OPTIMIZED HEALTH HUMAN RESOURCE SYSTEM TO UPSCALE DIAGNOSIS AND TREATMENT OF HIV/AIDS CASES IN MIGORI COUNTY HOSPITAL

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Declaration

This is my original work and has not been submitted to the University of Nairobi or any other University for examination purposes.

Signed..... Date.....

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Declaration by the University Supervisor

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

Signed.....Date.....

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Table of Contents

DECLARATION ..... **II**

TABLE OF CONTENTS ..... **III**

TABLE 1: STATISTIC OF EMPLOYEES IN MIGORI HOSPITAL v
TABLE 2: ANALYSED STATUS OF HEALTH WORKFORCE v
TABLE 3: HEALTHCARE DELIVERY ASSESSMENT REPORT v

CHAPTER ONE **1**

INTRODUCTION 1
1.1 Introduction *1*
1.2 Background of the study: *1*
1.2.1 Geographical location of Study: *2*
1.2.2 Migori County Referral Hospital: *3*
1.3 Project Objectives *7*
1.4 Significance *7*
1.4.1 Migori County Hospital *8*
1.4.2 Other County Hospitals *8*
1.4.3 Policy Makers in Government *8*
1.5: Research Questions *8*
1.6: Delimitation. *9*
1.7: Limitations: *9*
1.8. Assumptions. *9*
CHAPTER TWO *10*
LITERATURE REVIEW *10*
2.1 Introduction *10*
2.2 Theoretical Literature *10*
2.2.1 Literature on HIV/AIDS *10*
2.2.2:HIV/AIDS and Health workforce: *10*
2.2.3 Critical Review and Bridging Gaps: *12*
2.2.4. Alignment of the Project to 95/95/95 Principle *12*
2.2.5 Project Implementation Methods and Management Plan *12*
2.2.6 Human Resource *12*
CHAPTER THREE *15*
3.1: Introduction *15*
3.2: Research Design *15*
3.3: Target Population *15*
3.4 Sampling Procedure *16*
3.5: Methods of Data collection *16*
3.6: Validity of the Tool *17*
3.7: Reliability of the Study *17*
3.8: Data Analysis *17*
3.9: Deliverables of the Study *17*
3.10. PROJECT ACTIVITIES *18*
3.10.1 Assessment of healthcare capacity gaps in the Hospital *18*
3.10.2 Human Resource Capacity Building Framework/Plan.: *18*
3.10.3 Stakeholder Engagement *18*
3.10.4. Group Discussions: *19*
3.10.5. Development of Healthcare Capacity Building Framework/Plan. *19*
3.10.6. Development of Capacity Building Framework/Plan Monitoring and Evaluation Tool *19*
3.10.7 Roles and Responsibilities of Different Players *19*
3.10.8The Fellow *19*
3.10.9 Medical Superintendent *20*
3.10.11 Implementers, Partners and Beneficiaries (Stakeholders) *21*
3.10.12 Communication Strategies/Plans/Processes *21*

3.10.13 RISKS *21*
3.10.14 Assumptions *21*
3.10.15 Sustainability plan *22*
3.10.16 Scalability/Replicability *23*
3.11: Ethical Considerations *23*
CHAPTER FOUR *24*
4.1: Introduction: *24*
4.2: Analysed the Status of Health Workforce Management at Migori County Hospital. *24*
4.2.1.Human Resource Information System *24*
4.2.2. Performance Management and Promotions Process *24*
4.2.3. Promotion *25*
4.2.5.Training and growth *25*
4.3 Discussion and Presentation of Findings. *26*
4.3.1 Human HRIS Resource System *26*
4.3.2 Promotion *27*
4.3.3 Performance Management and Promotions Process *27*
4.3.5 Documentation of data: *27*
4.4 Implementation Framework *28*
4.4.1 Monitoring and Evaluation tool *28*
CHAPTER FIVE *30*
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENATIONS *30*
5.1: Introduction. *30*
5.2 Health Workforce Management system. *30*
5.3 Human Resource Capacity Gaps relevant to HIV/AIDS Programmes in the Hospital. *30*
5.4 Capacity Building of staff in the Hospital *31*
5.5 Implementation Framework. *31*
5.6 Recommendations *32*
5.7 Expected Long Term outcomes *32*

Appendix 1: Healthcare Human Resource Gaps 33
Appendix 2: Budget 34
Appendix 3:Work Plan 33
Appendix 5:Anti-Plagiarism Report 34

List of Tables

Table 1: ***Statistic of Employees in Migori Hospital.....6***

Table 2: ***Analysed status of Health workforce.....7***

Table 3: ***Healthcare Delivery Assessment Report.....9***

List of Figures

1.1: Healthcare assessment gaps tool.....7

List of Abbreviations

AIDS - Acquired Immune Deficiency Syndrome.

HSSP - Health Sector Strategic Plan.

HIV - Human Immunodeficiency Virus.

HRM - Human Resource Management

KHP - Kenya Health Policy

OCA - Organizational Capacity Assessment

OSHE -Occupational Safety Health Environment

PLP -Participating Local Partner

TNA -Training Needs Assessment

WHO -World Health Organization

ABSTRACT

This project was aimed at coming up with an optimized Health Human Resource system to upscale diagnosis and treatment of HIV/AIDS patients in Migori County Hospital. The county located at the former Nyanza Province has a high HIV/AIDS prevalence rate of 28.6 % as per the County profile of 2016. It is home to a population of 1,048,602, segregated into 509,551 males (49%) and 539,051 females (51%). The portion which is under 15 years comprises of 48% of the entire inhabitants. The youth who are of the age bracket 15-24 years comprise of 21% of the population.

