

# *Human Resources Retention Scheme: Qualitative and Quantitative Experience from Zambia*

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# Background

## **Human Resource Challenges in Zambia:**

- more than 50% of rural health centers have only one qualified staff member present
- hospitals are chronically understaffed

## **Resulting in :**

- increased workloads for active health workers
- low motivation and morale
- poor performance and productivity levels
- deterioration in quality of care and health sector performance

# Approach to Addressing Human Resources for Health Attrition in Rural Districts of Zambia

## **Zambia Health Workers Retention Scheme (ZHWRs):**

**Objective:** Decreased attrition rates of current critical service providers especially in rural areas

**Design:** Incentive program targeting key health worker cadres primarily in rural districts

**Supporting Partners:** Ministry of Health, Royal Netherlands Embassy, USAID - HSSP, European Union, SIDA, DFID, CIDA

# Criteria for facilities qualifying for the retention scheme

Description	Categories and Criteria	Eligible candidates
Provincial Hospitals	Districts B, C and D	Zambian Medical Consultants
Health Centres District Offices District Hospitals	Districts C and D	<ul style="list-style-type: none"> <li>▶ All Medical Officers working for the MOH under local conditions of service</li> <li>▶ Zambian Medical Licentiates</li> </ul>
Nurse Training Schools	Districts A, B and C	Zambian Nurse Tutors
Health Posts Clinics Health Centres	<b>Districts C and D</b> <ul style="list-style-type: none"> <li>• Health Facilities without any professional staff</li> <li>• Health Facilities manned by one professional staff member</li> <li>• Health Facilities in hard-to-reach areas</li> </ul>	Zambian Clinical Officers Zambian Enrolled Nurses Zambian Enrolled Midwives Zambian EHT employees

# Zambian Health Workers Retention Scheme Incentive Packages

Employee Category	Monthly Stipend (Hardship Allowance)	Housing Rehabilitation	Vehicle Loan Available	Facility Incentives	Duration of Contract
Zambian Medical Consultants	\$935.10	\$3000	Yes	Provision of medical equipment at Provincial Hospitals	3 consecutive years
All Medical Officers	C=\$579.33 D=\$685.10	\$3000	Yes, after completing 6 months of contract	Provision of medical equipment at Health Centers and District Hospitals	3 consecutive years
All Medical Licentiates	C=\$371.70 D=\$472.50	\$3000	Yes, after completing 6 months of contract	Provision of medical equipment, improvement of water reticulation systems	3 consecutive years
Zambian Nurse Tutors	A=250 B=371.70 C=472.50	Applicable at select facilities	Not Applicable	Rehabilitation of schools, provision of medical equipment, upgrading staff accommodation	3 consecutive years
Zambian Clinical Officers Nurses EHTs	\$200	Rehabilitation of clinic building and staff houses	Provision of one motor bike per Health Center	Provision of solar panels, medical equipment, water reticulation systems	3 consecutive years

# Implementation Phases and Numbers of Staff Enrolled under the ZHWRS

**Implementation Phases and Numbers of staff enrolled under the ZHWRS**

Type	Cadre	Phase		# of staff
		From	To	
Doctors Rural Retention Scheme (Pilot)	Doctor	Sep-03	Aug-06	69
ZHWRS	Doctor	Sep-06	Dec-06	74
ZHWRS	Nurse Tutors	Oct-07	Dec-07	112
ZHWRS	Health Science Tutors	Nov-07	Dec-07	41
ZHWRS	Medical Licentiates	Nov-07	Dec-07	5

# Retention Scheme Outcomes

## National Level Establishment Analysis for the ZHWRS

Cadre	Current participating staff	Target Goal	Variance
Doctor	74	150	76
Nurse & Health Sciences Tutors	153	200	47
Medical Licentiates	5	50	45
Clinical Officers	<i>Recruitment underway</i>	400	400
Nurse	<i>Recruitment underway</i>	600	600
EHTs	<i>Recruitment underway</i>	250	250
<b>Total</b>	<b>232</b>	<b>1650</b>	<b>1418</b>

