual; Intern and Secondment. The case of secondment came about through the County Government for example the engagement of the Cuban Doctors through the National Government. Permanent employment of staff was conducted through the County Public Service Board and not the hospital. The hospital executives agreed that staff employed on contract or volunteer basis would eventually get absorbed as permanent staff though it was not clear-cut. The staff would only get employed on permanent basis when recommended to and approved by the County Public Service Board for example in the case of former Medical Officer Interns being employed as Medical Officers of Siaya County Referral Hospital (SCRH).

The following development partners working at Siaya County Referral Hospital had engaged their own staff:

Table 4.12: SCRH Development Partners' Staff

	Development Partner	No of Staff
1	Center for Health Solutions (CHS)	51(ART); 5(VMMC); 2 (GBV)
2	University of New Mexico (UNM)	15 – 3Cos; 4 Nurses; 4 Field staff; 2 Data Clerks; 2 Drivers
3	Hewa Tele	4
4	APDK	3
5	Hospice Care Kenya	4
6	KEMRI/CDC	Many in different projects
7	Kenyatta National Hospital Studies	More than 5 in 2 studies

The terms of engagement for the staff working for the five program areas supported by CHS at SCRH were: Contract; Casual and Locum. There was no staff, including the program officers, who was employed on Permanent terms with CHS. The Program officers reported that staff salaries were funded through grants paid to the Siaya County Government then sub-granted to the Sub-Counties. These program staff could only be engaged in program partner services at Siaya County Referral Hospital which is a challenge to the hospital in case of a shortage.

4.6.1 Siaya County Referral Hospital Staff Satisfaction with Their Terms of Engagement

A majority of the Siaya County Referral Hospital (SCRH) staff are satisfied with their terms of engagement (65%) and a few are not as illustrated on figure 4.9.
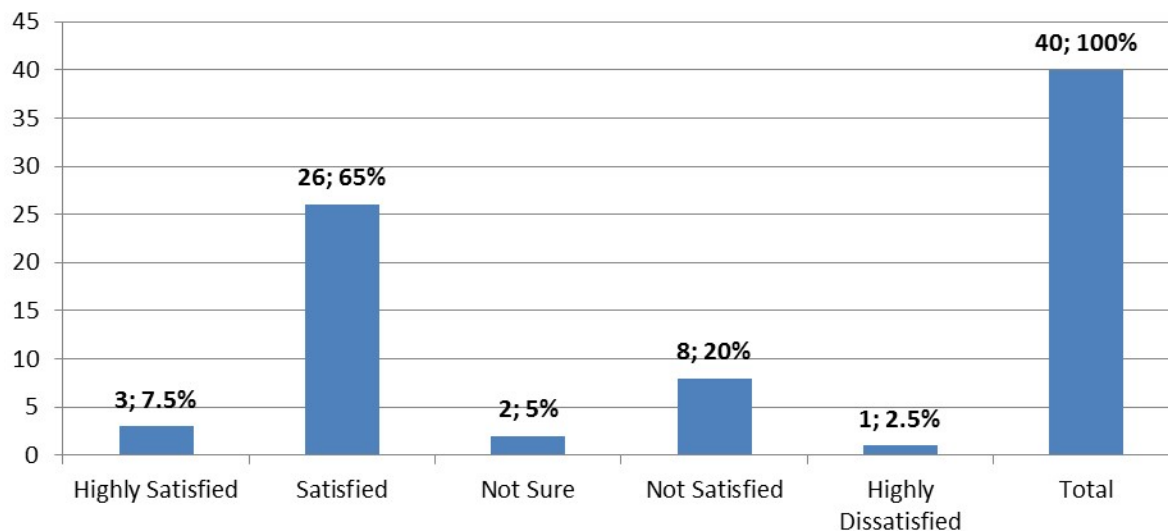

Figure 4.9: Satisfaction of Staff With Terms of Engagement

Almost all the respondents (hospital staff) – thirty nine out of forty, agreed that staff on contract or working as volunteers at Siaya County Referral Hospital should eventually be employed on permanent basis. Some of the reasons in support of the argument included that Siaya County Referral Hospital casual staff or volunteers having already been part of the system, were well equipped for the positions through on job training and mentorship, had had adequate practical experience and that engaging them on permanent basis would act as motivation since they were already helping to cover the existing staff shortage.

4.6.2 Implication of Terms of Engagement of Siaya County Referral Hospital Staff

Given the results earlier discussed, it means that a majority of staff at Siaya County Referral Hospital (SCRH) have been employed on Permanent terms, followed by those on contracts of six months or more. Therefore, investing in building capacity of these staff would be worthwhile for they will be engaged for a longer period at SCRH unlike the casuals or volunteers. The impact of the capacity building initiatives would be long-term.

The hospital staff who were satisfied with their terms of engagement were the permanent staff except one on contract. This therefore means that the rest of the staff (Contractual, volunteers, casuals and interns) were not satisfied with their terms of engagement with Siaya County Referral Hospital and would rather prefer to be employed on permanent basis. Job satisfaction thus translates to job security in this case.

4.7 Remuneration

Workers get paid for the services they offer, the same case applies for the staff at Siaya County Referral Hospital (SCRH) except for volunteers and students. The amount they are paid is usually an agreed upon figure at the start of their term of engagement based on the job group or qualifications for the position. In this project, remuneration covered staff salaries as well as allowances although the latter would be specific to some cadres. The salaries of staff at SCRH is paid on monthly basis. Permanent staff get salaries from the County and National Government; Casuals and some contractual staff are paid by the hospital while Program staff (on contract) are paid by the development partners. In the case of Center for Health Solutions (CHS) that supports the HIV/AIDS program, the staff salaries are disbanded as funds to the County Government

which then pays the staff. This agreement is a step towards integration. Medical Officer Interns and Pharmacist Interns are paid by the National Government.

According to the hospital executives, the level of remuneration of staff was determined by the following:

i. Cadre or job-group – as guided by the County Public Service Board

ii. National Salaries and Remuneration Commission; and

iii. Siaya County Referral Hospital Salaries Committee for Casual staff

In a broader sense the levels of qualification and category of employment e.g. casual or intern, determined the level of remuneration for staff. A majority of the staff working at Siaya county Referral Hospital were generally paid some allowances based on their cadres and job groups or level of specialization which was again guided by the Public Service Board (PSC). These included the following:

a) Health service allowance

b) House allowance

c) Health risk allowance – specific to cadres

d) Commuter allowance

e) Responsibility allowance; and

f) Leave allowance (once a year)

The sources of staff salaries at Siaya County Referral Hospital as stated by the hospital executives include the following:

i. National Health Insurance Fund (NHIF) reimbursement of claims (In-patient/ Maternity) and capitation (outpatient) for hospital casuals

ii. Development partner support for Partner supported staff; and

iii. National Government through Siaya County Government for Permanent and Pensionable staff.

On the question as to how sustainable it was for Siaya County Referral Hospital to engage partner supported staff at the end of the project/program cycle, the hospital executives gave the following responses: "It is an issue; it may take time"; "It is possible if it is taken up by the

National or County Governments"; "It is not possible; it cannot happen"; and "It is not sustainable"; from these responses we can deduce that the executives have viewpoints on the feasibility of sustainability. There is need for a unified front for sustainability planning to be achieved.

4.7.1 Staff Satisfaction With Salaries

On the question of staff satisfaction with their salary, a majority of the staff (55%) said that they were not satisfied with their salaries; 25% said that they were and 10% of them said that they were not sure. The following figure further illustrates this.
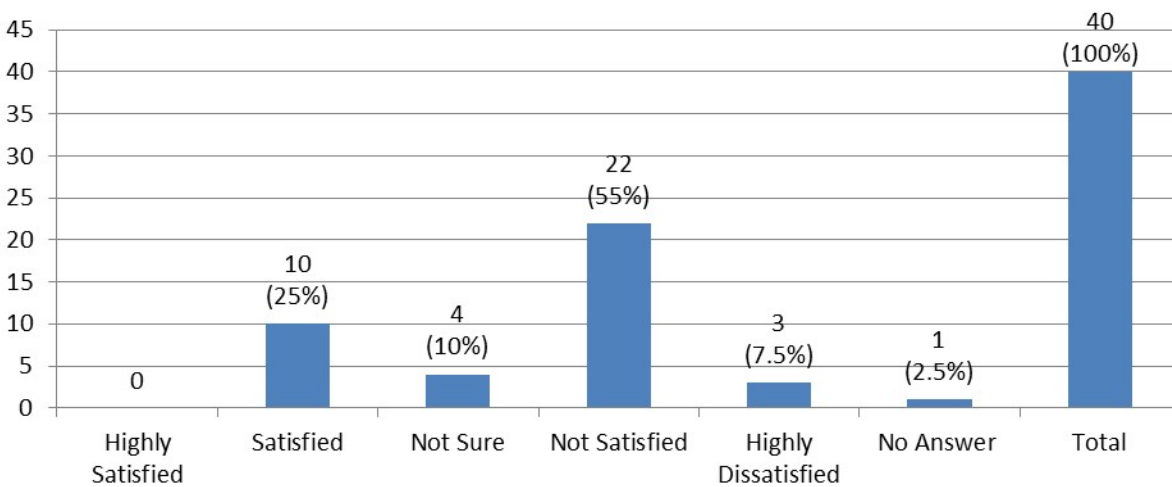
Figure 4.10: Level of Satisfaction of Staff With Their Salary

On the question of whether the salary the staff were paid was commensurate or equal to their level of training, experience and workload, 77.5% (31 out of 40) of the respondents said that it was not. Only 15% (6 out of 40) said that it was commensurate while 2.5% of them said that they were not sure. Some of the reasons they gave was that they did extra work that was not compensated for; their workload was heavy; they were not getting allowances; their jobs involved high risk; they were still waiting for a salary increment after a recent training; there was unfair harmonization of the salaries e.g. casual staff with higher qualification were being paid the same as non-technical staff; and that there was a delay in job promotion. Those that said that their salaries were commensurate to their training, workload and experience supported their argument saying that they were satisfied, that their salaries had recently been reviewed and that their salary was higher than that of their counterparts in private practice.

A majority of the staff were in agreement regarding delay in salary payment (77.5%). The longest delay the majority (40%) reported to have experienced was two months. The shortest delay reported was one week to two weeks. Staff whose salaries were paid by development partners rarely experienced delay in payment. The case was the same for Medical Officers and Pharmacy Interns who had their salaries paid by the National Government.

