



Ministry of Health

LESOTHO

HRH NEWS

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Minister of Health launches retention package for Nurses and Midwives working in hard to reach areas

The Hon. Minister of Health Dr. Pinkie Manamolela has launched a far reaching retention incentive package for nurses and midwives working in 46 health centres classified as hard to reach areas. The package for each nurse includes a once-off lump sum of M 20,100 (about USD 2000) to procure a gas stove, a gas heater, a gas fridge, a double bed, a gas cylinder for the stove, the heater and the fridge, a two seater couch, a kitchen base unit and a wardrobe. It also includes a monthly allowance of M 2,275 (about USD 250) to boost their existing hardship allowance that the Government of Lesotho is already offering for communication and transport. Five nurses per each of the 46 health centres are eligible for this retention package.

The package is financed by the Irish Government who have set aside over M 20 million effective from April 1, this year till end of March, 2014, after which, the Minister said, the Government of Lesotho will absorb the cost of the package from April 1, 2014.



Minister of Health Hon. Dr Pinkie Manamolela

The reason for the package, the Minister said, is that Lesotho is faced with critical human resource shortages in its health care system as a result of high attrition rates mainly due to emigration. The impact of HIV and AIDS has also resulted in significant shortages and loss of skilled professional nurses and midwives in the public health sector. According to the Human

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About HRAA

Human Resources Alliance for Africa Project (HRAA) started in 2010, when the East, Central and Southern Africa Health Community (ECSA) in partnership with other institutions won a grant from USAID to implement a five-year human resources capacity development project. Originally targeting Southern African countries, the project is now able to expand to all East African countries. All these countries, are experiencing a shared HRH crisis that is affecting the quality of health services. Currently, the project is operationalized in Lesotho and Swaziland.

Message from the HRAA Country Director

Welcome to Lesotho Inaugural HRH News

Dear Reader,
I wish to welcome you to this 1st quarterly issue of the 'HRH News'

Lesotho is one of two countries that joined the HRAA project early on its inception in 2011. The other country is Swaziland. The project is designed to address the human resources for health (HRH) crisis in Lesotho. Contributory causes to this crisis include internal and external migration, bureaucracy in the recruitment processes coupled with low outputs from local training institutions. HRH shortages are most pronounced in the rural areas and the public health facilities.

It is on record that more than 60% of Lesotho's health care services are delivered at the primary care level by only about 20% of the formal labour supply. In contrast, the largest share of the labour supply is engaged at secondary and tertiary care levels indicating a severe maldistribution of available workforce.

According to WHO, Lesotho has fewer than the recommended density of 23 health workers (doctors, nurses, midwives) per 10000 popula-

tion-the minimum required to achieve an 80% coverage rate for critical MNCH indicators like measles immunization and deliveries by skilled birth attendants. Currently, Lesotho has approximately 200 doctors and 4000 nurses. In order to attain the recommended ratios of 1 doctor per 1500 population and 1 nurse/midwife per 300 population, an additional 500 doctors and 2000 nurses are required. In the period of two years from HRAA inception to date, the project has realized many achievements in mitigating the HRH crisis. The Project has:

- Provided technical assistance (TA) to the Ministry of Health in costing, advocating and mobilizing resources for the retention package for nurses/midwives working in hard to reach areas. We are pleased that the Minister of Health has recently launched the package.
- Supported operationalization of the Decentralisation Strategy in line with the Government policy. The HRAA continues to provide TA for the process aimed at bringing services closer to the

grassroots communities.

- Supported and provided TA for the introduction and training of the Auxiliary Social Workers cadre to work at primary care level.
- Mounted a high profile advocacy campaign involving the media and job fairs resulting in recruitment of more than 90 nurses within two months



Sheillah Matinhure
Ag. Country Director, HRAA

The purpose of this newsletter, therefore, is to bring to you project news, on our contribution in ensuring that health services become increasingly more accessible to all the people of Lesotho.

Minister launches nurses' package...

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Resources Development Strategic Plan for this Ministry more than 60% of Lesotho's health care production is supplied at the primary care level, however, less than 20% of the formal sector labour supply work at this level. The largest share of the total health sector labour supply (46%) is engaged at the secondary service level while a further 24% is employed at the tertiary care level "Ladies and gentlemen please note that we are simply not able to retain what we produce. A majority of our health centres still do not meet the standard minimum requirement of five nurses per health centre." the Minister said.

