

# Development of Regional HRH Indicators and Monitoring Template

**Progress Report Submitted to Asian Action Alliance  
for HRH Development**

**Philippine Consultant Team**

**Dr. F. Marilyn E. Lorenzo**

*Lead Consultant*

**Dr. Kenneth Ronquillo**

*Co- Lead Consultant*

**Dr. Rodel Nodora**

**Prof. Ma. Esmeralda C. Silva**

*Co- Consultants*

## Table of Contents

Definition of Terms .....	3
Development of Regional HRH Indicators and Monitoring Template .....	4
Methodology .....	4
Draft Indicators .....	5
HRH Strategic Plan Monitoring and Evaluation Indicators.....	7
HRH System Monitoring and Evaluation Indicators .....	ผิดพลาด! ไม่ได้กำหนดที่คั่นหน้า
HR Planning.....	9
Recruitment and Selection .....	10
Training and Development .....	10
Performance Management System .....	11
Career Development and Management .....	12
Compensation and Benefits .....	13
Labor Relations.....	13
Information System.....	14
Bibliography .....	15

## List of Figures

Figure 1. Cyclical HRH Development requiring HRH indicators .....	6
Figure 2. no title yet .....	7

## List of Tables

Table 1. HRH Strategic Plan Monitoring and Evaluation Indicators .....	8
Table 2. HRH System Monitoring and Evaluation Indicators .....	9

## Definition of Terms

Commonly used terms in the report include the following:

1. **Human Resources for Health** – a universally accepted term used to denote to both health and non-health care workers directly or indirectly involved in health care delivery.
2. **Human Resources for Health Development and Management System** – a set of systems designed to achieve quality work life characterized by productivity, human resource satisfaction, human resource enhancement or advancement and readiness for change and innovation.
3. **Regional HRH Indicators and monitoring template**– refers to the minimum core data set developed that will guide the country level HRH systems monitoring and evaluation.
4. **Human Resource Planning** - process of continually analyzing an organization's human resource needs under changing conditions and developing the activities necessary to satisfy these needs. (Walker 1980)
5. **Competency – based Human Resources for Health Development and Management Systems** – human resource systems that take into consideration the competencies required by an organization or the health sector as a whole to ensure that the health workforce is adequate, competent, committed and highly motivated.
6. **Human Resource Planning System** – designed to determine the human resource requirement and competencies of the health workforce attached with the organization's VMGs and mandates in order to meet the thrusts, strategies and goals

# **Development of Regional HRH Indicators and Monitoring Template**

A major weakness in the health workforce system is the lack of information for monitoring and evaluation. A framework of HRH indicators therefore needs to be developed to be used in the region for monitoring and evaluation of country health workforce system and regional progress in health workforce development.

There is a growing recognition that the monitoring and managing of health service performance is a central issue for all health services. While there are many dimensions to the concept of organizational performance, labor-intensive organizations such as health services need to link the concept of organizational performance with that of human resource management (Hornby and Forte, 2002).

The present project was commissioned by AAAH to draft the regional HRH indicators and monitoring template (minimum core datasets - MCDs) that can be used as reference for monitoring the HRH in AAAH member countries. While the draft still needs to undergo refinement through consultation with the focal points of the different countries, this report outlines the proposed HRH indicators that will comprise the monitoring and evaluation template.

## **Methodology**

The project team was organized and commitment to undertake the project was derived especially considering the strict timelines of the project. The team then proceeded to accomplish a literature review to determine what is already available in published literature in terms of current initiatives. The literature review available knowledge on minimum core datasets (MCDs) from global and regional partners including World Health Organization (WHO), Health Metrics Network (HMN), and the work of Drs. Hornby and Forte and others from the academe.

The team then proceeded to develop a conceptual framework that was used in the determination of the sources and uses of information that will be included in the regional HRH indicators and monitoring template. It was agreed that all AAAH member countries in the region should be able to utilize the crafted indicators regardless of what stage of development their HRH systems are in. For this to happen, the team had to review the

available HRH information that each member country reported as well as the regional HRH strategic planning guidelines which was recently crafted.