4.7.2 Implication of Remuneration to Sustainability of Services

From the survey results shared, it is clear that Siaya County Referral Hospital staff were generally not satisfied with their salaries; they expected to be paid more based on their level of training, experience and workload. There is a need to revise staff salaries and to harmonize the salaries for the different cadres. That notwithstanding, the remuneration levels of staff at SCRH need to be sustainable especially once full integration takes effect or a program cycle ends and the program staff are taken up by the County Government through the hospital. Harmonization of staff salaries therefore should be considered as part of the HIV program sustainability plan.

4.8 Performance Appraisal

Performance Management of human resources for health is another key factor in their capacity building. Performance appraisal of staff as a process helps in the achievement of organizational goals and objectives while leveraging on the knowledge, skills and expertise of the human resource which ultimately contributes to capacity development of the staff. In this project, it was important to find out whether a performance management system for SCRH staff exists and how it is used.

In response to the question whether the staff had ever undergone performance appraisal, thirty two (32) out of forty (40) of the respondents said that they had while seven out of forty (40) said that they had not. Those that had never undergone performance appraisal were newly employed staff and Interns. The outcome is shown on the following figure.
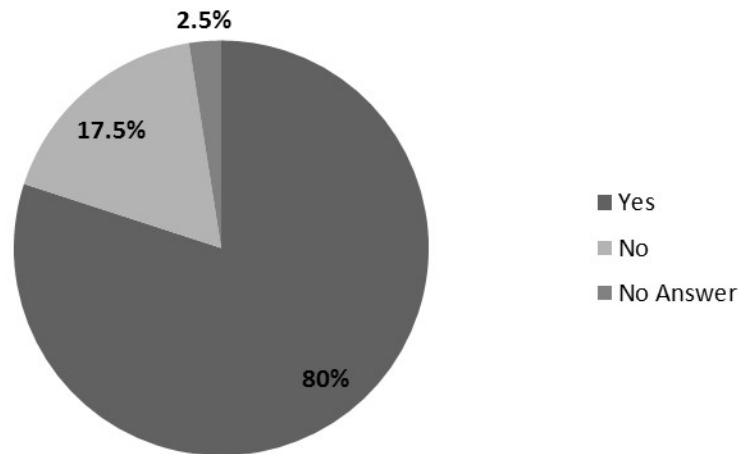
Figure 4.11: Staff That Have Undergone Performance Appraisal

For the staff that had ever been appraised (80%), only 60% of them said that they had been informed of what they would be appraised on prior to the appraisal process. Figure 4.12 captures the responses.
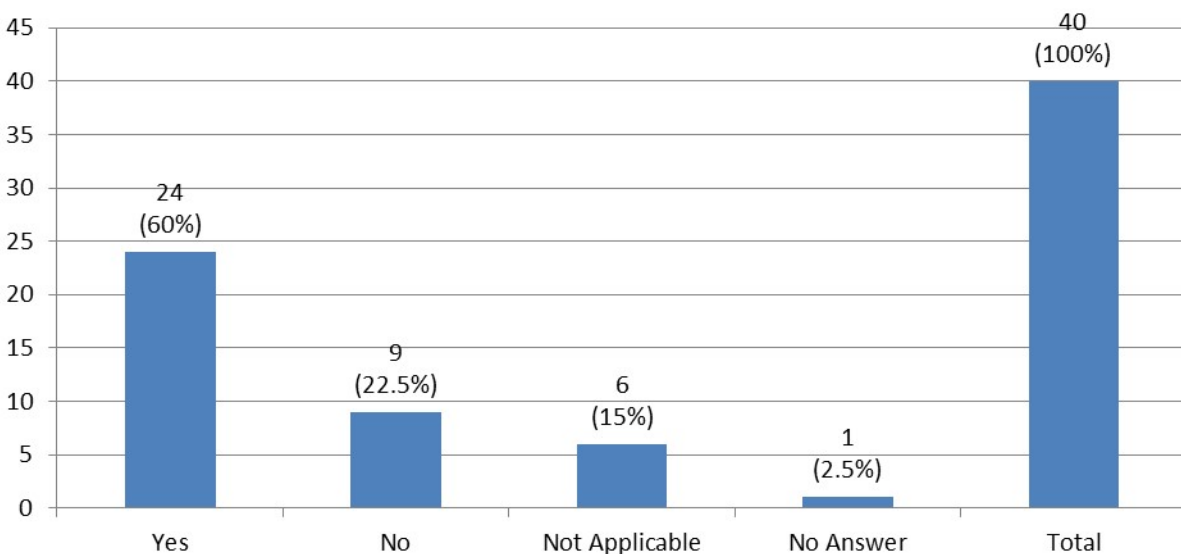
Figure 4.12: Staff Knowledge of Appraisal Contents Prior to Appraisal Process

According to the respondents, performance appraisal at Siaya County Referral Hospital was conducted annually. However some mentioned that it was ideally supposed to be conducted every six months so as to have semi-annual appraisal. The performance appraisal was majorly conducted by Supervisors as mentioned by 62.5% of the respondents. Others said that it was

done by a Program Officer or the County Health Management Team (CHMT) and the County Human Resource Department. The Supervisors of Siaya County Referral Hospital (SCRH) staff in this case could be the Medical Superintendent; the Departmental In-charge; the Nursing Officer In-charge, the Program Officer or the CHMT.

Table 4.13: Who Conducts Performance Appraisal at SCRH

Person Responsible	Numbers	Percentage
CHMT	3	7.5%
Human Resource	2	5%
No Answer	1	2.5%
Not Applicable	8	20%
Program Officer	5	12.5%
Supervisor	25	62.5%
Total	40	100%

The staff said that they would get to know their appraisal results within a month or less and for some in more than three months. Some staff reported to have never gotten back their appraisal results. Twenty seven respondents (67.5%) said that the appraisal results were a true reflection of their performance while 5% said that they were not. Figure 4.13 further illustrates this.
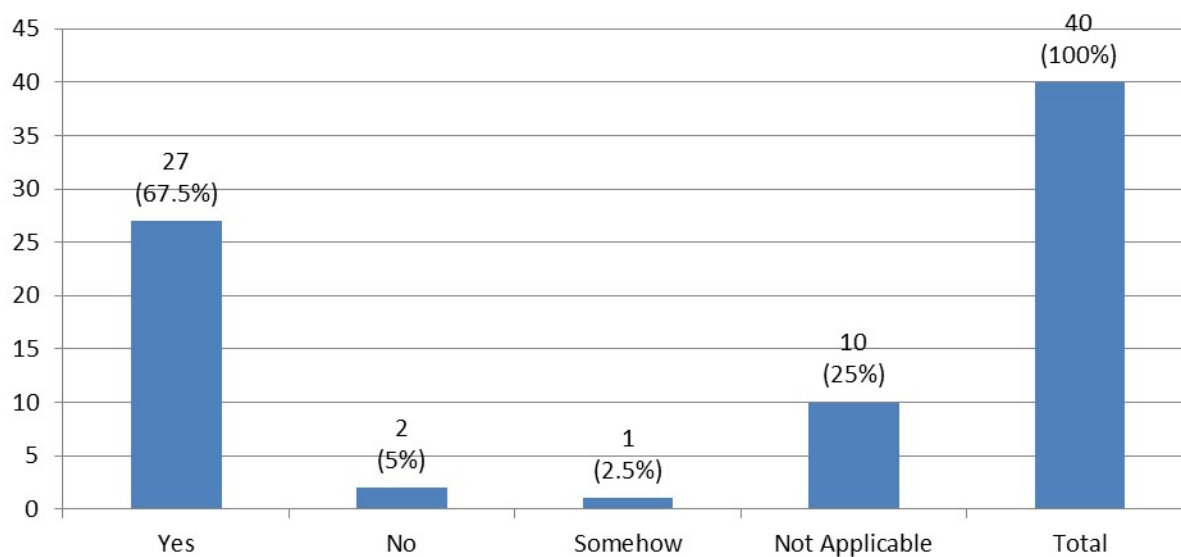
Figure 4.13: Reflection of Appraisal Results on SCRH Staff Performance

The staff said that the performance appraisal results were a reflection of their performance because targets were given a year before the appraisal and the appraisal was based on daily activities or work done. Those that disagreed said that they never got their appraisal results back

and for those that were not sure said that each of the staff were different hence would perform differently.

When asked whether the performance appraisal system used at SCRH was fair, sixty five percent (65%) of the respondents said that it was indeed fair; fifteen percent (15%) said that it was not while five percent (5%) said they were not sure. The rest did not respond to the question, as seen on the following figure.
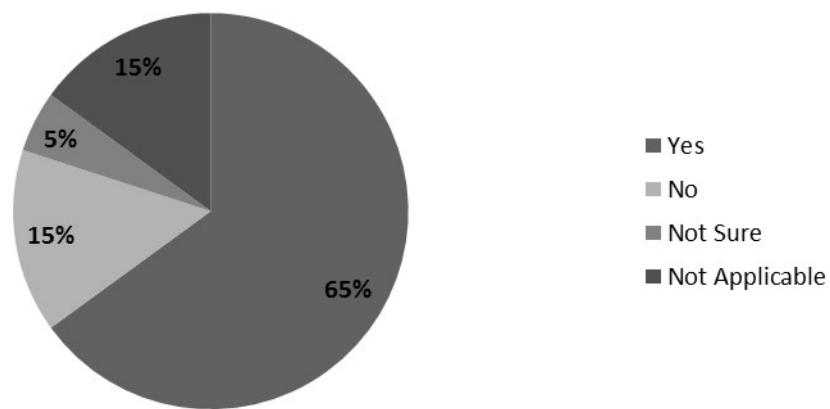
Figure 4.14: Fairness of Performance Appraisal System at SCRH

The staff gave varying reasons as to why they said that the performance appraisal system used in SCRH was fair. This included the inclusion of the appraisee in the process; the process being done on regular basis; appraisal being a reflection of work done based on set targets; that it was open and sincere; and that it was standardized according to specific job groups. Those that said that the system was not fair said that according to them, the system was not the best; some targets were set without their involvement; they did not get feedback on the appraisal; and that the relevance of the appraisal process was not clear.