The package is just one of the many retention strategies that the Ministry has embarked upon in the recent period. The minister made reference to other efforts such as the on-going construction and renovation of health centres through the support of the Millennium Challenge Cooperation (MCC); the on-going support of salary adjustment for Human Resources for Health by the Global Fund, the Rural Health Initiative Support from the Irish Government; support by the Lesotho Boston Health Alliance and

the technical and financial support from the Human Resources Alliance for Africa - a USAID/PEPFAR funded project to strengthen HRH in Lesotho and other countries in the region.

Besides what has been said, Hon. Manamolela mentioned that the Ministry is re-strategizing on the recruitment of nurses as frontline health workers, doctors and all other health workers. It will be recalled that the Government has also introduced an auxiliary social workers cadre to provide social and health services at grassroots level and hard to reach areas. All these are efforts to address

the challenges in strengthening the health sector. "The vision of the Ministry of Health is to see that Lesotho and Basotho have access to affordable and equitable quality health care irrespective of geographical location." said Dr. Pinkie Manamolela.

In her concluding remarks, the Honourable Minister thanked all development partners for the technical and financial support for the retention package. She made a call to all partners to continue working closely with the Ministry so that the status of health for the Lesotho people can be improved especially in the rural areas.



Minister of Health accompanied by the PS, Director of Health Services and Director of Nursing Services listening to nurses during the job fair in March 2013

Interview with the Director of Human Resources: *Lesotho to open its first medical school next year*

Mrs. Mamatebele Setefane is the Director of Human Resources for Health in the Ministry of Health. Though she has been in the Ministry for about six months only, it is during her tenure that the country has seen more concerted efforts and measures being undertaken to address the HRH crisis by the Ministry of Health with the support of local and international partners. The Ministry has introduced a well received retention incentive package for nurses working in the hard to reach areas of the country, is working on streamlining the recruitment process of health workers by eliminating un-necessary red tape on the process, is modernizing health facilities, strengthening HRH information systems, introduced an auxiliary social workers cadre to work at grassroots level and in a year's time the country will open its first ever medical school.

One of the key partners working with the Ministry of Health to

strengthen the HRH component in the health sector is the USAID funded Human Resources Alliance for Africa (HRAA) project that was operationalized in 2011. The Direc-



*Mamatebele Setefane
Director Human Resources, MoH*

tor spoke to 'HRH News' in a brief interview.

Please Read on...

Q. HRAA is one of the partners in the area of strengthening the HRH component in the health sector. How satisfied are you with the work of the project?

A. My office is highly satisfied with the developmental efforts

(support) provided by HRAA as per the key components agreed upon by the two parties (HRAA – HRD), which include :

- Policy implementation, programmes, projects, activities involving the government, civil societies, local and international partners.
- Provision of support towards training of auxiliary social workers
- Enhanced decentralisation process (health centres well staffed with appropriate nurses)
- Provision of career guidance (Job fairs) on nursing profession to familiarize them with retention strategies including those already launched and those in the pipeline to attract them.
- Development of HRIS System, etc.
- Engagement of Health stakeholders

Q. If you were to suggest areas of improvement on the project what would those areas be?

A. I am thinking of the finalization of the costing of the Retention Strategy

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Interview with the Director...

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because that is central to the implementation of the entire retention incentive package as proposed in the strategy I have alluded to. Besides that, it is the finalization of HRIS – verification of data (head count) for the entire health workforce under the Ministry of Health workforce and training of end- users on the system for smooth implementation

Q. What are your most biting challenges that require urgent solutions as the Director of HR in the Ministry?

A. I would quickly say capacity building of my HR Directorate. You realize that my directorate drives the crusade to strengthen the health workforce in the country. To achieve that mission, the directorate needs to get itself capacitated in the first place in terms of skills, facilities, and staffing. Secondly, we also need to build the capacity of senior and districts management teams especially on leadership. Related to the aforementioned, we must start to design post-training monitoring system to know that the training we provide to our

people is actually bringing the desired change at the service levels.

Q. Anything else you would want to say Mrs Setefane?

A. Yes I want to say this. Lesotho is jointly working with the University of Zimbabwe to establish the first Medical School in the country. The school has actually commenced since 2010 in the University of Zimbabwe where more than 30 Basotho student doctors have been enrolled. The expectation is that in 2014 the Zimbabwe

students will be moved to Lesotho to start the school. The Ministry of Health, and therefore my directorate is challenged with recruitment, sourcing and training of potential lecturers in various specializations. The other challenge is of-course infrastructure such as buildings where to house the school. But we are determined to see the first ever medical school for Lesotho is born next year so that we can produce our own home grown medical and health professionals in the country.

