NHSSP Nepal Health Sector Support Programme

Human Resources for Health

Capacity Assessment for Health Systems Strengthening

Tim Martineau (LATH), Hom Nath Subedi

12/15/2010

An assessment of capacity building for health systems strengthening and the delivery of the NHSP 2 results framework

Liverpool Associates
in Tropical Health
Anson House
25 Anson Street
Liverpool L3 5NY
United Kingdom
www.lath.com

Tel: +44 (0) 151 705 3773
Fax: +44 (0) 151 705 3774
Email:info@lath.com

Table of Contents

Acronyms

ADB	Asian Development Bank
ANM	Auxiliary Nurse Midwife
BPKIHS	BP Koirala Institute of Health Sciences
CCF	Country Coordination and Facilitation
CTEVT	Council for Technical Education and Vocational Training
DoHS	Department of Health Services
EDP	External Development Partner
FCHV	Female Community Health Volunteer
GHWA	Global Health Workforce Alliance
GTZ	German Development Agency
HR	Human Resources
HR&FRM	Human Resource and Financial Resource Management
HRH	Human Resources for Health
INGO	International NGO
LATH	Liverpool Associates in Tropical Health
LTTA	Long Term Technical Assistance
MDG	Millennium Development Goal
MNCH	Maternal Neonatal and Child Health
MoGA	Ministry of General Administration
MoHP	Ministry of Health and Population
NHSP-2	National Health Sector Plan – 2
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
PIS	Personnel Information Systems
PSC	Public Service Commission
RTC	Regional Training Centres
SBA	Skilled Birth Attendant(ce)
SSMP	Support to the Safe Motherhood Programme
STTA	Short Term Technical Assistance
TA	Technical Assistance
UN	United Nations
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organisation

Executive summary

Background

The purpose of this capacity assessment was to identify how the Nepal Health Sector Support Programme (NHSSP) could best support the strengthening of systems related to Human Resources for Health (HRH) through Technical Assistance (TA). One national consultant was involved and one international HR consultant visited in September and November. During the September visit the NHSSP consultants engaged with the Ministry of Health and Population (MoHP) counterparts in the planning and development of work funded by the Global Health Workforce Alliance/WHO to establish a Country Coordination and Facilitation (CCF) mechanism and start the development of a new strategic HRH plan. This resulted in a two-day workshop in November and the establishment of technical working groups to continue the process of developing the HRH strategic plan.

This assessment was not intended to carry out a situation analysis of HRH, but information was gathered to provide context for the capacity assessment. While the successes of the health service in Nepal, notably progress towards MDG 5, imply a degree of effectiveness of the health workforce, and the training output has increased, there remain significant issues to be addressed. These include:

- Increasing supply of most cadres of HRH (for example, the number of nurse training institutions has increased from six in 1991 to 103 in 2010).
- However, expansion is uncontrolled and not clearly linked to Nepal's requirements.
- The most recent staffing projections (2003) are no longer valid for a government health service that is now providing free health care, an expanding private sector (currently providing about 40% of Nepal's health care) and the growing number of doctors and nurses going into the global labour market.
- The inequity in access to health workers is probably worsening, despite the increase in supply, due to the difficulty in attracting and retaining staff in remote areas, although innovations such as local contracting are promising. This has resulted in many vacant posts including key posts at regional and district levels.
- The expansion of training, much of which is now provided by the private sector, has not been accompanied by development of and adherence to standards.
- Consequently the skills of many health service providers are not up to standard, with obvious implications for the quality of service delivery.
- More skills in leadership and management are also badly needed to ensure the effective running of the health system.

Examples of specific problems hampering effective service delivery are:

- Bottlenecks in the provision of Skilled Birth Attendance (SBA) training through the National Health Training Centre (NHTC); NHSP2 states that only 1,000 of the 7,000 SBAs needed are currently available.

- Lack of sanctioned Auxiliary Nurse Midwife (ANM) posts in Karnali zone
- Shortage of sanctioned posts related to Maternal Neonatal and Child Health (MNCH) at several levels of the health system.
- Lack of specific definitions of posts facilitating 'irrational' transfers even after specialist training has been provided and disrupting the effective functioning of health teams.

The effectiveness of the health workforce is largely a result of the policies and systems used for planning, deployment and performance management and their responsiveness to the changing labour market. At present there is not an up-to-date strategic HRH plan to guide the strengthening of these policies and systems. In addition the structures for carrying out these HR functions for the government health workforce are complex, involving many departments across government and within the MoHP. This poses coordination and communication challenges, leading to difficulties in implementing policies and systems as they were designed. Lack of staffing stability HR departments and low levels of specific HR experience are also constraints.

Capacity Development Strategy

The capacity development strategy aims to address the challenges of staff turnover and coordination/ communication by developing a critical mass of people working on HR functions and using a "learning by doing" approach. The main vehicle for this is the development and implementation of an updated HRH strategic plan (which will include the development of a workforce "master plan") with members of the CCF. There has already been progress with government HR staff and a wider group of stakeholders (including a two-day consultation workshop in November 2010), and a roadmap for completing the HRH strategic plan has been developed. This process will be supported by NHSSP using long term TA (an embedded HR Adviser) and short term TA where needed.

In parallel with this, it is proposed that the HR Adviser will work with HR staff in the MoHP on specific high priority HR problems, for example addressing identified staffing or skill gaps. This will help develop capacity and confidence among MoHP staff, and the confidence of others in the MoHP HR teams, as well as meeting wider health system requirements.

We propose one Long Term TA (LTTA) post – an HR Adviser – and a variety of Short Term TA (STTA) inputs, mainly depending on the outcome of the HRH strategic plan and the skills needed to complement those of the LTTA. The HR Adviser would be embedded in the MoHP to help carry forward the process of finalising and implementing the HRH strategic plan. The need for this post is justified by:

a) The opportunity presented to support development and implementation of the HRH strategic plan (including systems development and possibly restructuring of HR functions).
b) Creation of a small team in the MoHP for developing the HRH strategic plan, with whom the HR Adviser can work and transfer skills, rather than relying on only one counterpart. Similarly, creation of a wider stakeholder group (CCF) as a focus for capacity development

and combination of the HR team in the MoHP with the CCF will create the "critical mass" needed to ensure continued and effective change in the area of HRH.

c) Positioning the HR Adviser to coordinate specialist STTA HR inputs to ensure they are appropriate and timely.
d) Enabling the HR Adviser to link with other NHSSP TAs – especially the EHCS TA who will be providing support training and the NHTC – and TAs funded by other EDPs to avoid conflict and/or overlap and ensure a broader systems approach to strengthening HRH.

The main objective of the HR Adviser is to assist the MoHP in providing clear strategic direction on HRH to support implementation of NHSP-2. The post should be initially for two years, to support implementation of the plan for the first 18 months to two years[1]. A job description and person specification is given in Annex 5, for advertisement nationally and internationally.

The role of the EHCS TA supporting training will focus mainly on the delivery of training. However, areas of specific collaboration with the HR Adviser in order to strengthen training strategy and systems will include:

a) Assistance to the NHTC in developing an updated strategy including exploring the possibilities of developing the institutions as a autonomous body
b) Identify elements of the training system to be strengthened, and provide advice for achieving this.

Immediate STTA is needed to continue the momentum generated by the grant from GHWA/WHO and the start-up workshop for developing the HRH strategic plan in November 2010. This STTA will be for 10-15 days a month until the HR Adviser post is filled. Working with the MoHP and other stakeholders the consultant will:

- Assist with development of the HRH strategic plan through design, facilitation and reporting of meeting/workshops[2] and writing elements of the plan
- Support high level HRH forum (CCF) and HR technical working groups
- Continue data collection (based on questions provided by Tim Martineau in September 2010)[3] to supplement the HRH country profile
- Maintain close communication with other LTTA, especially for service delivery and finance.

