July 2013

Ministry of Health & Population

NHSSP

NHTC CAPACITY ASSESSMENT PHASE 2

Design and Road Map for Transformation

Madan Manandhar
and
Kevin Brown

Strengthening Health Systems-Improving Services

CONTENTS

Contents i
Acronyms iii
Executive Summary v
1 Introduction 1
1.1 Background 1
1.2 Objectives of the Assignment 2
1.3 Approach and Methodology 3
2 Future Direction 4
2.1 New Vision, Mission and Values 4
2.2 Key Results Areas 5
2.3 Responsibilities of NHTC and Key Stakeholders 6
2.4 Key Functions of NHTC 8
3 Organisational Structure 10
3.1 Present NHTC Organisational Structure 10
3.2 Proposed Organisational Structure 10
3.3 Recommendation for Going With Option 3 18
3.4 Proposed Activities of Departments and Sections 18
4 Staffing and Skills 21
4.1 Present Staffing and Skill Mapping 21
4.2 Proposed New Staffing and Skill Mapping 22
4.3 Building NHTC Capacity 27
5 Resource Planning 29
5.1 GoN Budget 29
5.2 EDPs and Pooled Fund 30
5.3 Vertical Donor Funding 30
5.4 Fee-Based Consulting Services 30
6 Road Map and Implementation Plan 34
Annex 1: Composition of NHTC Change Management Team (CMT) 36

ACRONYMS

AAT	anesthesia assistant training
AHW	auxiliary health worker
ANM	auxiliary nurse-midwife
AWPB	annual work plan and budget
BMT	biomedical technician
BPH	bachelor of public health
CAC	comprehensive abortion care
CCU	critical care unit
CMT	Change Management Team
CPD	continuous professional development
CTEVT	Council for Technical Education and Vocational Training
CTS	Clinical Training Skills
DFID	Department for International Development (UK)
DHO	district health office
DoA	Department of Ayurveda
DoDA	Department of Drug Administration
DoHS	Department of Health Services
DPHO	district public health officer
DTCG	District Training Coordination Group
EDP	external development partner
EOC	emergency obstetric care
FCHV	female community health volunteer
FHD	Family Health Division
FPAN	Family Planning Association of Nepal
GAVI	Global Alliance for Vaccines and Immunization
GESI	gender equality and social inclusion
GoN	Government of Nepal
HURIS	Human Resource Information System
ICT	information and communication technology
ICU	intensive care unit
IT	information technology
IUD	intrauterine contraceptive device
JD	job description
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSI	John Snow International
KSA	knowledge, skill and aptitude
LHFMC	local health facility management committee
LMD	Logistics Management Division
MCHW	mother and child health worker
MHE	master of health education
MoHP	Ministry of Health and Population
MPH	master of public health
MToT	master training of trainers
NASC	Nepal Administrative Staff College
NCASC	National Centre for AIDS and STD Control
NFHP	Nepal Family Health Program
NHEICC	National Health Education and Information Communication Centre
NPHL	National Public Health Laboratory

NHSP-2	Nepal Health Sector Programme (Phase 2)
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NHTCC	National Health Training Coordination Committee
NPR	Nepalese rupees
NSI	Nick Simons Institute
NSV	non-scalpel vasectom
NTCC	National Tuberculosis Control Centre
OJT	on-the-job training
OTTM	operation theatre technique management
PAC	post-abortion care
PPICD	Policy, Planning and International Cooperation Division
PSI	Population Services International
QA	quality assurance
QAWG	quality assurance working group (district)
RHD	regional health directorate
RHTC	regional health training centre
SAHW	senior auxiliary health worker
SANM	senior auxiliary nurse-midwife
SBA	skilled birth attendant
SWAp	sector-wide approach
TMIS	Training Management Information System
TNA	training needs analysis
ToR	terms of reference
ToT	training of trainers
TWG	Technical Working Group/Training Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	water and sanitation for health
WHO	World Health Organization
YICF	Young Infant Comprehensive Feeding

EXECUTIVE SUMMARY

Phase 1 of this institutional capacity assessment recommended that the role of the National Health Training Centre (NHTC) should be changed from a training institute to a training management body. This recommendation was endorsed by the assessment Steering Committee. In Phase 2 the consultants were requested to work with an internal Change Management Team to set out how this transformation could be accomplished. Phase 2 was conducted over a five month period between January and June 2013. This draft final report incorporates the decisions made by the Change Management Team.

Chapter 2 of this report describes the proposed future vision, mission and values of NHTC to clarify its specific responsibilities and those of key stakeholders. The proposed detailed functions of each stakeholder are described based on these responsibilities. Chapter 3 sets out three options for changing the organisational structure of NHTC to enable it to perform its responsibilities as a training management body. The Change Management Team has endorsed the third of these options. Chapter 4 describes the posts needed for staffing the agreed structural option, together with their required skills, and how the required capacity could be developed within NHTC. It also describes the activities to be performed by each of the proposed NHTC sections. Chapter 5 estimates the additional staffing costs of the posts needed under the proposed new structure. And finally, Chapter 6 gives a road map and implementation plan for transforming NHTC into a training management body. This covers the plan for the execution of its core functions as well as the transition phase.

The vision for the new NHTC agreed by the Change Management Team is for it to become "a centre of excellence for managing in-service health training in Nepal." Its proposed mission is "to improve the design and management of in-service training for quality health care services delivery through partnership." The responsibilities of NHTC and key stakeholders for in-service health training are summarised in Table 2 in Section 2.3 of this report.

NHTC will become responsible for planning training programmes and for curriculum and training design; for contracting trainers; for the monitoring and evaluation of training programmes; and for quality assurance of these programmes and health training-related research for the Department of Health Services (DoHS), Department of Ayurveda (DoA) and the Department of Drug Administration (DoDA). The three departments, together with district public health offices (DPHOs) and district health offices (DHOs) , will be responsible for conducting training needs analyses, with NHTC playing an advisory role as the 'owner' of the training process and methodology. The departments, the DPHOs and the DHOs will also collaborate with NHTC to design training programmes to ensure that programmes address identified needs. Note that acceptance of these responsibilities by all stakeholders is a pre-condition for the successful implementation of the road map for transforming NHTC.

Table 2 of the report details the Change Management Team's recommendations for separating planning and budgeting responsibilities, with planning responsibilities assigned to NHTC and budgeting responsibilities to DoHS's divisions and centres. The consultants set out their reservations on this proposal in Section 3.2, together with risk mitigation measures should the Steering Committee decide to proceed with separating responsibilities.

The recommended organisational structure is shown in Figure 5. In the interim period, whilst the recommended transformation is taking place, NHTC's director will report to the Ministry of Health and

Population (MoHP) by virtue of a recent decision to have regional health training centres report to MoHP; although it has been argued that reporting to DoHS would be a better option. Under the proposed new structure, NHTC will have separate departments for 1) training and capacity building, and for 2) planning, management and quality assurance, along with a separate section for consulting services. The Training and Capacity Building Department will have sections for:

- needs assessment, curriculum design and training material development; and
- capacity building and special training support and delivery.

The Planning, Management and Quality Assurance Department will have sections for:

- quality assurance, monitoring and evaluation;
- programme planning and budgeting; and
- management support.

This proposed new structure will separate quality assurance (and monitoring and evaluation) from the design and delivery of training, thereby minimising possible conflicts of interest. In addition, locating quality assurance (and monitoring and evaluation) within the planning and management function, will enable findings from these processes to be fed directly into the planning process.

A proposed separate consulting services section will help generate revenue for NHTC. However, there will be a risk that training professionals will be diverted from their core work if consulting services are given too much prominence. But, the fact that this section will report directly to the NHTC director should help maintain an appropriate balance between NHTC's core training and consulting services.

Chapter 4 explains the creation of three new professional posts within NHTC of chief training and research officer (level 10), senior training and research officer (level 8/9) and training and research officer (level 7/8). The completion (or undertaking soon after appointment) of training of trainers (ToT) training courses will be a requirement for appointment to these positions. These new posts will facilitate the transferability of professional staff between the general health service and NHTC. Appointments to these posts should be open to a wider range of types of health service personnel including doctors, nurses, health educators and health inspectors. The eligible types of personnel should be agreed before appointments are made. Some of these positions (say 25 per cent) should be open to qualified training professionals currently working outside MoHP. It is proposed that all these professional positions would be filled through an open and competitive selection process in which qualified candidates are invited to apply. Applicants who meet the minimum requirements should then be interviewed and the final selections made on merit.

It is proposed that there are 48 posts at NHTC (compared with 32 at present) and 19 posts at each of the regional health training centres (compared with 15 posts at present). This structure will improve the balance between professional and support staff (see Table 6) with 19 of the 48 NHTC positions being for professional jobs. The extra salary costs of the proposed new structure is an estimated NPR 7 million per year (see Table 7).

The implementation of the road map and implementation plan for introducing and embedding the improved structure, staffing and processes will take several years (see Chapter 6). The road map (see Table 10) has overlapping transition, performing and sustaining phases. The transitional activities will take about 18 months. Once NHTC is fully capacitated it will take a further two years to carry out a full training cycle from training needs analysis through to impact evaluation. Change management

activities, especially continuous communications and stakeholder engagement, will be essential throughout the first two phases. It is suggested that a full-time change coordinator is appointed to lead the transition phase, supported by a part-time Change Management Team.

1 INTRODUCTION

1.1 BACKGROUND

The Government of Nepal is committed to improving the health status of Nepal's citizens and has made impressive health gains despite the unstable political scenario and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health sector-wide approach, began In July 2004 and ended in mid-July 2010. NHSP-1 was very successful programme in improving health outcomes. Building on its successes, the Ministry of Health and Population (MoHP), along with external development partners (EDPs), designed a second phase of the Nepal Health Sector Programme called NHSP-2 (2010-2015), that began in mid-July 2010. The goal of NHSP-2 is to improve the health status of the people of Nepal while its purpose is to improve the utilisation of essential health care and other services, especially by women, the poor and excluded groups.