The hospital executives confirmed that staff performance appraisals were conducted annually as the staff had said. However, they added that it had been haphazard and should be initiated at County level and cascaded downwards; they also proposed that it be conducted bi-annually so as to include mid-term appraisal. The forms of appraisal used were a standardized tool developed

by the County Public Service Board which was specific to job group. The hospital executives also added that both formal and informal appraisal was conducted for example through job assessments and weekly reports. The SCRH executive management also confirmed that the appraisal results were shared with the staff since the staff get back a copy of the filled appraisal tool with feedback. A copy is kept in the staff's personal file and the staff retains another copy. A staff would get the feedback of an informal appraisal immediately.

Action to be taken based on performance appraisal results was not clear-cut. However, for partner supported staff such as Center for Health Solutions staff, if a staff performed below par, he/she was put on a Performance Improvement Plan (PIP) for between three months and six months before contract renewal. The staff could only sign a new contract after meeting the standards but if they did not they were terminated from work. The hospital executives reiterated that promotion for permanent staff at County level was usually determined by the performance appraisal results.

The Program officers confirmed that a Staff Performance Appraisal system was used for the program staff through a standardized performance appraisal tool. The performance appraisal was conducted by a team through a panel review. The team would be comprised of County and Center for Health Solutions (CHS) staff. This panel review would be conducted at the County Health Department. The appraisal results would be shared with the program staff there and then. Actions that would be taken based on the appraisal results included:
  a) Staff retention;
  b) Dismissal;
  c) Staff being put on Performance Improvement Plan (PIP) – they are closely monitored for three months and if there is no improvement, they are dismissed from work;
  d) Promotion; and
  e) Annual salary increment (based on improvement rate as per set targets).

The reward system applied included retention and salary increment which was performance based; performance was rated between one and five (1 and 5), with five (5) being the best. One percent (1%) or five percent (5%) improvement would mean one percent (1%) or five percent

(5%) salary increment. Hence performance results would be rewarded with an equal salary increment rate.

Unlike for the County staff, no delays were experienced in salary payment. Delays had only been experienced earlier when financial systems had not been well established.

4.8.1 Reward System

Tying reward for good performance with performance appraisal, as earlier discussed, it would be expected that following performance appraisal, a reward system should be in place. Reward for good performance would act as a motivation for staff. Knowledge of the consequences of poor performance by staff is also important.

Thus, in response to the question of whether good performance was rewarded at Siaya County Referral Hospital (SCRH), a majority of the respondents (32 out of 40) said that it was not. However, five others said that it was. According to them, this was mostly done through staff promotions. Despite this, the staff mentioned that the promotions would be delayed since it was only done at County Level by the Public Service Board. This is illustrated on figure 4.15.

The hospital executive management were in agreement of the presence of a reward system at Siaya County Referral Hospital (SCRH) and they supported their argument with examples. In Surgery department, the Consultant General Surgeon would reward good performance among the staff although that was a personal initiative. In the Administration department, incentives such as airtime for National Hospital Insurance Fund (NHIF) staff or Lunch in terms of money or actual food for staff who work overtime were used. The staff end of year party was also mentioned as a component of the reward system. Recommendations and sponsorships of staff for trainings was also mentioned as one of the ways good performance was rewarded at SCRH.
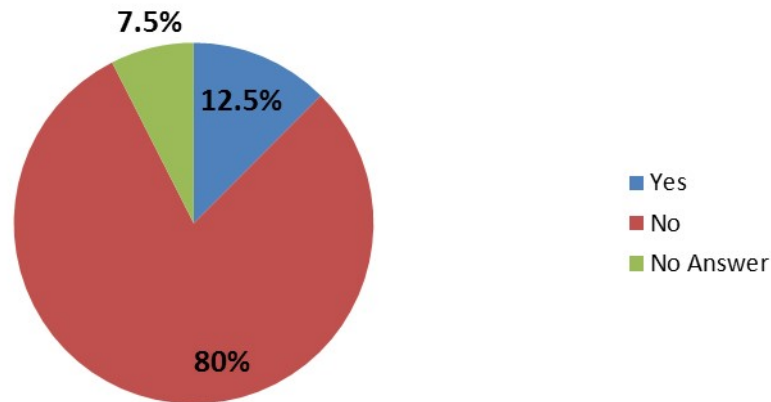
Figure 4.15: Reward for Good Performance at SCRH

For the staff that said that good performance was rewarded, they went further to mention how the rewarding was done. Forty percent (40%) of them said that it was through promotions; twenty percent (20%) said it was through gifts; another twenty percent (20%) said it was through public recognition; and the remaining twenty percent (20%) said there were other ways used to reward good performance.

Table 4.14: Ways of Rewarding Good Performance at SCRH

Forms of Rewards	Number	Percentage
Gifts	1	20%
Promotion	2	40%
Public Recognition	1	20%
Salary Increment	0	0
Other	1	20%
Total	5	100%

The other ways in which good performance was rewarded at Siaya County Referral Hospital (SCRH), as mentioned by twenty percent (20%) of the respondents included: rewards at departmental level and sponsorships for international trainings or trips by the County Health Department.

Some forms of motivations following good performance mentioned by the program officers for their staff included the following:

    a) Exchange visits;

    b) Staff acknowledgement;

    c) Support for trainings;

    d) Support for conferences; and

    e) Promotions based on newly acquired skills.

4.8.2 Implication of Performance Appraisal and Reward for Good Performance

From the results shared, it is seen that performance appraisal is practised at Siaya County Referral Hospital (SCRH). However, the appraisal systems vary among staff depending on their terms of engagement with SCRH. It is evident that staff appreciate being involved in the entire process of appraisal i.e. setting goals and targets, undergoing appraisal and receiving back the appraisal results. This promotes ownership of the process and builds staff capacity since they get to know what is expected of them as they render services to clients. Following integration of partner programs, involvement of all key stakeholders would be key so as to have a unified reporting and communication channel for effective human resource management.

In as much as promotions, gifts and public recognition were identified as the most common ways of rewarding good performance at Siaya County Referral Hospital (SCRH), there is need to cascade this further to cover all the departments in the hospital. Siaya County Referral Hospital (SCRH) can adopt one or two main forms of rewards which is both cost-effective and sustainable. Performance management of human resources for health is therefore a key ingredient in human resource capacity building and ultimately sustainability of health services, particularly HIV/AIDS services which is the focus of this project.

4.9 Staff Turnover

Several factors influence the decisions of staff on whether to continue working for an organization or seek other employment. In this project, the intentions of staff to continue working at Siaya County Referral Hospital would positively influence the sustainability of the HIV/AIDS program since the human resource capacity building initiatives that will be applied will have a lasting impact.

On the question of how often staff at SCRH would leave employment, the hospital executives agreed that it was quite rare. However they had examples and reasons to support their argument. Two nurses had left employment in the last three months; some casual staff had been let go in the last six months; Government of Kenya/Ministry of Health (GOK/MOH) staff had left on attaining the official retirement age or had died. They all agreed that it was more common among staff on contract. In the case of County or permanent staff, replacement would be done at County level. The most common reason for leaving Siaya County Referral Hospital (SCRH) among casual staff was to seek greener pastures and because of disciplinary issues. For GOK or permanent staff, transfers to other facilities, retirement or death would be the cause of their turn over. The hospital executives also mentioned that staff would choose to stay at SCRH mainly because they would have already established stability e.g. found suitable housing or built homes and have put their children in local schools. It was worth noting that in the last six months, there had been two senior level management changes which has a direct impact on continuity and change implementation at Siaya County Referral Hospital.

The hospital executives suggested that in order to reduce staff turnover, the following could be done:
  i.   Creation of a conducive work environment;
  ii. Increase of staff allowance;
  iii. Increase of human resource so as to reduce workload for existing staff;
  iv. Establishment of a reward mechanism for best performance;
  v.   Establishment of long-term contracts for staff; and
  vi. Introduction of better incentives e.g. better pay for casuals.

In response to the question whether the staff had any intentions of leaving Siaya County Referral Hospital (SCRH) in the next one year, 47.5% of the respondents said they did not have any intentions of leaving and had varying reasons for saying so. This included that it was expensive to relocate; they were satisfied with the work environment and liked their job; they would like to continue serving the clients and Siaya community; they had a good relationship with the other staff; that they would be able to build their competencies, professionalism and experience at Siaya County Referral Hospital (SCRH) unlike any other facility in the region; and that since the

hospital was still growing, their contribution would be noticeable. Those of the contrary opinion were twenty five percent (25%) of the respondents (figure 4.16). Pursuit of further studies and 'greener pastures'; delays in salary payment; lack of or delayed promotions and heavy workloads were some of the reasons they gave for intending to leave SCRH in the next one year.
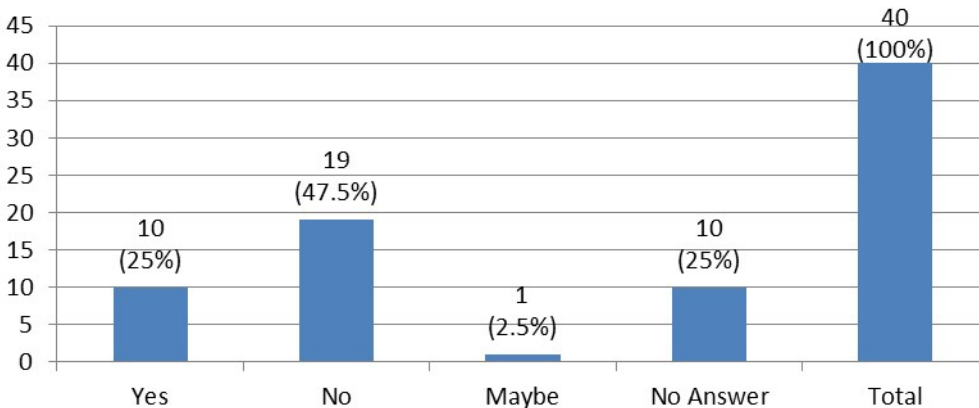
Figure 4.16: Staff Turnover Intent at SCRH

The program officers noted that the program staff would rarely leave employment but that in the event it happened, the most common reasons were new job opportunities or dismissal but which was very rare.

4.9.1 Implication of Turnover Intent of Staff on the Project

A majority of the respondents said that they did not have any intentions of leaving Siaya County Referral Hospital (SCRH) in the next one year. These respondents were all permanent staff which brings in the concept of job security. Contractual staff or casuals working at SCRH were not certain of their future job outcomes. The hospital management therefore, needs to put this into consideration when rolling out long term capacity building initiatives such as trainings for staff. The permanent staff working at SCRH however would only consider leaving SCRH for further studies and some that had considered leaving would do so simply because of the delayed promotions and delayed salary payment. This therefore should draw the attention of the County Public Service Board in order to have low staff turnover. All these issues point to the need for improvement of the overall work environment. A motivated staff can then be expected to deliver quality services.

