



Human Resource for Health (HRH) Information System

Country Situation, Nepal

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Outline

1. Socio-demographic , HR demand and supply context
2. HRH Policy Context
3. Status of HR Information System & Management
4. Key Issues /Challenges
5. Way Forward



Demographic features

Population features	
Total population	27,797,000
Population living in urban areas	18%
Total fertility rate (per woman)	2.3
Crude birth rate	21%
Crude death rate	6.6
Annual growth rate	1.3
Population <15 years	35%
Population 15-59 years	57%
>60	8%

Selected Health & Social Indicators

Indicators	1990	2011 & beyond	Source
Life expectancy	53	68.8 (M/F: 68/70)	<i>HDR Nepal 2014</i>
Infant mortality rate	107	46	<i>Nepal DHS 2011</i>
Under-5 mortality rate	197	42	<i>Nepal DHS 2011</i>
Maternal Mortality Ratio	850	170	<i>MDG Report 2011</i>
% fully immunized children	70	88.87	<i>Nepal DHS 2011</i>
Total fertility rate	5.8	2.6	<i>Nepal DHS 2011</i>
Low birth Weight	-	12%	<i>MOHP, AR 2013/2014</i>
% Institutional deliveries	-	55.2%	<i>NMICS 2013</i>
% Improved drinking water source	66%	93.5	<i>WHS2015; ADB 2016</i>
% using improved sanitation	6%	73.7	<i>WHS2015; ADB 2016</i>
Adult Literacy Rate	-	61.6	<i>ADB 2016</i>



Supply side:

HRH Stock by Registration at Professional Councils, 2015/16

Category	2011/2012	2015/2016
Physicians/Dentists	10,194	17,265
Nurses /ANM	40,000	64,537
Allied & Public Health Professionals	45,208	70,803
Pharmacists/Assistants	6,192	8,749
Total	101,594	161,354



Supply side (Production): HPE Schools by Types of Ownership (Public vs Private) 2015

Type of faculties/schools	Public (Gov.)	Private (for profit)	Private (non-profit)	Total
Medical Schools	3	17	0	20
Dental Schools	1	10	0	11
Pharmacy Schools	2	36	1	39
Nursing Schools	25	196	11	232
Allied Health Sciences including Public Health Schools	6	116	NA	122

Demand side: Total HWF in MoH System only*

Category	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Physicians	1627	1798	1798	1654	1654	2154	2457
Nurse/ANM	11637	11637	12681	11756	12550	12550	20346
Mid-level HW	7491	7491	8013	8013	8563	11551	11551
Ayurveda	654	654	767	654	654	654	485

* 52,000 community volunteers

Source: MoH Annual Progress Report Aug 2016



2.

HRH Policy Context

- 2015 Constitutional Clause 35 stipulates free basic health services as fundamental rights of citizen.....
 - policy directives for provisioning “adequate number of health institutions and health workers in order to make health services available widely and of quality...”
- New National Health Policy 2014: Develop master HRH projection plan; train as per projected needs; improve on recruitment, transfer and retention strategies
- NHSS 2015-2020: Strengthen HRH including HRIS



NHSS 2015-2020: Information Management

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">1. Revise and implement the Health Information Strategy2. Develop and implement e-health strategy3. Roll out unified codes to ensure interoperability of different information systems4. Create central data repository to house data generated from routine information systems and national surveys5. Build institutional capacity on generation, processing, analysis and use of information at all levels6. Create a common platform among MoHP, councils, other line ministries and non-state sectors on generation, availability and use of information7. Establish a data quality assurance mechanism for all sources of information8. Initiate electronic recording and reporting system at health facilities



3.

Nepal's HR Information System: on Transition

- **HuRIS established in 1994 as a part of larger HMIS to provide database on HWF**
 - primarily covered MoH (government sector) workforce
 - incomplete, voluntary inputs of information
 - poor IT support, turn over of trained staff
 - no regular updating
 - large number of HRH being outside of government sector, etc

Result: HuRIS has become outdated, unreliable for evidence-based HRH planning & management.



HRIS On Transition.....

- **MoH/WHO collaboration to create integrated HRH data base to include private sectors, NGOs, which includes:**
 - Orientation/sensitization session for stakeholders (already done)
 - Formation of inclusive national level coordination committee
 - Creation of separate task force on public and private sector data for acquiring HR data systematically (underway)



4.

Key HRIS Issues

- Lack of governance on HRH data:** who should own and manage national HRH data, ensuring mandatory reporting from all sectors with provision legal action for non-compliance
- Multiple data sources:** MoH, PIS (MoGA), Professional Councils, Private sectors, Universities/Academia, NGOs, etc
- Quality of data keeping:** lopsided (own purpose)/fragmented, difficult to get segregated data, double registration, double counting (substantial HW work in both sectors). No mechanism for periodic updating by professional councils.



Key HRIS Issues

Low capacity for HRH Information System:

- Technical and financial capacity of HRD at MOH needs to be strengthened for coordinated action to create a single repository with minimum level of desired details (elements)
- How to minimize frequent movement of staff creating knowledge/skill gap resulting from unstable political situation

Lack of coordination among the relevant stakeholders:

- sensitizing/enhancing communication among stakeholders
- creating moral/legal obligation to contribute minimum level of data set to central repository



5. Way Forward

- **Improved HRH governance with focus on HRIS:**
 - draw on policy documents/recommendations to have policy/legal measures binding all stakeholders to contribute to national HRH repository;
 - reduce the vulnerability of turnover of HR team at MoH
- **Strengthen MOH capacity to create national level HR database**
- **Enhance coordination among stakeholders**
- **Synergize works of 2 proposed task forces for improved data collection/management (from public and private sectors)**
- **Learn from /adopt best practices of member countries/regions**



Thank you!