The National Health Training Centre (NHTC) is part of a network of government health training facilities. It plans and conducts its training activities in line with the National Health Training Strategy, 2004. NHTC is responsible for the in-service training and international training of health personnel.

The in-service training of health personnel is delivered through a network of national health training programmes (NHTPs), which provides technical and managerial training at national, regional, district and community levels. There are five regional training centres, one sub-regional training centre, 30 district training facilities and 14 training health posts. There are also 10 clinical training sites which are attached to regional and zonal hospitals and provide clinical competency-based training on family planning, safe motherhood and clinical service management. The NHTPs are managed by the director and staff of NHTC with support from several external development partners (EDPs). A Training Working Group of supporting partners was formed under the leadership of NHTC to ensure the efficient running of NHTPs and to improve the coordination of all training provided under NHTC. The National Health Training Coordination Committee is chaired by the health secretary and provides coordination at the national level.

The original current assignment was divided into two phases. The first phase was to assess NHTC's capacity and the second phase to develop a revised national health training strategy. The first phase was conducted in July 2012 and concluded in late January 2013. It was agreed that Phase 2 would be initiated after MoHP management had reviewed and made a decision on the key recommendations presented in the Phase One Assessment report.

Two bodies were established to coordinate and oversee the assignment: a Steering Committee chaired by the health secretary and a Technical Working Group (TWG), comprising members of the permanent Training Working Group, chaired by the NHTC director.

The main findings and recommendations of the Phase 1 assessment were as follows:

- NHTC should become a training management body responsible for managing and quality assuring all training carried out for MoHP and its departments. The precise location within the structure and its relationship to present human resource functions would be determined in the Phase 2 assessment.

- If MoHP wishes to provide international training, it should consider establishing a separate and independent institute run along business lines. The Nepal Administrative Staff College (NASC) is one such model, although the task could also be privatised.
- NHTC should be staffed by a diverse group of training professionals and a few master trainers, with skills on mainstreaming gender equality and social inclusion (GESI), inclusive governance, HIV/AIDS, water, sanitation and hygiene (WASH) and environmental change. The precise numbers and their skills were to be determined in Phase 2.
- GESI should be integrated into the core functions and processes of NHTC, including human resource management policies, planning and budgeting, curriculum design, monitoring and reporting.
- MoHP should create a pool of accredited trainers, coaches and mentors, comprised largely of its own staff.

Based on these recommendations, the consultants proposed in Phase 2 to develop a road map to transition NHTC to a training management body, subject to MoHP's agreement on NHTC's proposed new role. On 4 February 2013, the NHTC Capacity Assessment Report Phase 1 was presented to a meeting of the Steering Committee chaired by the health secretary. The committee endorsed the report's recommendations and gave clearance for the consultants to commence Phase 2.[1]

This technical assistance assignment took place between March and June 2013. Madan Manandhar, a national consultant from NHSSP worked on it supported remotely by international consultant Kevin Brown.

1.2 OBJECTIVES OF THE ASSIGNMENT

The overall objective of the assignment is to facilitate the transition from Phase 1 to Phase 2 and support the Change Management Team to develop a Roadmap and Implementation Plan to transform the present NHTC into a training management body. The specific objectives were:

- to support the establishment and functioning of a Change Management Team (change team);
- to support the development of a road map that outlines the organisational elements and arrangements required for NHTC to perform the functions of a training management body effectively;
- to support the preparation of an implementation plan for achieving the key milestones in the roadmap;
- to facilitate stakeholder consultations to share the proposals and plans; and
- to support the finalisation of the implementation plan.

The key tasks proposed for Phase 2 were as follows:

- To support the Change Management Team to prepare an implementation plan, which identifies the key milestones in the roadmap specifically:
  - the organisational design and structure;
  - staffing and skills; and

[1] As a matter of urgency, MoHP needs an in-service health training strategy. This would be a part of the overall National Health Training Strategy. Other supporting partners, including Health for Life (H4L), are interested in supporting the revision and development of the overall training strategy.

- financing and reporting arrangements and other elements required for NHTC to perform the functions of a training management body.

- To work out how the above will be achieved and who will be responsible for delivering them.
- To support the inclusion of priority activities in MoHP's 2013/14 annual work plan and budget (AWPB).
- To regularly brief the Steering Committee and the health secretary on progress and other issues related to the functioning of the Change Management Team.
- To facilitate a stakeholder consultation meeting to share the road map and implementation plan.
- To support the change team to finalise the implementation plan.

1.3 APPROACH AND METHODOLOGY

A process consulting approach was envisaged to carry out this assignment in order to promote ownership by key stakeholders of both the recommendations and the road map. Accordingly the national consultant facilitated meetings of the change team (see Annex 1 for members), which were chaired by the deputy director general.

After the inaugural meeting, a task force was formed from the members of the change team to work on the above objectives. The task force approach proved very productive in reviewing and improving NHTC's vision, mission, values and objectives, and to align them to its new role as a training management body.

Unfortunately, a series of bandhs (forced shutdowns) took place in Kathmandu during this period and it was therefore not possible to convene regular meetings of the task force or the change team. It was therefore agreed at the change team meeting of 17 March 2013 that the national consultant should carry out the tasks himself while consulting with core members including the NHTC director. A first draft report was prepared and feedback obtained from the DoHS deputy director-general and the NHTC director. These comments were incorporated and a second draft produced which was circulated to all change team members. Two meetings of the change team were convened to provide verbal feedback to the consultant and some written comments were received from collaborating partners.

This draft final report incorporates the comments and decisions of the change team for consideration by the Steering Committee.

2 FUTURE DIRECTION

2.1 NEW VISION, MISSION AND VALUES

This part of the report describes the recommended future direction for NHTC as a training management body as endorsed by the NHTC Training Steering Committee chaired by the health secretary.

NHTC is recognised as the apex body for health training in the National Health Training Strategy of 2004. This strategy envisaged NHTC as overseeing and coordinating all training of MoHP related personnel and providing in-service training for the staff of divisions and centres of DoHS, DoDA and DoA. NHTC has a critical role to play in developing the skills of health service providers and managers throughout the government health system in order to achieve NHSP-2's health service delivery targets.

Objectives of in-service training

A major prerequisite for providing quality health care service is to upgrade the skills and knowledge of all health personnel and key personnel of related health sectors. The mandate for in-service training is to improve the performance of health service delivery programmes. It is imperative that all health functionaries at the district level acquire the knowledge and skills (technical, communication and managerial capabilities) to provide health care services effectively and efficiently. In addition, all health personnel need knowledge of the linkages between the various sectors dealing with health determinants for the provision of integrated services. All these skills and this knowledge should not only be made available during the induction of new personnel but also through in-service training. In-service training allows for the skills and knowledge of health care providers to be upgraded continuously.

Existing in-service training delivery system

The key features of the present health training system are as follows:

- Existing training programmes are mostly vertical in nature.
- The focus is mostly on transferring knowledge with little reference to felt needs.
- National and district training plans are not well integrated and are mostly top-down.
- Training activities are not synchronised with the available health facilities, supplies, faculty competence and referral linkages.
- Post-training monitoring and follow-up is weak.
- The databank of trained health personnel is not well maintained.
- There is a lack of coordination between NHTC and divisions, centres and district offices in relation to the planning, budgeting and implementation of training programmes.
- The focus is mainly on frequency and fulfilling targets rather than on effective training delivery.

Need for a paradigm shift

A major paradigm shift in training provision is possible if NHTC is transformed into a training management body. The following new foci will facilitate this:

- The horizontal integration of planning and budgeting of all training services for all programmes within MoHP (instead of the duplication of training on subjects by vertical health programmes).
- A focus on both knowledge and skill upgrading for delivery of services (technical, managerial and communication).
- An emphasis on quality assurance, thereby separating training delivery and quality assurance.
- Making training an exercise to enable health personnel to provide better quality health services and to make health facilities more functional.
- Ensuring that all managers and health workers receive refresher or professional updating training on regularly in clinical and management skills appropriate to their management levels.

NHTC shall become the premier health training management and development centre with new strategic orientations in line with the demands of the country's emerging federal structural transformation under its folloiwng new vision, mission and values:

- **Vision**: 'A centre of excellence for managing in-service health training in Nepal.'
- **Mission**: 'To improve the design and management of in-service training for quality health care services delivery through partnership.'
- **Values**:
  - Partnership
  - Leadership/stewardship
  - Ethical conduct
  - Diversity
  - Team working
  - Continuous learning
  - Innovation
  - Gender equality and social inclusion, and other cross cutting issues
  - Collaboration.

NHTC should work towards achieving its vision, mission and values through a wide range of well-articulated programmes and activities in selected strategic fronts and key result areas, as detailed in the following section.

2.2 KEY RESULTS AREAS

Major reforms need carrying out in six key result areas grouped under four strategic fronts. These fronts are assigned a level of priority in Table 1 to guide their phased implementation.

Table 1: NHTC proposed strategic fronts and key result areas

Strategic Front	Key Results Areas	Priority
Improving training services and coordination	1. Planning, budgeting, managing and coordinating training services. 2. Strengthening trainers capacity, including piloting/conducting best practice and other special training packages.	High
Research services	3. Undertaking research to improve the quality of training service delivery.	Medium
Quality assurance of health training	4. Designing and developing criteria and procedures including accreditation and certification of all health sector training in collaboration with other relevant agencies and councils. 5. Strengthening the follow up, monitoring and evaluation of training and related activities.	High
Internal capacity building ('replacing and recharging batteries')	6. Developing and strengthening organisational and management capacity of NHTC staff with a strategic planning approach.	High

2.3 RESPONSIBILITIES OF NHTC AND KEY STAKEHOLDERS

Table 2 presents the specific proposed responsibilities that NHTC and other stakeholders will undertake in line with NHTC's proposed new role as a training management body. The key points are as follows:

- MoHP will be responsible for developing health training policy in consultation with NHTC, DoHS, DoDA and DoA.
- NHTC will be responsible for planning, curriculum and training design, contracting trainers, the monitoring and evaluation of training programmes, quality assurance and training-related research for all in-service training for the personnel of MoHP's three departments.
- The three departments, DPHOs and DHOs will be responsible for conducting training needs analyses. NHTC will play an advisory role as it will own the process and methodology to be followed. The three departments and DPHOs and DHOs will also collaborate with NHTC in designing training programmes to ensure that the content addresses identified training needs.