The specific objectives of the study were: First, to develop a stakeholder designed optimized Health workforce management system, Secondly, to do an assessment of healthcare capacity gaps in Migori Hospital biased towards HIV/AIDS in the Hospital, thirdly develop a workforce capacity building plan/framework, fourthly do capacity building for Health workers how to develop a healthcare delivery capacity gaps with bias towards HIV/AIDS and the region at large, fifthly to develop Monitoring and evaluation implementation matrix tool.

The project established that Migori County Hospital has a functional Health Human Resource system particularly in areas of Human Resource Information System, Performance Management and Promotion. An aspect which was identified to have a challenge is on reward and promotion. The system on promotion is well defined but its implementation is a challenge because of financial constraints. Skills gaps were identified on the area of data analysis, documentation and use. The fellow recommends further capacity building in these areas.

The project was successfully implemented and the deliverables are summarized healthcare capacity gaps report/document in the Hospital, Health workforce capacity building

framework, Implementation framework and the summarized proceedings/deliberations of the presentation made during the capacity building workshop

On sustainability and to enable the Hospital have the project beneficial over a long period of time, beyond the fellowship, several interventions were made. Foremost, an implementation framework spreading over three years was developed. The framework has well defined activities and time limits: Secondly, a capacity building workshop was held and was well attended with representation from all the Departments. Finally, the proceeding of the workshop was distributed to all the attendees for future reference.

The scalability of the project will involve its implementation in other Hospitals and Health facilities in the wider Migori County, other counties in the former larger Nyanza region and the country at large.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter encompasses the background of study, statement of problem, general and specific objectives, justification, significance and deliverables.

1.2 Background of the study:

UNAIDS (2014) noted that since the diagnosis of HIV/AIDS in 1984, it has become a public health concern in all regions of the world with more focus in the developing world. Africa constitutes only 11% of the global population but it accounts for close to 70% of the global population with HIV/AIDS. The adult HIV prevalence rate is 1.2% globally but it is 9% in sub-Sahara Africa. Currently it is the leading cause of death in Africa but in other regions of the world, it is the fourth cause of mortality.

In East and Southern Africa, the regions constitute only 4% of the global population but account for more than 50% of HIV infections worldwide. The region forms the AIDS belt as it has come to be known. High birth rates coupled with high AIDS mortality among adults, including many people with parental responsibility, has distorted the social order with a large segment of the orphaned children taking up parental responsibility (Mbonu, 2009)

The average prevalence rate in the southern part of the continent (Mozambique, South Africa, Lesotho, Zimbabwe and Swaziland) is close to 30%.The Eastern part of the continent including the horn of Africa (Kenya, Uganda, Tanzania, Ethiopia and Djibouti) had a prevalence rate of close to 15% in 1990s before coming down to the current low rates of about 5% (W.H.O, 2018)

According to Kenya Health Sector Strategic Plan (2016), the prevalence has come down from the average of close to 30% in 1990s to the current level of about 5%.This success in reducing mortality and morbidity was largely successful because of the concerted efforts of

the Government, International Agencies, the Faiths groups and other stakeholders. The Government of Kenya through the Ministry of Health came up with a structured and coordinated approach to combat the scourge. Consequently, the Government established the National Aids Control Council.

The current epidemiological pattern nationally has some hidden disparity amongst different populations, regions and gender. The Western Counties in the former Nyanza Province of (Kisumu, Migori, Homa Bay and Siaya) has a heavier burden compared with the other parts of the Republic. In terms of gender, women are more vulnerable compared to men, with the National prevalence at 7% for women and 4.7% for men (Kenya County Profile, 2016).

1.2.1 Geographical location of Study:

Migori County is located in South Nyanza, with a population of 1,048,602, comprising of 509,551 men (49%) and 539051 (51%) female. The HIV prevalence in the County is nearly 2.5 times more than the national prevalence at 14.3% (HIV Estimates 2015).The average prevalence HIV/AIDS rate among women in Migori County is 15.2% (MOH,2016)

Table 1 HIV/AIDS Burden in Migori County:

Morbidity:

Indicator	2016 Annual Estimates	2017Actuals Estimates	% Change	County Ranking 2017	National Estimates 2018
No of Children with HIV (0-14 Yrs.	10,705	4,982	- 43	43	98,170
No of adults living with HIV/AIDS	> 15 Yrs.	77,700	+ 1	43	1,419,537
No of youth Living with HIV (15-24 Yrs.)		18,411		43	268,586
No of Adolescence living with HIV (10-19 Yrs.)		8,104		43	133,455
Total number of people Living with HIV	88,405	83,603	- 5	43	1,517,707

Source: Migori County Profile 2018

1.2.2 Migori County Referral Hospital:

Migori county Hospital was established way back in 1975 as a dispensary in Wasweta village, Suna Central. It was later upgraded to a Health Centre, the District Hospital and with devolution; it is serving as a county referral Hospital for Migori County. It has a bed capacity of 105 beds and provides preventive, curative and rehabilitative services to the community and the bordering communities from Tanzania (Migori County Hospital, 2018)

There are departments in the Hospital dealing with various clinical services for in and outpatients. The Hospital receives referrals from across the county from rural areas and from the sub county facilities. Some of the clinical services offered are in Surgery, Medicine,

Laboratory services, public Health, and Community health and disease surveillance to include the Epidemiology (Migori County Hospital, 2018).

1.2.3. Health Workers Nationally

Human Resource for Health is one of the six Health systems strengthening building blocks according to the W.H.O In order to deliver quality Public Health services and intervention, there is need to have experience, skilled and staff (Human Resource).The Human Resource required in Healthcare delivery include but not limited to :Doctors, Nurses Clinical Officers, Pharmacists and other Para Medics. Globally, there is shortage of Health workers and even when they are available, they are poorly distributed. In Kenya, the distribution is skewed towards urban areas and poor areas are disadvantaged (GOK, 2016).

