Kaduna Human Resources for Health and Training Needs Assessment Concept Note

MAY 2010

Empowering Communities. Saving Lives.

Transforming Health Systems in Nigeria

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid from the DFID, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, PATHS2 programme is implemented in five states of Enugu, Jigawa, Kano, Kaduna and Lagos. PATHS2 follows the successful PATHS, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates Incorporated USA, in association with Options, Mannion-Daniels, and Axios Foundation.

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1.0. BACKGROUND

The Partnership for Transforming Health Systems Phase II (PATHS2) is a 6-year program in support of the health system in Nigeria. PATHS2 is funded by the UK Department for International Development (DFID). The goal of the program is to ensure that Nigeria's own resources are used efficiently and effectively to achieve the MDGs; while the program's aim is to improve the planning, financing and delivery of sustainable and replicable pro-poor health services for common health problems in Nigeria. PATHS2 currently focuses on 4 states: Enugu, Jigawa, Kaduna, and Kano and will ultimately expand to cover two additional states.

PATHS2 program has five key outputs:

- Strengthened stewardship role for health at the national level
- Improved systems to support the delivery of public health services in lead states
- Improved delivery of pro-poor preventive and curative services including affordable drugs
- Raised public awareness of entitlement to, and demand for, quality healthcare
- Enhanced capacity of citizens to prevent and manage priority health conditions themselves

The programme is currently in its inception phase and a number of assessments have been scheduled to inform the implementation phase starting August 2009. It is against this backdrop that PATHS2 program intends to conduct a Human Resource and Training Needs Assessment for health in Kaduna state.

2.0. PROBLEM STATEMENT

Human resources are vital to the functioning of health systems and are critical for the provision of quality health care. However, it is widely acknowledged that human resources management and development in Nigeria constitute, like in many other sub-Saharan African countries, a major challenge to the implementation of health sector reforms and achievement of the health related Millennium Development Goals. Factors often cited that led the country and indeed the states to the HRH crisis include shortages of health personnel; mal-distribution of the available workforce; poor conditions of service and demoralizing work environments; non availability of relevant equipment and logistics; lack of incentives for hard work, brain drain and lack of state specific HRH policy. While HRH data exist in the state in both the MoH and Local Government Service Board (LGSB) it is rarely updated and is hardly consistent in both offices.

Available 2008 conservative information at the Planning, Research and Statistics department of the Kaduna State Ministry of Health shows that there are 30 Secondary Health Care Facilities, 965 Primary Health Care Facilities and 704 Private Health Facilities, which includes the Faith Based facilities in the state. Similarly, the data on staffing at the state level shows that while 8,008 staff across different cadres is required, 3,377 is currently available, leaving a deficit of 4,471 staff. At the 23 LGA levels, 7,981 is required, 2,501 is available leaving a shortfall of 5,578. Out of the huge staff shortfalls, approval for recruitment of additional 1,296 health personnel was given for 2008/2009 out of which 463 were actually recruited.

Secondary and primary health care facilities in Kaduna state continued to suffer from inadequacy of clinical staff and other support staff as illustrated above and the available ones mostly lack up-to-date training. The available medical and other technical staff are also disproportionately deployed to the urban areas to the disadvantage of the rural areas. All the specific challenges listed above are still common place in the Kaduna state health sector.

2.1. Major Health Workforce Challenges in Kaduna State and Nigeria in General:

Human Resources for Health in Kaduna state and in Nigeria as a whole are influenced by the following major challenges:

- Weak strategic human resources management capacity and systems resulting in poor planning of staffing needs and utilization at both federal and state levels, exacerbated by the inadequacy of dedicated and appropriately trained staff.
- Data on health staff are scattered, incomplete and lack integrity since various stakeholders collect and collate bits and pieces without recourse to any standard.
- There are no adequate systems at any level for monitoring and evaluating staff deployment and utilization in the service delivery areas.
- There are gross inefficiencies in the management and administration of available personnel.
- Poor alignment of pre-service training programmes to health priorities and policies.
- Absence of systematic in-service training and poorly coordinated continuing education programmes resulting in inadequate training with low coverage of staff and ambivalent quality of performance.
- Poor utilization of health professionals across the public-private sector divide resulting in duplication of functions in some locations where other areas are poorly covered by skilled personnel.
- Indeed, there is a gross absence of a state-specific HR for health policy in the state

