

# Human Resource for Health

## Country Situation , Nepal

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# Human Resources for Health

- Constitution 2015
- National Health Policy 2014
- National Health Strategy 2015-2020
- Progress and Challenges on HRH
- Human Resource for health Information Systems

# Human Resource for Health Constitution Provision

- Clause 35. Right relating to health:  
(1) Every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services.
- Directive Principles, Policies and Obligations of the State

Policies relating to basic needs of the citizens:

- to ensure easy, convenient and equal access of all to quality health services,
- .....Adequate number of health institutions and health workers in order to make health services widely available and of quality...

# Human Resource for Health

## National Health Policy direction: 2

- Develop master-plan to ensure projection and adequate production of HR for domestic and int'l needs
- Create sanctioned posts for skill-mix dependent on population projections
- Staff transfers will be made more scientific and transparency
- Develop retention strategies, including supporting family members to ensure availability of health workers in remote areas
- Develop unified curriculum to produce socially-responsible human resources

# Human Resource for Health

## National Health Policy (others)

- Adequate skilled pharmacists in projection, purchase, and distribution system
- Election constituency will have health promotion and monitoring officer
- VDC will have MO, nurse, HA/AHW
- Ward will have ANM
- One medical officer and 23 health workers per 10,000 population gradually ensured
- One health worker will be made available up to secondary school
- Specialist courses will be offered at regional and zonal hospitals
- Initiate mid-wifery course-work for maternal care
- Utilize private-sector human resources in the public sector
- One health inspector per district for inspection of drugs

# Human Resource for Health

## National Health Strategy 2015-2020

Outcome 1: Rebuilt and strengthened health systems: HRH, Infrastructure, Procurement and Supply chain management

Output	Key Interventions
Output 1b.1 Improved availability of human resources at all levels with a focus on rural retention and enrollment	<ol style="list-style-type: none"><li data-bbox="645 508 1906 715">1. Develop an HR master plan based on improved knowledge-base of existing health sector staff and including HR projections, for appropriate production of health sector personnel</li><li data-bbox="645 722 1906 865">2. Strengthen partnerships with academia to better align HR needs with production, particularly for health workers in remote and rural areas</li><li data-bbox="645 872 1906 979">3. Review existing HR recruitment and deployment system to timely fill the vacant positions</li><li data-bbox="645 986 1906 1136">4. Initiate sanctioning and recruitment of new HR to address the problem of inequitable distribution and skill-mix of health workers</li><li data-bbox="645 1143 1906 1293">5. Develop effective mechanisms for efficient recruitment and distribution of health workers for remote areas, including incentives mechanism.</li><li data-bbox="645 1300 1906 1408">6. Develop a system to deploy recent medical graduates particularly in rural areas and hard to access areas</li></ol>

# Human Resource for Health

## National Health Strategy 2015-2020

### Output 1b.2

Improved medical and public health education and competencies

1. Establish a joint mechanism among MoHP, MoE and academic institutions to upgrade quality of pre-service education for health worker
2. Review and revise regulations governing health profession education institutions
3. Revise and standardize the academic curricula with focus on national public health programme, information system and health emergencies
4. Undertake institutional development programme to strengthen delivery and management of integrated in-service training
5. Develop and implement new methods for capacity building including clinical and management focused mentoring
6. Implement the principle of task shifting for optimal utilization of health workers
7. Develop the e-learning environment for pre and in service medical education
8. Establish at least one medical academic institution in each region
9. Gradually make provisions to impart specialized medical education free of charge to the citizens with mandatory service obligation
10. Initiate Midwifery Education to create professional midwives cadres in country

# Indicators in NHSS

## Outcome

Health worker population ratio

## Output 1b1

- % of sanctioned posts filled
- % of districts with at least one MDGP available
- % of health workers working at their own deputed (Durbandi) institution

## Output 1b2

- % of health academic institutions meeting minimum standards of respective councils
- Success rate of council examinations in their first attempt (Medical and nursing)

Major source of information : HuRDIS and Council registration

**KEY IS INFORMATION SYSTEM**



# Information Management :

## National Health Sector Strategy

Outcome 9: Improved availability and use of evidence in decision making processes at all levels