4.10 Program Level Challenges To Sustainability of HIV/AIDS Services at SCRH

Center for Health Solutions (CHS) is the development partner supporting the HIV/AIDS program at SCRH. CHS had been in partnership with Siaya County Referral Hospital (SCRH) for three (3) years. This program cycle would take five (5) years. The program areas supported by CHS at SCRH included the following:

a) ART – Anti-retroviral Therapy
b) VMMC – Voluntary Medical Male Circumcision
c) PMTCT – Prevention of Mother To Child Transmission
d) GBV – Gender Based Violence; and
e) Laboratory Support

The Program officers in their view, considered the HIV/AIDS Programs at Siaya County Referral Hospital (SCRH) sustainable and they had reasons to support their argument which were the:

i. Center for Health Solutions/ Ministry of Health (CHS/MOH) collaboration in staff engagement (salary payment) and performance appraisal;
ii. On-going Sustainability study for VMMC Program;
iii. Integration of PMTCT at the Maternal and Child Health (MCH) clinic;
iv. Integration of Lab services at the SCRH Laboratory; and
v. Adequate capacity building of existing staff through trainings.

The sustainability plans for the 5 program areas at SCRH were stated as follows:

i. Training and assessment of performance of Ministry of Health (MOH) staff;
ii. Provision of guidelines and job aids in service stations to guide service provision;
iii. Integration of HIV services in daily activities at SCRH e.g. HIV testing;
iv. On-going Sustainability study for VMMC Program; and
v. Collaboration between Center for Health Solutions (CHS) and County Government/MOH in staff salary payment.

The Program officers also highlighted some of the challenges faced by the organization in making projects or programs sustainable. These included the following:

i. Staff salary – the package may change after absorption into the County Government system due to harmonization;

ii. Infrastructure – not adequate;

iii. Limited resources; and

iv. Human Resource Management gap – staff reporting to different human resource offices is a challenge when dealing with disciplinary issues.

Despite the challenges they had highlighted, the Program officers stated that there were plans for improving service delivery in future. The plans were to:

a) Set up a Mother and Child Health (MCH) laboratory – to reduce waiting time for ANC mothers;

b) Engage more MCH staff as part of prevention of mother to child transmission (PMTCT) for smooth integration;

c) Provide long service delivery times i.e. have no restrictions for clients such as lunch break for staff or only serving clients in the morning and not in the afternoon;

d) Enroll all ante-natal care (ANC) mothers into the National LINDA MAMA Program (a basic healthcare package that targets expectant mothers who are otherwise unable to pay for healthcare services. Through this initiative, pregnant women as well as infants will have access to quality healthcare for six months after delivery at no charge);

e) Support CQI – Continuous quality improvement – a problem solving technique that helps in identification of weak points/ areas and thus put measures for improvement in place which are measurable. For example reviews of circumcised clients was a challenge hence an emergency response unit was proposed through which a communication hub with toll-free numbers was set up. Documentation had also been identified as a weak point requiring improvement.

4.11 Assumption of Findings

From the presented findings for each of the project objectives seeking to answer the research questions several assumptions can be drawn. First, it can be assumed that the human resource capacity gaps influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital is more evident in terms of numbers than in knowledge, skills and competences. However, the

human resource capacity gaps still need to be addressed wholesomely. The deficit in staffing numbers for various cadres based on the Workforce plan in the Annual Work Plan (AWP) is the most urgent need for Siaya County Referral Hospital. There is however a need for filling the gaps with the right workforce i.e. staff with the appropriate skills and competencies mix.

Secondly, it can be assumed that the human resource capacity building initiatives being applied at SCRH which influence sustainability of HIV/AIDS services is training followed by mentorship or on the job training (OJT). Training could be both formal and informal as well as short-term or long-term. There are new updates in patient treatment and care which health care workers are expected to be aware of without which their service delivery would be wanting or missing important components.

Thirdly, from the presented findings it can be assumed that terms of engagement, remuneration, performance appraisal work environment and turn over intent of staff have a direct impact on employee satisfaction with their job. This ultimately influences the delivery and sustainability of health services including HIV/AIDS services.

Fourthly, from the presented findings, program level challenges do exist which influence sustainability of HIV/AIDS services at Siaya County Referral Hospital. Despite this there are on-going plans for sustainability of specific programs supported by the development partner at the hospital. It can be assumed that sustainability is feasible but only if all stakeholders are involved and their roles are clearly spelt out.

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction and Summary of the Study

In this chapter, the project survey findings will be summarized in line with the project objectives and the overall purpose with the aim of ascertaining whether the expected outputs, outcomes and overall impact were met. So far we have discussed the project background, statement of the problem, the project objectives as well as the justification for the project in chapter one. Chapter two discussed the project implementation methods and management plan while chapter three dwelt on the methodology, data collection process, tools and procedures. This then laid a backdrop for introducing the project data through its presentation analysis and interpretation chapter four. This final chapter then presents the summary of findings, conclusions and recommendations.

5.2 Summary of Findings

In objective one, on identifying the human resource capacity gaps in terms of knowledge, skills, competencies and numbers influencing sustainability of HIV/AIDS Services at Siaya County Referral Hospital, the main human resource capacity gaps influencing sustainability of HIV/AIDS services at SCRH was additional training level of staff. Secondly, there was a gap in terms of numbers. Staff shortage was a major hindrance to sustainability of services since existing staff were being overworked especially in the Nursing department. The Siaya County Referral Hospital annual work plan (2017-2018) staff workforce analysis clearly depicts this as seen on the attached appendix. Lastly, the skills and competencies gaps would be met through formal and informal training of the staff such as short term trainings or on job trainings and mentorship by more experienced staff. However some key skills and competencies were needed in terms of emergency care and response; drug administration; and patient care. From these findings, a human resource capacity needs assessment report can be developed.

In meeting the second objective on identifying the human resource capacity building initiatives currently being applied at Siaya County Referral Hospital and their influence on sustainability of HIV/AIDS Services, the main initiatives being applied were support for staff trainings in relevant fields which could be either a hospital or personal initiative. The staff going for training would be supported through daily subsistence allowance, training fees and official approval to attend

the training by the hospital executive management. Secondly, staff rotation was being practised though it was specific to cadres such as Nurses and some administration clerks. Rotation was also applied among students on attachment or internship and among Medical Officer or Pharmacy interns. Thirdly, on the job training (OJT) was practised whereby new staff or junior staff would take over routine assignments from the senior staff. Mentorship was also practised for newly trained staff, interns or students by the senior staff. There was however no structural system of mentorship or a mentorship program for SCRH. These findings will guide in the development of a human resource capacity building plan for SCRH.

The third objective focused on determining the influence of terms of engagement, turnover, remuneration and performance appraisal of staff on sustainability of HIV/AIDS services at Siaya County Referral Hospital. The terms of engagement for the staff working at SCRH included casual, permanent, volunteer, contract, intern or secondment basis. Casuals were directly employed by the hospital; Permanent staff were employed through the County Government; Staff on contract could either be working for the development partner program at the hospital or directly engaged on contract by the hospital. Interns such as the Medical Officers or Pharmacists were posted by the National Government while the Seconded staff were engaged through the national and County Governments for example the Cuban doctors working in all the counties in Kenya. Staff turnover was considered stable at SCRH. Cases of staff leaving employment at SCRH was rare unless in cases of retirement, death or transfers to other County facilities. Turnover could occur among casual staff and staff on contract when they seek new employment. Staff turnover intent was dependent on staff satisfaction i.e. with remuneration, work environment, motivation or workload. Remuneration of staff was influenced by level of qualification, type of engagement e.g. casual, permanent, contract, intern e.t.c., job group and cadre. Staff performance appraisal was conducted at SCRH using a standardized tool which was job group specific for the permanent staff. Appraisal was conducted by supervisors and it was done annually. Promotion of staff was dependent on the performance appraisal results however there had been delays in promotions in the recent past since it was done by the County Public Service Board. Performance targets were supposed to be set at the beginning of every financial year by a staff and their supervisor. It is expected that from these findings a SCRH staff engagement and performance status report would be generated.

The fourth and final objective focused on identifying the program level challenges influencing the sustainability of HIV/AIDS services at Siaya County Referral Hospital. The challenges identified included maintaining the salary of staff - the package would probably change after absorption of program staff into the County system since there would be salary harmonization in line with the County Public Service Board structures. Secondly, there were infrastructural challenges. These were not adequate to accommodate all program services in one place. Thirdly there are limited resources hence there is need for extra resources from in-county or in-county sources hence plans for domestic financing is crucial. Lastly there is a human resource management gap because staff having to report to different HR offices is a challenge especially when dealing with disciplinary issues. There is need for a level ground for all staff offering HIV services in the county. The HIV/ AIDS services were considered sustainable since there was an ongoing CHS/MOH collaboration in staff engagement (salary payment) and performance appraisal. Secondly, there was an on-going sustainability study for the VMMC Program which would give direction on the steps to take to have VMMC fully integrated in the county health services. Thirdly, integration of PMTCT at the MCH clinic was already being practised and MOH staff were involved. Fourthly, there was integration of laboratory support and services at the SCRH Laboratory. The Program lab staff were part of the laboratory staff schedule and were conducting their work as a team. Lastly, adequate capacity building of existing staff had been done through trainings and support supervisions as well as through provision of job aids. Latest guidelines and updates were also provided through weekly CMEs. It is expected that a Sustainability Plan would be developed from these findings.

5.3 Conclusions

The analysis of the findings of this survey have generated a wide range of issues regarding the health care human resource capacity building initiatives influencing sustainability of HIV/AIDS services at Siaya County Referral Hospital. It can be concluded that the biggest human resource capacity gap is numbers followed by competencies which have a direct impact on the provision of sustainable quality healthcare services including HIV/AIDS services. Staff shortage is an urgent need that needs to be addressed especially among key staff such as the nurses.

Secondly, it can be concluded that the human resource capacity building initiative widely being applied at SCRH are On the Job Training, and Mentorship. Short term trainings are conducted but are rare. These initiatives are however not being applied in all the departments of the hospital. For example, hospital staff rarely do rotations at CCC and CCC staff do not also do rotations in other departments of the hospital. This therefore creates a disconnect in terms of service provision. Long term training while still on the job is also restricted to Permanent staff since they can get study leave unlike other staff.