2.2. Key Government Policies and Strategies for Tackling HRH Challenges in Nigeria:

The government of Nigeria through various policies and strategies have tried to solve the HRH challenges in the state. The National Health Policy (2004) and National Health Sector Reform Programme (2004-2007) clearly captured strategies to address the challenges. In order to ensure that adequate numbers of skilled and well-motivated health workforce are available and equitably distributed to provide quality health services all over the country, the following key HRH strategic policies/interventions have been scheduled for implementation under the National Human Resources for Health Strategic Plan (2008-2012):

- Provide a framework for objective analysis, implementation and monitoring of measures aimed at addressing the HRH crisis in the country
- Rationalise and align supply of health workforce to the priorities of the health sector
- Apply best practices of human resource for health management and development that promote equitable distribution and retention of the right quality and quantity of health human resource to ensure universal access to quality health services
- Institutionalize performance incentives and management systems that recognize hard work and service in deprived and unpopular locations
- Foster collaboration among public sector, non-government providers of health services and other HRH stakeholders
- Strengthen the institutional framework for human resources management practices in the health sector

3.0. JUSTIFICATION

PATHS2 is committed to supporting Kaduna state to achieve the health MDGs through the implementation of the State Executive Governor's Eleven Point Agenda. It plans to consolidate on the gains of PATHS1 in the health sector reform of Kaduna state. However, no meaningful achievement can be made if adequate attention is not given to HRH. PATHS2 takes a holistic approach to supporting the health sector including strengthening the HRH in the state.

Being a strong believer in the concept of evidence-informed programming therefore, PATHS2 prior to the implementation phase, find it imperative to conduct a comprehensive HRH assessment in the states in order to have a state specific overview of HRH situation that would assist in designing strategies aimed at addressing identified HRH challenges. The findings of the proposed audit as much as it would form the basis for intervention would also form a basis to evaluate the level of HR support that the Programme was able to provide to the health sector.

4.0. OBJECTIVES OF THE ASSESSMENT

4.1 The main objective:

To determine the health workforce information in relation to current stock of HRH production/supply, utilization and systems of HRH management in Kaduna state

4.2 Specific Objectives:

- To identify the HRH gaps which will form a basis for PATHS2 support for the state;
- To get the true picture of HR for the state government's health policy thrust especially for FMCH programme;
- To identify the training needs of the different cadre of staff in the state health sector;
- To explore and tease out key HRH issues that will form a basis for continued advocacy to key policy makers;
- To identify issues that will guide the development of Kaduna state specific HRH policy.

5.0. METHODOLOGY

The assessment will involve a variety of approaches such as review of relevant state and national level HR policy documents, collection, consolidation, and organization of both quantitative and qualitative data/information surrounding HRH issues, including:

- Policy and regulation
- Training institutions
- Health care facilities
- Health care providers (Medical and Para-Medical)
- Administrative and other related health establishment-based workers

5.1. Survey Instruments

Six assessment tools[1] were subsequently developed around the above HRH issues. The first and second instrument, on policy and regulation of health, are designed to compile state-level information from a variety of sources: state health, local government and labour ministries, professional councils or associations, etc. These questionnaires are to be completed by means of interviews and examination of relevant documents.

The third instrument is to be administered in all health-related training institutions in the state. This includes school of nursing Kafanchan, School of health Technology and other health professions. The questionnaire is expected to be completed by means of interviews and examination of relevant documents.

The fourth instrument is to be administered in a sample of health care facilities in the state. The questionnaire is expected to be completed by means of interviews and examination of relevant documents in each facility.

The fifth instrument is designed to collect individual-level information from a sample of providers working in health care facilities. The questionnaire is expected to be completed by means of interviews with a number of providers in each facility.

The sixth instrument seeks to ascertain the training needs of the various cadre of health workers and support staff. This tool will be administered at both state and LGA facilities levels.

