IN KEEPING WITH THE WORKSHOP'S METHODOLOGY, WHICH ENCOURAGED A HIGHLY PARTICIPATORY APPROACH TO KNOWLEDGE SHARING AND RESPECTED THE LANGUAGE AND CONTRIBUTIONS OF INDIVIDUAL PARTICIPANTS, THESE WORKING GROUP NOTES HAVE NOT BEEN SUMMARIZED AND HAVE BEEN ONLY LIGHTLY COPYEDITED.

HRH Action Workshop
Topic Working Groups
Participant Notes

Workforce Planning and Assessment

Definition: The dynamic process of gathering, analyzing, presenting and maintaining information on cadre profile, work site, qualifications, skills, vacancies, and pre-service education graduate profiles. This process will inform policy decisions and HR strategic planning.

Issues:

1) Establish integrated information systems.

a) Ensure HR information systems are aligned and linked with other information systems, e.g., MOF, Public Service
b) Ensure that information is not retained at Central Level and that districts have access to information for HRH decision making and to stimulate workforce development in districts.

Lesotho:

a) Decentralization—new, ongoing process
b) HRH data system links to districts for input. In the process of linking to MOF and MOPS information systems.
c) HR officers at district level are graduates and they collect data at that level, which includes CHAL health workers
d) Use UNIQUE system right now. May move to Oracle in order to generate more reports.

2) Developing and maintaining HR Information System (HRIS) requires building capacity to ensure reliable data.

HRIS needs to include information on pre-service and in-service training

Uganda:

a) MOPS has an integrated personal system for all public service. HRD now working to collect its own HR information and connect with MOP.
b) Problem with inaccurate data; double counting. Some health workers are not employed and there is no system to capture info/data. Data collection happens but data quickly gets old.
c) Need tools/computers at lower levels to capture data; Capacity Project helping with this.

Government HR Planning needs to include private sector health workers. These are often not included in government on payroll or personnel systems.

Lesotho:

a) Each program, district and hospital has a HR officer; help capture and manage data
b) Has HR assessment centers to determine if officer has right skills, attitude to work in HR.

3) Need dynamic information/data systems—currently working on integrating the health database to that of Public Service and Ministry of Finance.

All countries have HR databases. Some have HR info systems.

Lesotho:

a) Putting in better systems at district level.

Zambia:

a) Relies on MOHHRIS, which is not regularly updated. DFID supported payroll management and establishment of a control system. Setting up IFMIS in MOF—attempting to integrate HR information in HMIS.

4) Before the development of an HR Information System it is useful to determine what information is needed/essential and for what purpose. [It is possible that we] could develop a good system, which is too complicated to use.

Kenya:
MOH (as in Uganda) at the audit stage

a) Disjointed in assessment, don't know number or cadres
b) Health workers recruited and deployed by public service committee
c) Have a payroll system but a problem of ghost workers
d) Have good pre-service nurses info from the Nursing Council of Kenya
e) Have weak in-service records – no tracking system; assumed that this HR function happens at lower levels but doesn't happen
f) Weak linkages on HR between centre, province and districts.

Capacity Project is helping.

5) Continuing professional development important for HR workforce planning to anticipate and meet health needs.

HIV/AIDS is a big driver in assessing continuing education.

Zambia:

a) Physician shortage—need to know how many trained, in what area.

Lesotho:

a) Expanding MRIS system to include skills and link training to career development and succession plans.

Uganda:

a) Has Continuing Professional Development (diaries) program in place but systems not in place to track and tie to performance.

6) Linking information to health sector strategic plans (between units).

Minimum staffing number to meet objectives of strategic plan.
Who analyzes information? Must be done regularly.

Lesotho: has minimum staffing standards.

Rwanda:

a) Reforms empower districts to recruit from lower cadres. MOH and Public Service working together to recruit.

Donor influence in recruitment.

7) Workload indicators still not working with the current country experience (flag for more discussion Friday).

How to set minimum standards?

8) Assessment of health workers outside the employment system.

Malawi and Rwanda—announcements inviting them to register.