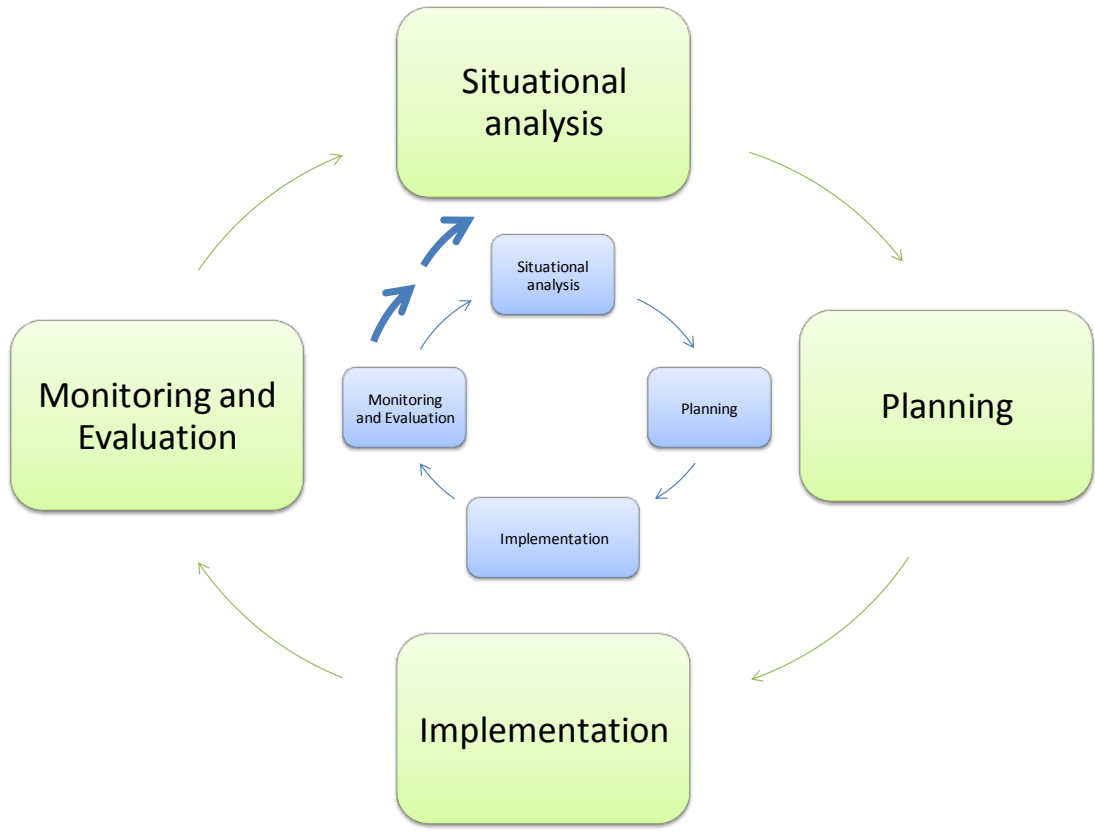
The basis of the draft minimum core dataset that was crafted was the derivation of the most important indicators of a functional HRH management system with all the HR systems/components in place. There were different levels of indicators developed to monitor and evaluate HRH development and performance at the national, institutional/organizational, and LGU levels