5.2. Field Testing of Survey Instruments

In order to ensure the appropriateness, suitability and completeness of the tools in eliciting the desired information as well as the time required for the administration, the tools will be field tested for one day in an LGA that has both urban and rural characteristics like Igabi or Chikun. Based on the findings necessary corrections will be effected.

5.3. Selection/Number of data collectors and Consultants required

For the administration of tools and collection of data at least 60 data collectors are needed. The data collectors will be formed into groups and expected to cover some numbers of facilities per day. SHC facilities will require a team of 2 interviewers per day for data collection. (The pre-test should confirm whether this number is adequate). The data collectors will be drawn from the SMoH, LGAs, Ministry of Economic Planning, MOLG, LGSB, Head of Service, Ministry of Women Affairs and Social Development as well as other independent researchers within and outside of the state as appropriate.

Three consultants with strong background in HRH and report writing skills with one of them having a strong background in Social Sciences/Statistics will be hired to (i) provide over all

[1] These instruments were adapted from two existing tools: (1)The World Health Organization HRH survey instruments "Assessment of human resources for health, Survey instruments and guide to administration, WHO, 2002."; and (2) Federal Tools for Assessment of HR policy in states, 2007, PATHS.

guidance during the process, (ii) compile the assessment results, and (iii) produce the assessment's analytical report, including key findings and recommendations.

5.4. Training of data collector

In order to ensure quality and uniformity in the administration of the survey tools, three days residential training and planning meeting will be conducted for the data collectors. The consultants and lead facilitator will facilitate the training. The training is proposed to hold in two batches at Asaa Pyramid and Gombe Jewel Hotels in Kaduna respectively.

5.5. Sampling

It is acknowledged that the larger the sample size, the greater the precision of the results. However, determining the total sample size will also depend on factors like budget availability. In any case, the minimum number of facilities to be sampled for such HRH assessment according to WHO recommendations should be about 205[2]. For the purpose of consistency and streamlining the Kaduna baseline database, the data collection will be conducted in all facilities (229) that participated in the last Integrated Supportive Supervision (ISS). These include thirty one (31) secondary health care and 198 Primary Health Care (PHC), public and faith based facilities selected from 23 LGAs in the state.

For Providers, depending on the size of the facility, a minimum number of staff should be interviewed in each sampled facility.

- In small facilities containing 4 or fewer staff in health related functions, all providers should be interviewed
- In medium sized facilities having between 5 and 19 health workers, a sub-sample of about 1 in 4 providers should be selected and interviewed.
- In larger facilities with 20 or more health workers, a sub-sample of about 1 in 10 providers should be selected and interviewed.

In the medium and large facilities, the providers selected should reflect the existing facility health occupation (doctors, nurses, midwives, etc), and consideration should be given to gender aspect so as to ensure a suitable sample of male and female providers.

5.6. Data collection and processing

The estimated time for data collection is 12 days. While the data processing and data summary will also require additional 2 weeks.

5.7. Dissemination of Findings:

One day dissemination/validation meeting will be conducted for key stakeholders in the Kaduna state health sector at the end of the exercise. The meeting will provide opportunity to share the findings with the stakeholders and get their comments as well as jointly agree on next steps for addressing identified challenges.

[2] Ibid

6.0. BUDGET ESTIMATE

This will be prepared using MS Excel spreadsheet and forwarded in due course. It will be drawn from the relevant inception phase Kaduna budget code under output 2.

Suggested Time frame of activities (May-July, 20 09)

Components	*Week ending 29th May*	*Week ending 5th June*	*Week ending 12th June*	*Week ending 19th June*	*Week ending 26th June*	*Week ending 3rd July*	*Week ending 10th July*	*Week ending 17th July*	*Week ending 24th July*	*Week ending 31st July*
Study Design	X	X								
Survey tools design, test, revision		X	X	X						
Sampling				X	X					
Data collector recruitment and training					X	X				
Field work & Data collection							X	X	X	
Data entry + analysis							X	X	X	
Report writing (integral part of data entry/analysis)							X	X	X	
Validation and Dissemination of findings										X


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