STTA will also be needed to support and complement the HR Adviser and provide focus on specific activities. The exact requirements will be derived from the HRH strategic plan to be developed in early 2011. The most immediate STTA needs are in the areas of:

[1] experience of recruiting for other projects has shown that there are very few HR advisers available with experience of strategic HRH across a number of national health systems
[2] As laid out in the Road map for developing the HRH strategic plan (See Annex 4)
[3] see table in "Summary of further data collection – HR capacity assessment" and supporting annexes 1 - 4

- Human Resource Information System: Including continued work to ensure compatibility of MoHP HuRISH and MoGA PIS information systems; preparation of data to support workforce projections; assisting effective use of data queries for decision making.
- Workforce planning: Including development of short, medium and long term projections of demand and supply to be incorporated into workforce "master plan".

Examples of additional possible STTA inputs, based on plans in NHSP-2 and from interviews are:

- Additional support for updating the national health training strategy
- Review of rewards management for government health sector staff (labour market analysis, comparative pay scales and benefits, job evaluation related to grading of posts)
- Employee relations, including review of relevant structures and skills in MoHP and recommending a strategy for developing this function as part of the MoHP HR portfolio.

TA will also be provided in the form of mentoring and desk based support from a UK based HR Adviser, who may also undertake some of the STTA, depending on the skill set required.

The following table summarises the main recommendations of this report with rationale, and the proposed responses for TA and government to implement the recommendation. The information is based on a problem analysis described in more detail in main document and TA plan.

Issues/ Gaps	Recommendations	TA response	Government response
Lack of current strategic HRH plan (to address problems of staff shortage, maldistribution, skills mix, performance, etc[4])	1.Develop strategic HRH plan[5]	Interim STTA to support plan development (until HR Advisor arrives) HR advisor to support development of plan; and subsequently the implementation of the plan	Continue facilitation of 5 theme-based TWGs; manage development of HRH country profile; establish Technical Committee and other consultation groups; facilitate writing and costing of plan; ensure regular review of progress against the plan and modification where necessary
Incomplete availability of staffing data	2. Strengthening HR Information System: Including continued work to ensure	HR Advisor (with STTA if necessary[6]) to 1) assess future data requirements for	Facilitate coordination of different information system managers; ensure minimal transfer of trained

4

[5] See roadmap in Annex 3

[6] STTA requirements will depend on the skills set of the HR Advisor

Issues/ Gaps	Recommendations	TA response	Government response
	compatibility of MoHP HuRISH and MoGA PIS information systems; preparation of data to support workforce projections; assisting effective use of data queries for decision making	HRPM&D in the public sector 2) review processes and outputs of HuRISH and PIS systems 3) check compatability of two systems 4) recommend further work to ensure best available data	data entry staff; facilitate regular data reporting; ensure decision-making based on best available data
HRH projections of 2003 need updating	3. Revise staffing projections and develop workforce "master plan" as a early activity of the HRH strategic plan	HR Advisor (with STTA if necessary) to assist with choosing projection models and assumptions to be used; development of projections; and consultation of results with stakeholders before developing a workforce master plan	Facilitate decision-making on project models and assumptions to be used; ensure data availability including costing data; facilitate consultation with key stakeholders; develop implementation plan work workforce master plan
Outdated training strategy	4. Develop updated strategy for strengthening NHTC (including possibility of autonomous status)	HR Advisor and EHCS TA supporting training to assist with needs analysis and strategy development	Facilitate sector-wide needs analysis; establish effective training coordination committee; support a rational decision-making process (including cost-benefit analysis) on future status of NHTC
Various	5. Address priority HR issues (before completion of HRH strategy)	HR Advisor to assist with problem analysis and options appraisal to identify solutions; each problem solving episode will be used for capacity development	Work with the HE advisor to identify priority issues; implement then monitor effectiveness of solutions. Identify and share lessons for future HR problem solving

1. Introduction

The purpose of this capacity assessment was to determine the needs for short and long term technical assistance in Human Resources for Health (HRH). The assessment was carried out by Tim Martineau (LATH international consultant) and Hom Nath Subedi (Options national consultant) with inputs from Suresh Tiwari (Options national consultant). Tim Martineau made two visits to Nepal from 13-24 September and 7-14 November, 2010. Data were collected using a capacity assessment tool developed by the Nepal Health Sector Support Programme (NHSSP) for all technical area assessments. Twenty key informant interviews were carried out in September (see Annex 1) and a range of documents reviewed (see bibliography, Annex 2). Further information was collected during a two-day workshop in November, which was jointly planned, designed and facilitated with a team from the Human Resources and Financial Resource Management (HR&FRM) Division. A separate report on this is being prepared by the Ministry of Health and Population (MoHP)[7]. Preliminary findings and recommendations were discussed in September and November with the Joint Secretary of HR&FRM Division and his team, and modified on the basis of these discussions.

Although not part of the capacity assessment, general information was also collected on the HRH situation to provide context. This is presented in Section 2 (Background), but is not intended as a comprehensive review of the HRH situation.

Section 3 provides an appraisal of the institutional arrangements for HRH, focusing largely on human resource planning, management and development of government employed staff. This section also includes a technical appraisal of the HRH area, covering policies, staffing, tools and use of technical assistance.

Section 4 presents the Capacity Development Strategy being proposed for HRH. It explains how the opportunity provided by the development of the HRH Strategic Plan will be used as a major vehicle for capacity development, and proposes short and long term technical assistance to support this process. A risk assessment is provided in Section 5, and recommendations and conclusions in sections 6 and 7 respectively.

[7] With assistance from NHSSP

2. Background

As this capacity assessment was starting, the UN presented an award to the Government of Nepal for the country's progress towards achieving Millennium Development Goal (MDG) 5. Since service delivery is so dependent on human resources, this award indicates many positive aspects of the health workforce and the way it is managed. During the assessment many examples of good practice in HRH are cited, although much work remains to be done.

Based on this very rapid assessment of HRH in Nepal, plus additional HRH issues identified by other NHSSP capacity assessments, the following general points were identified[8]:

- Increasing supply of most cadres of HRH (for example, the number of nurse training institutions has increased from six in 1991 to 103 in 2010).
- However, expansion is uncontrolled and not clearly linked to Nepal's requirements.
- The most recent staffing projections (2003) are no longer valid for a government health service that is now providing free health care, an expanding private sector (currently providing about 40% of Nepal's health care) and the growing number of doctors and nurses going into the global labour market.
- The inequity in access to health workers is probably worsening, despite the increase in supply, due to the difficulty in attracting and retaining staff in remote areas, although innovations such as local contracting are promising. This has resulted in many vacant posts including key posts at regional and district levels.
- The expansion of training, much of which is now provided by the private sector, has not been accompanied by development of and adherence to standards.
- Consequently the skills of many health service providers are not up to standard, with obvious implications for the quality of service delivery.
- More skills in leadership and management are also badly needed to ensure the effective running of the health system.

Examples of specific problems hampering effective service delivery are:

- Bottlenecks in the provision of Skilled Birth Attendance (SBA) training through the National Health Training Centre (NHTC); NHSP2 states that only 1,000 of the 7,000 SBAs needed are currently available.
- Lack of sanctioned Auxiliary Nurse Midwife (ANM) posts in Karnali zone
- Shortage of sanctioned posts related to Maternal Neonatal and Child Health (MNCH) at several levels of the health system.
- Lack of specific definitions of posts facilitating 'irrational' transfers even after specialist training has been provided and disrupting the effective functioning of health teams.

Accurate data on staffing are not currently available, especially for non-government employees, but Table 1 provides one of the most up-to-date pictures for the MoHP. The health sector

[8] This is an oversimplification for the purposes of this report; more details can be found in documents listed in Annex 4.

workforce for Nepal would look much larger if combined with data for the NGO and private for-profit sector. There is also a large number of volunteer health workers, for example nearly 50,000 Female Community Health Volunteers (FCHV) based in villages.