The shortage of Health workforce is compounded by poor working conditions, poor remuneration, delayed career progression and delayed payment of salary thus resulting to frequent strikes. All these factors, individually and cumulatively, combine to influence the performance of the employees in the Health sector thus influencing the delivery of services (MOH, 2016).

1.2.4. Health Workers in Migori County Hospital

The number of health care workers in the county has increased to 183 due to employment by the county Government of Migori. To successfully combat HIV/AIDS as a health challenge which has become a public health concern, there should be optimized health Resource system to upscale diagnosis and treatment of the condition. More so, with the implementation of the policy requirement stating that all patients seeking health services in a Hospital should be tested for HIV/AIDS. Governments all over the world, including Kenya's, acknowledge that Human resource is of uttermost significance for the realization of Health systems goals (KHSSP, 2016)

There are studies in other parts of the world which have showed that there is a direct close correlation between the size/competences of Health employees with health outcomes. This can only be realised with strengthened and optimized utilization Of Health Workforce involved in diagnosis and treatment of HIV/AIDS cases in Migori Hospital by way of an assessment of Healthcare capacity assessment gaps in terms of aspects for optimum utilization of the workers thus contributing to positive impact on reduction of HIV/AIDS in the Hospital and the County (Decker, 2013).

This weakness/gap was equally identified by the Organizational Capacity Assessment (OCA, 2016) on the need for an assessment of Healthcare capacity gap. This is geared towards optimized utilization of Health workforce thus enhancing the diagnosis and treatment of HIV/AIDS in the Hospital and the county at large. It utilized a participatory approach where staff and other stakeholder were engaged. The fellow engaged the stakeholder's at the facility yielded the same findings/observations similar with the findings of the OCA report. At the PLP, a stakeholder discussion was carried out with the top leadership of the Hospital to include the Med Sup, Nursing and Administration and Health information.

To address the gap, the fellow undertook a project to address this concern. This largely addressed the Human Resource aspects which contribute in empowering human resource in order to contribute in alleviating the pain, suffering and even mortality as a result of HIV/AIDS pandemic in the Hospital and the county.

To empower the professionals in the health sector and more so those in Migori County, there was need to have a well-defined Health workforce management system which will eventually upscale the diagnosis and treatment of HIV/AIDS patients in the Hospital and the county at large.

1.2.5 Statement of the Problem

The County Profile (2016) had 5093 new HIV/AIDS infections. It is the fourth highest after HomaBay, Kisumu and Siaya counties respectively. In order to fully address this health challenge, there was need to have a well-established system to optimize the utilization of health workforce.

To successfully undertake the task, there was a need to come up with a well-defined Health Human Resource system biased towards management of HIV/AIDS. The Kenyan Government acknowledges that Health workers are one of the core building blocks of a health system. Global evidence points to a direct correlation between the size of a country's health workforce and its health outcomes. Just like many developing countries, this nation faces a myriad of health challenges hindering the access and utilization of health services. One of the challenges is inadequate skilled workers and uneven distribution of the same. Consequently the health demands of the population are not delivered in an effective and efficient manner (USAID, 2016)

To address these inefficiencies, the Government has come up with several interventions including the development of policy documents like the National Human Resources for Health (HRH) Strategic Plan. The policy was developed in consultation with the stakeholders; collaboration with partners and donors with the sole aim of strengthening the HRH in order to deliver services more efficiently (MOH, Human Resource for Health 2013).

Some of the challenges facing the health sector in Kenya include but not limited to lack of skilled manpower, inability to attract and retain trained employees, absenteeism inability to attract and retain health workers, poor pay, poor distribution and deployment of employees, lack of tools of work, low morale among others. The OCA (2016) report is a

product of stake holder engagement with the leadership of Migori County Referral Hospital and it highlights of these challenges.

1.3 Project Objectives

The objectives of the study are as below:

1.3.1 Goal:

To develop an Optimized Health Human Resource system to upscale diagnosis and treatment of HIV/AIDS cases in Migori County Hospital.

1.3.2 Specific Objectives.

Specifically, the project sought to:

- Develop a stakeholder designed optimized Health workforce management system to upscale diagnosis and treatment of HIV/AIDS.
- Conduct an assessment of the Healthcare capacity gaps in Migori Count Referral Hospital biased towards HIV/AIDS.
- Conduct capacity building on healthcare delivery systems in the Hospital.
- Train clinicians/Health workers on development of a capacity building framework.
- Develop an implementation Matrix with well-defined Monitoring and evaluation mechanism.

1.4 Significance

Since the project was successfully completed, it is of enormous direct significance to HIV/AIDS patients seeking for clinical care at the Hospital. The socio economic negative impact of the HIV/AIDS in Kenya at large and Migori in particular cannot be quantified. It has increased cost of healthcare, reduced agricultural productivity and distorted the social order in the society as children take the parental role in place of the parents who have died because of the condition.

1.4.1 Migori County Hospital

This has enabled the Hospital have a well-structured, well defined Health workforce utilization system which will be useful to the HIV/AIDS patients in the Hospital. The developed document utilized a structured stakeholder Health workforce management approach.

1.4.2 Other County Hospitals

Virtually, all the county Hospitals have the same Health workforce management structures, systems and challenges pertaining to management of HIV/AIDS condition. Migori County Health Human Resource management system will be modified and replicated in other Hospitals in the Republic. This will also address the aspect of sustainability and scalability.