# Retention Scheme Outcomes

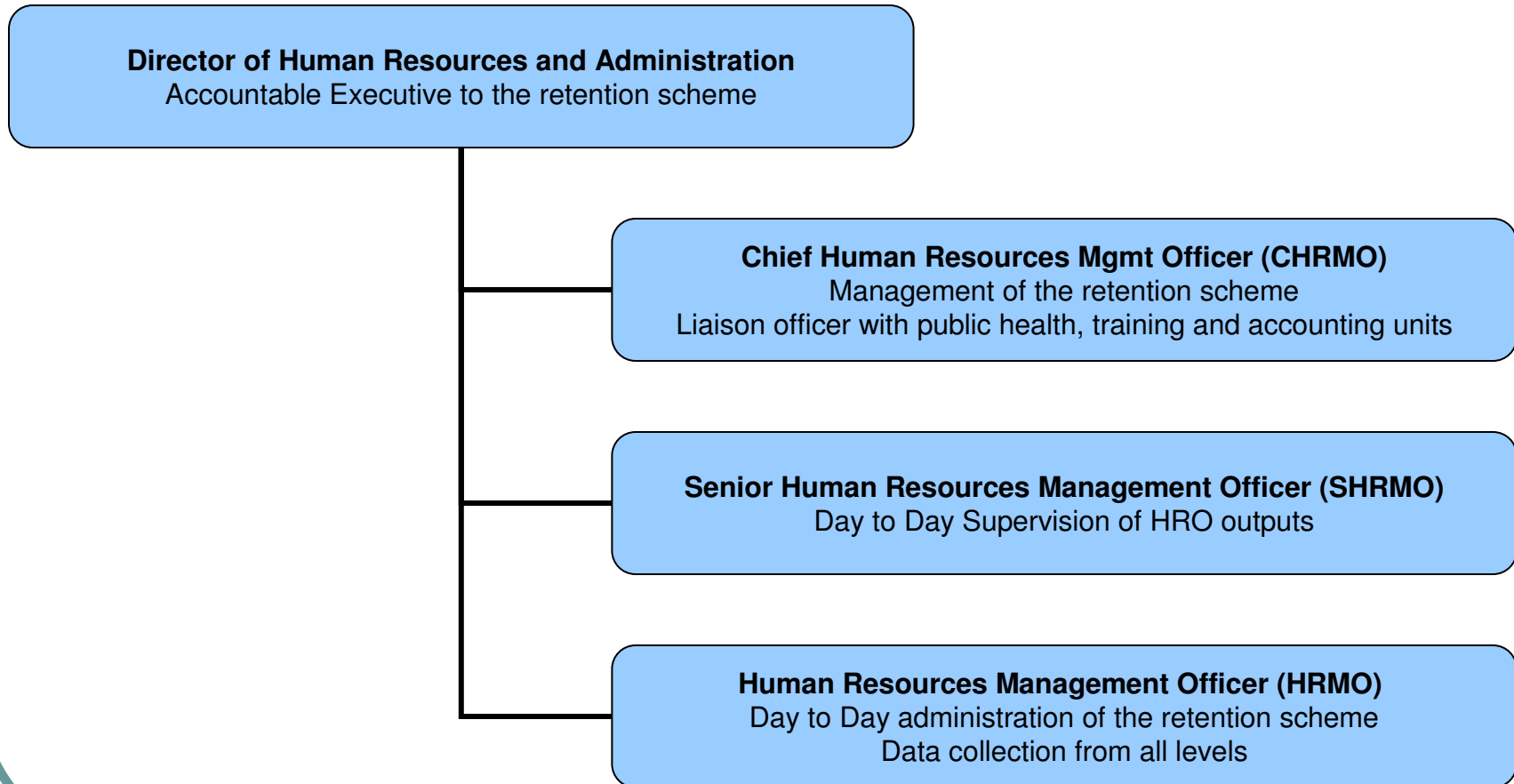
- ZHWRS has posted doctors in 54 rural districts, majority of which previously had no doctor presence
- Doctor/Population Ratio has improved in participating districts. Some districts have as many as 4 doctors
- All 112 Nurse and 41 Biomedical Science Tutors have been enrolled on the retention scheme
- Recruitment of clinical officer, nurses and EHTs is underway

## Retention Scheme Outcomes – Qualitative Issues

- Administration of ZHWRS
- Performance Assessments and Productivity
- Participant Feedback

# Qualitative issues in the Administration and Management of the Scheme

## Current Management Structure



# Qualitative issues in the Administration and Management of a Retention Scheme

## **Guidelines & Tools Developed for ZHWRS**

- Application Form
- Contract for Employment
- Loan Application Form
- Certificate of Completion
- ZHWRS Guidelines
- Schedule of Remuneration
- ZHWRS Scale-up Plan
- Roles and Responsibilities in Human Resources Management

# Participant Feedback – Physicians on the ZHWRS for at least 12 months

<b>Most cited reasons for Staff Demotivation</b>		
1=Not at all satisfied; 2= Not Satisfied; 3=Somewhat Satisfied; 4=Satisfied; 5= Very Satisfied		
<b>S/N</b>	<b>Reasons</b>	<b>Score</b>
1	Salary & Conditions of Service	1.9
2	Retention Allowances & Benefits	2.9
3	Housing/ Accommodation	1.6
4	Education Facilities for children	1
5	Intellectual Stimulation	1.9
6	Working Environment - availability of drugs, equipment, supplies including transport	2.4
7	Social Amenities	1.4
8	Research Opportunities	2.7
9	Training Opportunities	1.8
10	Manpower Shortages (Workload)	1.4
11	Secondary Income Opportunities	1.4
12	Recognition from Supervisor & Employer	2.2
13	Career Progression (Promotions)	1.8

# Key Recommendations

- Key stakeholders must be involved in the design and development of a sustainable retention scheme program
- Retention schemes should include comprehensive support systems at all levels (Central, Provincial, District & facility)
- Continued participation can only be guaranteed through effective and efficient remuneration systems

# Key Recommendations

- A good retention scheme should aim to strike a balance between financial and non-financial incentive factors
- An effective Performance Appraisal System is necessary to guarantee productivity of retention scheme participants

END OF PRESENTATION

THANK YOU