Thirdly, the survey findings indicate that overall employee satisfaction is dependent on the terms of engagement, the remuneration, the performance appraisal system and the general work environment. It is these factors that influence the staff turnover intent. Employees who are well taken care of will more often than not choose to stay in employment.

Lastly, the lack of a sustainability plan for HIV/AIDS Program and services at SCRH seem to be the biggest program level challenge. From the findings it not yet clear how human resource management, infrastructure use and activity support will be carried out at the end of the program cycle. The challenge seemed to be common to the SCRH executive as well especially in their quest to implement full integration of HIV/AIDS services in all key service points. Each of the hospital executive gave ideas of new change to be implemented in order to improve service delivery at SCRH:

   i.   Encourage staff to go for short-courses – to build skills and capacity;

  ii.   Create a conducive environment for everyone to feel comfortable or motivated in their work environment;

 iii.   Conduct a salary review in the next 3 months;

 iv.   Make performance appraisal a bi-annual activity;

  v.   Implement automation (go paperless) in the next 3 months; and

 vi.   Integrate partner and hospital services at SCRH.

5.4 Recommendations

In reference to the discussed findings and the conclusions that have been drawn, the following recommendations are put forward:

5.4.1 Recommendations for SCRH Management Team

First, there is need for the formulation and establishment of a Hospital Human Resource Capacity Building Committee. This does not however ignore the existence or negate the role of the SCRH Training Committee. The role of this new committee will be of a wider scope which will cover all human resource capacity building initiatives including staff training. However, the Capacity Building Committee will be expected to negotiate MOU agreements with new partners regarding human resource issues. The partnerships should be mutually beneficial to both parties with the ultimate goal being quality patient care. The proposed committee will inform the HMT and the SCRH Executive Management. The proposed Human Resource Capacity Building Committee will consist of 11 members drawn from the hospital health management team as well as the key development partners working at SCRH. The proposed members include the following:

1. Medical Superintendent/ University of Nairobi Fellow
2. Health Administrative Officer
3. Nursing Officer In-charge
4. Clinical Officer In-charge
5. Laboratory Manager/ Medium-term Fellow
6. Pharmacy In-charge
7. Nutrition and Dietetics Officer/ Medium-term Fellow
8. Health Records and Information Department In-charge
9. Center for Health Solutions (CHS) Representative
10. University of New Mexico (UNM) Representative

The mandate of the SCRH Human Resource Capacity Building committee will be as follows:

i. To review the findings of the Siaya County Referral Hospital Human Resource Capacity Building Initiatives Survey Report;

ii. To develop a SCRH Human Resource Capacity Needs Assessment Report from the identified human resource capacity gaps in terms of knowledge, skills, competencies and numbers which will be shared with the Siaya County Chief Officer of Health for onward submission to the Siaya County Public Service Board;

iii.   To develop a SCRH Employee Satisfaction Status Report from the determined influence of terms of engagement, remuneration, performance appraisal and work environment on staff turnover intent among SCRH staff from the Human Resource Capacity Building Initiatives Survey Report;

iv.   To plan for and convene a SCRH development partners workshop to review MOU agreements, share successes and challenges and discuss integration plans and way forward; and

v.   To develop a sustainability plan for SCRH HIV/AIDS Program including human resource management, infrastructure maintenance and activity funding with the input of the County Health Department and CHS.

*At the end of the project cycle, during project hand over, the established committee presented the three project outputs namely: the Siaya County Referral Hospital Human Resource Capacity Needs Assessment Report, The Siaya County Referral Hospital Employee Satisfaction Status Report and a sustainability plan for SCRH HIV/AIDS Program at Siaya County Referral Hospital. This is attached as appendix 10 to 12.

Secondly, there is a need for the Siaya County Referral Hospital Health Management Team to relook at the capacity building initiatives such as in-house training, on the job training (OJT), mentorship and staff rotation and establish working structures to implement them fully, across departments and effectively. A reward system for good performance also needs to be developed. Generally, the SCRH Management needs to consider ways of leveraging on the existing resources and opportunities such as through the already existing partnerships.

Lastly, the SCRH had several recommendations for the Hospital Executive Management regarding new changes at their workstation. This is compiled in Appendix 2.

5.4.2 Recommendations for Siaya County Health Management Team

First, there is need for County level support in recruitment of additional human resources for health at Siaya County Referral Hospital based on the identified gaps in skills and competencies. The SCRH Annual Work Plan should be used a guide. The staff already engaged by the hospital as casuals, volunteers or interns could be proposed for employment as hospital staff. This will be cost effective in terms of training and overall capacity building.

Secondly, there is need to revise staff salary structures at both County and Hospital level so that compensation for services rendered by staff is commensurate to their level of training and workload. The performance appraisal needs to be revised in order to be more objective in terms of what it is intended to assess. The County Public Service Board should be updated on any pending promotions for staff. This can be taken up by the County Chief Officer of Health.

5.4.3 Recommendations For CHS Siaya County Program Leadership

In as much as there are on-going efforts to ensure sustainability of the HIV/AIDS program such as the sustainability study for VMMC, the County Government and the Hospital Management should be involved in the process so as to come up with workable systems and plans especially regarding domestic financing.

Secondly, CHS could provide in-house training to SCRH staff for proposed HIV Clinical Care areas identified from the survey as well as other recommended trainings. This would be cost effective.

5.4.4 Recommendations For Policy

The goal of this project was to provide a competent, motivated and adequately staffed workforce in Siaya County to deliver HIV services. This can be scaled up to national level through effective healthcare human resource management policy planning and implementation. Looking at the project findings, summary and conclusions, it can be recommended that a working healthcare human resource management system be implemented by the Ministry of Health in Kenya through the forty seven County Governments. There is a need to optimize healthcare human resource capacity building initiatives across cadres in the health system.

5.4.5 Recommendations for Theory

I propose that a project focusing on in-country financing of HIV/AIDS programs as a sustainability measure be considered. This will help advice the National and County Government on healthcare planning.

5.4.6 Recommendations for Further Research

The research component of this project was sorely for the purpose of the baseline survey which would inform the implementation phase of the project. Therefore, I would recommend that a research study be conducted on the role of human capacity building initiatives on the healthcare worker performance and further on the overall health sector performance in Kenya. I also recommend that a study be conducted in the Kenyan context to identify factors that hinder the development and implementation of healthcare program sustainability plans.

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APPENDICES

1. Budget
2. Siaya County Referral Hospital Human Resource Gaps
3. SCRH Staff Recommendations
4. Map of Siaya County
5. Siaya County Health Facilities by KEPH Levels
6. Letter of Authority from SCRH Health Administrator
7. Siaya County Referral Hospital Staff Questionnaire
8. Siaya County Referral Hospital Partners' Interview Schedule
9. Siaya County Referral Hospital Executive Interview Schedule
10. Siaya County Referral Hospital Human Resource Capacity Needs Assessment Report
11. Siaya County Referral Hospital Employee Satisfaction Status Report
12. Sustainability plan for SCRH HIV/AIDS Program at Siaya County Referral Hospital

BUDGET

	Activity	Item Description	Unit Cost	Quantity	Days (Frequency)	Total Cost
1	Meeting with SCRH Health Management Team	Stationery	500	30	3	45,000
		Meals	500	30	3	45,000
		Airtime for communication	3000	1	1	3,000
	SUB-TOTAL					**93,000**
2	Meeting with SCRH Capacity Building Committee	Stationery	500	11	3	16,500
		Meals	500	10	3	15,000
		Airtime for communication	3000	1	1	3,000
	SUB-TOTAL					**34,500**
3	Conducting Baseline survey	Stationery	10,000	1	1	10,000
		Travel	5000	3	2	5,000
		Meals	1000	3	5	15,000
		Airtime for Communication	5,000	1	1	5,000
	SUB-TOTAL					**35,000**
4	Holding SCRH Stakeholders Workshop	Hall hire	10,000	1	1	10,000
		Stationery	500	1	25	12,500
		Meals	1000	1	25	25,000
		Airtime for Communication	3,000	1	1	3,000
		Transport Reimbursement	500	1	25	12,500
	SUB-TOTAL					**63,000**
5	Holding SCRH Capacity Building Workshop to develop Final Project Report	Hall hire	10,000	1	1	10,000
		Stationery	500	1	15	7,500
		Meals	1000	1	15	15,000
		Airtime for Communication	5,000	1	1	5,000
		Transport	500	1	15	7,500

		Reimbursement				
	SUB-TOTAL					**45,000**
6.	Project hand-over meeting with SCRH HMT and Stakeholders	Stationery	20,000	1	1	20,000
		Meals	500	1	100	50,000
		Airtime for communication	5,000	1	1	5,000
	SUB-TOTAL					**75,000**
7	Miscellaneous					4,500
	SUB-TOTAL					**4,500**
	GRAND TOTAL					**350,000**

SCRH HUMAN RESOURCE GAPS

|	SCRH WORKFORCE (AWP 2017-2018)					
	Staff cadres	Number expected	Number available	Deficit / surplus	Gap 2017	Changes 2018
		(A)	(B)	(B – A)	(B-A)/100	
1	Consultants	24	6	-18	75%	
2	Medical officers	16	10	-6	37.5%	
3	Dentists	4	2	-2	50%	
4	Dental Technologists	6	1	-5	83.3%	
5	Public Health Officers	4	1	-3	75%	
6	Pharmacists	10	2	-8	80%	
7	Pharm. Technologist	5	2	-3	60%	
8	Lab. Technologist	36	14	-22	61.1%	
9	Orthopedic technologists	7	3	-4	57.1%	
10	Nutritionists	10	1	-9	90%	
11	Radiographers	20	5	-15	75%	
12	Physiotherapists	10	5	-5	50%	
13	Occupational Therapists	5	2	-3	60%	
14	Plaster Technicians	5	0	-5	100%	
15	Health Records & Information Officers	8	2	-6	75%	+1
16	Medical engineering technologist	5	2	-3	60%	
17	Medical engineering technicians	3	1	-2	66.7%	
18	Mortuary Attendants	6	1	-5	83.3%	
19	Drivers	12	1	-11	91.7%	
20	Accountants	2	0	-2	100%	+1
21	Administrators	2	1	-1	50%	
22	Clinical Officers (specialists)	11	5	-6	54.5%	
23	Clinical Officers (general)	20	9	-11	55%	
24	Nursing staff (KRCHNs)	215	80	-135	62.8%	
25	Nursing staff (KECHN)	6	1	-5	83.3%	
26	Laboratory technicians	0	0	0		
27	Community Oral Health Officers	4	2	-2	50%	
28	Secretarial staff / Clerks	5	1	-4	80%	+3
29	Attendants / Nurse Aids	0	0	0	-	
30	Cooks	10	0	-10	100%	
31	Cleaners				-	
32	Security	24	15*	-9	37.5%	
33	Community Health Extension Workers (PHT's, etc)	3	1	-2	66.7%	
34	Community Health Workers		42			
35	Other (specify) Social workers	6	1	-5	83.3%	