### **Draft Indicators**

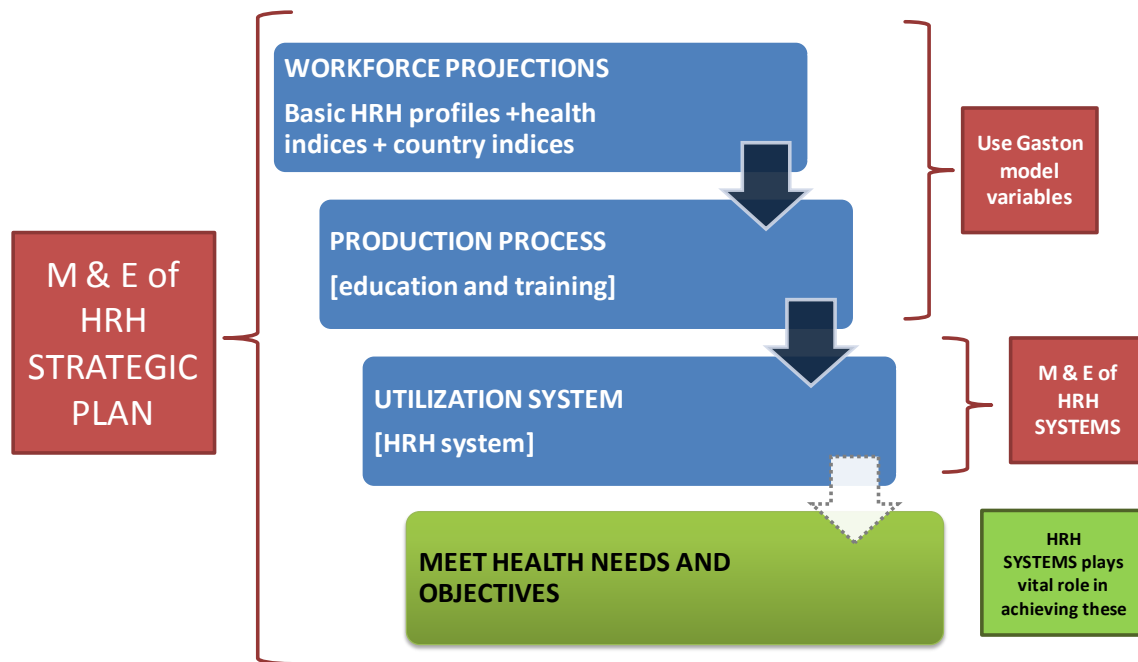
The present draft draws very liberally from the work of Hornby and Forte and guided by the WHO framework on sustainable HRH development. It is proposed that the indicators be used in three important aspects of HRH development: 1) HRH Strategic Planning; 2) monitoring and evaluation of strategic plan implementation; and 3) Setting up the HRH information system. The same set of indicators will be used in all these aspects to determine the direction of country HRH strategic plans, to determine the progress of plan implementation, and then to replan again for the next strategic planning timeframe as shown in figure 1.

The HRH indicators are organized according to the requirements of HRH systems. The team analyzed the usefulness of these indicators for workforce projections. The projection template information requirements were based on the WHO commissioned work of Carol Gaston framework that the team has experienced using as shown in figure 2.

In addition, the development of the indicators perused the HRH wheel and ensured that performance indicators utilize the nine Rs in HRH development and also covered support systems to HRH development. Utilizing and integrating these performance indicators as components of the information system are important to monitor the performance and progress of the HRH systems development.



**Figure 1. Cyclical HRH Development requiring HRH indicators**



**Figure 2. Components of Proposed HRH Monitoring and Evaluation Indicators and Relationships to Factors in the WHO Sustainable HRH Framework**

The proposed HRH indicators will facilitate the accomplishment of workforce projections, monitoring of the HRH production, utilization and exit processes. All these should contribute to the enhanced capacity of HRH to contribute to the meeting of each country's health needs and objectives.

The proposed indicators are organized into two groups namely: HRH Strategic Plan Monitoring and Evaluation Indicators contained in table 1 and HRH System Monitoring and Evaluation Indicators shown in table 2.

