Collaborative Mentorship Program Improves Health Worker Management

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What is the general context in which the story takes place?

The Kenya Constitution 2010 provides for the right to the highest attainable standard of health for every Kenyan and places a fundamental duty on the state to take legislative, policy, and other measures—including the setting of standards—to fulfill the rights set out under Article 43, which includes the right to health. Toward this ambitious goal, the Constitution devolved the management of Kenya's health services to the 47 counties with policy oversight left at the national level. The management of some 43,000 health workers is now the responsibility of the nascent county establishments. Following this shift, the counties have experienced many challenges including, consistent industrial unrest, resignation of some health workers, and inequitable distribution of available health workers. Counties attest that effectively managing their health workforces is the greatest human resource challenge they've encountered since devolution.

IntraHealth International leads the USAID-funded Human Resources for Health (HRH) Capacity Bridge Project to strengthen human resources for health systems in Kenya at the national and county government levels. The project is helping the counties with the transitional management of the current health workforce; strengthening the national and county human resource management (HRM) functions and systems; strengthening HR data and information systems, including integration with the national health management information systems for improved decision-making; and establishing a strong coordination mechanism to bring together all 47 counties to create an agenda for HRH.

This approach has required many elements of collaboration, learning, and adapting (CLA).

What was the main challenge/opportunity you were addressing with this CLA approach or activity?

It is uncontested that progress is possible only with strong health systems, and that strong health systems require adequate, well-distributed, appropriately trained, motivated, and well-supported and -managed HR. There is limited budgetary allocation in Kenya to fund HRM functions and conduct HR activities such as training, systems development, performance planning, and evaluation in the health sector. In addition, the counties lacked

harmonized and clear processes for achieving this. Initially, these HR activities were left at the mercy of the County Public Service Boards and the relevant health departments, which lacked experience and training in HRM.

The health departments in most counties lacked professional HR officers/managers. Where the officers were present, county leaders did not recognize their roles, and the officers weren't brought into the process of managing the health workforce. In many cases, the workforce management processes (e.g., recruitments, promotions, and disciplinary issues) lacked adequate HR professional guidance.

The HRH Capacity Bridge Project sought to strengthen HRM capacity and stakeholder coordination at the county level to address these challenges. The project conducted a rapid situation analysis that revealed the following needs: strengthening HR management capacity of both the County Health Management Teams (CHMTs) and HR departments, strengthening the use of integrated Human Resources Information System (IHRIS) by all HR and health managers for decision-making, and the need for a forum for discussing HRH issues.

The project, in collaboration with county departments of health, established nine county clusters. A dedicated manager was hired for six of these, and the remaining three remained under the management of a senior HR manager based at IntraHealth. The clusters brought together representatives from the counties to support the strengthening of HRH. They would support the establishment of HRM units for health within the county health departments, strengthen HRH data to give counties a better understanding of their current health workforce needs and gaps, and advocate for county HRH priorities.

The project's challenge was to effectively support these clusters in succeeding at their goals while supporting effective collaboration between the counties and the national Ministry of Health. The project engaged the Council of Governors (CoG), the constitutional organ that spearheads consultations among county governments and is responsible for sharing information on the counties' performance in the execution of their functions with the objective of learning and promoting best practices, and, where necessary, initiating preventive or corrective action. The project engaged individual County Executive Committee members for health, chief officers for health, county public service boards, and the health departments based on the HRH needs, and provided a constructive path through capacity development to mitigating these HRH challenges.

Describe the CLA approach or activity employed.

One CLA activity that contributed to improved HRM practices at the county level was implementing a collaborative mentoring program between the identified county-level HRH officers and professionals and experienced HR professionals working in the public, private, and faith-based health sectors.

Goals and Objectives
The goal of the mentorship program was to build the capacity of county-level HRH staff to effectively manage county health workforces. Specific objectives for the mentorship program included:

- Building trust and confidence between the mentee and mentor
- Setting realistic goals for each mentee based on his or her individual needs
- Consistently monitoring the mentorship sessions
- Evaluating progress made based on the goals set
- Addressing the ethical issues likely to arise within the mentorship relationship.

By the end of the mentorship program, mentees were expected to have confidence articulating HR principles in their day-to-day work, develop professional networks of other HR professionals within their counties, and have stronger skills in specific HR functions, as well as an improved sense of personal and professional satisfaction.

Design, Implementation, and Evaluation
To get input and buy-in for the program, the project, in partnership with Institute of Human Resource Management (IHRM), developed a mentorship concept paper for approval by the county leadership. The paper detailed the

mentorship process for mentors and mentees. Private, public, and faith-based institutions in select counties were profiled and selected for the program.

The project team then used the IHRM professional membership database to identify potential mentors, who then participated in a sensitization workshop that explained the purpose of the program and clarified roles and expectations.

The mentees represented County Human Resource for Health staff, County Public Service Management Department staff, and County Public Service Board members who were taking on new or increased HR responsibilities. The mentees first attended a five-day HR training program that covered performance management, employee relations and labor laws, and HR planning, training, and development. These topics emerged as critical areas during the rapid situation analysis. The training program included a variety of learning methodologies, including experiential learning, group discussions, case studies, role playing, and films.

Mentors and mentees were paired during a matching workshop based on the mentees' identified needs and the mentors' skills and availability. The pairs signed mentorship acceptance letters and prepared mentorship plans. The mentorship process was designed to take seven weeks with weekly face-to-face mentorship sessions.

The project developed tools to monitor the process that each mentor submitted weekly. The tools included mentorship plans, weekly session logs, journals, and relationship evaluation forms to assess progress.

