

STATE LEVEL QUESTIONNAIRE: SMOH/SMOLG

I. Policy, Regulation and Planning

Policy

- Q1. Is there a state health policy? Briefly describe it, including the building process, content, last update and other relevant issues
- Q2. Does the state have an HRH policy (or equivalent); if yes, is it written down?
- Q3. Is HRH acknowledged in broader social sector development policies?

Planning

- Q1. Does the state have a strategy or plan for HRH? Is it periodically updated? Does it include staffing targets?
- Q2. Does the existing staff correspond to the target staffing levels?
- Q3. What tools/methods of planning are used in the state? (WHO's Workload Indicators of Staffing Needs?)
- Q4. Does the state have an HRH planning or management unit within the MOH?
- Q5. If yes to Q4, in the planning unit, are there enough personnel with adequate HRH planning skills?

Financing

- Q1. Who are the main actors involved in funding HRH policies and plans in the state?
- Q2. What is the share of the government health expenditure (national, state, local and social security) in the total health expenditure?
- Q3. What share of government health expenditure is devoted to health personnel?
- Q5. Do HRH plans correspond to the available resources? If not, has the gap been measured?
- Q6. What are the education costs of each of the main HRH categories?

Regulations

- Q1. What are the main regulatory bodies in the area of HRH in this state?
- Q2. What categories of HRH are required to be registered in order to practice?
- Q3. What professional associations exist? What are their criteria for membership?
- Q4. What authorization is required for private and traditional facilities? What authorization is required for private and traditional providers to practice?
- Q5. Besides the national regulations, are there specific regulations at the state level?
- Q6. What accreditation and licensing requirements and procedures now exist? Are they adhered to?

Stakeholders

- Q1. Who are the key state and external players in HRH?
- Q2. What groups (SMoH, other ministries, professional associations, universities, etc.) are involved in formulating and implementing state policies for HRH development?
- Q3. On what basis do external partners support HRH activities? That is, do they base their support on the state's policy documents?
- Q4. How do key state and international actors relate to each other?
- Q5. Does a state cooperation strategy exist? If yes, does it include HRH issues?

II. Management and performance improvement

Motivation /Incentives

- Q1. Are there any pay or non-pay incentive schemes to work in difficult/underserved locations or with particular patient groups or health needs?
- Q2. What types of working environment incentives (flexible working hours, work autonomy, etc.) and other types of incentives exist in the country?
- Q3. What is known about motivation levels? Have there been surveys? If yes, by whom?

Recruitment/Retention

- Q1. What level (national, state or LGA) is in charge of recruitment of HRH?
- Q2. What is the level of vacancy rates for the main HRH categories?
- Q2. What is the level of absenteeism rates for the main HRH categories?
- Q3. Is there a specific recruitment policy (such as zero-growth recruitment)?
- Q4. What share of graduates is recruited each year?
- Q4. Can you estimate the number of public HRH staff leaving for the private health or non-health sector?
- Q5. What are the main reasons for leaving the public sector for the private or non-health sector?
- Q6. Do current rules and procedures for hiring affect the ability to recruit and deploy staff where needed?
- Q7. Is there a clear career structure for lower-level cadres?

Imbalance/Equity

- Q1. Is there a state staff deployment strategy?
- Q2. How does it fit with the needs of poor/vulnerable settings and people?
- Q3. Is there a significant HRH distributional imbalance across settings?
- Q4. Are there major segments of the population that are seriously underserved?
- Q5. Are human resources distributed appropriately among the different types and levels of health services (hospital, ambulatory, home care, preventive care, etc.)?

Migration

- Q1. Is international migration perceived as a major problem in the state?
- Q2. How do you count the health professional (physicians and nurses) who migrate overseas each year?
- Q3. For the total health workforce in the state, what share of the main HRH categories (including physicians, nurses, midwives, dentists and pharmacists) are not nationals?
- Q4. To what extent does internal migration of staff create distributional imbalance of HRH?
- Q5. Does internal and international migration affect the decision to train new types of providers?
- Q6. What are the main factors causing international migration?

Supervision, leadership and performance assessment

- Q1. Is there any effort to set standards and supervise staff and monitor provider performance? By whom?
- Q2. What management and supervision systems/mechanisms now exist? Are they adhered to?
- Q3. How are these mechanisms used to improve performance and optimize productivity?

- Q4. Are there incentives based on staff performance?
Q5. Are there regular management meetings at the facility levels and follow-up procedures for decisions taken at these meetings?
Q6. Are programme managers themselves trained in leadership? Are needs identified in leadership training? Are there programmes to train health leaders and managers?

Job description

- Q1. Are there detailed job descriptions for the main categories of personnel at each level of the health care delivery system?
Q2. What categories of health workers do not have job descriptions?
Q3. Are job descriptions discussed by staff and periodically revised?
Q4. Are performance assessments based on job descriptions?
Q5. What is the share of administrative activities in the job descriptions of the main categories of HRH?
Q6. Are there procedures to improve the quality of care, including patient safety?