Table 2: Proposed new delineation of responsibilities for in-service training functions[2]

Function	MoHP	NHTC and RHTCs	Divisions, centres, DoDA, DoA	DPHOs and DHOs	Training providers and sites
Training policy development	Responsible	Consulted	Consulted		
Training needs analysis		Advisory (process owner)	Responsible[3]	Responsible	
Planning		Responsible	Collaborate in annual planning	Submit proposals for annual plan	
Budgeting		Advisory (process owner)	Responsible	Submit proposals for annual budgets	
Curriculum and training design		Responsible	Collaborate on training content and technical inputs		
Conducting training		Contracting[4] (delegation)	Participate in selection of contractors	Participate in selecting contractors	Responsible
Monitoring and evaluation		Responsible	Provide data on resulting behaviour change	Provide data on resulting behaviour change	Follow up[5]
Quality assurance (accreditation, certification)		Responsible			
Research and evaluation	Informed	Responsible	Consulted		

Furthermore the responsibilities outlined in Table 2 reflect a recommendation by the change team that the planning and budgeting functions for health personnel training should be separated. Under this, NHTC would be responsible for coordinating the development of the overall annual in-service training plan, with divisions and centres continuing to hold their own training budgets.

However, in the view of the consultants, following this recommendation would have several adverse consequences and the consultants urge the Steering Committee to consider it very carefully before deciding on this matter. The issues are that separate training budgets:

- will preserve the current disincentive for divisions and centres to collaborate with NHTC; and
- are likely to result in fragmented training (organised around specific diseases) for the same staff cadres, thus perpetuating the problem of staff absenteeism in frontline health services.

Should the Steering Committee decide to permit divisions and centres to retain their own training budgets (perhaps to guard against budget cuts made by the Ministry of Finance), it is essential that

[2] The training functions of regional health directorates will be examined as part of the forthcoming functional assessment and organization review of MoHP

[3] Training needs should be related to operational problems and performance gaps.

[4] Contractors should be trainers from MoHP, NGOs and the private sector who have been accredited by NHTC.

[5] This would form part of the contract for delivery.

these funds are transferred by journal voucher to NHTC. Otherwise, it is difficult to envisage how NHTC will be able to coordinate training delivery as intended, or to ensure it is conducted in a cost-effective way.

2.4 KEY FUNCTIONS OF NHTC

The detailed functions of key stakeholders are set out below and are consistent with the responsibilities outlined in Table 2.

Ministry of Health and Population

- Formulate and oversee policies for employee training and development, including objectives, principles and guidelines.
- Set standard financial costs and rates for the training of each category of personnel under various programmes organised by government agencies and external development partners. Regional and district health authorities should have some flexibility to modify these guidelines according to their needs.
- Support the capacity building plans and programmes of training providers and training institutions at the centre, and in regions and districts in collaboration with external development partners and public private partnership

National Health Training Centre

- Advise MoHP's divisions and centres on the analysis of training needs linked to performance gaps. The needs of individual health workers should be identified at district level by DPHOs and DHOs in accordance with NHTC guidelines.
- In collaboration with departments, divisions and centres, plan and coordinate all in-service training programmes (administrative, technical and managerial) within MoHP and its departments (DoHS, DoDA and DoA).
- Design training programmes in collaboration with divisions and centres to ensure there is an appropriate blend of theory and practice, and that effective training methods are used.
- Review and upgrade current training manuals and materials, integrating best practice materials that have been used for regional and district-specific training programmes.
- Assess and select qualified training contractors to conduct training programmes in the annual plan.
- Integrate gender equality and social inclusion (GESI) and other cross-cutting issues, such as HIV/AIDs and inclusive governance, in the planning and delivery of training programmes.
- Coordinate the development and redevelopment of model in-service health training curricula.
- Conduct selective orientation and upgrading courses for potential trainers, trainers and master trainers of partner agencies, collaborating institutions and specialised training institutions.
- Evaluate the impact of training programmes on the behaviour of trainees and the performance of work units.
- Quality assure all in-service training in compliance with standards and policies.
- Develop guidelines for the periodic accreditation of all training institutions.
- Develop a system to certify trainees by:

- establishing the criteria for a proficiency certificate for clinical and managerial skills training of different categories of health providers;
- designing prototype formats for such certification with the assistance of collaborating centres and councils; and
- providing orientation for training institutions as required on the certification process based on their core competencies, facilities, nature and type of training, type of case loads and expertise in skills transfer.

- Maintain a database of trained personnel.

Role of divisions and centres in DoHS, DoDA and DoA

- Identify performance gaps and training needs with the technical assistance of NHTC.
- Participate in the annual planning of training programmes to ensure that their priorities are included in the plan.
- Prepare the annual training budget for programmes that have been agreed within the overall training plan.
- In partnership with NHTC, plan for monitoring and evaluation of the in-service training of all health functionaries by regions at regular intervals.
- Ensure that the best options are given to GESI target groups including differently abled people by providing skills and training opportunities appropriate to the job functions of health personnel and available facilities.

Regional health training centres should function as outposts of NHTC, carrying out the functions described above subject to their competence. They may conduct and promote best practices and special training packages relevant to NHSP-2 in order to demonstrate quality training. The facilities of RHTCs should be used as demonstration training sites for regional health directorates, DPHOs, DHOs and other stakeholders.

Regional health directorates

The in-service training responsibilities of regional health directorates will be determined as part of the comprehensive functional assessment and organisation review of MoHP, which is planned for later in 2013.

District public health offices and district health offices

- Identify local training needs by analysing performance gaps.
- Submit training proposals to NHTC for inclusion in the annual in-service training plan.
- Submit budget proposals to divisions and centres for inclusion in their annual training budgets.
- Select district participants for training programmes on the request of NHTC.
- Prepare a training calendar for all training programmes to be conducted in-district to ensure they are well coordinated.
- Assist NHTC to coordinate and implement district-based training programmes.
- Facilitate the use of district resources and facilities for conducting training (e.g. AHW/ANMs, district training centres, district hospitals, primary health care centres, health posts.)

The present system of the District Training Coordination Group (DTCG) and the Quality Assurance Working Group (QAWG) remains appropriate, although their functions need to be performed more effectively.

3 ORGANISATIONAL STRUCTURE

3.1 PRESENT NHTC ORGANISATIONAL STRUCTURE

The current organisational chart of NHTC (see Figure 1) shows a heavy structure with seven specialised training units[6] designed to meet the training needs of DoHS. This seems like a structure designed for a large training centre with specialised trainers. As the organisational structure is organised by specialism rather than function, it is unsuited to NHTC's new role as a training management body.

Official organisational charts show NHTC reporting to both MoHP and DoHS in contradiction of the unity of command principle. The health secretary subsequently clarified that NHTC actually reports to DoHS and is therefore answerable to the DoHS Director General. Reporting to DoHS seems a sensible structural arrangement. It provides an opportunity for the NHTC to be directly involved in the annual planning process of DoHS and to respond to the training needs of DoHS's technical divisions and centres on a regular basis. This also helps the other divisions to believe, behave and own NHTC as their day-to-day working partner.

3.2 PROPOSED ORGANISATIONAL STRUCTURE

Designing a new structure is a process of changing and refining the present structure to address difficulties with the present structure and to address the future vision and mission of the organisation. The new structure should take into account future objectives, functions and priorities and should be acceptable to the main stakeholders, namely MoHP, its three departments and DoHS's divisions and centres.

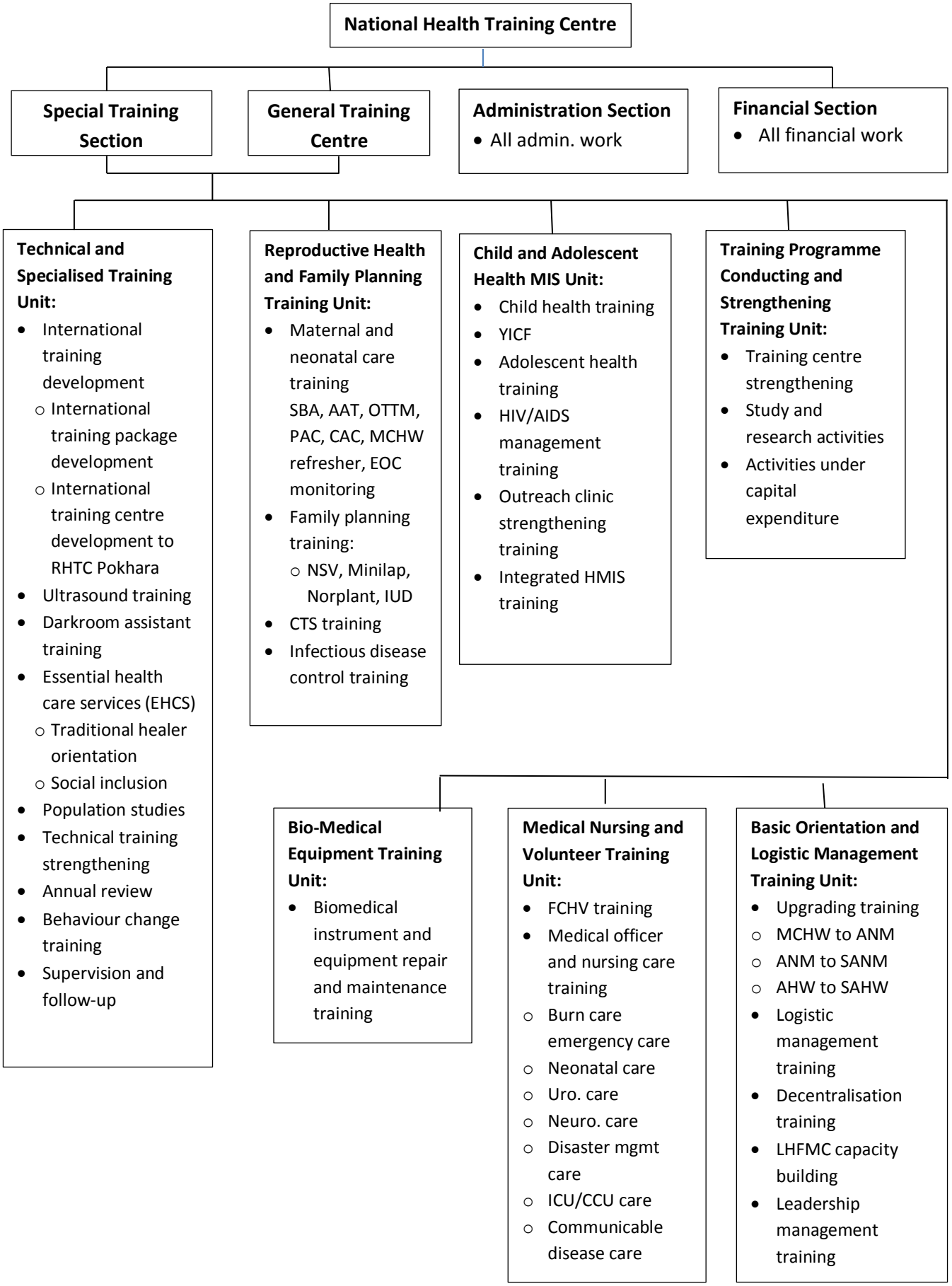
Why should NHTC report to DoHS?

