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# **Efforts to attract and retain HRH – Case of National Catholic Health Service**

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# Introduction (1)

Ghanaian Health Care Delivery System changed with introduction of Act 525 in 1996

- Role of MoH limited to policy making
- Agencies involved in health care provision:
  - Ghana Health Service
  - Christian Health Association of Ghana (CHAG)
  - Teaching Hospitals
  - Regulatory Bodies



## Introduction (2)

### Notes:

- a. Government hospitals are mainly located in urban and semi-rural areas.*
- b. Private-for-profit sector operates mostly in urban areas.*
- c. National Health Insurance was introduced in 2003.*



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# The NCHS

The National Catholic Health Service is a member of CHAG and has 32 hospitals, 66 clinics, 4 Diocesan Health Pharmacies *largely (over 90%) in rural and semi-urban areas*

*Note: Before Act 525 in 1996, NHCS employees were mostly seconded by MoH to the NCHS through CHAG*



# Health Workforce in Ghana

Acute shortage of professionals by early 2000s  
mainly through migration to Europe and Americas

Total health workforce by 2007: 57,031

Distribution:

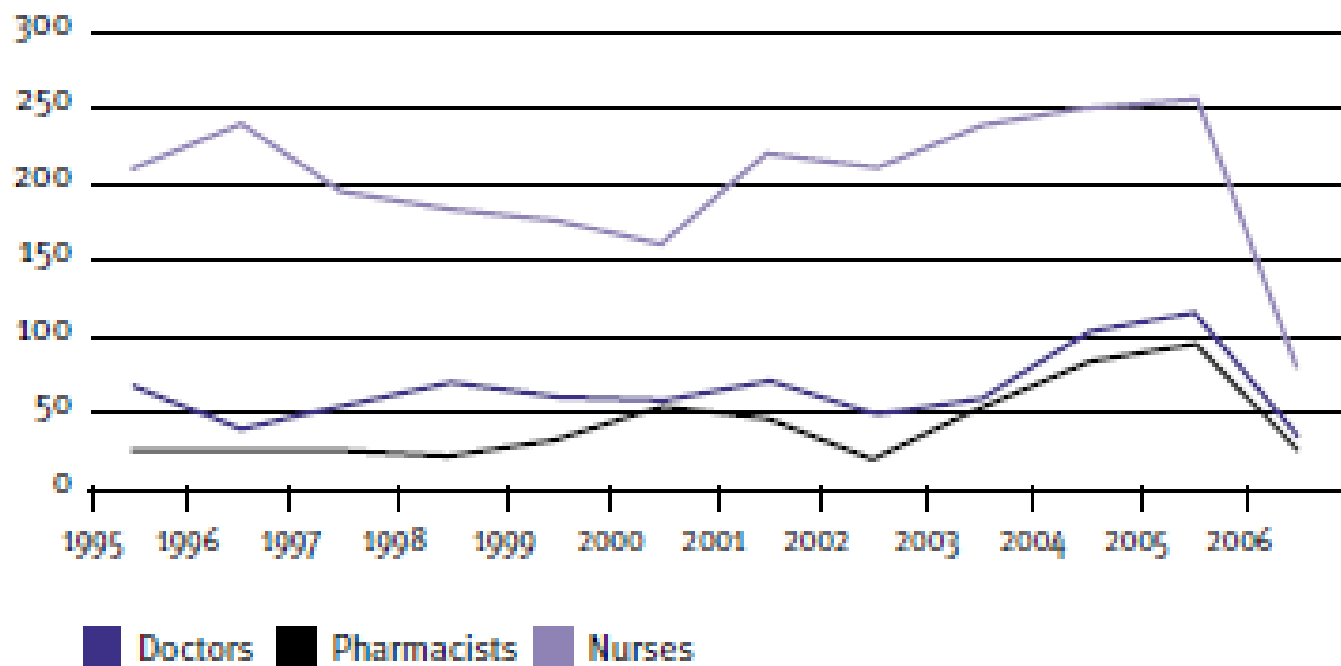
- Ghana Health Service 54%
- Private not-for-profit (CHAG) 13%  
[70% or about 5, 189 with NCHS]
- Two Teaching Hospitals 11%
- Private-for-profit 10%



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# HRH – Attrition

FIGURE 1 LEVELS OF STAFF ATTRITION 1995 -2006





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# Retention strategies MoH

- Car allocation scheme (tax waiver)
- Additional duty allowance
- Establishment and expansion of training institutions
- Bilateral agreement between Governments of Ghana and UK: issuing of UK work permits to Ghanaian health professionals limited
- Introduction of 'bonding' scheme (5 yrs) and delayed release of nursing certificates



# NCHS Study – Findings

NCHS commissioned study to obtain information on factors influencing staff retention. Most important factors mentioned:

- Career progression & development – MDs / Pharmacists
- Interference in work by church hierarchy-MDs
- Limited opportunities to hold management positions - MDs
- Family reasons – proximity (all)
- Remuneration package (all but strong among nurses and other cadres)
- Opportunities for transfer (nurses)

*High percentage of employees, especially doctors, served less than 5 years*



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# NCHS' Response

Study findings and recommendations informed development of a multi-faceted Programme of Work which, among others, focused on staff retention by improving:

- a. Competence
- b. Availability of staff
- c. Productivity of staff

*CORDAID agreed to sponsor training; stakeholders at all levels involved*



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# Interventions (1) - Competence

1. On-the-job training to improve knowledge & skills
2. Development of manuals to ensure even-handed application of workplace rules, including:
  - i. General Management and Administrative Policies and Procedures Manual
  - ii. Human Resources Policies and Procedures Manual
  - iii. Financial Policies and Procedures Manual
  - iv. Health Management Information Systems Manual



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## Interventions (2) - Availability

- Scholarships for medical students under a bonding arrangement [pre-service training]
- Skills transfer programme for ward assistants
- Sponsorship for staff to attend locally organised (long / short) training courses
- Improved allowances and perks
- MOU for allocation of MoH trained staff through CHAG
- Specialist services and mentoring visits



# Interventions (3) - Productivity/responsiveness

- Inter and intra-diocesan staff transfers



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# Initial Results

- i. 2 sponsored medical students graduated
- ii. All management team members attended a 2-month residential training course
- iii. 241 nurses have been posted to the NCHS in 2008 under the MoU
- iv. Manuals are present and used



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# Challenges

- Poor reception of sponsored medical students by institutions (during school recess)
- Previously sponsored staff want to return to school too soon
- Capacity and willingness of managerial and clinical staff to apply guidelines and procedures
- Training in a 'seminar environment' not helping.
- Disparities in benefit packages between and within dioceses
- Regulatory issues related to skills transfer and foreign specialist visits



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# Current focus and next steps

- Impact study has just been commissioned
- General approach to training is changing
- Different training approach in the use of manuals to improve competence levels of managers
- Current MoU arrangements on 'forced distribution' of staff should promote availability



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# Conclusion

Main HRH interventions are:

- Improving human resources management practices
- Training [all types]
- Attracting new staff through pre-service sponsorships and better benefits packages

***The study also demonstrates that there is a need to constantly review the appropriateness of HRH retention interventions from time to time.***



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Thank you