Table 1: Human resources for health under MoHP in 2007/08

Position	Sanctioned	Filled	Vacant	% filled positions	Share %
Medical doctor	1,062	816	246	77	4
Nursing staff, including ANMs	5,935	5,307	628	89	24
Paramedics	10,642	9,212	1,430	87	43
Other	6,838	6,394	444	97	28
Total	24,477	21,729	2,748	89	100.00

Source: Based on data from Annual report, DoHS, 2007/08, cited in NHSP-2

Many of the issues listed above are recognised in the NHSP-2 planning document and are addressed by individual strategies in the plan, although not in a comprehensive way. In addition, work has been started on development of a) a Country Coordination and Facilitation (CCF[9]) process and b) an HRH strategic plan. Some funding ($50,000) is available from the Global Health Workforce Alliance (GHWA) through the WHO country office. The lack of data needed for planning is recognised and a national consultant will be employed with WHO funds to develop a Country HRH profile[10] for use in the development of the HRH strategic plan.

[9] Global Health Workforce Alliance (2009). Human resources for health. Good practices for 'Country Coordination and Facilitation' (CCF). http://www.who.int/workforcealliance/countries/ccf/CCF_Dec2009.pdf

[10] based on a template developed by WHO AFRO (see http://www.hrh-observatory.afro.who.int/en/hrh-country-profiles/hrh-country-profile-template.html)

3. Institutional and technical analysis

3.1 Institutional assessment status and analysis

a) Status of health outcomes, appropriate policies and strategies

Despite Nepal's encouraging progress towards MDG 5, sustaining these gains will require ensuring sufficient numbers of staff with the right skills, particularly in remote rural areas. There is also general need to expand access to services, again, particularly in remote rural areas. An additional challenge affecting the demand for services is the rise in population.

b) Specific institutional environment

The diverse set of stakeholders and actors associated with HRH sometimes have opposing interests, requiring significant efforts to achieve a coordinated approach. The CCF mechanism supported by GHWA/WHO should support this by providing a forum for communication.

The high production of trained staff and low absorptive capacity of the labour market make access to a secure job highly desirable. Combined with the fact that location and access to other benefits make some available jobs more popular than others, this frequently leads to pressure for job allocation that undermines the implementation of rational policy and systems, resulting in inappropriate deployment (for use of skills and composition of health teams) and inequitable distribution of staff. The problem of mismatch between skills and jobs, for whatever reason, was one of the most frequent comments expressed by people interviewed for this and other capacity assessment reports.

The current unpredictable political environment means coordination of stakeholders at high level and addressing the "distortions" of HRH systems will be challenging. However, the impending restructuring through decentralisation of the health service and federalism may provide an opportunity for more locally appropriate management of HRH. The emphasis on social inclusion also has benefits for improving and diversifying the health workforce.

c) Organisational structure, management and working environment

Human resource planning, management and development for the public sector involves multiple actors, especially in the public service (Ministries of Health and Population, Education, General Administration, Finance; Public Service Commission; professional councils; and other units within MoHP and Department of Health Services (DoHS)). While there is logic to the allocation of these functions, making the overall system work requires very effective coordination and communication. Even within the **Ministry of Health and Population**, responsibility for HRH is spread across three divisions (see Table 2). No single department has overall responsibility for HRH and both Joint Secretaries in Table 2 have it in their remit. Since they are of the same rank, which is also equal to that of the Director of NHTC, neither of the Joint Secretaries is in a position to set the agenda for NHTC. Furthermore, both Joint Secretaries are employed by the Ministry of General Administration (MoGA) (Civil Service Act) and therefore subject to frequent transfer between ministries.

Table 2: MoHP divisions involved in planning, management and/or development of HRH (including filled / total posts)

Joint Secretary Human Resources and Finance Division (1/1)	Joint Secretary Personnel Administration Division (1/1)	Policy, Planning and International Cooperation Division (1/1)
Human Resource Development Section (includes HuRDISH) (5/5)	Personnel Administration Sector (4/4)	International Support, Scholarship, International Cooperation Coordination Section (5/?5)
	Promotion Section (1/2)	
	Acts, Regulations Consultation Section (2/3)	
	Records Section (1/?)	

Source: data collected by consultants (2010)

The **Department of Health Services** and the **Regional and District Health Office**s deal with posting and transfer of staff, according to grades as shown in Table 3. The DoHS Personnel Administration Section has eight staff to handle all posting and transfer transactions. Information about the capacity for this function at regional and district levels was not collected for this assessment.

Table 3: Posting and transfer authority by level of institution

Institutional level	Grades
DoHS	6-7
Regional office	4-5
District office	1-4

Source: data collected by consultants (2010)

The **National Health Training Centre** is responsible for delivery of in-service training, development of curricula and training of trainers and also provides some international training for the region. Some of these activities are contracted out. The centre also provides specialist training for pre-service courses run by other institutions. As a designated centre it has its own budget and liaises with the Planning Division of the MoHP to identify the training needs of different health programmes. There are 32 posts, of which 31 are filled, and three to four persons were said to have curriculum development skills and experience. The NHTC oversees five Regional Training Centres (RTC), none of which currently has a chief in post. Most trainers at this level are health assistants or staff nurses; there are no doctors. A strategic plan was developed in 2004, with technical and financial assistance from UNFPA, but after six years this is almost certainly in need of revision. A National Health Training Coordination Committee, chaired by the Secretary is proposed in NHSP2. This will play an important role as there is a need to consider partnerships with the expanding private sector to meet the expanding HR production requirements at an acceptable standard.

We visited three **professional councils** (the Medical Council, Nursing Council and Pharmacy Council) that register new graduates, oversee the training curriculum and approve new training institutions. Although the Medical Council was established 47 years ago, it has only played an active role since the 1990s, when the number of medical schools began to increase. There are

now 20 medical schools registered, although not all are functioning yet. The work of the Nepal Nursing Council has increased rapidly, and with only 10 staff it oversees about 198 training institutions. The Pharmacy Council, created in 2000, is also witnessing an expansion of training institutions, all of which need to be regulated.

The **Public Service Commission** (PSC) is responsible for recruitment and promotion of approximately 80,000 government staff, including those employed by the MoHP. It manages a quota system for recruitment as part of government positive discrimination policy to promote social inclusion. Its regional and zonal offices have delegated authority[11]. As part of a three-year reform programme, the PSC is streamlining its procedures with support from the ADB-supported e-governance project.

The role of the **Ministry of General Administration** is to regulate and manage the civil service, as prescribed by government rules and regulations, and to manage pension entitlements[12]. It oversees the structures and staffing of government departments and keeps records of civil servants[13]. MoGA seconds its administrative staff to other ministries.

d) Finance

No details on the financing of human resource planning, management and development or the workforce itself were obtained. Some information may be available in the financing team's capacity assessment report. Of particular current interest are: a) the fiscal space available for financing an expansion of the government employed health workforce and b) the modes and levels of finance being used for local contracting of staff. Finance was not mentioned as a problem relating to HRH in interviews, and MoGA indicated that MoHP is not in a position to ask for new posts until existing posts are filled.

e) Monitoring

The Annual DoHS Report for 2008/09 gives staffing information as: DoHS posts = 183; vacancies = 24; and regional and below posts = 24,477; vacancies = 2,748. The report also proposes remedial actions, such as strengthening performance appraisal and improving access to staffing data. The manager of HuRDISH said their data was not used for monitoring purposes. Professional councils informally monitor migration by tracking requests from overseas counterpart councils for letters of good standing for health professionals on their register. The safe motherhood and newborn health section of the DoHS report provides information on the number of skilled birth attendants trained. No monitoring activity against a broader HR plan was identified.