The main advantage of NHTC being located under DoHS is to provide an opportunity for NHTC to be directly involved in DoHS's annual planning process and to respond to the training needs of its technical divisions and centres on a regular basis. This arrangement will also help divisions and centres to feel a sense of ownership of NHTC as their day-to-day working partner. Officially acknowledging NHTC as answerable to DoHS will empower NHTC to lead the coordination and planning of all types of health training activities (administrative, technical, and managerial) for DoHS's divisions and centres.

[6]The training units are technical and specialized (e.g. ultra-sound, behaviour change) and cover reproductive health and family planning; child and adolescent health, management information system; training programme conducting and strengthening; biomedical equipment; medical nursing and volunteer training; basic orientation and logistics management.

Figure 1: Department of Health Services Source: DoHS Annual Report 2007/08

See acronyms list for full forms of acronyms



As neither DoDA nor DoA have their own training centres, NHTC should also include training for their staff in its annual in-service training plan. The director generals of both departments are keen to seek training services and support from NHTC. This is a welcome message for NHTC.

All five RHTCs[7] should report administratively to NHTC to enable NHTC to supervise their work and to standardise in-service training across the country. With the proposal for NHTC to become a fully-fledged division of DoHS, it will work closely and regularly with RHTCs as part of the planning and management framework of DoHS.

It is understood that a recent decision has been made by the government to make RHTCs report to MoHP. Since this document proposes that RHTCs report to NHTC, in the short-term NHTC must also report to MoHP. It is suggested, however, that this should be an interim arrangement which may be revisited during the forthcoming comprehensive functional assessment and organisation review of MoHP.

Figure 2 shows NHTC as a fully-fledged entity under DoHS at the same management level as other divisions and centres.

Options

This document presents three options to enable NHTC to carry out its training and development responsibilities as set out in Table 2 above. These reflect the functions of a training management body. In proposing different options for NHTC, consideration has been given to the manner in which it has been staffed, the characteristics of narrow service groups holding senior positions, organisational dynamics and the historical context. Any new structure must be introduced in a planned and phased way to avoid unnecessary disruption and minimise adverse consequences for staff.

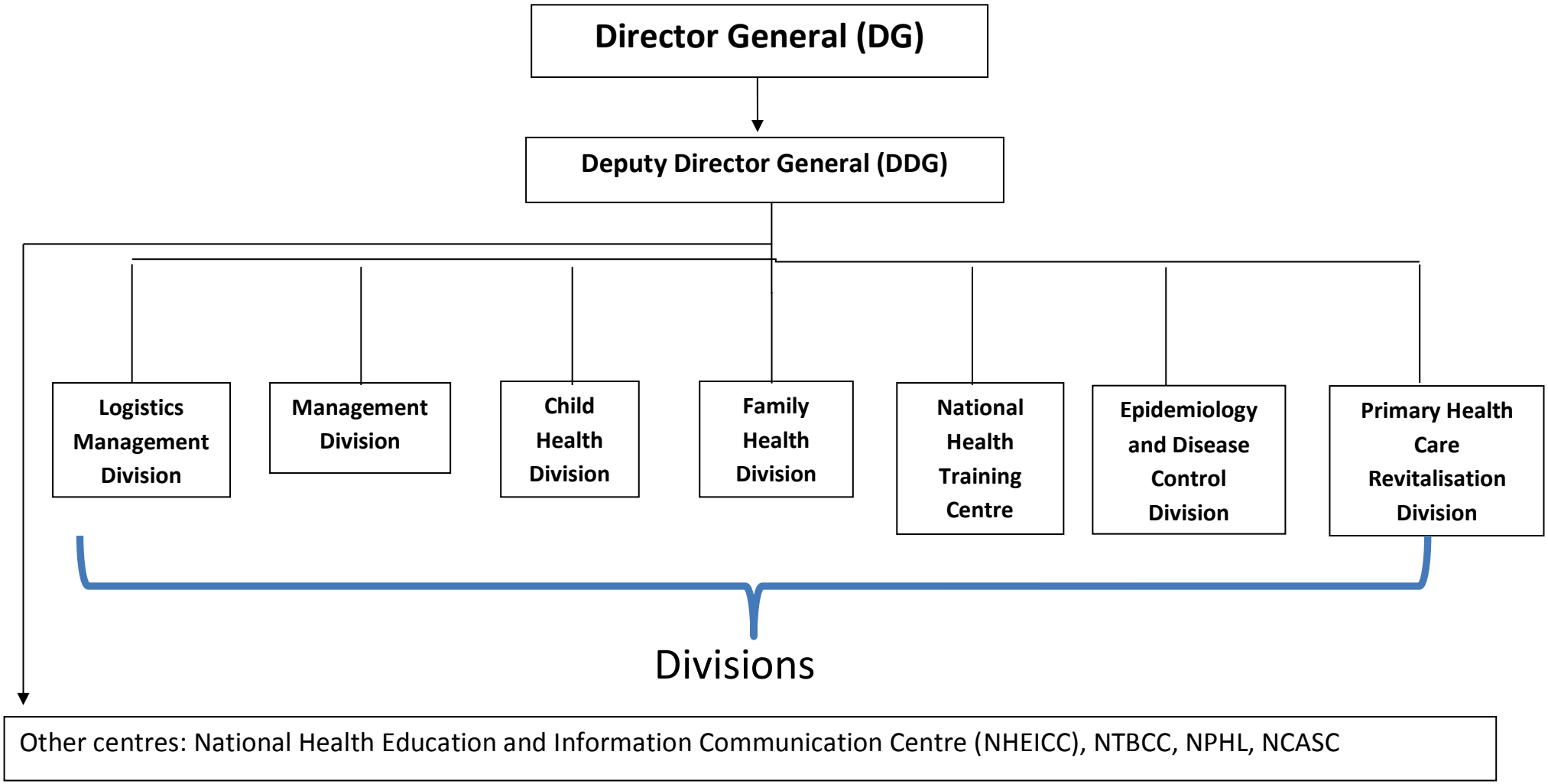
There are usually a number of structural choices for designing a new structure and it is necessary to carefully weigh up the advantages and disadvantages of different options. It is also important to consider the different views of senior managers and collaborating partners since they will be aware of the practical challenges of implementing a new structure. The THREE options, which are presented in Figures 3, 4 and 5, are based on an analysis of the strengths and weaknesses of NHTC's existing organisational structure.

The design of the three options has been guided by the following principles:

- Separating the responsibility for the planning and design of training from its delivery to avoid conflicts of interest.
- Separating training delivery from quality assurance.
- Providing flexibility to adapt to the future division of the country into federal provinces (pradeshes).
- Maintaining the unity of command by establishing a pyramid structure of authority.

[7] When the country moves to a federal set up, with a yet unknown number of provinces (pradeshes), the functions and mandates of RHTCs will likely be modified.

Figure 2: Current organogram of DoHS



Option 1

The first structural option (see Figure 3) combines training and capacity building with the quality assurance function.

Advantages:

- Separate planning and management departments will enable trainers to concentrate on their core tasks.
- Consulting and training services will be performed by different staff, which reduces the likelihood that trainers will be diverted into more lucrative consulting work.

Disadvantage:

- Quality assurance, and monitoring and evaluation is combined with training design, which raises the possibility of conflicts of interest.

Option 2

The second option (see Figure 4) is similar to Option 1 except that it places the quality assurance function directly under the NHTC director.

Advantage:

- Separating quality assurance and monitoring and evaluation from training services reduces the prospect of conflicts of interest.

Disadvantage:

- An increased workload for the NHTC director, who may not have sufficient time for a sensitive job such as quality assurance.

Option 3

Option 3 (see Figure 5) separates quality assurance from training services and places consulting services under the NHTC director.

Advantages:

- This option retains a separation between quality assurance and training services thereby minimising the possibility of conflicts of interest.
- Placing quality assurance within the planning and management function will enable quality assurance findings to be fed into the planning process.
- Consulting services are an independent section, which will generate an independent source of revenue for NHTC.