Working conditions

- Q1. Are the living and working conditions of health workers adequate to attract, retain and motivate them and for them to be used effectively?
Q2. Did the staff experience delayed payment in the last 12 months?
Q3. Did health workers go on strike in the last 12 months?
Q4. What is the level (%) of job satisfaction?

Labour market/ Employment

- Q1. How many funded vacant posts are there?
Q2. What is the unemployment rate for the main categories of HRH?
Q3. What is the share of the staff working part-time in the main categories?
Q4. Does the state have a "ghost workers" problem?
Q5. What is the share of staff in the main HRH categories performing a second health care-related job?

Wages/ salaries

- Q1. What are the average annual salaries of each category of HRH in comparison to salaries of comparable categories of other non-manual employees?
Q2. Do other forms of income supplementation significantly increase HRH earnings?
Q3. What methods are used for salary disbursement, and how efficient are they?
Q4. What is the pay structure?
Q5. Is there a zero-growth policy for health-sector wages?

Workload

- Q1. How many hours per week do the main HRH categories work (including on-call hours)?
Q2. How does this compare to the official number of hours per week?
Q3. What are the trends in average numbers of patients seen weekly for each of the main HRH categories?

Sectors of activity/ employers

- Q1. What is the proportion of public government-employed health workers in each occupational category?
Q2. Who are the main employers of HRH in the public sector? In the private sector?
Q3. What is the share of self-employed workers for the main categories of HRH?
Q4. What is the share of social-security workers among the general government employees?

Unions

- Q1. What categories of HRH have unions?
- Q2. Is there a common union of all HRH?
- Q3. To what extent are these unions involved in developing policy and plans?

Education and Health training institutions

- Q1. Is there a state HRH education and training strategy?
- Q2. What mechanisms exist to link supply of trainees to demand (quantitative and qualitative) of the health sector?
- Q3. Does the state have education and training institutions for the main HRH cadres? How many? Where are they?
- Q4. What types of training activities for the health workforce predominate? Who organizes them? What is their coverage?
- Q5. What are the accreditation criteria for health schools?
- Q6. Do you have a unit working on education of non-professional HRH?

Educational staff

- Q1. Are there enough full-time-equivalent teachers for the main HRH categories?
- Q2. In which HRH disciplines are there shortages of teachers?
- Q3. Is the migration of HRH teachers a problem? In what sense?
- Q4. Is there a system for evaluating teachers' performance?

Graduates and entrants

- Q1. Are data for total entrants and graduates available for recent years? Can these data be disaggregated by sex, age and citizenship?
- Q2. Does the current number of yearly graduates cover the needs for the main categories of HRH?
- Q4. What is the proportion of entrants who have successfully graduated, in recent years?
- Q5. What is the policy for admission to health professions schools?

Continuous education (CE)

- Q1. Is there a strategy for providing continuous education?
- Q2. Do CE programmes exist in all the major areas where they are needed?
- Q3. Are the education and training programmes designed to match state health needs?
- Q4. Does the current and projected capacity of the available CE programmes match projected needs?
- Q5. Are there recent evaluations of these training activities?
- Q6. What share of staff in the main HRH categories benefit from CE programmes?

Research

- Q1. Have the planning units tried to identify their research needs?
- Q2. Are results of research used for policy development and planning?
- Q3. Who performs research on HRH issues in the country?

Information/Data availability

- Q1. What HRH information/data is available?
- Q2. Is there available HRH information/data stately representative? Does it cover the private sector?
- Q3. Is there information at the state level and LGA levels? If yes, specify at what level (e.g. state, LGA).
- Q4. Is there a problem of shortage or oversupply of HRH?

HRH

Q1. How many categories of HRH are there? How many workers are in each category? Please provide all that you have.

Q2. With the available information/data is it possible to distinguish gender or levels of qualification?

Q3. Does the state have staffing norms such as number of nurses per doctor or per facility type according to the levels of care?

Uses of information

Q1. Is any office or body collecting this HRH information?

Q2. Is any office or body using this information for HRH planning? If yes, which body?

Q3. Are HRH plans or policies based on evidence?

Q4. Is there a network of HRH information users or providers?

Q5. Are stakeholders basing their activities in HRH on collected evidence?

Monitor Methods

Q1. Has the state identified core indicators in order to monitor and evaluate HRH? Are these written down?

Q2. Does the state have core indicators for some specific occupations, especially nurses?

Q3. Besides staffing numbers, does the state collect information on education, employment and migration? Please list what is available.

Q4. Does the Ministry of Health conduct HRH surveys or health censuses? If yes, when was the last one?

Q5. Do you have an HRH information system? Is it included in the health information system?

Q6. Cite an example of a best practice in your state in collecting HRH information?

Sources

Q1. Does the state office of statistics or professional associations have information on HRH?

Q2. Does the state have population censuses or labour-force surveys? Do these sources make it possible to analyse HRH information?

Q3. Are there available administrative records for HRH?

Q4. What mechanisms exist for the systematic collection, analysis and feedback of health personnel information?

Q5. Is there an HRH evidence network?