The program culminated in a two-day wrap-up workshop for participants to share experiences, reflect on the way forward, and receive their certificates of completion.

To date, a total of 32 mentors and 32 mentees have participated in the program, which was implemented in phases. The first phase covered 10 counties; the second covered seven. During the second phase, the program was tweaked based on the lessons from the first phase. For example, the one-hour sessions were increased to two hours to allow for in-depth discussions. In addition, the program is strengthening institutional arrangements to recognize and acknowledge the participating institutions.

Were there any special considerations during implementation (e.g., necessary resources or enabling factors)?

It was necessary to engage with select leadership officials from the counties and conduct sensitization forums to get buy-in for the mentorship program and release the officers from their duties to participate. The program hinged on having clear guidelines for the selection of and expected behaviors of mentors and mentees.

Guidelines for mentors:

- They needed to be an experienced HR professional.
- They had to hold sessions at the mentee's place of work.
- They needed to demonstrate an understanding that the program would require time and other commitments.
- They needed to agree that all placement meetings were confidential and to treat the outcomes as such.
- They needed to agree that if for any reason they could not complete the program, they had to notify the project focal person, the IHRM Secretariat, and their mentee as soon as possible and complete a formal disengagement process.

Similar guidelines applied to the mentees. Candidates had to be a HRH officer in the selected counties and be able to commit to the mentorship timeline. Additionally, it was crucial that roles and responsibilities for the mentor and the mentee, as well as the project's and IHRM's responsibilities, were clearly defined and agreed upon.

In respect to the budgetary constraints, the project bore the burden of ensuring the success of the program. While IHRM facilitated the matching of mentors and mentees, the project facilitated sensitization meetings and

introductory sessions, travel facilitation fees and accommodation allowances, monitoring and evaluation sessions, and a wrap-up workshop. It also supported documentation of the process as a practical approach to solving HRM problems.

What have been the outcomes, results, or impacts of the activity or approach to date?

The mentorship program has demonstrated how public service can be improved through collaborative learning with private and faith-based institutions.

The benefits of the mentorship program were threefold:

1. The counties strengthened their HRM systems.
2. The mentors developed mentoring and interpersonal communication skills, improved their personal and professional satisfaction, earned continuing professional development points for the mentoring hours, and learned about emerging issues relevant to upcoming HR professionals. Some mentors are volunteering their services to the HR departments on an ongoing basis.
3. The mentees networked with other HR professionals, developed new HR skills, learned from role models, set goals and developed processes to achieve them, and earned continuing professional development points.

Some individual examples:

In Homa Bay County, the mentee was able to rekindle the defunct disciplinary advisory committee, which deliberates on all disciplinary issues and makes recommendations to the county public service board. The mentee also identified conflicting roles among the senior staff within the county health department, and guided the county to review and develop job descriptions for CHMTs and the county referral hospital staff.

Kisumu County had prioritized strengthening performance management, and its mentee was able to get appropriate buy-in to work with the project to adapt the national performance appraisal guidelines and forms to the Kisumu county context.

After Siaya County suffered a massive exit of doctors, its mentee developed a staff exit questionnaire, which is now in use. The findings will inform appropriate retention strategies for medical doctors.

The mentee in Mombasa County identified the need for a HRH strategic plan to solve issues contributing to frequent industrial unrest at the coast. The mentee involved appropriate stakeholders and developed a HRH strategic plan, and awaits its launch.

What were the most important lessons learned?

Ensuring that the program is focused on priority needs and is solution-driven is key. The project accomplished this via a rapid situation analysis and working intensely with county leadership officials to learn about their challenges and gain buy-in.

Other lessons included:

- Change is an ongoing process that requires a positive attitude toward work, good interpersonal relationships with county leaders, and ongoing buy-in of leaders who can facilitate implementation and take ownership of the program. Targeting the top leadership was a must, especially the chairs of CPSB, HR directors, CECs for health, chief officers for health, and health directors because they make the critical HR decisions. Yet, many of them lack HR skills.

- Upon completion of the program, the project will evaluate the success of the mentorship as a HRM capacity development approach and hopes to inform program extension to more counties, create a pool

of skilled HR practitioners, and institutionalize the mentorship program at the county level to ensure ownership and greater success.

- Most mentors and mentees felt that the one-hour sessions during the seven-week period should be reviewed to allow for more in-depth discussions and for the mentee to put into practice the lessons learned with closer support.

- Some counties have long-standing ethnic issues that required careful consensus-building during planning for inter-county forums.

- The mentorship program could be improved by more opportunities for exchange among peers to improve learning. The program is intensive and can't meet the needs of all the people assigned HR functions who lack HR skills.

- A mentorship program requires both financial and human resources, which must be planned and budgeted.

Is there any other critical information you would like to share?

The mentorship program has helped the county health departments put in place mechanisms for improving HRH management. These include performance appraisal systems in Kisumu County and job descriptions in Homa Bay County. Mentorship programs can provide value for organizations as well as the individuals on both sides of the relationships. Some keys to success include involving top management and providing regular progress reports focused on the practical value, including mentorship as part of an induction program, considering a merit award upon completion of the program, and ensuring the program makes it into organizational work plans.

Mentee Testimonials

"I feel empowered now. I am currently compiling staff biodata in order to analyze the skills and gaps they have so as to prepare the county to solve staffing gaps." —Kilifi County Health Administrative Officer

"We have been issuing contracts to workers so unprofessionally, but after the mentorship sessions, we have decided to rework the contracts for those currently on contracts at our facilities." —Mentee, Kisii County