Disadvantage:

- There is a risk that staff will have little interest in performing their regular training jobs if consulting services are given too much prominence. Locating consulting services under the director should help ensure that training and consulting services are kept in balance.

Figure 3: Organisational Structure of National Health Training Centre — Option 1

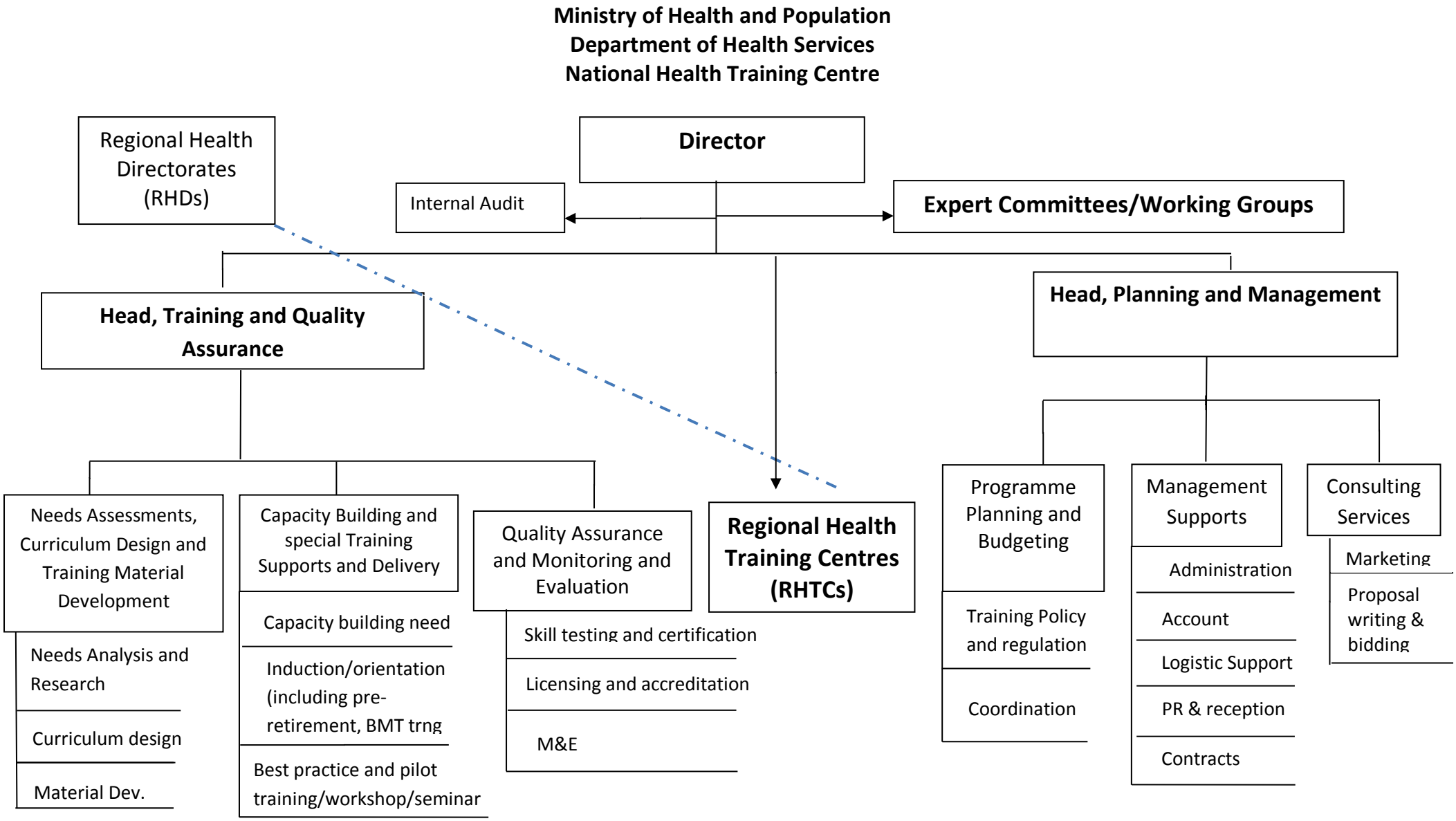


Figure 4: Organisational Structure of National Health Training Centre — Option 2

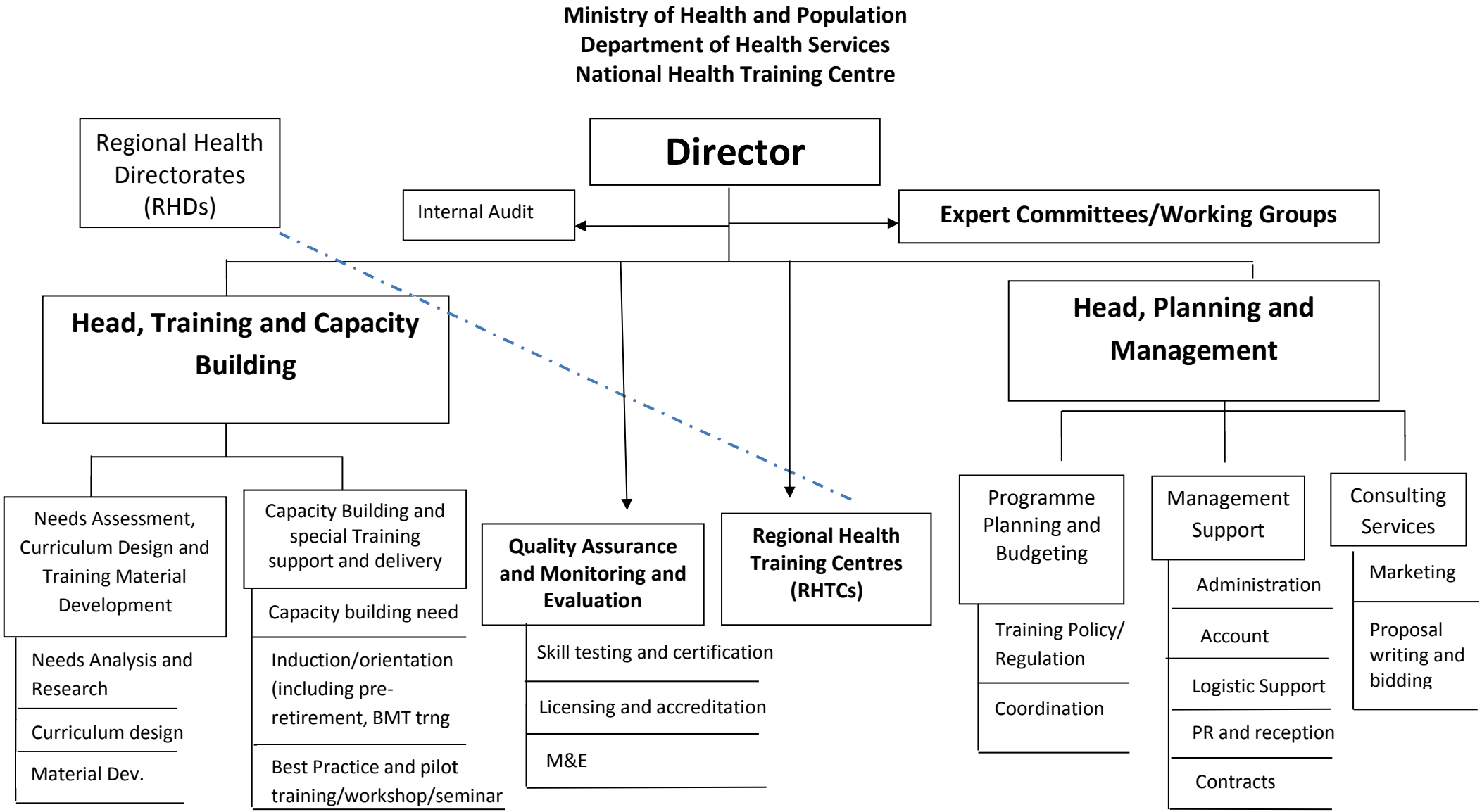
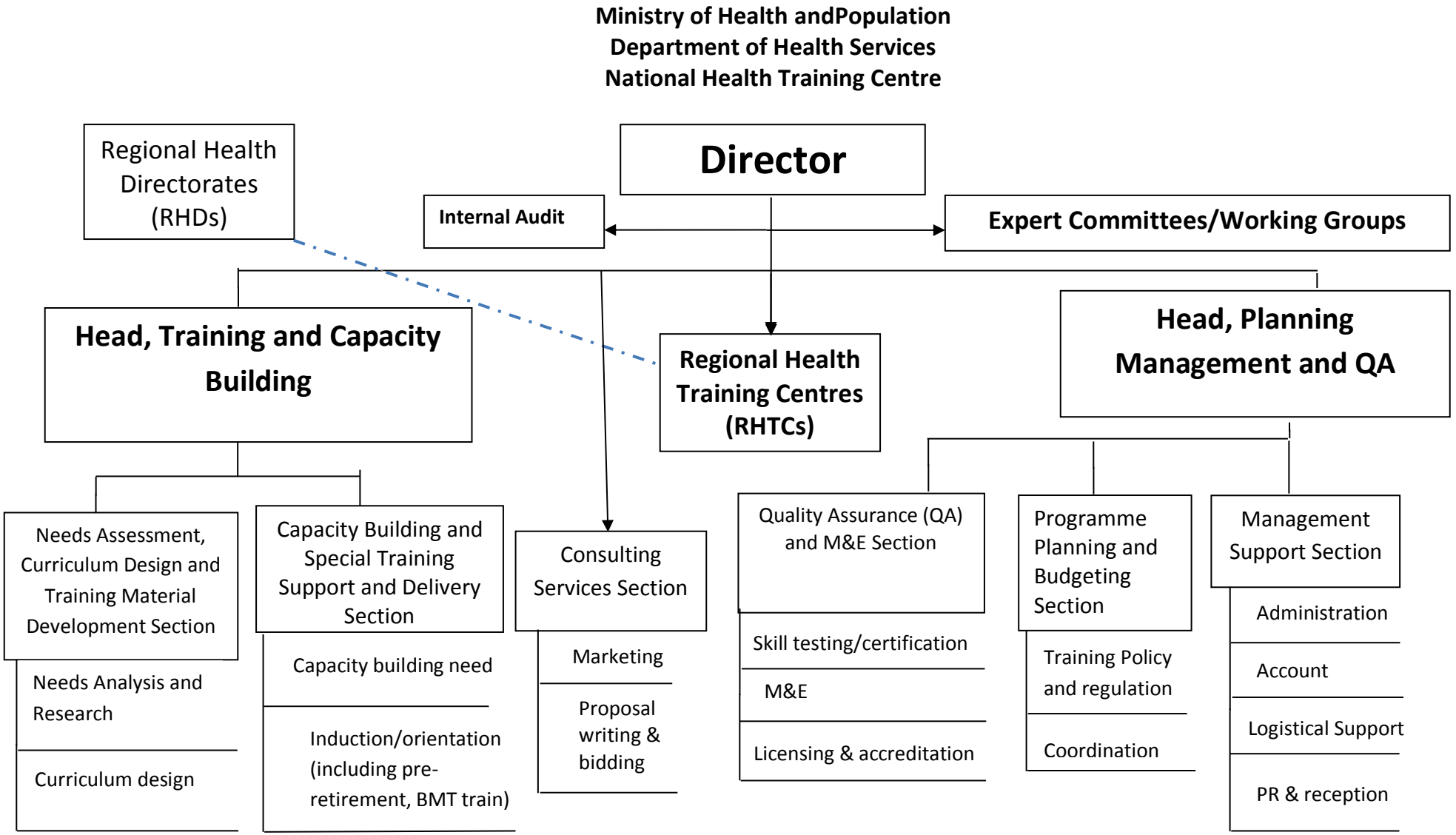