(Source: Siaya County Referral Hospital Annual Work plan 2017-2018)

**RECOMMENDATION FROM SCRH STAFF ON NEW CHANGES FOR IMPLEMENTATION**

1. Enhance staff welfare
2. Staff Promotion- Siaya County Public Service Board to make it automatic.
3. Salary increment – as per qualification.
4. Pay salaries on time.
5. Create a good working environment.
6. Embrace the latest knowledge.
7. Procure and use latest and most recommended drugs.
8. Conduct regular CMEs – be more informative and engaging.
9. Have separate theatres for general surgery and Obs/Gyn.
10. Separate wards for specific departments e.g. Medical and Surgery.
11. Integrate lab services offered at SCRH i.e. Partner and Hospital labs to be one and the same; give priority to MCH clients because of their simple tests.
12. Reward or recognize hardworking staff or good performance among staff.
13. Allocate adequate funds for drugs and non-pharmaceutical supplies.
14. Employ more staff especially Pharmacists, Nurses, Cos, Lab staff, Nutritionists. Assign two more nurses, 1 CO and 1 Nutritionist for MCH specifically.
15. Hold more staff meetings to get staff views in structures to change and to encourage positive attitude to build client satisfaction.
16. Provide motorbikes for field staff as motivation.
17. Provide diagnostic equipment.
18. Improve triaging system.
19. Introduce Electronic Medical Records (EMR) or a working integrated medical information system that includes Pharmacy, Lab, X-ray and Clinical aspects.
20. Set up offices for Heads of Departments in every department.
21. Expand Health Records Department.
22. Have well defined roles and staff engagement systems to monitor performance.
23. Encourage team work.
24. County Government to remit revenue collected from the hospital to support activities.
25. Create a spacious consultation room in MCH to be a one-stop-shop for PMTCT.

26. Organize exchange visits to other better performing hospitals such as MTRH and KNH.

27. Renovate Pediatric ward, Maternity ward and Hospital Store.

28. Fairness to be exercised by supervisors – Program officers and in-charges.

29. Organize for staff trainings.

30. Establish a gender-based violence recovery center- fully equipped and offering privacy.

31. Establish a counseling room.

32. Minimize staff turnover by avoiding unnecessary transfers and departmental movement of staff.

33. Furnish departments with furniture and other office equipment.

34. Allocate more resources to departments to enable them acquire commodities for better patient management e.g. Nutrition Department.

35. Provide more working space for Nutrition department.

36. Provide additional histopathology to conform with the level of the hospital as a referral facility.

MAP OF SIAYA COUNTY

Siaya County: Gini Coefficient by Ward

SIAYA COUNTY HEALTH FACILITIES BY KEPH LEVELS

FACILITY [210]
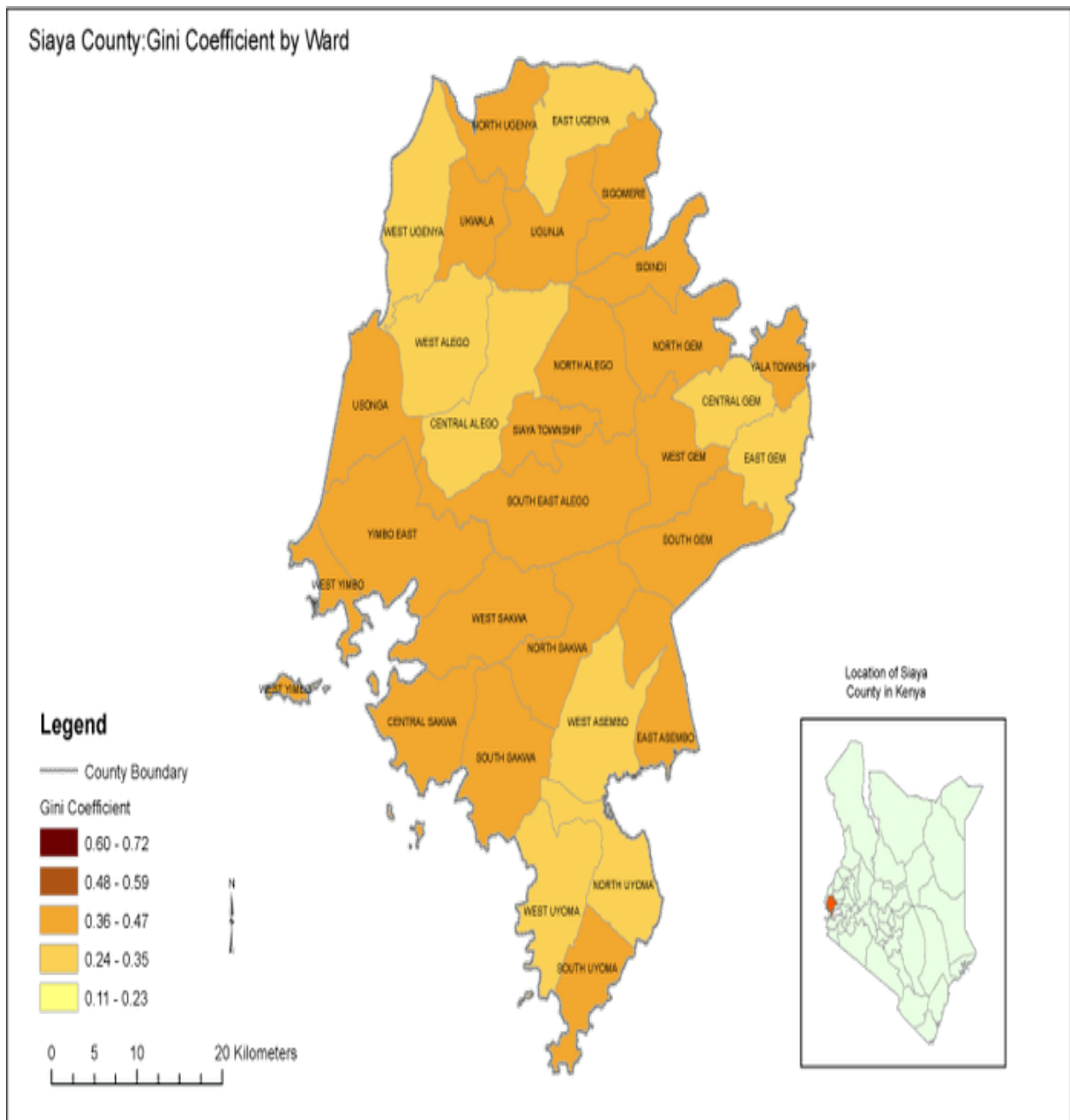
- Level 2 [142]
- Level 3 [52]
- Level 4 [15]
- Level 5 [1]
- siaya_subcounty
- siaya_wards
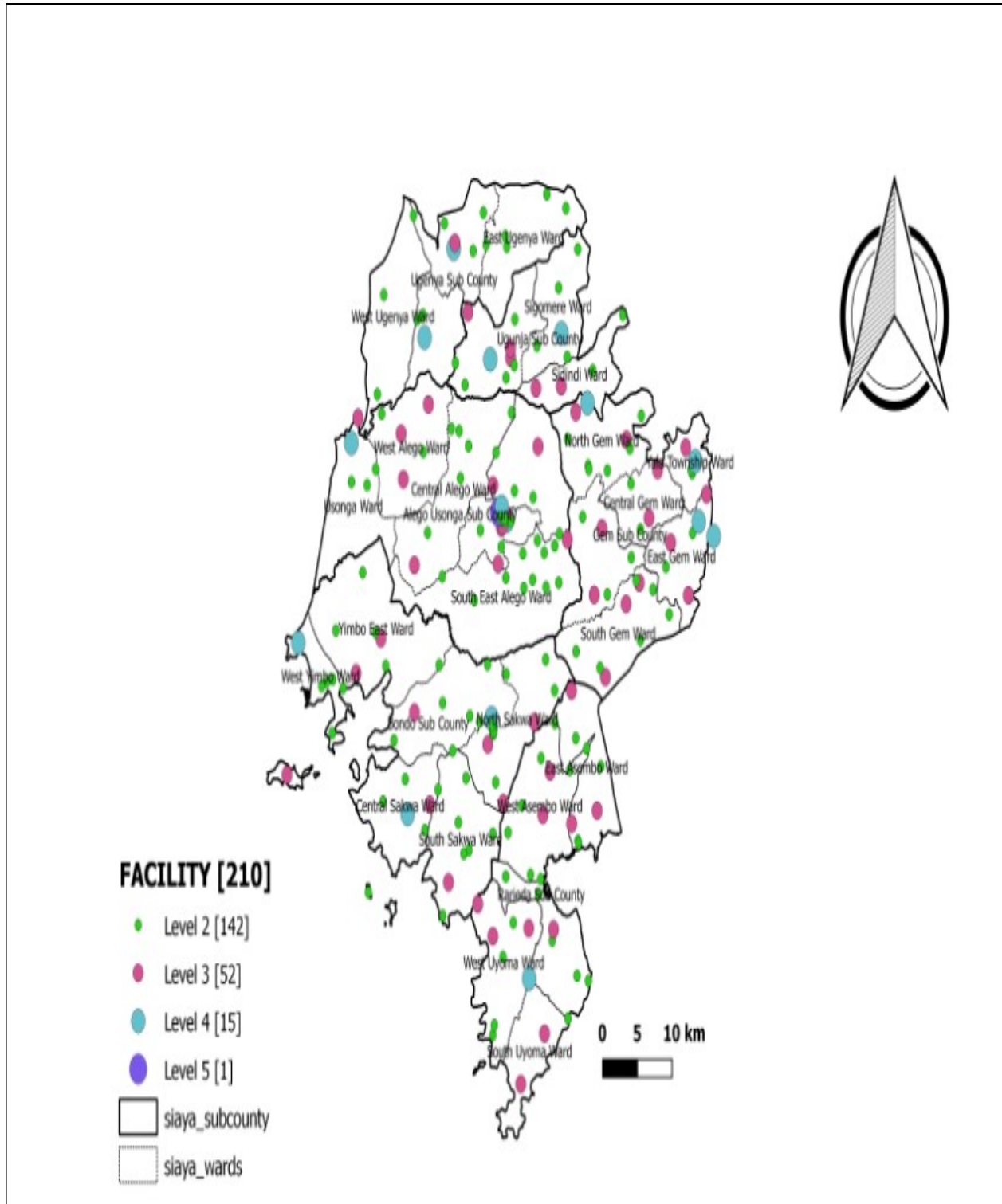
LETTER OF AUTHORITY FROM SCRH ADMINISTRATOR