You realize that my directorate drives the crusade to strengthen the health workforce in the country. To achieve that mission, the directorate needs to get itself capacitated in terms of skills, facilities and staffing



Student Nurses in one of the Colleges in Lesotho

Lesotho institutions trained to entrench strategic thinking in health planning

The HRH challenges that Lesotho is confronted with and requiring strategic thinking and approaches are many and peculiar. The country is yet to have its own medical school and it is also highly mountainous. Most areas cannot be easily reached by road while some portions of the country can only be reached by air. Most health workers are reluctant to be deployed to these hard to reach areas compounding the attrition rate and unimproved services to the most needy communities. These challenges require health planners and policy makers to think even more strategically on how to effectively mitigate them.

Evidence suggests that organizations that have strategic plans and adhere to their implementation outperform those that do not have, or those that have but do not adhere to them. The importance of strategic plans in defining the road map that an organization should follow in order to more appropriately realize its mandate has been mentioned in literature and has been tested on numerous occasions and proved to be true.

In view of this, ESAMI, one of the HRAA partners, provided training to 19 participants from 8 selected institutions. The institutions were the National University of Lesotho, St Joseph Hospital, Roma College of Nursing, Ministry of Health, Paray Hospital, Scott Hospital School of Nursing, Maluti Adventist Hospital and the National Health Training College (NHTC).

The main objectives of the course were to enable participants to:

- Have a clear understanding of the strategic management process and the components of a strategic plan
- Apply the knowledge gained to design a strategic plans for their institutions
- Be able to undertake an analysis of the environment in which their

institutions are operating and how both the internal and external environment affects the performance of their institutions

- Identify the key strategic issues that the institutions need to focus on in order to enhance their performance
- Develop key result areas that are compliant to the balanced scorecard

The training methodology included one 5 day workshop held at the Victoria hotel from 25 to 28 September 2012 and 2 mentoring visits of 3 day duration each. Through this training, the six training institutions have managed to develop their 1st drafts of Strategic Plan documents that will be finalised in June 2013.



Participants to the Strategic Planning workshop with HRAA Facilitators in a group photograph.

Twenty eight HR Officers receive training on using iHRIS

Working closely with the Ministry of Health and in collaboration with Irish Aid, HRAA has conducted a three-days training of 28 HR officers from the Government, District Health Management Teams (DHMT) and Christian Health Association of Lesotho (CHAL) on the HRIS programme which is already operational with more than 4,000 records of health workers.



Group photo of the participants to the iHRIS workshop

The objectives of the training were to:

- Provide thorough knowledge on and importance of HRIS to participants
- Enable trainees to effectively administer the iHRIS system
- Capacitate trainees to generate reports from the iHRIS system

The training was held from the 26 to 28 April 2013. In this training, participants also discussed the linking of iHRIS with ResourceLink which is another HR, software used by the Ministry of Public Service for all government ministries, However, the focus of ResourceLink is only on civil servants.

Since the Ministry of Health is supported by many partners, an HRIS software is technically the most appropriate to facilitate proper tracking of multi funded positions by both government and partners. HRAA is now planning to train policy

makers in generation of reports and demand for data use for decision making.

Using HRIS to track eligibility for hardship allowances

One challenge identified in administering the hardship allowances for nurses and midwives working in hard to reach areas, is tracking those who deserve to get the allowance. Fortunately, iHRIS is a web-based and it can be accessed from anywhere provided there is internet.

As a consequence, Irish Aid Lesotho who fund this programme are using iHRIS to track the number of individu-

als in the health workforce and locations where they are providing services to confirm eligibility for the allowance. This is obviously an additional value that the HRIS system brings to users besides the traditional uses it is known for such as data storage and generation of HR reports for management, policy and planning..

Meanwhile, in order to improve the coordination, a sub-committee on HRIS has been established under the HRH Technical Working Group in the Ministry of Health. In terms of HR data collection for inclusion into the HRIS system, a head count of all staff in all government and CHAL health facilities has been completed while data input into the iHRIS is now ongoing..

Addressing the shortages: Lesotho introduces Auxiliary Social Worker cadre

Among the most important assistance HRAA project is providing to Lesotho is supporting the position of a Social Work Expert Tutor who provides technical assistance to the National Health Teaching College (NHTC) on the newly introduced certificate course for Auxiliary Social Workers

The NHTC as the main health training institution in Lesotho was identified to house the Auxiliary Social Worker course. The program began in January 2011 with additional support from the Global Fund, USAID/PEPFAR and World Bank.