1.4.3 Policy Makers in Government

The information obtained from the study will influence policy making at institutional and National level as they develop policy interventions on Health workforce management system. Having well managed health workers even at national and county levels will enhance their productivity and improve efficiency in the utilization of the few available health workers.

1.5: Research Questions

I. What would be the optimized Health workforce management system in Migori county Hospital?

II. What will the assessment of the Healthcare capacity gaps in Migori Count Referral Hospital biased towards HIV/AIDS yield?

III. Does capacity building on healthcare help enhance optimized staff delivery systems in Migori County?

IV. Which is the implementation Matrix to implement an optimized Health Human Resource system in Migori County?

1.6: Delimitation.

In terms of Geographical scope, the study was done at Migori County Referral Hospital which is located in South Nyanza. The target population were the employees of the Hospital and the leadership of the County Department of Health. The study was done between February and December 2018.

1.7: Limitations:

This study did not involve patients or their relatives or dependants but only the employees of Migori County Hospital. Equally it did not involve other patients and employees from outside the county.

1.8. Assumptions.

The study was based on some assumptions which are pertinent to the completion of study that the participants provided the correct information in a voluntary manner and that they did not feel coerced into availing the needed information.

Another assumption is that the study would be useful to the Hospital beyond the fellowship and that its implementation would continue in the Hospital.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers previous studies undertaken relating to this project, alignment of the project to 95/95/95 principle, project implementation and management plan.

2.2 Theoretical Literature

2.2.1 Literature on HIV/AIDS

Some studies have attributed the high HIV/AIDS prevalence in the western belt of Kenya to cultural norms. Particularly, it attempts to correlate the high rates to cultural practices to include polygamy and lack of male circumcision. Culture has an influence on diseases spread in the populations (Airhihenbuwa and Webster 2004).

Transmission of sexually transmitted Diseases will attract the judgemental attitudes of the society. There is the perceived sexual irresponsibility on the part of the infected as compared with the western world where there is no blame game. This has contributed in fuelling the spread of the disease (Gausset 2001;Hunt 1996).The study observed that Africans are perceived to be culturally flexible in situations of multiple sex partners, sexual promiscuity and prostitution than other populations elsewhere in the world.

According to the (KASF 2014-2019), the aspect of stigma, discrimination and violence remain high in Kenya. There have been several efforts geared towards reducing the three factors as they are a bottleneck to HIV/AIDS patients. There have been country wide campaigns against these factors which are coordinated by the Government and other players through media (both print and electronic).

2.2.2:HIV/AIDS and Health workforce:

According to Chen (2004), HIV/AIDS severely erodes the human capacity and the social fabric of the society. It depletes the very foundations of the overall Healthcare systems

thus increasing the inefficiency of those systems. In the same study, it further observed that HIV/AIDS elevates the morbidity and burden of disease. This further increases the workload of the few employees thus causing burn outs and low morale and absenteeism. It has a significant negative psychological effect on the workers compromising the quality of the patients care and increasing workload.

Staff numbers and adequacy has emerged as a key determinant in the Nation HIV/AIDS intervention and treatment plans. Tawfid (2004) noted that mobilization of health employees will partially address the shortage. Apart from mobilization, several other measures should be considered to include training of the community Health workers which has previously been proven effective in some parts of the continent.

Dovlo (2004) noted that priority should focus on staff tasks, investing on continuous professional development, and staff configuration will be a function of country circumstances. At the same time, harmonization of the management, working conditions and the career progression of the staff should be given precedence.

In some County Hospitals in Kenya, including in Migori County, HIV/AIDS programmes are supported by staff that are fully paid by donors. Over reliance on donor funds to finance HIV/AIDS programmes in the country and county Hospitals in particular has its own inherent weaknesses UNAIDS (2016).It further articulates that over reliance on donor financing of Health employees may result to disorderly and chaotic work place in case of the withdrawal by the donor.

According to the Human Resource for Health (2004), it observed that proper Human Resource management for Health is an essential ingredient for the achievement of better clinical outcomes .It further observes that it is essential that emphasize should be placed on the size, composition and distribution of the health staff. Other aspects entail workforce training issues, cultural and socio demographic factors (Dolan, 2016).

2.2.3 Critical Review and Bridging Gaps:

There is no much study done on the field of Human Resources for Health more so those pertaining to HIV/AIDS in county Hospitals in Kenya. This project, which was done in Migori County, seeks to fill/bridge the gap as a foundation for further studies in other counties.

2.2.4. Alignment of the Project to 95/95/95 Principle

The basic tenet of the principle is that by 2030, 95% of all people living with HIV will know their status, 95% of all diagnosed HIV infections will receive sustained antiretroviral therapy and 95% of all people receiving antiretroviral therapy will have viral suppression.

Since the project is successfully completed, it has partly contributed in enhancing the health workers capacity to identify/reach people who are HIV positive in Migori County. All clinicians/Health workers in wards, clinics, Laboratories will be able to have concerted approach towards the management of the condition thus enhancing identification, disclosure, testing, treatment and adherence to treatment. This will be beneficial to the patients, families, communities and the nation at large.

2.2.5 Project Implementation Methods and Management Plan

The following were the institutional issues which were addressed by the study.

2.2.6 Human Resource

The Kenya's Health workforce management system is within the armpit of The Health Sector Strategic Plan which broadly is anchored in the overall Vision·2030 .It aims at transforming this country to a world class economy capable of enjoying a relatively high quality of life in the next two decades or so. This principle is anchored on the 2010 constitution which made Health a fundamental human right. It is important also to note that there are several international laws and conventions all geared towards the provision of universal health for all.