MINISTRY OF HEALTH

Email: siayacountyRh@gmail.com
Telephone: Siaya   0717197349
When replying please quote
Our Ref:

SIAYA COUNTY REFERRAL HOSPITAL,
P .O. BOX 144,
SIAYA.
25TH OCTOBER, 2018

INTERNAL MEMO

TO WHOM IT MAY CONCERN

**RE: SURVEY ON HUMAN RESOURCE CAPACITY BUILDING INITIATIVES
APPLIED AT SIAYA COUNTY REFERRAL HOSPITAL**

Kindly accord the bearer of this note with the needed assistance and information.

Gloria Kitur is a Fellow from the University of Nairobi and is conducting this survey as part of her placement requirements.

Thank you.

Yours Sincerely,

MEDICAL SUPERITENDANT
SIAYA COUNTY REFERRAL HOSPITAL
P. O. BOX 144 - 40600
SIAYA

**ANDREW HONGO
HOSPITAL ADMINISTRATOR
SIAYA COUNTY REFERRAL HOSPITAL**

SIAYA COUNTY REFERRAL HOSPITAL STAFF QUESTIONNAIRE

This is a survey to assess Health Care Human Resource Capacity Building Initiatives Influencing Sustainability of HIV/AIDS Services at Siaya County Referral Hospital. Kindly respond to the questions to the best of your knowledge and honestly. Thank you.

A) DEMOGRAPHIC INFORMATION

1. What is your gender?   □ Male □ Female
2. What is your age category? **Please tick one (√)**
   □ 20 – 29 years   □ 30-39 years   □40-45 years   □46-49 Years
   □ Above 50 years
3. How long have you worked at Siaya County Referral Hospital?
   □ 0-5 years   □ 6-10 years   □ 11-15 years □ Above 15 years
4. What is your position at Siaya County Referral Hospital?
   ....
5. What is your level of education? ……………………………………………………….
6. What was your field of study?...

B) TERMS OF ENGAGEMENT FOR STAFF

7. What are your terms of engagement with Siaya County Referral Hospital?

   □ Contract   □ Permanent   □ Voluntary   □ Casual

   □ Intern   □ Other …………………………………………………………

8. How satisfied are you with your current terms of engagement with SCRH?

Level of Satisfaction	(Tick one √)
Highly Satisfied	
Satisfied	
Not Sure	
Not Satisfied	
Highly Disatisfied	

9. Do you think staff on contract or volunteers should eventually be made permanent staff? (Yes/No). Why do you say so?……………………………………..
   …………………………………………………………………………………………
   …………………………………………………………………………………………

C) HUMAN RESOURCE CAPACITY GAPS

10. What is the highest level of education required for your position? Please tick one (√)
    □ Certificate   □ Diploma   □ Degree   □Masters
    □ Other…………………………………

11. What skills (technical) are required for your position at SCRH? Refer to your JD and Job Specifications.

……………………………………………………………...

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

12. What competencies (behavioral) are required for your position at SCRH? Refer to your JD and Job specifications.

....

………………………………………………………………………………………………..

………………………………………………………………………………………………

D) HUMAN RESOURCE CAPACITY BUILDING INITIATIVES

13. Which trainings have you attended since joining Siaya County Referral Hospital? (Kindly fill the information in the table)

	Title of Training	Who Offered it (MOH, County Govt, Partner, Other)	Dates	Venue
1				
2				
3				
4				
5				
6				
7				

14. Were certificates issued for these trainings? □ Yes   □ No
15. Have you had any training on HIV Clinical Care? □ Yes   □No
    If Yes, Which one …………………………………………………………………………
16. Which of the following areas would you consider being trained on to effectively perform your job?

	Training	Tick (√)
1	Adult ART	
2	Pediatric ART	

3	Pharmacovigillance	
4	PMTCT	
5	Quality Improvement	
6	Nutrition in HIV	
7	Adolescent ART	

Any Other …………………………………………………………………………………....

17. At the end of your training would you consider doing a rotation at CCC?
    □ Yes □ No
    Why or why not?..

18. In your own opinion, do you think the CCC staff should also rotate in other departments of the hospital? □ Yes □ No

    Why do you say so? ……………………………………………….......................

19. Would you like to be mentored by a more experienced staff in the area of training? □ Yes
    □ No

E) STAFF PERFORMANCE (Performance Appraisal, Remuneration and Work Environment)

20. Have you ever undergone performance appraisal? □ Yes   □ No

21. Had you been informed of what you would be appraised on prior to the appraisal?
    □ Yes   □ No
22. How often is the appraisal done?

Every Six months	
Annually	

23. Who conducts the appraisal?
    □ Supervisor   □ Peer   □ Self   □ Subordinate □ Internal Auditor
              □ Other …………………………………………………..
24. How soon do you get to know the results after the appraisal?
    □ 1 month   □ Three months   □ More than 3 Months
25. Do you think the appraisal results were a reflection of your performance?
    □ Yes □ No
    Why do you say so? …………………………………………………………………..
26. In your own opinion, do you think the appraisal system being used at Siaya County Referral Hospital is fair?   □ Yes   □ No

Why do you say so? ……………………………………………………………………..

……………………………………………………………………...

27. How satisfied are you with the salary you are being paid as a staff of SCRH?

Level of Satisfaction	(Tick one √)
Highly Satisfied	
Satisfied	
Not Sure	
Not Satisfied	
Highly Disatisfied	

28. Would you say that your salary is commensurate or equal to your level of training, experience and work load? □ Yes   □ No

Why do you say so? ……………………………………………………………..

……………………………………………………………………………………………

29. Do you experience delay in payment of your salary?

□ Yes   □ No

30. How long was the last delay in payment? (**Tick one** √)

□ 1 month   □ 2 Months   □ 3 Months   □ More than 3 Months

□ Other …………………………………………………………….

31. Is good performance rewarded at Siaya County Referral Hospital?

□ Yes   □ No

If Yes, how is it done?

□ Gift   □ Promotion   □ Public recognition   □ Salary increment

□ Other ……………………………………………………………………………..

F) STAFF TURNOVER INTENT

32. Do you have any intention of leaving SCRH in the next one year? □ Yes □ No

33. What would be your reasons for leaving? …………………………………………

……………………………………………………………………………………………

34. Why would you choose to stay? ……………………………………………………..

……………………………………………………………………………………………

G) RECOMMENDATION

35. What new change at your work station would you recommend to the Management of Siaya County Referral Hospital? ……………………………….....

……………………………………………………………………………………………

……………………………………………………………………………………………

SIAYA COUNTY REFERRAL HOSPITAL PARTNERS' INTERVIEW SCHEDULE

This is a survey to assess Health Care Human Resource Capacity Building Initiatives Influencing Sustainability of HIV/AIDS Services at Siaya County Referral Hospital. Kindly respond to the questions to the best of your knowledge and honestly. Thank you.

A) BACKGROUND INFORMATION
1. Which organization do you work for?
2. How long have you worked for this organization?
3. How long has your organization been in partnership with SCRH?
4. Which Program Areas does your organization support at SCRH?

B) HUMAN RESOURCE CAPACITY GAPS
5. How many staff work in the Program at SCRH?
6. Do you have any gaps in terms of numbers? (Refer to SCRH Workforce in AWP)
7. Do you have any gaps in terms of knowledge, skills and competencies?

C) HUMAN RESOURCE CAPACITY BUILDING INITIATIVES
8. Have staff in your program been trained on any HIV Clinical Care area?
9. Which ones are these?
10. How many still require this training?
11. Does your organization provide additional training for the staff?
    If Yes, which areas are these?
12. Who conducts the training?
13. How long does the training normally last?
14. Do you support staff going for higher education?
15. If Yes, what kind of support do you provide for them?
16. What forms of motivation do you provide for staff to go for further education/training?

D) TERMS OF ENGAGEMENT FOR STAFF
17. What are the terms of engagement for your staff?

Engagement	Number
Contract	
Voluntary	
Permanent	
Casual	
Other	

18. What is the source of staff salaries?
19. What is the possibility of Contractual staff becoming Permanent staff?

20. Are there plans for Program staff to be integrated as Hospital staff once Program cycle ends? Kindly explain.

E) STAFF PERFORMANCE – Performance Appraisal, Remuneration, Work Environment

21. Do you have a performance appraisal system? □ Yes □ No

    (Evidence of it □ Yes □ No)

22. Who conducts the appraisal?

23. Do you share the appraisal results with the staff? □ Yes □ No

24. How soon do the staff get to know the results?

25. What action is taken based on the appraisal results?

26. Is there a reward system for staff in place and what is it?

27. Do you ever experience delays in staff salary payment?

    What causes the delays?

F) STAFF TURN OVER

28. How often do your staff leave employment? (Refer to records in terms of numbers and cadres)

29. What are the common reasons for leaving?

30. What do you think can be done to reduce the staff turnover?

G) PROGRAM LEVEL CHALLENGES TO SUSTAINABILITY

31. Do you think that the HIV/AIDS programs at SCRH are sustainable? Please explain…

32. Are there sustainability plans for your Program area at SCRH? □ Yes   □ No

    Kindly explain.

33. What challenges does your organization face in making the Project/Program Sustainable?

34. Are there plans for improvement in service delivery in future?

35. What are they?

H) REMARKS

36. Are there plans to improve service delivery in your Program area?

37. What are they?

SIAYA COUNTY REFERRAL HOSPITAL EXECUTIVE INTERVIEW SCHEDULE

This is a survey to assess Health Care Human Resource Capacity Building Initiatives Influencing Sustainability of HIV/AIDS Services at Siaya County Referral Hospital. Kindly respond to the questions to the best of your knowledge and honestly. Thank you.

