

Human Resource Management (HRM) in the DRC

La gestion des ressources humaines (GRH) en RDC

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HRM in Sub-saharian Africa

- Starting point: HRM practices in Congolese companies (DCR) – academic / professional confrontation – book GRH in Afrika (2001)
- Data collected around 20 years of teaching, more than 100 case studies, expertise of two professionals in RDC context (co-authors)
- As one of the managers points out, “the Congolese manager found very practical solutions as captain to prevent the boat from capsizing! »
- and, the least we can say is that “the seas are rough” and that this requires a lot of expertise from captains.



Les chutes de Zongo, situées sur la rivière [Inkisi](#) en [République démocratique du Congo](#) (RDC)

HRM in Afrika: analytical models

- **Universalist Approach:** gaps between management practices in Africa and High Performance Work Practices (Mignaval 1998) (Zadi Kessy 1998) .
- **Local Cultural Approach:** influence of cultural contexts and value systems (Mutabazi, 2006; Tidjani and Kamdem, 2010; Zadi Kessy, 1998). Polycentric management: adapted to local values and standards.
- **Structuralist approach:** taking into account the institutional and historical environment (D'Iribarne, 2003; d'Iribrane, Henry, Segal, Chevrier and Globokar, 1998),
- **Cultural interpretivism:** Norms and values are the fruit of a social and collective construct / process of appropriation by the actors (Pichault, Nizet, 2013)

République Démocratique du Congo (RDC) - Democratic Republic of Congo (DRC)



Employers in DCR

- Private sector employers,
 - More than 70% of large companies operating in the DRC belong to multinational capital, with a presence of French, Belgian, American and South African companies but also a growing presence of Chinese and Indian investors.
 - Some large companies with Congolese and/or African capital (mainly from South Africa),
 - a network of SMEs, more or less formalized
 - a vast informal economic network (mostly women)
- Public services, in full transformation (privatization / new public management)
- International NGOs (MSF, Oxfam, Unicef, etc.): war and poverty
- Local NGOs (women's organizations, churches, etc.)

PHESTEL : Political, History, Economic, Socio-cultural, Technological, Ecological and Legal

- **Political:** decentralisation, important issues for infrastructure – transport/access to water and electricity / deficit of public service Corruption / Inefficient health system
- **PHESTEL** with a new letter **H – Historical** colonial history but also the dictatorship of Mobutu, / development of Gécamines and the crises of the mining industry in Katanga, local wars around East- Rwanda.
- **Economic:**
 - the Congolese disaster (African Development Bank – AfDB- 2019) /
 - In 1960, DCR and Botswana income per capita (GDP/H), \$1.1. 2000/ DCR \$1.5. Botswana, \$20! –
 - DR Congo is ranked 183rd out of 190 countries ranking of the World Bank’s “Doing Business” index.
 - In 2022, about 62% of the country's population — or 60 million people — lived on less than \$2.15 per day.

- **Socio-cultural:**
 - public education system is largely deficient, with a parallel private system. 6% of Africans have a university degree (compared to 26% for the world average).
 - Importance of family/ethnicity –
 - F/M inequality
 - Weight of religion
 - collectivist society
- **Technology:** rise in the power of networks and mobile telephony. Telephone networks remain unstable and are frequently interrupted.
- **Ecology:** enormous human and natural resources The country has many raw materials and natural resources: 30% of the world's diamond reserve, 50% cobalt, 80% coltan, 10% copper, gold, manganese, uranium.
- **Legal:** numerous laws and regulations (seeking compliance with international standards) but corruption and circumvention of laws remain largely the norm.

HRM in RDC

- High distance to authority/ taylorization of work organization methods (strong horizontal and vertical division) (appearance of objectification, even individualization);
- Strong centralization of decision-making in the hands of hierarchical managers, or even political decision-makers: realm of arbitrariness, paternalist management
- Public service = a lot of stated procedures and rules;
- Little control over the results, with a certain form of fatalism about the fact that the results will not be achieved;

- A lack of confidence in the resources of workers and in their level of training, often with management methods that are inspired by direct supervision;
- An organizational space that leaves little room for experimentation, the right to error, and criticism;
- Little importance given to the work team
- Poor working conditions (drudgery, hours) and very low salaries
- Discriminatory policies linked to gender but also to ethnic and regional origin.
- Workers who stay at work well beyond retirement age and few job opportunities for younger people.

Impact on workers

- low staff loyalty and turnover
- apathy and submission
- demotivation
- lack of initiative
- feeling of organizational injustice, lack of fairness

- With consequently:
 - strategy of avoidance, corruption
 - opportunism

Case study : Hospital General Reference (HGR)

- Matamba Mujika Muaba Former director.
- Public hospital - subsidized by the State.
- 350 beds, with approximately 125 staff members including 10 doctors.
- 3 doctors, who stayed there for several years, were expatriates, Belgian volunteers.
- Religious sisters belonging to an Italian congregation, called “Sisters of the Poor”. The sisters took charge of a lot of activities related to the management of the hospital. The role of the nuns is described as “extraordinary” and “invaluable”.

HRM issue in the hospital

- Medical and paramedical staff were poorly paid. This did not allow them to have a decent standard of living.
- They supplemented their monthly income by making patients pay additional costs, particularly for medications but also for various services.
- The chief physician notes that each service provider collects the costs relating to their procedure directly, which results in a large shortfall for the hospital.

Solutions

- Policy of transparency, this involves the establishment of a single entry for all revenues, which leads to a reorganization of the entire circuit of financial flow and corollarily, of the circuit of patient circulation.
- Each patient who comes for a consultation had to go through a one-stop shop, pay a flat rate and then be referred to the appropriate clinical service.
- This transparency system has made it possible to multiply the volume of revenue by seven. The head doctor tells us: "We have slowed down load shedding! "

- At first, this created a bit of tension as staff compensated for their low salaries in this way. He therefore decides to increase salaries to compensate for individual losses. The staff, reluctant at first, ended up adhering to the system. They are winners because they now have a stable income every month.
- Performance, the assessment of which is evaluated on a scale ranging from 0 to 10 by the department manager. This system will multiply by 2 or 3 the salary received by staff. This has had a major and spectacular effect on staff involvement, the reduction in absenteeism and the reduction in theft of movable property and small equipment. Hospital attendance has been optimized. Added to this are normal hours worked, overtime and bonuses.

Model for HRM to be built in Africa: REVER

- | | |
|----------------------|----------------|
| • Respect | Respect |
| • Ecoute | Ears open |
| • Valorisation | Valuation |
| • Equité | Equity |
| • Responsabilisation | Responsability |



Magritte, L'art de la conversation (1950)



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