Figure 5: Organisation Structure of National Health Training Centre — Option 3



3.3 RECOMMENDATION FOR GOING WITH OPTION 3

After carefully considering the advantages and disadvantages of all three options it is recommended that option 3 is adopted. The change team have endorsed this recommendation.

The proposed organisational structure (Figure 5) should resolve many of the structural problems experienced in the existing structure. However, structural changes must be supplemented with improvements in organisational systems, practices, staff management and relationships.

3.4 PROPOSED ACTIVITIES OF DEPARTMENTS AND SECTIONS

The two main departments under option 3 are:

- Training and Capacity Building;
- Planning, Management and Quality Assurance.

These two departments have five sections under them. The consulting services section is separate and reports directly to the director. The proposed activities of these six sections are as follows.

Needs Analysis, Curriculum Design and Training Material Development Section

The main purpose of this section of the new NHTC will be to assist DoHS's divisions and centres, DoDA and DoA to design and formulate need-based and client-based training. It will do this using interactive teaching and learning methods and field-based experiential learning, together with appropriate learning materials. This section's specific activities will be as follows:

- Advise divisions and centres on carrying out training and performance needs analyses.
- Support all departments, divisions and centres to design standard training courses and improve the training curricula in order to expand training and capacity building programmes to meet organisational and individual needs.
- Review and upgrade training manuals and materials for changed contexts while integrating best practice materials for regional and district specific training programmes.
- Include gender equity and social inclusion (GESI) and other cross cutting issues in all training curricula, materials and methods.
- Select relevant content and appropriate methods of training delivery in collaboration with divisions and centres.
- Keep abreast of new developments in training design, training materials and training methods, such as on-the-job training and information technology (IT)-based distance learning approaches.
- Encourage new learning technologies in developing learning interventions, particularly in light of the increased availability of computers and the internet.
- Establish and maintain a learning resource centre (with necessary internet and WIFI facilities, including the provision of e-learning).
- Conduct research on new technologies, methodologies and improved practices in the workplace and disseminate them throughout the government's health system.

Capacity Building and Special Training Support and Delivery Section

- Assess the capacity building needs of MoHP and its departments in accordance with the Human Resources for Health Strategic Plan and MoHP programmes.

- Work with all concerned partners to establish a clear system to monitor and evaluate the progress and impact of capacity building activities.
- Support health training providers to provide services using new technologies and methods, including ToT and master ToT (MToT). The staff should be able to conduct ToT programmes, and monitor training at the point of delivery.
- Conduct studies and action research on best practices in health service training delivery suited to various target groups and areas of the country, and disseminate these throughout the government health system.
- Operate a state-of-the-art learning demonstration centre for customised programmes, including on GESI, HIV/AIDS, WASH, inclusive governance, e-training and pre-retirement orientations.
- Support collaborating partners to identify, design, facilitate and coordinate key training and learning activities, including best practice health training, innovative training experiments, pilot training, seminars and workshops.

Programme Planning, Budgeting and Coordination Section

- Assist MoHP to formulate an appropriate health training policy and its guidelines.
- Support the development of the government's in-service health training strategy. This should cover who will receive training services, which services will be provided, who will provide them, which service delivery mechanisms will be used and quality standards.
- Oversee and coordinate the planning and budgeting of all types of training activities (administrative, technical, and managerial).
- Coordinate all types of training activities (administrative, technical and managerial) for all health and health related personnel to avoid duplication and improve cost effectiveness.
- In consultation with concerned agencies and the Logistics Management Division, develop the policy and guidelines for outsourcing training services to external and internal providers in accordance with the government's procurement law and regulations.

Management and Contracts Section

- Facilitate and coordinate the day-to-day administrative and managerial work at NHTC and its sister organisations.
- Provide and monitor support services, including the procurement of supplies and services, transport, travel and communications, information technology support and provision of office utilities and service requirements, as follows:
  - general administration
  - accounts
  - stores
  - transport
  - works and maintenance
  - support services and other units
  - learning resource centre
  - printing/reproduction centre
  - Training Information Management System (TMIS).

- Identify all health sector learning providers in the public, private and NGO sectors, and maintain their profiles.

It is proposed to establish a special unit in this section comprised of personnel with knowledge and skills on contracting.

Quality Assurance and Monitoring and Evaluation Section

The main purpose of this section is to ensure that quality assurance is considered for all training programmes delivered by both MoHP's own staff and external providers. Specific activities:

- Establish a process for the quality assurance of training programmes including the accreditation and certification of programmes, trainers and trainees, curriculum reviews, resource materials, training sites and facilities.
- Develop guidelines to identify and regulate peripheral training institutions, including those in the private and NGO sectors based on their infrastructure, facilities, faculty, nature, type of training load, and expertise in skill transfer.
- Monitor and evaluate training activities and processes to ensure they contribute to improved work performance and are conducted in accordance with prescribed training guidelines and other regulations.
- Determine the qualifications of trainers to ensure there is a critical mass of clinical, advanced, and master trainers capable of producing qualified healthcare providers.
- Assess trainers' performance from time-to-time at the point of delivery.

Consulting Services Section

- Develop appropriate consulting approaches and procedures for handling fee-based training and research services for NHTC's partners and other potential clients.
- Design and develop fee-based training and research activities relating to health service delivery at the request of various client groups in the public, private and NGO sectors.
- Assist in identifying activities that may be outsourced, in-sourced or contracted out in consultation with concerned partners and agencies.
- Prepare business proposals and presentations to win consulting assignments.

This section will undertake only those fee-based and clientele-requested training and training related research activities that are not included in NHTC's annual plans and programmes. This section will therefore generate supplementary revenue for NHTC. However, as NHTC is a government agency, it may require special approval for financial and administrative delegations in order to operate in this way and charge fees for its services. The current financial management and the related authority delegation given to the National Public Health Laboratory by MoHP could be a reference for operating these consulting services in this way at NHTC. The way that the Nepal Administrative Staff College operates could be another reference to gain better understanding of the approach and procedures for undertaking fee-based consulting services. But it should be remembered that NASC is an autonomous body with its own financial and administrative regulations.

4 STAFFING AND SKILLS

4.1 PRESENT STAFFING AND SKILL MAPPING

There are currently 105 personnel engaged in NHTC and the RHTCs, around 70 percent of whom are deployed in the RHTCs. The staffing structure is a pyramid with very few technical officer staffs at the top who are capable of designing and conducting training and a large number of semi-skilled and unskilled staff in the rest of the pyramid. There are only three medical officers based in NHTC in Kathmandu (1 allopathic and 2 integrated medicine doctors). In the RHTCs, there are only 16 technical officers (around 3 per centre) capable of conducting training programmes. All of this training is paramedical and professional training is contracted out. The ratio of female to male officers is 1 female to 6.5 males. Social inclusiveness among staff is also low with one social group predominating. And less than 10 percent of the staff in RHTCs have any technical training, which is a small proportion for dedicated training centres. Around 60 percent of staff are in supporting roles.

Most training professionals at RHTCs worked as either health education officers or health assistants before joining NHTC. They are qualified to either certificate or diploma level. Table 3 presents the current staffing situation at NHTC and the RHTCs. Note that there is one vacant post at NHTC and 16 vacancies in the RHTCs.

Table 3: Current staffing at NHTC and RHTCs (as of November 2012)

Category	NHTC N=32		RHTCs N=75		Total N=107	
	No.	%	No.	%	No.	%
Director (level 11)	1		-		1	
Training chief/HE administrator (level 8/9/10)	1	3.2	5		6	
Medical officer (level 8)	2	6.4			2	2
Technical officers (grade 6 and above)	4	12.8	10		14	20
Technical staff (grade 5 and below)	2	6.4	20		22	22
Admin. officers/account officers (class III)	2	6.4				
Admin. support staff (level 5 and below)	6	19.2	10		16	16
Wardens			5		5	5
Vehicle drivers	3	7.6	5		8	8
Peons and others	11	35.2	20		31	30
Total	**32**	**100**	**75**		**105**	**100**

Source: NHTC Capacity Assessment Report, 2012

Table 4 shows that NHTC lacks meaningful skills amongst their personnel in two of the eight skill areas assessed. NHTC's staff have acquired skills on-the-job and by working with competent partners in curriculum design and training administration, but these skills need to be strengthened. Only one skill area (evaluation) was assessed as satisfactory. All of the eight skill areas are essential for a training management body with the exception of training delivery skills. However, it would be expected that a number of professional staffs have training of trainer competencies.