A) BACKGROUND INFORMATION

1. What is your position in the Siaya County Referral Hospital Management?
2. For how long have you been in this position?
3. How many years have you worked at SCRH?
4. What is your background on?
5. What is your age category □ 20 – 29 years   □ 30-39years   □ 40-45 years   □ 46-49 years □Above 50 years

B) HUMAN RESOURCE CAPACITY GAPS

6. How many staff are in your department?
7. Do you have any gaps in terms of numbers? (Refer to SCRH Workforce in AWP)
8. Do you have any gaps in terms of knowledge, skills and competencies?
9. How many staff in your department have been recruited by Partners?
10. Have staff in your department been trained on HIV Clinical Care?
11. How many require this training?
12. Would you recommend such a training and why?

C) HUMAN RESOURCE CAPACITY BUILDING INITIATIVES FOR HIV/AIDS SERVICES AT SCRH

13. Are SCRH staff given opportunities to go for further studies/trainings □ Yes □ No
14. How do staff get opportunities for further training?

Training Opportunities	
Hospital Recommendation	
Personal Initiative	
County/National Initiative	
Other	

15. Who funds the trainings?
16. How does the hospital support the staff going for training/further studies?

Support for Training	
Training Fees	
Study Leave	
Transport	
Other	

17. Do staff on Contract get study leave as well? □ Yes □ No
18. What happens to staff after the training?(e.g placement to new departments, promotion, salary increment)
19. Are staff bonded?
20. Are staff allowed to seek other employment after training?
21. Is staff placement done based on their training?
22. How frequent are CMEs held at SCRH?
23. Who attends the CMEs?
24. Are the CMEs CPD accredited? □ Yes □ No
25. Is there proof (document) of accreditation? □ Yes □ No
26. Is On Job Training (OJT) practised at SCRH? □ Yes □ No
27. Is it specific to cadres or departments? Which ones?
28. How is Mentorship conducted at SCRH?
29. Is staff rotation conducted? □ Yes □ No
30. Why do you think Rotation is necessary or important?

D) INTEGRATION OF HIV SERVICES
31. To what extent are HIV/AIDS services integrated in other service areas? Explain.
32. How is it done?
33. What are the successes?
34. What are the challenges?

E) TERMS OF ENGAGEMENT FOR STAFF
35. Which terms of engagement are applied at SCRH during staff recruitment?
    □Contract   □Permanent   □Voluntary   □Casual   □Intern
    □Other ……………………………………
36. Do staff employed on contract or volunteer basis eventually get absorbed as permanent staff? □ Yes □ No. Are there any examples?
37. Which program partners at SCRH have recruited their own staff?

F) STAFF PERFORMANCE (Performance Appraisal, Remuneration and Work Environment)
38. How often is staff performance appraisal conducted in your department?
    □ Annually   □ Bi-annually
39. What forms of appraisal do you use? (Is there evidence of a standardized performance appraisal tool that is used? □ Yes □ No)
40. Are the appraisal results shared with the staff? □ Yes □ No
41. What action is taken based on the performance appraisal results?
42. Is there a reward system in place for good performance in your department? (Yes/No). If Yes which one? □ Incentives □ Promotion □ Public Recognition

□ Other ……………………………………..

43. What determines the levels of remuneration of staff at SCRH?

44. Which allowances are SCRH staff paid and what determines the kind of allowance that is paid?

45. What are the sources of staff salaries at SCRH?

Sources	Percentage
County Government	
Partners	
Hospital funds	
Other	

46. How sustainable is it for the hospital to engage staff who are being supported by Program Partners when the Project/Program comes to an end?

G) STAFF TURNOVER

47. How often do your staff leave employment? (Refer to records in terms of numbers and cadres)

48. What are the common reasons for leaving?

49. What do you think can be done to reduce the staff turnover?

H) REMARKS

50. As a leader, what new change do you intend to implement in your department to improve service delivery? ……………………………………………………………
....

SCRH HUMAN RESOURCE CAPACITY NEEDS ASSESSMENT REPORT

Q1. Review the AWP SCRH workforce table - which are the most urgent HR capacity needs at SCRH?

In order of priority from the table, the following are the urgent HR capacity needs:

1. Laboratory technologist
2. Plaster technician
3. Nutritionist
4. Dental technologist
5. Medical Engineering technologist
6. Mortician
7. Consultants
8. Clinical Officers
9. Nurses
10. Community Oral Health Officers
11. Social workers

Q2. Do you think this is a true representation of the hospital needs? Why do you say so?

Yes, the AWP workforce table is a true representation of the hospital's HR needs. This is because being a County Referral Hospital many medical cases are received and attended to. Also, the expected number of staff is derived from the MOH- Human resource manual. Lastly, from the table, the available staff reflects the actual number of staff on duty.

Q3. Which cadres are most affected?

The cadres most affected include:

i. Laboratory
ii. Plaster Technology
iii. Nutritionist
iv. Dental Technologist
v. Medical Engineering Technologist

Q4. What has been done about the needs?

       i.   Employment of staff on casual basis (trained staff)

      ii.   MOH – HIV care and treatment partners collaboration.

     iii.   Engagement of trained volunteers

     iv.   Task shifting

Q5. What do you propose to be done:

    a) By hospital management

The hospital should recommend to the County Government to employ more staff across all the cadres and secondly, the hospital should hire the staff on off duty or annual leave to do locum which will help reduce staff shortage.

    b) By County Management

The hospital management should sensitize the County Health Management on the need to employ more staff for good service delivery.

SCRH EMPLOYEE SATISFACTION STATUS REPORT

- **Define employee satisfaction.**

Employee satisfaction refers to the utility derived by an employee performing a particular job within a given job description.

- **What factors influence employee satisfaction**

The following factors influence employee satisfaction:

    i. Conducive work environment

    ii. Availability of equipment and supplies

    iii. Adequate human resource

    iv. Adequate and timely remuneration

    v. Availability of further trainings for capacity building

- **What is the role of the following in employee satisfaction:**

a) **Terms of engagement**

    i. Specifies job description and influences employee's performance and ability to deliver.

    ii. Motivates one to put in more effort hence increased productivity.

    iii. Enables one to access certain benefits e.g. loans, insurance covers, mortgages and leaves.

b) **Remuneration**

    i. Enables the employees to access other services e.g. loans, mortgages, car loans e.t.c.

    ii. Boosts the working morale of the employee

    iii. Enables one to support other members of the society.

    iv. Improve living standards.

    v. Increases life expectancy

c) **Performance appraisal**

    i. Enables staff to know their targets and attain them.

    ii. Motivates staff when they realize they're achieved or surpassed the targets.

iii.   It's a yardstick for promotion, salary increment, demotion or one to stay on probation longer.

d)   Work environment

   i.   Creates a conducive environment in employee satisfaction.

   ii.   Creates a conducive environment for service provision

   iii.   Decreases human resource strains while performing their daily roles.

   iv.   Increases staff efficiency and job satisfaction with rooms or equipment they use in their daily tasks.

   v.   Avoids occupational hazards to employees.

   vi.   Improves on the staff relationship.

What can be done at SCRH to enhance employee satisfaction?

a.   By staff

   i.   Go for team building activities

   ii.   Hold get-together parties

   iii.   Hold and attend regular departmental meetings

   iv.   Hold and attend general staff meetings

   v.   Hold regular communication and consultations

   vi.   Form staff welfare groups.

   vii.   Take part in exchange visits or benchmarking exercises with other hospitals.

b.   By hospital management

   i.   Hold regular meetings with staff.

   ii.   Provide staff training opportunities

   iii.   Provision of meals/refreshments to staff at the hospital

   iv.   Conducting job satisfaction surveys periodically.

   v.   Ensure good sanitation in facilities within the hospital

   vi.   Motivate best performing staff

vii.   Offering stipend to performing staff and recommendation of staff for promotion and permanent engagement.

viii.   Enhancing staff security within the facility.

ix.   Allocation of special room for treatment of sick staff members.

c. By County government

i.   Formulation and implementation of good policies on staff hiring, training and promotion.

ii.   Conduct timely monitoring and evaluation of annual work plans.

iii.   Providing adequate infrastructure and equipment, commodities and supplies for the hospital.

iv.   Enhancing good political environment for staff engagement and performance.

v.   Reduction of high staff turnover through efficient and regular employment of health workers and hospital staff.

SCRH SUSTAINABILITY PLAN FOR HIV/AIDS PROGRAM

a) Define program sustainability

Program sustainability is the ability to maintain continuity of a project/program in all operational aspects without being fully dependent on donor support or after the donor funding cycle ends while still maintaining the quality of the services.

b) Define integration of health care services in a health facility e.g. if program partners are involved.

Integration of healthcare services in a health facility means consolidating all the healthcare services under one roof so as to avoid parallel programs running within the same facility.

c) What is the role of integration in sustainability of healthcare services i.e. HIV services

The role of integration in sustainability of healthcare services includes the following:

    i.   Ensures continuity of services
   ii.   Improves service delivery.
  iii.   Enhances knowledge transfer among staff.
  iv.   Ensures client satisfaction.
   v.   Resource sharing among partner programs.
  vi.   Promotes good inter-staff relationships.
 vii.   Promotes good communication and feedback within departments.
viii.   Eases supervision.

d) What can be done at SCRH to ensure HIV services are sustainable:

- By Hospital Management
    - i.   Integration of all health services
    - ii.   Ensure teamwork between MOH and partner staff
    - iii.   Sharing treatment guidelines and SOPs between MOH and partner staff.
    - iv.   Team building for all staff (both MOH and partner)

- **By County Government**

    i. Have a plan on how to absorb the partner employees after the donor cycle

    ii. Transparency on funding

    iii. Prioritize employment of partner staffs during recruitment of Health care workers.

    iv. Allocate some funds to support partner programs such as the HIV services.

- **By Program Partner**

    i. Capacity building for all healthcare workers irrespective of the employer i.e. MOH or partner

    ii. Sharing of annual budgets and work plans based on staffing, commodities and services.

    iii. Avoiding patient/client ownership e.g. Hospice owning Cancer patients or CHS owning HIV clients.

    iv. Partners to share their exit plan or sustainability plan with the county government.