In January 2011 NHTC enrolled 21 trainees, and in July 2011, 8 in-service trainees were again enrolled for the course. To date, twenty nine (29) students have graduated and twenty eight (28) of which were deployed by the Government and currently placed in the Lesotho Child Grants Programme of the Ministry of Social Development. The Child Grants Programme covers community councils in ten (10) districts of Lesotho, Three ASWs are placed in each of the following districts; Berea, Butha Buthe, Leribe, Mafeteng, Mas-

eru, Mochale's Hoek, Mokhotlong, Qacha's Nek, Quthing and Thaba Tseka.

One of HRAA's major achievement is its contribution to the Child Grants Programme supported by UNICEF and EU. The programme provides cash to the poorest households looking after OVCs including child headed households. The grant aims at decreasing chronic or shock-induced poverty as



They are also trained to ride horses: Auxiliary Social Workers on horses as the only means to reach some of the hard to reach areas as there are no roads in some parts of the mountains

well as buying basic household needs for children, such as school uniforms and improving their health and overall living conditions. Currently the programme is supplementing income to more than 5000 households. The programme has no doubt elevated the status, value and acceptability of this

cadre to the communities they serve.

The introduction of the cadre is in line with the tenets of the 2007 Human Resource Strategic Plan which puts emphasis on increasing access to services at grassroots level as well as responding to the Government mandate to decentralize services. The decentralization of services provides an opportunity for engaging this cadre at community council

level. After the training, the expectation is that this cadre will be absorbed in both government and non-governmental organizations to contribute to the alleviation of human suffering at community level and underserved populations.

HRAA offers training for institutions on rules and regulations for managing USAID funding

HRAA project working in collaboration with ICAP supported three day training for six US sub recipients in Lesotho to understand USAID financial rules and regulations and strengthen their capacity to mobilize, manage and report on USAID funding. The training was held from 11 to 13 October 2012. Understanding of these rules and regulations is a requirement for USAID to award direct funding to organizations. Also, the training included aspects of identifying and managing risks as well as developing and implementing standard operating procedures (SOPs). Other main areas of the training were on using USAID tools for financial and administrative management systems, proposal writing and budget development.

The training involved 23 participants from the following organizations:

- Scott Hospital School of Nursing
 - Maluti Adventist Hospital
 - National Health Training College (NHTC)
 - National University of Lesotho
 - Paray School of Nursing
 - Roma College of Nursing
- The following institutions were also part of the training:
- Christian Health Association of Lesotho
 - Ministry of Health
 - Human Resources Alliance for Africa
 - ICAP
 - St. Joseph's Hospital

Prior to the training, HRAA project provided its own Country Directors with an extensive training to strengthen their knowledge on USAID rules and regulations that was conducted in Dar es Sa-

laam, Tanzania in April 2012 and for the other 3 staff members of the project in Cape Town in August 2012. For the Lesotho training, HRAA contracted the services of Kaephe Solutions with the primary objective, of building the capacity of the local Health Institutions to be able to receive and effectively manage USAID sub awards. The long-term goal is to build management systems within the institutions on USAID rules and regulations so that institutions would be able to eventually receive direct USAID funding.

Though most participants did not have knowledge of the USAID rules and regulations at the beginning of the training, the post workshop assessment that was conducted, showed an increase in their knowledge levels. The trainers rated many participants as above average or excellent in their demonstrated knowledge and understanding of the regulations and the other workshop content. In a group discussion during the workshop, participants voiced that this was the first time they had received comprehensive training on USAID financial rules and regulations and now understood the basis of some of the rules that had previously seemed confusing.

This training is a continuous process and it is expected that the Consultant, in collaboration with HRAA and ICAP, will be working with the institutions to produce the standard operating procedures.



Participants to the workshop in a group discussion

Lesotho takes measures to accelerate recruitment of health workers

The Ministry of Health in partnership with HRAA project and other stakeholders have held ground breaking recruitment advocacy campaigns involving radio, high level meetings and job fairs between October 2012 and March 2013.

The campaigns were held after findings of a HRAA assessment on recruitment process done by EQUINET indicated that Lesotho is experiencing low recruitment rates due to bureaucratic hiring procedures which invariably discourage new applicants to apply for jobs in the public service. Other challenges related to low recruitment cited by the assessment include (i) inadequate and inappropriately trained health and social welfare personnel (ii) mal-distribution of staff, (iii) poor working conditions, (iv) unattractive salary packages, (v) high levels of burn out, and (vi) poor career management. These challenges have contributed to high attrition rates of health workers. The situation is further worsened by low output of health workers from health

training institutions, particularly of cadres such as medical, laboratory and pharmacy professionals and social workers. Health training institutions face a critical shortage of faculty, high attrition rates among faculty and limited infrastructure.