3.2 Technical assessment status and analysis

f) Policies

[11] See http://www.psc.gov.np/engintroduction.php

[12] See http://www.moga.gov.np/beta/index.php#

[13] The MoHP has recently conducted a very useful exercise to reconcile their records held on HuRISH with those held by the Department of Civil Personnel Records in MoGA

The major policy document governing employment of health sector staff is the Health Services Act 1997[14], to which there have been five amendments, the most recent in January 2010. This was created to provide more flexibility for health staff ("in order to make the health service more competent, vigorous, service-oriented and responsible") than the Civil Service Act 1992, which covers most government employees including those on secondment to MoHP from other ministries (such as Ministry of General Administration, Ministry of Finance). Amongst many other things the Health Services Act provides rules on transfer, deputation and promotion[15], and allows for a change from a rank system of posts to a grade system[16]. A particularly important policy decision was to allow local contracting , partly to deal with staffing shortages and partly in line with the decentralisation of management to facility level. This has resulted in an unknown, but reportedly quite large, number of staff being employed who are not on the formal long term payroll. A current constraint is that contracts can only be given for 12 months at a time, and it takes up to five months to negotiate a follow-on contract, which seriously affects continuity. NHSP-2 proposed the introduction of multi-year contracts.

Training of health workers by private institutions is now sanctioned, overseen by the professional councils, with much of the lower level training overseen by the Council for Technical Education and Vocational Training (CTEVT)[17]. Many informants said that existing HR policies were appropriate, but support was needed to improve their implementation.

g) Staffing

The majority of HR functions in the MoHP appear sufficiently staffed against the established posts (as shown in Tables 2 and 3 above), but most staff appear to have only general administration skills. A brief survey in HR-related departments showed that no-one had any specific HR qualifications, only two HRH data entry clerks had training on data entry and one computer technician working on HuRDISH has the appropriate skills to do his work.

The DoHS Personnel Administration Section has eight staff to manage files for the bulk of the health workforce[18].

Of the 32 staff employed by the NHTC, about four were said to have curriculum development skills and experience, although the centre can buy in expertise when needed. NHSP2 states that senior professional level positions of an appropriate skill mix were proposed in the past but have yet to be filled. Regional Training Centre chief posts have been vacant for some time and trainers are mostly health assistants and staff nurses.

No detailed examination of skills was carried out, only a preliminary profile of the HR-related sections of the MoHP and DoHS[19], which could be used as the basis for a more detailed review.

[14] Nepal Law Commission (2010). Nepal Health Service Act, 2053 (1997) - with updates. Available at: http://www.lawcommission.gov.np/index.php/ne/acts-english/doc/654/raw

[15] A brief analysis of the difference between the civil service and health services acts are in preparation by NHSSP consultants.

[16] E.g Gazetted Third Class is now equivalent to a maximum grade of 15

[17] See http://www.ctevt.org.np/about_ctevt.asp

[18] Number unknown

[19] As part of the follow-up data collection in October/November; still in draft form

We did not acquire detailed information on turnover of staff with HR related functions, but the length of time in their current post ranged from about three months to many years. No-one in the Personnel Management Division of the MoHP, with the exception of the legal department[20], had been in post longer than six months at the time of data collection. This indicates a possible problem of staffing stability, but further investigation would be needed to establish whether or not this was an unusual situation. No specific data on social inclusion was collected, but of the 22 government staff working on HR related functions (not including NHTC) two (9%) are female.

h) Tools

A major requirement for effective HR planning, management and development is information on numbers, types and locations of staff and their skills and experience, which requires an accurate and accessible database. The MoGA has a hard-copy file database that has just been overhauled and updated, and it also manages the computer based Personnel Information System. The MoHP has been working on development of a computerised HR database since 1994[21]. This contains detailed job related information on each individual, including job history, training and personal details. However, this appears to be insufficiently complete for use as a reliable planning and management system. The major problems appear to be with regular updating of the system at district level, due to poor internet connectivity in some locations and high turnover of trained operators. The MoHP has no tools for making staffing projections. The 2003 projections were carried out by external consultants using a WHO projection model. However, we did discover that the Pharmacy Council had developed its own tool and the WHO HR focal point had also developed a staffing projections tool for doctors. While it might be possible to develop some rapid planning projections to identify future scenarios based on the status quo, more meaningful longer term projection will need to incorporate a mix of assumptions. These will include population growth (this has increased 35% between 1991 and 2008, while the number of health workers has increased only by 3.4%.); facility plans (upgrading of health and sub-health posts and PHCCs to community hospitals), changes in serviced delivery (e.g. the introduction of 24/7 services in some facilities), creation or absorption of new types of posts (e.g. anaesthetist assistants); and probably the absorption of contract staff to permanent positions. The plan should include both salaried health workers and unpaid health workers such the female community health workers (FCHV) cadre which is set to expand by 5,000 under NHSP2.

i) History of technical assistance: current and future TA

The MoHP received Technical Assistance (TA) for developing workforce plans in 1993[22], 1996[23], 2001 and 2003[24], although to date none of these plans has been implemented. GTZ provided TA to support the HuRDISH personnel database from 1993 to about 2007, but the system appears never to have reached full implementation status.

[20] Laws and rules, regulations and consultation section
[21] Originally on Microsoft Access; now converted to Oracle to enable web-based access.
[22] HRH Task Force (1993). Human resources for health master plan for Nepal.
[23] From the ERPHC project
[24] Ministry of Health (2003). NEPAL Strategic Plan for Human Resources for Health 2003-2017. (initial work done in 2001)

WHO provided TA to support the creation of the first medical school (Institute of Medicine) and BPKIHS, particularly in curriculum development. There was then a short gap (2007-09), when the WHO policy for supporting HRH changed. Support resumed in 2009 with the placement of a full-time HRH adviser and promotion of the development of a new HRH strategic plan with funds from the Global Health Workforce Alliance (GHWA). The adviser has also helped with the preparation of GAVI and Global Fund bids and support for professional councils, however he is currently in the process of moving to another post outside Nepal.

Support to the Safe Motherhood Programme (SSMP) provided HR related TA for training, writing of HR overviews and support for local hiring. Some good examples of results achieved have been documented[25]. The RTI-led Health Sector Reform Support Programme seems to have provided little TA on HR except for collaboration on the plan for strengthening HR for safe motherhood (2009[26]), from which some of the strategies are reportedly being implemented. There was also some work on incentives for staff[27].

Although there may have been other HR related TA from External Development Partners (EDP), most likely in support of training, we found no evidence of a significant contribution to the strengthening of HR planning and management functions in the MoHP or DoHS, except perhaps for the recent TA from WHO. In the immediate future, WHO will continue to supply HR TA, although this will not be embedded. We heard of three INGOs collaborating with national NGOs who were about to carry our research and advocacy on HRH with funding from the European Commission, and the Nick Simons Institute has a continued interest in research and development to support the attraction and retention of health workers in remote areas. While not strictly TA, these will contribute to the MoHP knowledge base.

[25] See SSMP (2010). Case Studies: Getting Evidence into Policy and Practice.
[26] Kolehmainen-Aitken, R.-L. and I. Shrestha (2009). Human Resource Strategy Options for Safe Delivery, Ministry of Health and Population, Government of Nepal.
[27] Costing Study on Incentives Packages for Nepal's Health Care Professionals – August 2008 [document not found]

4. Capacity development strategy for HRH

The capacity development strategy needs to address the strengthening of human resource planning, management and development policies and systems and the skills of those charged with their development and operation. One challenge already suggested is the high turnover at this level, which makes it difficult to keep new skills within HR related departments. The second challenge is the low specific skills base suggested by the review. This indicates the need to target capacity development at a critical mass of people working on HR functions, to reduce the risk posed by staff turnover. The "learning by doing" approach is probably the most effective way of ensuring new skills are relevant to the needs of the MoHP and its stakeholders.

The process begun with funds from GHWA/WHO to establish a Country Coordination and Facilitation process, and the agreement to update the current HRH strategic plan (which will include the development of staffing projections and a workforce “master plan” as one of the early activities), appear to present an excellent vehicle for capacity development that is both immediate and relevant and can ensure that a critical mass of staff employed to carry out HR functions and HR related stakeholders are engaged in the process. This process has already started, as in September the Joint Secretary requested NHSSP consultants to assist in the design and facilitation of a two-day workshop to initiate the process of developing the HRH strategic plan. Technical working groups have been formed and begun working on development of the plan, with guidelines and support through NHSSP TA[28]. A road map of the process has been drafted (see Annex 3).