**Table 1. HRH Strategic Plan Monitoring and Evaluation Indicators**

INDICATORS	HEALTH SYSTEM SUPPORT COMPONENTS
Existence of staff education and training quality standards	Education
Budget for HRH and the total annual investment in human resources as a percentage of total health expenditure	Finance
Sourcing and utilization of funds (National HRH Accounts)	Finance
Percentage of population with access to health services	impact indicator
Existence of a national coordination body to manage health workforce	Implementation
Evidence of functional HRH systems	Implementation
Implementation of personnel policies and guidelines are in place and interpreted consistently and accurately	Leadership
Existence of evidence of collaboration between health and non-health sectors.	Partnership
Year of formulation of national human resource/health workforce strategic plan vis-à-vis achievement of objectives	Planning process
Year of the last updating of the national human resource/health workforce strategic plan	Planning process
Existence of institutional models for projecting, monitoring and evaluating staffing requirements	Planning process
Existence of national and/or institutional plans to manage the health workforce	Planning process
Existence of a responsive national human resource/health workforce strategic plan	Policy
Existence of an effective national human resource/health workforce policies	Policy
Existence of policies addressing appropriate skill mix and new role development	Policy
Availability of qualitative data, including: satisfaction survey data; expressed reasons for leaving or staying	Situational analysis
Evidence of existing data and five to ten years projections of intake of various categories of health workers by educational institutions versus service needs	Situational analysis
Evidence of existing data and five to ten years projections of output of various categories of health workers by educational institutions versus service needs	Situational analysis
Existence of national professional standards	

**Table 2. HRH System Monitoring and Evaluation Indicators by HRH System**

HRH SYSTEM	PRIORITY INDICATORS
<b>HR Planning</b>	The stock of health personnel by category;
	Public/private distribution of health personnel;
	Disaggregation of personnel by age and sex (by professional category)
	Number of staff working in health care facilities by professional category.
	Numbers and ratios of public/private health workers working in urban and rural areas
	Numbers of staff relative to population ratio
	Staff per bed ratio
	Staff attrition rates
	Annual total outflow of health workers;
	Existence of rational and objective process for allocating the number and types of positions in management
	<u>Total patients</u>
	Total skilled staff
	<u>Skilled staff</u>
	Total staff
<u>Total staff [by staff groups]</u>	
Total population	

HRH SYSTEM	PRIORITY INDICATORS
<b>Recruitment and Selection</b>	Employment and unemployment of health personnel
	Job fit and availability of positions; filled or unfilled; # of filled posts
	Vacancy rates
	Percentage of (plantilla) posts filled
	Availability of regional, provincial and national data of number of vacant posts averaged over 12 months, by category of health worker and total number of budgeted positions
	Availability of regional or provincial and national data of number of filled posts averaged over 12 months, by category of health worker
	<u>No. staff with updated job description</u> Total no. staff

HRH SYSTEM	PRIORITY INDICATORS
<b>Training and Development</b>	Workforce skill mix supportive of maximal functional utilization of health workers and effectiveness, measured by proportions of different skill types, skills, grades.
	Existence of national education plans for health professionals responsive to health workforce needs
	The ratios of full-time academic staff to students by health worker category
	Academic standards, curricula and student outcome competencies appropriate to country needs.
	Existence of institutional academic quality improvement and/ or accreditation programs
	Availability of evaluation data to determine outcomes and impact of health professional educational programs on improved service delivery
	Existence of national training/continuing education policy and plan.
	Existence of provision for in-service/continuing education training.
	Percentage of facility staff receiving in-service training/continuing education annually
	Number of training days or continuing education credits for each staff member annually
	Evidence of a link between continue education, performance review and career development

Leadership development training opportunities or programs.
<u>No. staff with required qualifications</u> No. staff needed with req. qualifications