Output	Intervention Priorities
Output 9.1: Integrated information management approach practiced	<ol style="list-style-type: none"><li>1. Revise and implement the Health Information Strategy</li><li>2. Develop and implement e-health strategy</li><li>3. Roll out unified codes to ensure interoperability of different information systems</li><li>4. Create central data repository to house data generated from routine information systems and national surveys</li><li>5. Build institutional capacity on generation, processing, analysis and use of information at all levels</li><li>6. Create a common platform among MoHP, councils, other line ministries and non-state sectors on generation, availability and use of information</li><li>7. Establish a data quality assurance mechanism for all sources of information</li><li>8. Initiate electronic recording and reporting system at health facilities</li></ol>

# Major National Documents specific to HRH

- HRH Strategic plan 2003-2017
- **Human Resource Information assessment 2011**
- Human Resource plan 2012-15
- HRH plan and projection 2015 -2030
- HRH Profile 2015
- HRH Functional mapping 2013

# Key Findings

## Human Resource Information assessment 2011

1. National statistics on staff numbers are not collected and reported on a routine basis. The only information of this type was found in an occasional report, which made identifying trends in staffing difficult, due to inconsistent classification of staff categories. Therefore an essential monitoring tool is missing.
2. The MoH obtained national workforce data from regions rather than use HuRIS. HuRIS information is incomplete and it understates joiners and resignations.
3. The Personal Information System is being massively upgraded to become a fully functioning
4. Human Resource Information System (HRIS) and it will become the paperless process for HR administration.
5. The PIS database is being validated by examining every personal file in the registry.
6. The PIS standard reports are designed to be run locally and new reports will be written by a programmer to meet user needs.
7. The region, district and hospital visited all produced useful workforce reports on sanctioned and filled posts and vacancies.
8. The reports reviewed were not illustrated by charts, which makes it harder to identify the key issues. This may be due to the limited use of Excel, which has powerful analytical and graphic functions.
9. Professional councils are approached for letters of good standing by staff wanting to work abroad.

# Key recommendation

## Human Resource Information assessment 2011

1. The PIS should produce the information and this should be compared with regional information for validation purpose
2. If the PIS can produce accurate workforce reports, given that HuRIS currently has out-of-date, inaccurate and unreliable information, a decision needs to be made whether it should continue and if so in what form.
3. A link between PIS and HuRIS should only be written if PIS fails repeatedly to meet MoH needs and then supported by a business case.
4. The provision of routine workforce information on a regular basis should take priority over the production of a workforce plan. However, the plan would benefit directly from this data collection exercise.
5. A community of interest for workforce issues should be created to help interpret workforce information and assist in developing plans and designing monitoring frameworks. Regions should submit workforce reports to the MoH annually, of sanctioned and filled posts and vacancies, for the main staff groups at the same date each year. The draft form in Annex 1 should be taken as a starting point.
6. Workforce information should be updated each year and a time series produced to show changes year by year.

# Key recommendation

## Human Resource Information assessment 2011

7. In order to monitor initiatives to improve staff retention of doctors and nurses in rural areas, vacancy figures should be monitored on a monthly basis, once it is possible to do so using an HRIS. After a period of time, this can be reduced to a frequency of every three months.
8. The number of staff resigning or retiring should be collected by staff group, on an annual basis.
9. Age profiles, by staff group should be produced. This should be produced for doctors, by specialty in the first instance, as they take much longer to replace due to the duration of their training programmes.
10. Training should be provided in analysing workforce information and the use of Excel's spreadsheet and graphics functions.
11. The number of newly qualified staff graduating for each profession should be collected each year.
12. Professional councils should be asked to notify the MoH of how many requests they have received for letters of good standing. Training should be provided in analysing workforce information and the use of Excel's spreadsheet and graphics functions.
13. An annual report on all HR Information should be produced.
14. Workforce information should be published on the MoH website.
15. An additional member of the MoH should be identified and given the lead responsibility for workforce planning and developing new roles alongside the Undersecretary and Joint Secretary HR.

THANK YOU