While development and implementation of the HRH strategic plan [29] should be the main vehicle for TA supported capacity development, some of the problems noted earlier cannot wait for broad systems development to occur. There are benefits to working on these individual problems in parallel with the wider HRH strategic plan development. Firstly, problem analysis is likely to identify deeper systemic issues, which would anyway need to be addressed by the HRH strategic plan. If the teams addressing these problems are also involved in the HRH strategic plan, then solutions are likely to be in line with the evolving plan. Secondly, working on specific problems will provide MoHP staff and their partners with capacity development opportunities. Finally, solving or reducing the gravity of identified problems will develop confidence amongst staff, and generate the trust of other stakeholders (programme and facility managers, EDPs).

The draft TA plan for HR is given in Annex 4. We propose one Long Term TA (LTTA) post – an HR Adviser – and a variety of Short Term TA (STTA) inputs, mainly depending on the outcome of the HRH strategic plan and the skills needed to complement those of the LTTA. The HR Adviser would be embedded in the MoHP to help carry forward the process of finalising and implementing the HRH strategic plan. The need for this post is justified by:

[28] through short-term assistance of a UK-based HR consultant and temporary inputs from a Nepal-based consultant
[29] which will go beyond the period of the NHSSP

e) The opportunity presented to support development and implementation of the HRH strategic plan (including systems development and possibly restructuring of HR functions).
f) Creation of a small team in the MoHP for developing the HRH strategic plan, with whom the HR Adviser can work and transfer skills, rather than relying on only one counterpart. Similarly, creation of a wider stakeholder group (CCF) as a focus for capacity development and combination of the HR team in the MoHP with the CCF will create the "critical mass" needed to ensure continued and effective change in the area of HRH.
g) Positioning the HR Adviser to coordinate specialist STTA HR inputs to ensure they are appropriate and timely.
h) Enabling the HR Adviser to link with other NHSSP TAs – especially the EHCS TA who will be providing support training and the NHTC – and TAs funded by other EDPs to avoid conflict and/or overlap and ensure a broader systems approach to strengthening HRH.

The main objective of the HR Adviser is to assist the MoHP in providing clear strategic direction on HRH to support implementation of NHSP-2. The post should be initially for two years, to support implementation of the plan for the first 18 months to two years[30]. A job description and person specification is given in Annex 5, for advertisement nationally and internationally.

The role of the EHCS TA supporting training will focus mainly on the delivery of training. However, areas of specific collaboration with the HR Adviser in order to strengthen training strategy and systems will include:

c) Assistance to the NHTC in developing an updated strategy including exploring the possibilities of developing the institutions as a autonomous body
d) Identify elements of the training system to be strengthened, and provide advice for achieving this.

Immediate STTA is needed to continue the momentum generated by the grant from GHWA/WHO and the start-up workshop for developing the HRH strategic plan in November 2010. This STTA will be for 10-15 days a month until the HR Adviser post is filled. Working with the MoHP and other stakeholders the consultant will:

- Assist with development of the HRH strategic plan through design, facilitation and reporting of meeting/workshops[31] and writing elements of the plan
- Support high level HRH forum (CCF) and HR technical working groups
- Continue data collection (based on questions provided by Tim Martineau in September 2010)[32] to supplement the HRH country profile
- Maintain close communication with other LTTA, especially for service delivery and finance.

[30] experience of recruiting for other projects has shown that there are very few HR advisers available with experience of strategic HRH across a number of national health systems
[31] As laid out in the Road map for developing the HRH strategic plan (See Annex 4)
[32] see table in "Summary of further data collection – HR capacity assessment" and supporting annexes 1 - 4

STTA will also be needed to support and complement the HR Adviser and provide focus on specific activities. The exact requirements will be derived from the HRH strategic plan to be developed in early 2011 and a review of the skills set of the HR Adviser eventually appointed[33]. The most immediate STTA needs are in the areas of:

- Human Resource Information System: Including continued work to ensure compatibility of MoHP HuRISH and MoGA PIS information systems; preparation of data to support workforce projections; assisting effective use of data queries for decision making.
- Workforce planning: Including development of short, medium and long term projections of demand and supply to be incorporated into workforce "master plan".

Examples of additional possible STTA inputs, based on plans in NHSP-2 and from interviews are:

- Additional support for updating the national health training strategy
- Review of rewards management for government health sector staff (labour market analysis, comparative pay scales and benefits, job evaluation related to grading of posts)
- Employee relations, including review of relevant structures and skills in MoHP and recommending a strategy for developing this function as part of the MoHP HR portfolio.

TA will also be provided in the form of mentoring and desk based support from a UK based HR Adviser, who may also undertake some of the STTA, depending on the skill set required.

[33] The range of HR skills to support the implementation of the HRH strategic plan (ranging from pay, projections and performance management to employee relations) is broad and HR advisors are usually not expert in all areas.

5. Risk assessment and risk mitigation strategy

The greatest risk to successful capacity building through TA appears to be lack of stability of counterpart staffing. This risk may be reduced by working with a small group of staff in the MoHP/DoHS comprising section officers and above (as created for facilitation for the first HRH strategic planning workshop, November 2010), one or two technical staff and one of the Joint Secretaries.

A further risk is aligning the TA inappropriately within the Ministry. For example, although officially the focal person for the WHO HRH expert is the Joint Secretary (Human Resource and Financial Resource Management), he has been told on several occasions that he should link with others in the Ministry. There is currently a clear logic for linking with the Joint Secretary for the first steps outlined above, as the previous incumbent of this post led on the GHWA funded activity to establish the CCF and develop a HRH strategic plan. However, it will be important to communicate with MoHP on the general view of who the HRH focal person should be.

6. Recommendations

6.1 Focus on HRH capacity development

The immediate focus should be helping the MoHP to develop a HRH strategic plan, as this already has momentum and financial support. From this, clearer ideas will emerge about other areas to be tackled in the next year or two. In parallel, selected priority HR issues, particularly those dealing with staff shortages, may be addressed.

6.2 Technical support

Technical support requirements are covered in Section 4. To summarise:

1. STTA (part-time) to be recruited in country to maintain the momentum generated during development of the HRH strategic plan and CCF mechanism until arrival of the HR Adviser
2. HR Adviser (LTTA) for two years, embedded in MoHP to support finalisation and implementation of the HRH strategic plan and assist problem solving in priority areas
3. LTTA to support the NHTC, managed under the EHCS component of NHSSP
4. STTA for a range of tasks derived from the HRH strategic plan; immediate priorities likely to be HR information systems and development of staffing projections for the workforce "master plan".

6.3 Areas for further review

A comprehensive HRH profile will be developed (see Section 4). However, a few information gaps identified during the first part of this review remain:

- How do the Civil Service and Health Service Acts differ? Does the additional flexibility of the Health Service Act benefit the MoHP? (Initial answers provided; more information needed)
- Who initiates the amendments to the Health Service Act? And how do the amendments get approved? (Working examples needed)
- What is the scale of the practice of local hiring and how is it financed? Does it improve staffing? What are the unintended consequences? What assistance was provided by SSMP to establish and support this practice? (Initial answers provided; more information needed)
- How long have staff in the MoHP and DoHS units with HR planning/ management functions been in post? (is there a problem of staff turnover? More historical data needed)
- Pay and allowances by grade and category of staff in the public sector; comparisons with private sector. (Private sector data needed)
- Financing of human resources: what fiscal space is available for financing expansion of the government health workforce and what proportion of MoHP budget is spent on salaries?

7. Conclusions

The planned work on developing a HRH strategic plan provides a very good entry point for both short and long term TA. The challenge in the short term will be to maintain the momentum generated by the partnership between MoHP and NHSSP, and to help MoHP to support the technical working groups and implement the road map for developing the HRH strategic plan. The medium term challenge will be to recruit appropriate LTTA as early as possible in 2011. The longer term challenge will be to build capacity of a critical mass of MoHP staff in HR planning and management, through the development of plans, systems and structures, so that in spite of inevitable staff turnover, capacity remains.