Subsequent to the enactment of the new constitution, there has been devolution of resource and services which have significant impact on health and health services. Counties are able to manage their resources from financial to Health workforce. Vision 2030 is one of the most ambitious policy directions postulated by the government to improve on the welfare of the citizens. Collaboration with international partners and partnership with private sector are some of the efforts encouraged by the government to deliver this mandate.

Public participation of health projects/programmes is also emphasized by the constitution so as to enhance sustainability and sense of ownership of the projects. This will also ensure that health resources will address the felt needs of the society. It is important to note that many AIDS/HIV projects/Programmes in the country are donor funded. This may pose a risk on the sustainability of the projects in case donors withdraw their support. There is need to have alternative mechanism to take care of such eventualities.

The Health Sector should not be seen in isolation but it entails actions, activities efforts and interventions which individually and cumulatively combine to affect the health and the well-being of the population. There are also other sectors of the economy which directly or indirectly affect the health of the population. Education, Agriculture and Nutrition Health, Transport and communication will always have an invisible effect on the Health of the population. It is therefore the onus of the Government to improve the sectors so that they can have a positive effect on the health of the population.

The greatest human resource challenge that the counties have encountered since devolution has been the management of the health workforce. To address this challenge, the National Government has developed several Policy guidelines that are a first step towards addressing HRH gaps at the county level.

This is based on the realization that Human resource in the Health sector is the most important resource an organization and Nation has. They are the doctors, nurses, Health

information officers, and Pharmacist and lab technologists. To manage patients to meet their satisfaction, they need to be managed in an efficient manner. One of the challenges in many counties is in adequate Human Resource Management system in terms of the number of doctors, Nurses, Pharmacists and other paramedic. The resultant effect is delay in delivery of services, overworking for the few staff resulting to fatigued and reduced productivity.

With the inception of devolution, health as a function was devolved to the counties. The human resource function was equally devolved in terms of salaries, promotion, discipline and training. This has seen frequent industrial unrest by doctors and nurses. The net effect has been delay or lack of delivery of services to patients. Patients have been left unattended to in wards, clinics and inpatients points. Given that training has a direct impact on the quality of care received by patients project aims came up with a well-structured consultative Training Needs Assessment.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

This chapter entails the study design, sample size, sampling method, and target population, the methods of data collection, validity and reliability.

3.2: Research Design

The project used a descriptive longitudinal research design which answered questions like where, When, where and how many. It seeks to explain events, phenomena, situations and circumstance as they are. In this case it, is the Health Human Resource dynamics in Migori County Referral Hospital.

3.3: Target Population

The target population encompassed the entire employees of Migori County Hospital whose representation came from all the departments of the Hospital both clinical and Administrative. Some of the clinical Departments are Medical, Surgical, Laboratory and Diagnostic, health Information (Medical Records) and Patient Support Centre where HIV/AIDS patients are seen.

S/No	**Category**	**Total No of Employees per Speciality**
1	Total no of Doctors	16
2	Total No of Nurses	102
3	Health Information/Records	1
4	Administration/Finance	8
5	Others	56
	Total	**183**

Source :(Migori County Hospital 2018)

Speciality of Doctors

Speciality/Sub specialty	No of doctors
Physician	3
Obstetrics and Gynaecology	3
Ophthalmology	2
Dentistry	2
Nephrology	2
Total	**16**

3.4 Sampling Procedure

The fellow applied purposive sampling method also referred to as judgemental .This is a sampling method whereby the researcher aims at collecting focussed information. In this case, the employees who in the opinion of the fellow would give the information relevant with regard to this project. The sample included the Medical Superintendent, Assistant Chief Nurse, Hospital Administrator, Members of the Management team, some few doctors and all in charges of wards and clinics

3.5: Methods of Data collection

Primary Source of Data

(a) Focused Group Discussions

Data was collected by way of Focused Group Discussions with the key Informants. The round table discussions was geared towards obtaining the relevant information of Human Resource which will deliver optimized health human resource system to upscale diagnosis and treatment of HIV/AIDS in the Hospital.

(b) Interview Schedule

There was also the use of Interview schedule with a set of questions which were only used as a guide's question would be asked and depending on the response would elicit other questions. The advantage of this is that the fellow would ask questions exhaustively thus obtaining comprehensive response. Additionally, from body language, gestures and facial expressions, the fellow would get additional information.

(c) Secondary Sources

Perusal of policy papers, Human Resource manuals, minutes of meetings and circulars was undertaken in obtaining information relevant for the development of Healthcare delivery assessment in the Hospital.

3.6: Validity of the Tool

To enhance the validity of the tools, the fellow piloted/pre tested by deploying to a small portion of the potential sample. Thereafter, errors observed were corrected before the final roll out to the entire sample.

3.7: Reliability of the Study

This project will be able to produce/yield the same consistent results even when done by different fellows at different times in the same institution. The methods can be replicated in other set ups/other Hospitals and the findings could follow a similar pattern.

3.8: Data Analysis

Before the actual analysis, the data was cleaned, filtered, coded and analysis done qualitatively and quantitatively. Majorly, the data was qualitative and therefore there was content analysis and thereafter, presentation was done in form of frequency tables and figures.

3.9: Deliverables of the Study

Within the duration of the project the following deliverables were realised:

- Summarized healthcare capacity gaps report/document in the Hospital.
- Health workforce capacity building framework.
- Implementation matrix with well define monitoring and evaluation mechanisms.
- Summarized proceedings/deliberations of the presentation made during the capacity building workshop.

3.10. PROJECT ACTIVITIES

3.10.1 Assessment of healthcare capacity gaps in the Hospital

The activities involved an assessment on the healthcare delivery system in the Hospital looking at some aspects of Human Resource e.g. deployment, Integrated Human Resource Information System, Performance Management and promotions, Rewards and Sanctions, Human Resource Policies, Guidelines and Manuals. The assessment tool was deployed across all the departments and the form was filled appropriately.