Table 4: Current skill mapping of NHTC

Skill	Assessment	Comment
Training needs analysis	No technical skills	Not done by NHTC. The last training needs analysis for MoHP was carried out several years ago.
Planning training	Needs improvement	NHTC only prepares annual schedules for its own programmes
Curriculum design	Needs improvement	Some staff have gained some skills by attending training and working with supporting partners
Training administration	Needs Improvement	Most staff have acquired some skills through experience on the job; but there remain weaknesses in selecting trainees and obtaining nominations in time.
Training delivery	Needs improvement	Although staff are generally inexperienced, many have taken part in a training of trainers programme.
Monitoring	Some skills	This is carried out on an ad hoc basis by NHTC staff.
Evaluation	Satisfactory to an extent	Reactions level evaluations are carried out plus some assessments of learning for programmes assisted by supporting partners.
Training follow-up	No skills	This is done sporadically by NHTC. There is a plan to start systematically from 2013/14.

Source: NHTC Capacity Assessment, Phase 1 Report, 2012, page 24

4.2 PROPOSED NEW STAFFING AND SKILL MAPPING

To enable NHTC to perform as a training management body, NHTC will require a critical mass of competent training and development professionals who have the appropriate mix of skills. They should be able to analyse training needs, prepare training materials, develop training plans, and manage and evaluate training programmes. In addition, they need to have the skills to mainstream GESI and other cross-cutting issues into these functions. To undertake these responsibilities it is *not* essential that professional staff are health specialists, although knowledge and experience in the health sector is desirable.

New job titles[8]

It is recommended that new positions of chief training and research officer, senior training and research officer, and training and research officer are instituted in NHTC. These positions can be easily matched with the existing positions and grades within Nepal's health and administrative services.

The provision of common job titles is practiced in many government training centres in Nepal, including the Revenue Administration Training Centre, Nepal Administrative Staff College and the National Agricultural Training Centre. On joining, all officials are given a specific job title which equates with their current job level and their qualifications and experience. For example, when a Class II officer at level 8 or 9 in the health service joins NASC on deputation, they are given the title of 'deputy director (training and research)'. A Class I officer at level 11 is given the title 'director of studies'. This is a temporary occupational arrangement. When these officers return to their parent organisations, they will return to their earlier positions and job titles. The main purpose of this classification is to widen access to positions to all eligible and competent professionals within the health service.

The specifications for the three new positions are as follows:

- Chief training and research officer (level 10 or equivalent) — This post should be open to defined sub-groups and groups within the health service with the minimum required qualifications, training and experience, or who are prepared to fulfill the requirements within one year of joining NHTC.
- Senior training and research officer (level 8 or 9, Under Secretary Class II, or equivalent) — This post should be open to defined sub-groups and groups within the health service with the minimum required qualifications, training and experience, or who are prepared to fulfill the requirements within one year of joining NHTC.
- Training and research officer (level 7 or 8, Section Officer Class III, or equivalent).

There is no separate designation of 'master trainer'. However, any of the three positions may be filled by staff who have acquired the necessary ToT, clinical training skills or MToT and other essential training and qualifications. 'Master trainer' therefore refers to a skill rather than a specific post.

Table 5 details the skills and expereince needed in the new NHTC. Table 6 sets out the number of training and research professionals required by NHTC to fulfill the core functions of NHTC. The proposals represent the minimum number of permanent staff required, on the assumption that additional specialists may be needed for fixed-term assignments. Contract appointments may be used to attract professionals with particular IT or facilitation skills who may not be readily available within the health service.

[8] Note that a decision by MoHP may be sufficient to adjust these positions from level 10 and below. However, it may be necessary to seek the consent of the Ministry of General Administration (MoGA) and the Ministry of Finance (MoF) to open up the director level position to open competition. For this reason, the present title of director of NHTC is retained.

Table 5: Skill mapping for proposed positions in the new NHTC

	Level	Group	Minimum and Preferred Qualifications	Essential training and experience
Director				
	11	HI	**Minimum:** Bachelor of public health (BPH) or postgraduate diploma or equivalent/bachelor of nursing/MBBS and postgraduate degree in concerned subject. **Preferred:** Master of public health (MPH) or equivalent/master of health education (MHE) or equivalent/master of nursing/MBBS and postgraduate degree in relevant subject with experience of conducting training or training management.	Minimum of 30 working days ToT in last 4 years. If ToT training has not been undertaken in the last 4 years, the appointee will be required to undertake the same within 3 months of joining NHTC. Staff who have attended a ToT within the last 4 years will have to undertake one week's compact MToT within 3 months of joining NHTC. **Note**: MToTs/ToTs can be arranged at a suitable Nepalese institution or at NHTC by outsourcing to a suitable institution.
Chief training and research officer				
	10	Open to defined health service groups	**Minimum**: BPH or equivalent or postgraduate diploma or equivalent/B Nursing/MBBS and post graduate degree in relevant subject. **Preferred**: MPH or equivalent/MHE or equivalent/M Nursing/MBBS and post graduate degree in relevant subject with appropriate training. **Note**: These positions may be opened to outsiders with the required core competencies and relevant experience.	Minimum of 30 working days ToT in last 4 years. If ToT training has not been undertaken in the last 4 years, the appointee is required to undertake the same within one year of joining NHTC. Staff who have attended a ToT within the last 4 years will be required to undertake one week compact MToT within a year of joining NHTC. **Note:** MToTs/ToTs can be arranged at a suitable Nepalese institution or at NHTC by outsourcing to a suitable institution.
Senior officer or under-secretary				
	8/9	Open to defined groups of health service	**For internal placement (appointment/transfer):** BPH or equivalent or postgraduate diploma/ certificate in general medicine/public health or equivalent/B Nursing/MBBS and post graduate degree in relevant subject with appropriate training. **For external appointment through open competition:** BPH or equivalent/BHE or equivalent/B Nursing/MBBS and postgraduate degree in relevant subject (for administrative post, a master's degree or equivalent in administration/ management, humanities or equivalent) with appropriate training. **Note:** These positions may be opened to outsiders with required core competencies and relevant experience.	Minimum of 30 working days ToT in last 4 years. If ToT training has not been undertaken in the last 4 years, the appointee will be is required to attend the same within 3 months of joining NHTC. Staff having undertaken a ToT within the last 4 years will be required to undertake one week long compact MToT within 3 months of joining NHTC. **Note**: MToT/ToT can be arranged at a suitable Nepalese institution or at NHTC though outsourcing to a suitable institution.

	Level	Group	Minimum and Preferred Qualifications	Essential training and experience
Training officer or section officer/planning officer/accounts officer/computer officer				
	7/8		**For internal placement (appointment/transfer):** BPH or equivalent/BHE or post graduate diploma/ or certificate in general medicine /public health or equivalent/B Nursing/MBBS and post graduate degree in relevant subject (also includes certificate in management/humanities or equivalent) **For external appointment through open competition:** BPH or equivalent/BHE or equivalent/B Nursing/MBBS and Post graduate degree in concerned subject (for administrative post, master's degree or equivalent in administration/ management or humanities or equivalent).	Minimum of 30 working days ToT in last 4 years. If ToT training has not been undertaken in the last 4 years, the appointee will be required to attend the same within 3 months of joining the NHTC. Staff having undertaken the ToT within the last 4 years will be required to undertake one week compact MToT within 3 months of joining the NHTC. **Note**: MToT/ToT can be arranged at a suitable Nepalese institution or at NHTC though outsourcing to a suitable institution.

Table 6: Proposed NHTC staffing by department and section

S. No	Service	Name of Position	Level	Approved Positions	Required
1. Director's office					
1	Health	Director	11	1	1
	Health	Computer typist-cum- receptionist	5/6	1	1
	Admin	Office helper	Classless	1	1
		Total		3	3
2. Training and Capacity Building Department					
2	Health	Head of department	10	1	1
	Health	Health assistant (computer literate)	5/6	1	1
	Admin	Office helper	Classless	1	1
		Total		3	3
2.1 Needs Assessment, Curriculum Design and Training Materials Development Section					
3	Health	Chief training and research officer	10		1
3	Health	Senior training and research officer	8/9	1	1
4	Health	Training and research officer	7/8	1	1
	Health	Learning resource officer	7/8		1
5	Health	Training assistant	5/6	1	1
		Total		3	5
2.2 Capacity Building and Special Training Supports and Delivery Section					
6	Health	Senior training and research officer	8/9	1	1
7	Health	Training and research officer	7/8		1
8	Health	Training assistant (computer literate)	5/6	1	1
	Admin	Helper	Classless	1	1

S. No	Service	Name of Position	Level	Approved Positions	Required
		Total		3	4
2.3 Consulting Services Section					
	Health/ admin.	Senior training and research officer	8/9		1
	Health	Training and research officer	7/8		1
		Total			2
3. Planning and Management Department					
12	Health	Head of department	10		1
13	Health	Computer assistant	5/6		1
	Admin	Helper	Classless	1	1
		Total		1	3
3.1 Policy, Planning, Budgeting and Coordination Section					
14	Health	Senior training and research officer	8/9		1
	Admin./ health	Planning officer	Gazetted class III		1
	Health	Health/training assistant	5/6		1
	Health	Total			3
3.2 Quality Assurance, Monitoring and Evaluation Section					
9	Health/ Admin	Senior training and research officer	8/9		1
10	Health	Training and research officer (M&E) (M&E = 1, research -1)	7/8		2
11	Health	Training and research officer (skill testing)	7/8		1
	Health	Training assistant (computer literate)	5/6		1
		Total			5
3.3 Management Support Section					
	Admin	Section officer	Class III	1	1
	Admin	Account officer	Class III	1	1
	Admin	IT officer	Class III		1
	Admin	Assistant	Non-gaz. class 1	3	3
	Admin	Library assistant -1 E-library assistant -1	Non-gaz. class 1	1	2
	Admin	Office assistant	Non-gaz class II, level 3 or 4	3	3
		Driver	Classless	3	3
		Office helper	Classless	6	6
		Total		18	20
		Grand total		**31**	**48**

4.3 BUILDING NHTC CAPACITY

For the new NHTC to deliver its mission effectively a combination of knowledge, skills and experience will be required among its professional staff. Professional training skills, as described in Section 4.2 above, will be essential. Strong interpersonal skills will also be needed as staff will need to collaborate closely with other parts of MoHP and its three departments. And knowledge and experience of health service management and delivery will be highly desirable.