HRH SYSTEM	PRIORITY INDICATORS
<b>Performance Management System</b>	Availability of qualitative data, including: satisfaction survey data; expressed reasons for leaving or staying
	Existence of data on the performance of recruited health workers
	Evidence of a link between performance review with continuing education and career development
	Number of documented supervision sessions
	Changes in service outputs
	Implementation of a routine/ regular performance review/ appraisal
	Productivity measures at the population level
	FTEs per patient
	<u>No. documented supervision sessions</u> No. people to be supervised
	<u>No. of promotions</u> No. of positions (promotion rate)
	<u>No. of staff awarded bonus</u> No. of staff
	<u>No. of queries on performance</u> No. of staff
	<u>No. of patient contacts</u> Professional staff

HRH SYSTEM	INDICATORS	CDM Sub-System
Career Development and Management	Existence of staff satisfaction survey data.	Retention, Individual Career Planning, Career Path Development
	Availability of qualitative data, including: satisfaction survey data; expressed reasons for leaving or staying	Retention
	Existence of data on deployment and performance of recruited health workers	Career Path Development
	Existence of processes for credentialing or certifying practitioners with achieved competencies	Career Path Development
	Changes in job competencies	Individual Career Planning, Career Path Development
	Existence of processes for developing managers and leaders	Succession, Individual Career Planning, Career Pathing
	Existence of processes for re-tooling and re-training of prospective "retirees"	Succession, Individual Career Planning
	Existence of a pool of leaders/ managers	Succession, Individual Career Planning
	Existence of national and/or institutional plans to manage migration in countries with workforce shortages	Retention, Individual Career Planning
	In countries with workforce shortages, existence of a national coordinating committee (composed of health and non-health sectors) established to manage migration and its impact	Retention
	Existence of policies addressing appropriate skill mix and new role development	Retention
	<u>No. staff with required qualifications</u> No. staff needed with req. qualifications	Individual Career Planning
	<u>No. of promotions</u> No. of positions	Retention
<u>No. of staff leaving each month/ annual</u> Total staff each month / annual (Turnover rate)	Retention	

HRH SYSTEM	PRIORITY INDICATORS
<b>Compensation and Benefits</b>	Average monthly remuneration inclusive of salary by individual job title/ plantilla
	Existence of incentive packages (benefits) by job families (staff group)
	Existence of budgetary provision for in-service/continuing education training.
	<u>Overtime costs</u> Budgeted total staff costs (where applicable)
	<u>Annual budget on staff</u> Total health budget
	<u>No. of times staff salary paid on time</u> No. of payment days (and its compliment)
	<u>No. of times staff benefits paid on time</u> No. of payment days
<u>No. of staff awarded bonus</u> No. of staff	

HRH SYSTEM	PRIORITY INDICATORS
<b>Labor Relations</b>	Written personnel policies and guidelines are in place and interpreted consistently and accurately
	Existence of national or sub-national plans to increase recruitment, retention and participation where applicable, including provisions such as incentives, flexible scheduling/staffing, employee involvement in decision-making; healthy workplaces
	Availability of qualitative data, including: satisfaction survey data; expressed reasons for leaving or staying
	In countries with workforce shortages, existence of a national coordinating committee (composed of health and non-health sectors) established to manage the work environment
	Existence of health professional councils/boards.
	Existence of national occupational health and safety plans or programs.
	Percentage of facilities with workplace safety initiatives.
	Number of staff sustaining work-related injuries or accidents
	<u>No. of formal complaints made by/ against staff</u>

HRH SYSTEM	PRIORITY INDICATORS
	No. of staff
	<u>No. of commendations made for staff</u> No. of staff
	<u>No. staff covered by social insurance</u> Total staff

HRH SYSTEM	PRIORITY INDICATORS
<b>Information System</b>	Existence of the following: <ol style="list-style-type: none"> <li>1. Employee Records</li> <li>2. Plantilla Positions</li> <li>3. Competency Inventory</li> <li>4. Job Information/ Description</li> <li>5. Career Ladder structure</li> <li>6. Individual Training and Development records</li> <li>7. Employee Competency Evaluation</li> <li>8. HRH Projection</li> <li>9. Career Management data</li> </ol>

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