3.10.2 Human Resource Capacity Building Framework/Plan.:

The Human Resource framework/plan was developed and stakeholders were engaged in the development so as to develop capacity building gaps framework for the Hospital. Individual interviews and focused group discussions were used as methods of data collection .Thereafter desk review of secondary data by way of perusing documents, policy papers and minutes of meetings to establish the systems in place on the training of clinicians and other Health workers in the Hospital.

3.10.3 Stakeholder Engagement

Meetings were held with the Medical Superintendent, the leadership of Nursing, Laboratory, Health information, Human Resource and the Hospital Health Administrator. The aim of the meeting was to carry out an assessment of the Healthcare capacity building gaps in the Hospital biased towards HIV/AIDS patients in the Hospital.

3.10.4. Group Discussions:

Focused Group Discussions were carried out with some of the staff working at the Patient Support Centre to determine their capacity building gaps unique to the area in which they work. All the staffs that were in Patient Support Centre are fully funded by donors. They may not be open to the Government/County funded training programmes. Donor supports come from University of Maryland National Aids Control Programme and Kenya Medical Research Institute.

3.10.5. Development of Healthcare Capacity Building Framework/Plan.

The findings from the deliberations will be analysed, collated and used to produce a Hospital Healthcare capacity building framework/plan which will be reference document for present and future use in the Hospital.

3.10.6. Development of Capacity Building Framework/Plan Monitoring and Evaluation Tool

Upon implementation of the Training Plan, it was important to come up with a mechanism to monitor and evaluate the implementation. Consequently, a tool was developed to periodically monitor and evaluate the implementation of the capacity building framework.

3.10.7 Roles and Responsibilities of Different Players

The programme had different players who were having different roles and responsibilities as below.

3.10.8 The Fellow

- The UHIV fellow was tasked with recruiting the two fellows from facility who are currently pursuing the online courses of the University of Nairobi.
- In consultation with the Med Sup, coordinated meetings and forums for discussions with the stakeholders on the development and implementation of capacity

- Provided the necessary resources/funding necessary to successfully carry out meetings/deliberations.
- Collated/consolidated the deliberations into relevant documents e.g. Health Workers capacity building report.
- Coordinated the organization of the workshop which was held on 14Th December 2019.

3.10.9 Medical Superintendent

- Provided space and chaired meetings/forums for deliberations.
- Issued correspondences/circulars to staff, Unit Heads on matters relating to the development of healthcare capacity building framework and report.
- Jointly with the Nursing Officer in charge, identified and mobilized staff to participate in the deliberations and trainings.
- Together with the Hospital Health Administrator and the fellow, provided the necessary logistical coordination for successful deliberations in meetings.

3.10.10 Identified Staff

A large number of staff amongst them the Nurses, Doctors, Laboratory, Health information attended training sessions and made active contributions in such forums.

Doctors

Through the representation of the Medical superintendent or representative, the doctors' opinions were sort on the healthcare capacity gaps biased towards HIV/AIDS in the Hospital.

Nurses

The nurses form an important core in the management of HIV/AIDS patients in the Hospital. Their input on the assessment of the healthcare delivery system was found to be of much usefulness.

Other Health Workers

Other disciplines in the Hospital will be involved e.g. Laboratory, Health Information and the staff working in the Patient Support Centre

3.10.11 Implementers, Partners and Beneficiaries (Stakeholders)

The assessment of Healthcare capacity building will be implemented at venues yet to be identified within the county. Some of the beneficiaries/stakeholders are:

3.10.12 Communication Strategies/Plans/Processes

- The mode of communication was majorly by use of letters and circulars from the office of medical superintendent to staff/wards and vice versa.
- Additionally, there were communications/deliberations in meetings from various team leaders.

3.10.13 RISKS

Industrial Unrest:

One major risk was the frequent industrial unrest in the health sector. For the last few years there have been many strikes which have resulted in interruption of services with patients not getting services as required. This partially interrupted the implementation of the programme. The fellow was able to work with the available staff so that the required information would be obtained.

Busy Schedule:

There were interruptions occasioned by the busy schedule of the members of staff who were to attend to various duties, some emergencies in and outside the Hospital.

3.10.14Assumptions

Timely Attendance to Meetings:

It was assumed that the relevant staff would be available whenever they are called for meetings.

Positive response

It was assumed that the clinicians will be responsive and available during the period of the project.

Internal structures

Another assumption was that all the internal structures and systems were accommodative to allow the undertaking of the project.

3.10.15 Sustainability plan

To enable the Hospital sustain the project implementation over a long period of time, the following strategies were be put in place.

Healthcare delivery Capacity Gap Report

An assessment report was developed on the current Healthcare delivery gaps and suggestions were made on how this will be improved. The findings and recommendations were implemented over a period of time like three years.

Health healthcare delivery evaluation framework/plan

The fellowship developed a standard tool/instrument which culminated in the development of a framework/ Plan which was deployed/ used in the Hospital and it can also be used over a period of three financial years with minimal reviews.

Continuous Trainings

As part of the implementation the health workers underwent one day capacity building seminar and they will be able to apply and train staff under them on how to develop and implement healthcare delivery gaps report .Additionally a soft copy of the presentation was distributed to all the attendees and gradually, they will be able to utilize it.

Involvement of Participants from Sub County Hospitals

The tool was shared with sub county Hospitals within the county so that it can be cascaded downwards to the lowest facility level as possible be it Dispensary or Health

Centre.