Acknowledgements

The authors would like to thank the key informants who gave their time to answer our questions and provide information for this assessment, and the MoHP team that worked collaboratively to make the workshop in November a success.

Annex 1: List of people interviewed and facilities visited

Mr. Arjun Singh, Director, National Health Training Centre NHTC
Mr. Tulsi Bahadur Shrestha. Chief Administrator DoHS
Dr. Somnath Aryal, Chairperson, Medical Council
Ms. Krishna Devi Prajapati, President and Janaki KC, Registrar, Nepal Nursing Council
Mr. Keshab Bhatterai. Secretary, Public Service Commission
Mr. Binod K.C. Joint Secretary, Ministry of General Administration
Mr. Krishna Karki and Mr. Yadu Nath Paudel MoHP Head (Human Resources Information System - HURIS)
Mr. Punnay Keshari Neupane. Director, Nepal Administrative Staff College
Dr. Arjun Karki. Vice Chancellor, Patan Academy of Health Science
Dr. Mark Zimmerman, Nick Simons Institute
Mr. Surya Acharya, Joint Secretary, Human Resources and Financial Resource Management Division, MOHP
Krishna Prasad Lamsal, Joint Secretary, Administration Division, MOHP
Mr. Arjun Singh, Director National Health Training Centre, Teku
Mr. Raghu Ghimere, Consultant, COMAT
Prof. Shree Krishna Shrestha, Chair and Chief Education Director, Institute of Banking and Management Studies
Mr. Dharma Khanal – Nepal Pharmacy Council http://www.nepalpharmacycouncil.org.np/
Dr. Tusara Fernando WHO
Dr Maxime Piasecki, Country Director and Dr Achyut Raj Karki, Health Programme Coordinator, Merlin

Annex 2: Bibliography

Anon (2009). GUIDELINES FOR SAFE MOTHERHOOD SERVICES IN REMOTE AREAS: Options for Improving Maternal Outcomes.

Anon (Undated). Key Gender Equality and Social Inclusion (GESI) elements of Nepal Health Sector Program-Implementation Plan 2 and the possible TA required

Anon (Undated). Nepal's Maternal and Newborn Health Efforts: Moving Forward.

Global Health Workforce Alliance (2009). Human resources for health. Good practices for 'Country Coordination and Facilitation' (CCF). Available at: http://www.who.int/workforcealliance/countries/ccf/CCF_Dec2009.pdf

Hayes, B. and others (Undated). Nepal's general practitioners. Where are they now and what are they doing in 2006? Kathmandu, Nick Simons Institute.

HMGN (2000). Nepal Pharmacy Council Act 2057 (2000).

HRH Task Force (1993). Human resources for health master plan for Nepal.

HURDEC (2010). DRAFT Gender Equality and Social Inclusion Implementation framework, NHSP-2, 2010-2015.

Knoble, S. and others (2007). Measuring quality of rural based government mid-level health care workers. A clinical skills assessment. Kathmandu, Nick Simons Institute.

Kolehmainen-Aitken, R.-L. and I. Shrestha (2009). Human Resource Strategy Options for Safe Delivery, Ministry of Health and Population, Government of Nepal.

Ministry of Health (2003). NEPAL Strategic Plan for Human Resources for Health 2003-2017.

Ministry of Health and Population (2010). Nepal Health Sector Programme Implementation Plan II (NHSPIP 2) 2010 – 2015 (Final draft), Ministry of Health and Population, Government of Nepal.

MoHP (2009). Health Sector Gender Equality and Social Inclusion Strategy.

National Health Training Centre (2004). National Health Training Strategy, Ministry of Health.

National Planning Commission (2007). Three-Year Interim Plan. Approach Paper (2064/65-2066/67). Kathmandu, Government of Nepal.

Nepal Law Commission (2010). Nepal Health Service Act, 2053 (1997) - with updates.

Nick Simons Institute (2006). Deployment of health care workers in government district hospitals in Nepal. Kathmandu, Nick Simons Institute.

NSI and CTEVT (2006). A focused study on CTEVT Mid-level pre-service health training programs in Nepal. Kathmandu, Nick Simons Institute.

NSI and NHTC (Undated). Mid Level Practicum pilot course 2009. Kathmandu, Nick Simons Institute: 4.

Pradhan, A. and others (2010). Nepal Maternal Mortality and Morbidity Study 2008/2009. Kathmandu, Family Health Division, Department of Health Services, Ministry of Health and Population, Government of Nepal.

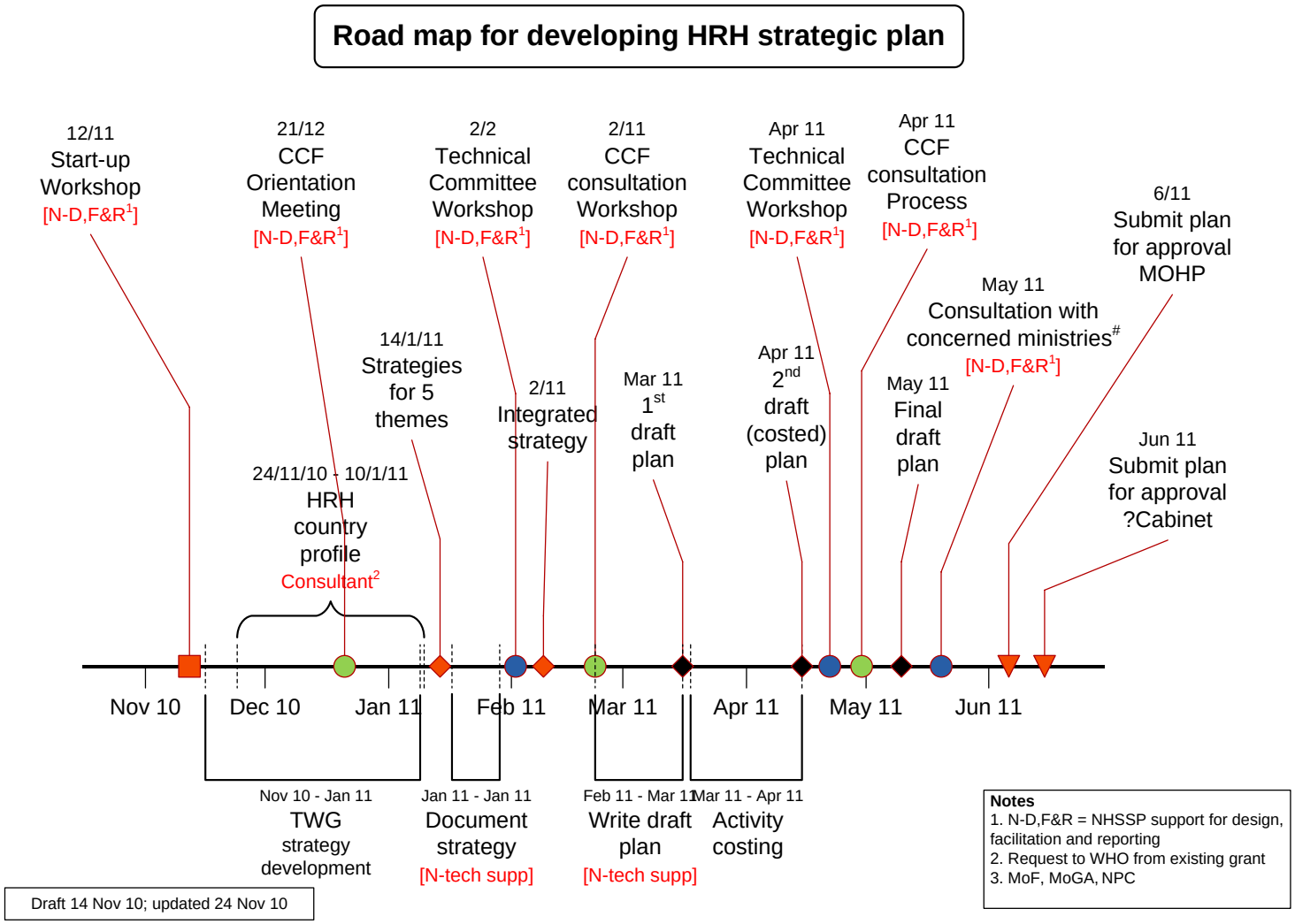
RTI International (2010). The Sector-Wide Approach in the Health Sector: Achievements and Lessons Learned. Research Triangle Park, NC, USA.