The good news is that a number of measures are being pursued by government and relevant organs to put in place a streamlined and expedited recruitment process that is adequately effective in filling vacant positions especially in hard to reach areas in the country. One of the measures undertaken is recruitment advocacy campaigns that have been applauded as fast and innovative in filling crucial vacant positions in health facilities

Radio Advocacy Campaigns

A total of 10 radio advocacy campaigns were done with the objective of promoting an understanding among the people on the importance the Ministry attaches to human resources for health and the whole issue of recruitment, placement retention and capacity building. The radio advocacy campaigns included a phone-in component that promoted dialogue, clarifications and expressions which were well responded to by the general public. Some of the dignitaries that phoned in included The Right Hon. Prime Minister, Hon. Minister of Health, Hon. Minister of Trade, Hon. Minister in the Prime Minister's Office, Principal Secretary Home Affairs, Principal Secre-

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Exhibitors at the Nurses job fair, March 2013

Recruitment of workers...

tary Public Service, Principal Secretary Prime Minister's Office, Deputy Minister of Local Government and the Director of Nursing Services.

High Level Meeting

Besides the radio campaigns, HRAA supported the MOH to conduct a high level meeting of policy makers and government officials as part of the campaign. The meeting was widely advertised over the radio and as a result it was overwhelmingly attended with a total of 198 nurses (45 males + 153 Female) turning up. The Hon. Minister of Health addressed the meeting. She informed the audience that she considered the HRH agenda as critical to the success of the MOH mandate. She commended HRAA in managing the campaign and for the effective advocacy messages through the radio that resulted into a big gathering.

During the placement exercise that followed the meeting, 19 nurses agreed to be deployed in 17 of the 46 hard to reach health centres. Out of the country's 72 public health centres, this placement resulted in 16 health centres getting a maximum staff complement of 5 and 49 getting a minimum staff complement of 3.



Hon. Minister Manamolela (left) with HRAA Country Director (center) and Director of Nursing Services (in a hat) at the Nurses Job Fair

Nurses Job Fairs

HRAA, yet again, supported the Ministry to conduct two Job Fairs for

The meeting was widely advertised over the radio and as a result it was overwhelmingly attended with a total of 198 nurses (45 males + 153 female) turning up.

Nurses. The first one on 1st September 2012 targeted mainly student finalists so as to motivate them to join public service on completion. The second one held on 22 March 2013 targeted all nurses, policy makers, partners and other government sectors. Objectives of the second job fair were to motivate nurses to apply for Health Centres positions in line with decentralization policy, advocate for support from relevant stakeholders to value the impor-

tance of health services, create awareness on the career opportunities in the nursing profession and facilitate recruitment and placement of nurses to hard to reach areas.

Outcome of campaigns

After the campaigns, submission of applications increased including a sudden appearance of Nursing Sister applicants as compared to those of September 2012 before the campaigns. Another dramatic surge of Nursing Sister applicants occurred in February 2013 after the high level meeting, and in April, after the Job Fair held during end of March 2013. This time around, there was a significant increase of nursing officers that had not been witnessed before.

New HRAA partner comes on board in Lesotho

Pitsong Institute of Implementation Research (PIIR) is the name of a new local partner for Human Resources Alliance for Africa project in the Kingdom of Lesotho.

Pitsong will provide technical support on the ongoing health and social development and decentralization reforms including the building of systems for the local governance of decentralized services.

HRAA considers decentralization as an overarching strategy to achieving work in the five key result areas of the project. Decentralization is mainly about structural changes and devolution of powers from the central to the local level.

Pitsong Institute of Implementation Research (PIIR) will also provide support to the project on:

- Advocacy for HRH within the context of ongoing health services sector reforms.
- Addressing workforce shortages through improved worker recruitment, retention and productivity, including the community and informal health workforce

Pitsong Institute of Implementation Research (PIIR) will ensure and oversee that health and social development human resources reforms are implemented within the context of the ongoing national decentralization programme and that the decentralization happens by linking all stakeholders such as the Ministry of Health, Ministry of Local Gov-

ernment, the Local Government Service, Councils and the Ministry of Social Development to ensure suc-

HRAA considers decentralization as an overarching strategy to achieving work in the six key result areas of the project.

cessful and smooth decentralization process.

Furthermore, Pitsong will provide technical assistance to the Ministry of Health and the Ministry of Social Development to promote revitalization of Primary Health Care (PHC) and ensure improved health and social development service delivery

For more information about PIIR, please visit:

www.pitsonginstitute.org

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