3.10.16 Scalability/Replicability

Since the project was successfully completed, it can be replicated in all other hospitals within migori and all other counties in the larger Nyanza region where the prevalence are relatively higher. The same can also be cascaded to all other counties nationally.

3.11 Ethical Considerations

The project complied with all ethical requirements by ensuring that the rights and dignity of the research participants were respected and upheld. The participants were recruited voluntarily after being given assurance that there were no risks associated with the study and that the benefits are to improve the quality of services at the Migori County Hospital. All participants consented to the study and none was coerced in to participating. Additionally, they were given the option of withdrawing at any stage if they felt their participant was no longer untenable for one reason or another.

3.12: Summary

The methodology is the core of the study since it is in this chapter where it indicates the study design, sample size, sampling method, and tool/instruments of data collection and how data was analysed either qualitatively or quantitatively.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1: Introduction:

The chapter gives a summarized analysis of deliverable by deliverable as found at the Hospital

4.2: Analysed the Status of Health Workforce Management at Migori County Hospital.

Mark (tick) as appropriate.

4.2.1.Human Resource Information System

FUNCTION /ITEM	Yes	No	Partly	Remarks
• Existence of a functional integrated Human Resource information system at the Hospital	✓			
• IHRIS is updated and maintains records on staff	✓			
• Staff establishment, leave matters available in IHRIS		✓		
• Staff deployment by Department/unit/ward available in IHRIS	✓			Only in the Department

4.2.2. Performance Management and Promotions Process

• Yearly staff performance appraisal process/cycle carried out at the facility.			✓	Process has just begun. To be fully executed with the signing of the Contract by the Governor
• Work plans and performance setting carried out periodically			✓	

• Bi annual staff performance appraisal undertaken			✓	
• End year staff appraisal carried out.			✓	
• Promotions done on recommendations in appraisal forms			✓	

4.2.3. Promotion

• Provision for promotion on merit	✓			
• Existence of a disciplinary committee.	✓			
• Availability of Employees code of conduct	✓			
• Timely common cadre promotions as stipulated	✓			

4.2.4. Human Resource policies/guidelines/manuals

• Availability of job descriptions with clear expectations		✓		
• Availability of standard operating procedures on any aspects of Human Resource Management		✓		
• Availability of Human Resource manual/guide		✓		

4.2.5. Training and growth

• Availability of Training policy in the Hospital	✓			
• Training projections Hospital needs driven	✓			

• Presence of a Hospital Training Committee	✓			
• Adequate budgetary allocation for staff Trainings			✓	

4.2.6. Occupation Safety and Health (OSHE)

• Presence of the Hospital OSHE committee		✓		Yet to be established
• Availability of OSHE focal person in the Hospital.		✓		
• Distribution of OSHE manual to all staff.		✓		
• Presence of emergency exit directional signs.	✓			
• Availability of protective supplies e.g. gloves, lab coats	✓			

4.3 Discussion and Presentation of Findings.

The salient features of the assessment on a few of the Human Resource Delivery System in the Hospital are as below.

4.3.1 Human HRIS Resource System

Existence of a functional integrated Human Resource information system at the Hospital which is regularly updated, well maintained records on staff establishment, leave matters available in IHRIS and Staff deployment by Department/unit/ward available in IHRIS.

4.3.2 Promotion

The presence of a well-developed Provision for promotion on merit, existence of a disciplinary committee, availability of employee's code of conduct and Timely common cadre promotions as stipulated. The challenge was on its implementation due to financial considerations.

4.3.3 Performance Management and Promotions Process

The Hospital had begun the process of Yearly staff performance appraisal process/cycle carried out at the facility, Work plans and performance setting carried out periodically. Bi annual staff performance appraisal to be undertaken end year and Promotions to be done on recommendations in appraisal forms. These will be formalized with the signing of the performance contract by the Governor.

4.3.4 Occupation Safety and Health (OSHE)

The Hospital is yet to establish a Hospital OSHE committee and identify OSHE focal person in the Hospital. The distribution of OSHE manual to all staff is already done. Within the Hospital premises, there is Presence of emergency exit directional signs. Additionally, availability of protective supplies e.g. gloves, lab coats.

4.3.5 Documentation of data:

The analysis noted that there is a lot of skill gaps on the aspect of documentation ranging from medical data, vital signs, general patients process and data analysis of medical reports/data.

4.4 Implementation Framework

No	Skills gaps identified per Department/Unit	No of staff required to be trained	No trained year 1	No trained year 2	No trained year 3	Remarks
1	Data Analysis and use	5				
2	Documentation	All Departments				
3	Data description indicators	All Departments				
4	Documentation	All cadres in the Department				
5	Resuscitation skills and Equipment	All staff				
6	Documentation	All staff				
7	Documentation of fluid Chart	All Nurses on duty				
8	Documentation of labour ward processes	All Nurses in Labour ward				
9	Documentation of Nursing care Plan	All Nurses on duty				

4.4.1 Monitoring and Evaluation tool

To ensure that the implementation of the project will go beyond the fellowship, a tool was developed to track its implementation. The monitoring and evaluation tool well defined timeframes and action areas. The staffs who have a direct influence on patients' clinical

outcomes are the nurses and doctors. The framework indicates the areas of concern against the cadre of employees to be trained. It is a phased monitoring and implementation tool so that upon completion of three years, final valuation will be made to establish success, challenges and opportunities for further improvement. The monitoring and implementation tool captured thematic areas some of which are: documentation of fluid charts, documentation of labour ward processes, fluid charts and general nursing care.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENATIONS

5.1: Introduction.

The chapter gives a brief summary of the findings as in chapter four, draws conclusion variable by variable and makes broad recommendations on the basis of the findings.