Shipp, P. and T. Martineau (1994). Information systems for health personnel management and planning (Nepal). Liverpool, LATH.

SSMP (2008). Country plans and key challenges for increasing skilled attendance.

SSMP (2010). Case Studies: Getting Evidence into Policy and Practice.
SSMP (Undated). Service Delivery: Key Issues to Focus on.
SSMP (Undated). Human resource planning: key focus areas for improving safe motherhood services: 3.
Weil, O. (2006). Review of Situation within the Ministry of Health and Population with regard to Human Resources Policy and Management.
WHO (Nepal). (2010). "Human Resource for Health (web page)." Retrieved 22 September 2010, from http://www.nep.searo.who.int/EN/Section4/Section40.htm.
WHO/GHWA (2008). The Kampala Declaration and Agenda for Global Action. Geneva, WHO. Available at: http://www.who.int/workforcealliance/Kampala%20Declaration%20and%20Agenda%20web%20file.%20FINAL.pdf

Annex 3: Road map for developing HRH strategic plan



Annex 4: Draft TA plan for human resources for health

Annex 1: Year 1 Workplan Short-Term TA

Instructions: Add in TA objective as appropriate aligned against the NHSP2 Results Matrix Objective; Refer to relevent sheets to identify related aligned indicators and enter appropriate reference number. For STSP select from drop down list.
Complete activities and outputs where possible and include potential number of days needed (combined for both long and short term TA)

											INCEPTION PHASE				Remainder Year 1								Total STTA Days Yr 1	
Objective NHSP2 Results Matrix	*TA objective*	*Related to results matrix indicator*	*Related to GAAP indicator/s*	*Related to GESI indicator/s*	*Area of support STSP category (Select from drop down)*	*Activity (detail of work to be undertaken)*	*Output/ Deliverable*	*Long term TA*	*Short term TA*	*Timing of STTA*	*Sep-10*	*Oct-10*	*Nov-10*	*Dec-10*	*Jan-11*	*Feb-11*	*Mar-11*	*Apr-11*	*May-11*	*Jun-11*	*Jul-11*	*Aug-11*		
Objective 1: Increase access to and utilization of essential health care services,																								
																								*STTA included in Objective 4
																								#REF!
Objective 2: Reduced cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non - state actors																								
																								#REF!
Objective 3: To improve health systems to achieve universal health care services.	to assist the MOPH to develop a rapid problem analysis and first draft of strategic HRH plan	C2, C3, C4, C10, C14, C18	C1, C2, D1	B1	Capacity building	1) provide some guidance on developing the HRH profile 2) confirm objectives and expected outcomes of workshop and materials needed 3) brief MoPH core team on process of developing HRH strategy 4) assist with facilitation of 4-day workshop 5) post-workshop review and planning next steps for completion of HRH plan 6) limited support for completion of HRH strategy (steps 1, 2 and 6 carried out remotely; other steps in country).	Draft HRH plan		15			3	10	2									15	To include one 4-day workshop part-funded by GHWA; assistance needed by NHSSP national staff for preparation and workshop facilitation
	Backstopping STTA and LTTA					Provide continuity for the development of the HRH plan as it is finalised and implementation starts; help draft TORs for STTA; support recruitment of LTTA; one week-long visit before June; des-based e-mail and phone support to project - especially HR LTTA									2	2	1	1	1	1	5	1	14	
	to assist the MOPH to provide clear strategic direction on human resources for the health sector to support the implementation of NHSP-2	C2, C3, C4, C10, C14, C18	C1, C2, D1	B1	Capacity building	1) Assist with the completion of the HRH strategic plan and the development of costed activities for the Annual Work Plan and Budget (AWPB). 2) Support the annual review of the HR AWPB and regular updating of the HRH strategic plan 3) Support high level HRH forum (Country Coordination Facilitation) and HR technical committees 4) Draw up TORs for Short Term Technical Assistance (STTA) inputs, assist with the selection and support STTA inputs 5) Coordinate with the intersectoral training committee, when established 6) Assist the MoHP in anticipating major changes e.g. decentralisation of human resource functions 7) Assist in the coordination of the different offices handling HR functions and provide advice on improving communication and/or restructuring. 8) Maintain close communication with other LTTAs – especially for service delivery and finance.	Completed HRH plan; CCF supported; STTA managed; HRPM&D systems and structures strengthened; HRPM&D skills enhanced	480								20	20	20	20	20	20	20	20	160	20 days/month based on 240 days/year
	Support with updating of the national health training strategy	C18	B1	B1	Capacity building	1) review progress against current strategy 2) assess planning environment (including progress towards decentralisaiton) 3) assess current and future in-service training requirements 4) identify institutional, material and staffing requirements and necessary structural changes 5) facilitate workshop with key stakeholders to develop first draft of training strategy	First draft of training strategy and recommended steps for completion		15									15				15	To include one short workshop
	Review of the rewards management for government health sector staff (labour market analysis, comparative pays scales and benefits, job evaluation in relation to grading of posts)	C2, C3, C10	C1, D1	B1	Capacity building	1) initial assessment of rewards management issues using a small number of key informant interviews, document review and available data (e.g. HuRISH, professional councils, training institutions) 2) Develop detailed plan for work on rewards management	Detailed plan for rewards management (further investigations, key actions needed, etc)		12								12					12	
	Workforce planning: development of short, medium and long-term projections of demand and supply	C2, C3, C10	C1, D1	B1	Capacity building	1) review of data available 2) decision on key planning assumptions 3) enter data into chosen planning model 4) experiment with projections with various technical teams and/or in workshop environment 5) agree on projections 6) agree on broad methods and costs, within the framework of the strategic HRH plan, for achieving projected staffing requirements	Costed workforce plan aligned HRH strategic plan		15												15			15	3-4 days workshop may be needed
	Human Resource Information System: continue the work to ensure compatibility of the MoHP HuRISH and MoGA PIS information systems; prepare data to support workforce projections; and to assist with effective use of data queries to assist HRPM&D decision-making	C2, C3, C10	C1, D1	B1	Capacity building	1) assess future data requirements for HRPM&D in the public sector 2) review processes and outputs of HuRISH and PIS systems 3) check compatability of two systems 4) recommend further work to ensure best available data on public sector HRH is available to decision-makers	Set of recommendations for further work on HR information systems		10								10					10	
	Employee relations: to review relevant structures and skills in MoHP and recommend a strategy for gradually developing this function as part of the MoHP's HRM portfolio.	C2, C3, C10	C1, C2, D1	B1	Capacity building	1) initial assessment of current employee relations using a small number of key informant interviews with management and unions, document review (including newspaper reports) 2) Develop costed plan for the next steps in strengthening employee relations structures, skills and systems in MoHP and DoHS and sub-national structures	Costed plan for next steps in improving government capacity for managing employee relations		12												12			12	This could include a 1-2 days workshop with government, unions and selected additional stakeholders
																						Total	253	

Annex 5: Job description and person specification for HR Adviser

International Human Resources Adviser

EMPLOYER: Options Consultancy Services Ltd

REPORTING TO: Team Leader

DURATION: 18 months

LOCATION: Based in the Ministry of Health and Population, Kathmandu. Some travel within Nepal is likely.

COUNTERPART: Joint Secretary Human Resources and Financial Resource Management, Ministry of Health and Population (MOHP). The Adviser will also work closely with the Joint Secretary for Personal Administration.

Background

The Government of Nepal is committed to improving the health status of Nepali citizens and has made impressive health gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health Sector-Wide Approach (SWAp), began in July 2004, and ended in mid-July 2010. NHSP-1 was a highly successful programme in achieving improvements in health outcomes. Building on its successes, the MOHP along with External Development Partners have designed the second phase of the Nepal Health Sector Programme named as NHSP-2, a 5 year programme, which will be implemented from mid-July 2010. The goal of NHSP-2 is to improve the health status of the people of Nepal, especially women, the poor and excluded. The purpose is to improve utilisation of essential health care and other services, especially by women, the poor and excluded. Options Consultancy Services Ltd (Options) and partners are providing technical support to the GoN to implement NHSP-2.

Role Objective

To assist the MOPH to provide clear strategic direction on human resources for the health sector to support the implementation of NHSP-2. This will be achieved by assisting with the development of the Human Resources for Health (HRH) strategic plan and its subsequent implementation through annual work plans and addressing urgent HRH problems that may occur before the approval of the plan. The development and implementation of the HRH strategic plan will be the main instrument for both capacity development and supporting the coordination of inputs to human resource planning, management and development. The HR Adviser will ensure coordination of all HR-related inputs from

NHSP-2 (including Short Term Technical Assistance for HR).and support the development of the National HR Advisor

Specific Areas of Responsibility

Working with the MOHP and other stakeholders:

- Assist with the completion of the Human Resources for Health (HRH) strategic plan[34] and the development of costed activities for the Annual Work Plan and Budget (AWPB);
- Support the annual review of the HR AWPB and regular updating of the HRH strategic plan;
- Support high level HRH forum (Country Coordination and Facilitation), the HR technical committee and Technical Working Groups and assist the MOHP to maintain an effective dialogue with stakeholders e.g. private sector employers, regulatory bodies and the professional associations;
- Provide technical inputs to support implementation of the HRH strategic plan and to address urgent HR problems before the completion of the plan;
- For technical support needed that is beyond his/her skills or availability, draw up Terms of Reference for STTA inputs, assist with the selection and support STTA inputs;
- Support the establishment and subsequent operations of the intersectoral training committee, when established[35];
- Support the National Health Training Centre and the embedded Long-Term Technical Assistance (LTTA) to review and revise the national training strategy (2004);
- Assist the MOHP in anticipating major changes relevant to HRH e.g. decentralisation of human resource functions, developments in the private sector;
- Assist in the coordination of the different offices handling HR functions and provide advice on improving communication and/or restructuring;
- Maintain close communication with other NHSP-2 LTTA – especially for service delivery and finance.
- Add the linkage of current progress and future potential funding.
- Recognize WHO / GHWA input
- Identify the potential HRH control and management at province, regional and local level.
- Build the capacity of the National HR Advisor to be a sustainable technical resource for the MOHP in the longer term

Person Specification

Specification	Essential	Desirable
Education and training	• Masters degree in a health or management discipline	• Professional or academic qualifications in human resource planning and/or management
Experience	• Provision of technical assistance in HR to government at a	• Experience of developing HRH strategies

[34] Based on deliberations of the November 2010 planning workshop, this is likely include: improving the balance between supply and demand for high quality HRH across the sector; improving and stabilising deployment based on skill requirements and geographic need; improving performance management systems; strengthening HR functions across relevant government agencies and non-government employers; improving the financing of HRH.

[35] See NHSP2 p69

	strategic level for at least 2 years • Producing policy and strategy • Capacity building of counterpart individuals/teams • Management of a small team	
Skills & abilities	• Computing skills for documentation, presentation and basic data analysis • Good organisational abilities • Good communication skills • Excellent writing skills • Demonstrable analytic skills	• Spoken and reading skills in Nepali • Computing skills for qualitative and quantitative data analysis
Special aptitudes	• Diplomacy - able to work with senior government staff • Adaptable • Ability to work independently	• Evidence of being a self-starter in their work
Interests	• Health and development in low or middle income countries	
Disposition	• Flexible with regard to work objectives and working arrangements	
Circumstances	• Full time required for 2 years; based in Kathmandu; must be able to travel within Nepal frequently and occasionally for periods in excess of two weeks.	

National HR Adviser

EMPLOYER: Options Consultancy Services Ltd

REPORTING TO: Team Leader

DURATION: 2 years

LOCATION: Based in the Ministry of Health and Population, Kathmandu. Some travel within Nepal is likely.

COUNTERPART: Director, National Health Training Center, DoHS

Background

The Government of Nepal is committed to improving the health status of Nepali citizens and has made impressive health gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health Sector-Wide Approach (SWAp), began in July 2004, and ended in mid-July 2010. NHSP-1 was a highly successful programme in achieving improvements in health outcomes. Building on its successes, the MOHP along with External Development Partners have designed the second phase of the Nepal Health Sector Programme named as NHSP-2, a 5 year programme, which will be implemented from mid-July 2010. The goal of NHSP-2 is to improve the health status of the people of Nepal, especially women, the poor and excluded. The purpose is to improve utilisation of essential health care and other services, especially by women, the poor and excluded. Options Consultancy Services Ltd (Options) and partners are providing technical support to the GoN to implement NHSP-2.

Role Objective

To assist the MOPH to provide clear strategic direction on human resources for the health sector to support the implementation of NHSP-2. This will be achieved by assisting with the development of the Human Resources for Health (HRH) strategic plan and its subsequent implementation through annual work plans and addressing urgent HRH problems that may occur before the approval of the plan. The development and implementation of the HRH strategic plan will be the main instrument for both capacity development and supporting the coordination of inputs to human resource planning, management and development. The HR Adviser will ensure coordination of all HR-related inputs from NHSP-2 (including Short Term Technical Assistance for HR).

Specific Areas of Responsibility

Working with the MOHP and other stakeholders:

- Assist with the completion of the Human Resources for Health (HRH) strategic plan[36] and the development of costed activities for the Annual Work Plan and Budget (AWPB);
- Support the annual review of the HR AWPB and regular updating of the HRH strategic plan;
- Support high level HRH forum (Country Coordination and Facilitation), the HR technical committee and Technical Working Groups and assist the MOHP to maintain an effective dialogue with stakeholders e.g. private sector employers, regulatory bodies and the professional associations;
- Provide technical inputs to support implementation of the HRH strategic plan and to address urgent HR problems before the completion of the plan;

- For technical support needed that is beyond his/her skills or availability, draw up Terms of Reference for STTA inputs, assist with the selection and support STTA inputs;
- Support the establishment and subsequent operations of the intersectoral training committee, when established[37];
- Support the National Health Training Centre and the embedded Long-Term Technical Assistance (LTTA) to review and revise the national training strategy (2004);
- Assist the MOHP in anticipating major changes relevant to HRH e.g. decentralisation of human resource functions, developments in the private sector;
- Assist in the coordination of the different offices handling HR functions and provide advice on improving communication and/or restructuring;
- Maintain close communication with other NHSP-2 LTTA – especially for service delivery and finance.

Person Specification

Specification	Essential	Desirable
Education and training	• Masters degree in a health or management discipline	• Professional or academic qualifications in human resource planning and/or management
Experience	• Provision of technical assistance in HR to government at a strategic level for at least 2 years • Producing policy and strategy • Capacity building of counterpart individuals/teams	• Experience of developing HRH strategies
Skills & abilities	• Computing skills for documentation, presentation and basic data analysis • Good organisational abilities • Good communication skills • Excellent writing skills • Demonstrable analytic skills	• Spoken and reading skills in Nepali • Computing skills for qualitative and quantitative data analysis
Special aptitudes	• Diplomacy - able to work with senior government staff • Adaptable • Ability to work independently	• Evidence of being a self-starter in their work
Interests	• Health and development in low or middle income countries	
Disposition	• Flexible with regard to work objectives and working arrangements	

[37] See NHSP2 p69

Circumstances	• Full time required for 2 years; based in Kathmandu; must be able to travel within Nepal frequently and occasionally for periods in excess of two weeks.	