5.2 Health Workforce Management System.

The Hospital has a functional Human Resource supportive of HIV/AIDS treatment and diagnosis. There is a robust Human Resource Management System which still has room for improvement. Consequently; some Human resource functions like leave applications and deployment are updated regularly. However some functions of Human Resource systems are not automated.

On performance and management, yearly staff appraisal is a process which had begun but still at initial stages. It is important that the process is expedited so that it is fully functional within a short time. Staff establishment, leave management and deployment are human resource functions which keep on changing periodically and they should be updated continuously.

There exist clear guidelines on promotion, presence of employee code of conducts and time appraisal for common cadre promotion. The promotions should b effected on time so that the staff can be motivated thus enhancing their performance. There is a financial implication on effecting promotions by way of adequate budgetary allocation.

5.3 Human Resource Capacity Gaps relevant to HIV/AIDS Programmes in the Hospital.

The assessment made some observations that there are gaps in analysis of clinical data

which may delay informed decisions. Good clinical outcomes pertaining on HIV/AIDS is dependent on the quality of data obtained, analysed and used. Apart from clinical use, data can also be used administrative decisions more use on the allocation of resources.

Clinical data can range from that which comes from Health Information Department, Laboratory requests, Radiological reports and those specific to medical conditions. Similarly, there are reports which can be in form of financial statements, turnaround times and average length of stay which can be used for financial planning and general allocation of resources. It is important that the hospital staffs are empowered on the collection, collating, analysis and interpretation of such data.

5.4 Capacity Building of staff in the Hospital

A session was organized and it was attended by seventy three staff of all cadres, different backgrounds and experiences. Different topic issues of Human resource were discussed. Some of them are staff motivation, remuneration, discipline, reward and matters of Occupation, Health Safety and Environment.

These aspects may not have been fully covered within the one day session. However; such forums can be organized in form of Continuous Medical Education or Continuous Professions Development Forums. This can be done in partnership with professional societies and Associations or with funding from donors, well-wishers or charitable organizations. This will supplement the dwindling financial support from the exchequer. In most cases budget allocation for trainings and capacity building is not adequate.

5.5 Implementation Framework.

A stakeholder frame was designed on the basis of the staff capacity gaps in the Hospital which will be implemented for three years duration. This will partially address the issue of the sustainability of this project.

5.6 Recommendations

There is need to employ enough Information Technology Officers in the Hospital so that they can expedite the exercise. Once complete, it will introduce efficiency in access, utilization and easy decision making in terms of allocation of Human Resources.

Adequate allocation of financial resource is critical so that enough computers, Lap tops and software can be procured. This can be categorized as infrastructural ICT improvements which still need improvement in the Hospital.

Manpower Development and capacity building for staff on matters ICT needs to be considered in order for them to fully embrace and use it in the Hospital. Continuous trainings are recommended because the field of Information Technology is dynamic.

It is of significance that proper data management from collection, analysis, interpretation, use and dissemination to be improved for better decision making.

It is recommended that such capacity building sessions could be organized more regularly and it could broaden the thematic areas of Human Resource in HealthCare. At the same time, they recommended longer sessions for exhaustive discussions of emerging issues.

The implementation of the framework need to be continuo's and sustained as it will have a long term positive effect in the Hospital and particularly the diagnosis and treatment of HIV/AIDS in the Hospital and the county at large.

5.7 Expected Long Term outcomes

- Improved clinical outcomes for HIV/AIDS patients in terms of increased number of Diagnosis, Treatment and enhance adherence to medication and clinic attendance.
- Well-developed Healthcare delivery system Assessment gaps which will be used as a reference for future assessments
- Increased number of clinicians exposed to specialised trainings on new methods, technologies and strategies on HIV/AIDS.

- Indirect overall improvement in the socio economic/health indicators of the population of Migori County.

5.8 Conclusion and Recommendations

HIV/AIDS pandemic remains a major public Health concern in Kenya and More so the Western Counties of the Republic (Migori, Siaya, Homa Bay, Kisumu) where the prevalence rate averages close to 30%.However, with concerted efforts and multi sectoral approach with the Government, the churches, partners both locally and internationally, the pain and death associated with HIV/AIDS can be reduced, minimized or totally eliminated.

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APPENDIX 1

4.3: Healthcare Human Resource Gaps Report

No	Skills gaps identified per Department/Unit	No of staff required	Agreed measures	Measures to be done by	Department	Action Officer	Confirm when done
1	Data Analysis and use	5	Mentorship on completeness of registers	Health Records Information Officer	Health Information/Records	CHRIO	
2	Documentation	All Departments	Every service offered must be recorded	Monthly/Periodic reviews	Health Information/Records	MEDSUP	
3	Data description indicators	All Departments	Monthly Reviews	All professionals in the Department	Health Information/Records	HMT	
4	Documentation	All cadres in the Department	Orientation of all Health staff	All Health professionals in the Department	Surgical	All In charges of Units/Departmental	
5	Resuscitation skills and Equipment	All staff	Orientation of all Health cadres	All Health professionals in the Department	Surgical	In charge and Training Committee	
6	Documentation all processes	All staff	Staff to be documenting all processes/Services	All staff	Maternity	In charges of Units/Wards	
7	Documentation of fluid Chart	All Nurses on duty	Prompt charging of fluids balance chart	All Nurses	Medical	In charge of Units/Wards	
8	Documentation of labour ward	All Nurses in Labour ward	Proper. Legible documentation	All staff	Gynaecology	In charge of Unit/Wards	

	processes						
9	Documentation Nursing care Plan	All Nurses on duty	Increase the number of Nurses	Public Service Board	Paediatrics	Nursing Officer in charge	