Sourcing talent

In principle, the professional jobs described in Section 4.2 could be filled by training professionals or health professionals. Training professionals would need to obtain a good understanding of the functioning of the public health system, including its operational problems; while health professionals will need to acquire the necessary training and interpersonal skills.

Entry to these jobs should not be confined to a particular health sub-group (at present health education) as this would unneccessarily restrict the talent pool. Appointments should be open to a range of health service groups and sub-groups such as doctors, nurses, health educators and health inspectors. Which groups are eligible needs to be agreed before appointments are made. The posts should also be open to qualified training professionals working outside MoHP. In practice, however, the majority of the posts are likely to be filled by personnel currently working within MoHP.

The main strategy for making appointments to the new positions will be transfers from other parts of MoHP and DoHS. However, these transfers should not be initiated by management, as is normally the practice. Instead, it is proposed that these jobs are filled through an internal recruitment and selection process. The posts should be advertised internally and qualified candidates invited to apply. Applicants who meet the minimum requirements of the specifications should be shortlisted and invited for interview. After interviews, the best qualified candidates should be recommended for appointment. Motivation and potential should be treated as as important as formal educational and professional qualifications for assessing candidates.

In addition to internal transfers, a number of selected positions (say 25 percent) would be filled through external recruitment in order to attract a core group of training professionals who can perform as master trainers, or lead curriculum development, quality assurance, monitoring and evaluation.

The vacancies could be filled through a permanent appointment with recruitment and selection administered by the Public Service Commission. However, recruitment by the commission can take as long as six months because of the time-consuming screening of large numbers of applicants, as well as written examinations and interviews which are conducted sequentially.[9] Another option therefore would be to recruit training professionals on fixed term contracts for which MoHP has delegated authority and where resources can be provided through NHSSP 3. This option would help smooth NHTC's transition to a fully-fledged training management body.

Training and development

Health professionals appointed to NHTC will need to acquire ToT skills immediately if they do not possess them. It is recommended that a ToT of a minimum 30 working days is needed for staff to be

[9]HEART, NHSP-2 Mid-Term Review Final Report, 15 February 2013.

eligible to work as a training professional at NHTC. ToTs should cover the full range of necessary training management skills, not just the conducting of training programmes. But, a one-off ToT will not be adequate in the long term to enable staff to work as effective trainers and training professionals. It is recommended that those who already have ToT professional training of one month or more should attend a refresher-type master ToT of at least 5-7 days duration within 3 months of joining NHTC.

Ideally, these ToTs should be conducted in Nepal as more cost effective than sending people abroad. However, as there are few specialised and professional health training institutions in Nepal, the best option would be to outsource ToT delivery to competent international providers. This could be done under NHSP-3. In addition, it is proposed that a continuing professional development programme is put in place for all professional staff. This will involve feedback, coaching, mentoring and special assignments. It is suggested that international technical assistance is provided through NHSSP to design and implement this programme.

Human resourcs policies

Frequent transfers of traiend staff out of NHTC could undermine the development of competencies essential for a professional training management body such as NHTC. Therefore, there should be a bond for all staff joining NHTC that they may serve NHTC for at least two years. In addition, suitable performance based financial and non-financial motivational schemes should be considered as essential for a vibrant organisation like NHTC. In this regard, it would be useful to learn from NASC's experience (see Box 1).

Box 1: NASC Initial Capacity Building Exercise

The Nepal Administrative Staff College was established in 1982. The approach it took to building the capacity of its professional staffs that joined from different government, semi government and private sector organisations proved very effective. Master trainers from the universities of Manchester and Birmingham provided a variety of capacity building skills to the college with the support of DFID (then ODA). Many NASC trainers were subsequently sent to British universities in two phases. In the first phase they undertook a 3-6 months ToT and, in the second, a number returned to the UK for PhD studies based on their performance at NASC.

5 RESOURCE PLANNING

It is not easy to determine the total current expenditure on training since in-service health training is financed by DoHS divisions and centres as well as by external partners. The four funding sources for in-service health training in Nepal are:

- GoN budget;
- external development partner and pooled funding;
- vertical donor funding; and
- fee-based consulting services.

5.1 GON BUDGET

Although as a 'centre' NHTC enjoys some autonomy as a self-accounting entity, it depends on government funding for its regular budget. However, GoN's contribution to NHTC is largely limited to salary, office management support and a few training event costs. During the past two years, NHTC headquarters received NPR 7-8 million annually through the government's red book. Each regional health training centre received NPR 2.5 to 3 million annually from GoN. Although the budgets for the RHTCs are earmarked under NHTC in the red book, these monies are currently being released to them through DoHS.

There are five regional health training centres (Dhankuta, Pathlaiya, Pokhara, Surkhet and Dhangadi), one sub-regional centre, 30 district training facilities and 14 training health posts. In addition, there are 10 clinical training sites attached to regional and zonal hospitals, which provide clinical competency-based training on family planning, safe motherhood and clinical service management. All RHTCs have training rooms and residential accommodation for participants. There is a total capacity for 570 trainees, with 50 percent in residence. Over half of the district facilities have residential accommodation and all 14 health posts have a classroom.

In financial year 2012/13, GoN allocated NHTC NPR 7.55 million as regular budget including NPR 6.63 million for salaries. Similarly, more than 80 per cent of the budgets of the RHTCs were for salaries.

During FY 2012/13, NHTC received a total of NPR 90.96 million under the programme and development budget, of which about 6 percent was funded by external development partners, mainly USAID. The development budget included a few capital expenditure items, including for building construction and procuring equipment and furniture, while the programme budget covered a range of regular training programmes (e.g. ANM, SANM, basic ultrasound, anesthesia, biomedical technician and M&E training) and family health training (e.g. safe motherhood, family planning, female community health volunteers.)

For FY 2013/14, NHTC has requested a programme budget of NPR 307.23 million of which USAID is expected to finance NPR 10.4 million (3.2 per cent) as a grant. Of the 84 activities planned, 11 are related to construction, repair and maintenance and procurement, and 72 are training activities, including several new training programmes in addition to the regular programmes and the continuing family health programmes. The proposed new training programmes include snake bite treatment, behavioural change, pre-service training for officers and non-officers, capacity building for district office staff, ToT, employee orientation and GESI/gender violence.

Salary requirements for NHTC and RHTCs

At present the annual salaries requirement for NHTC and the five RHTCs is NPR 222 million (see Table 7). Reformed as a training management body, NHTC and the RHTCs will need a total of NPR 292 million for salaries, an increase of NPR 70 million. (Note that salaries required at below the regional level have not been calculated here.) The main reason for this increase is the different skill mix proposed with a higher proportion of senior training and development professionals.

Table 7: Summary of current and proposed salaries requirements for NHTC and RHTCs (base year FY 2013/2014)

	1. Present situation			2. Proposed new situation			3. Additional costs	
	No. staff	**Salary costs (1 month, NPR '000)**	**Salary costs (13 months, NPR ,000)**	**No. staff**	**Salary costs (1 month, NPR '000)**	**Salary costs (13 months, NPR ,000)**	**Salary costs (1 month, NPR '000)**	**Salary costs (13 months, NPR ,000)**
NHTC	32	538.2	6,996.7	39	693.2	9,011.1	151.9	2,014.4
RHTCs	75	1,168.5	15,190.5	95	1,552.0	20,176.0	383.5	4,985.5
Total			**22,187.2**			**29,187.1**		**6,999.9**

Source: NHTC, November 2012

5.2 EDPS AND POOLED FUND

There is a pooled fund for training created under NHSP-2 into which donor (including GAVI) and government resources are channeled. These resources are allocated in accordance with MoHP's training priorities rather than the particular interests of individual donors.

5.3 VERTICAL DONOR FUNDING

In contrast, the Global Fund provides parallel resources earmarked for training on HIV/AIDS, malaria and tuberculosis which are channeled directly through the National Centre for AIDS and STD Control (NASC). This training is therefore managed and delivered directly by this centre and it is not coordinated with the NHTC. This procedure needs to be changed to facilitate NHTC's new role.

5.4 FEE-BASED CONSULTING SERVICES

The proposed consulting services section will help to some extent to mitigate the potential anticipated resource gap. NHTC has some prior experience of organising prototype training programmes for NGO and private sector clients on a fee basis (such as on NSV, IUCD, CTS, SBA, health-focused training of trainers, and some best practice training programmes on health centre and hospital management.)

It is recommended that once NHTC is appropriately staffed, it should be able to raise and retain revenues from customised special training, consultancies and research for the private and NGO sectors. A detailed study on the feasibility and scope of conducting fee-based consulting services needs carrying out on this.

Possible consulting services to be considered are:

- recruiting government health professionals;
- management support to organise training and research projects on a package basis;
- conducting training of trainer programmes for the private and NGO sectors; and

- process consulting services for selected organisations (involving internal management auditing and external validation approaches, stakeholder analysis and other methods).

NHTC could also raise revenue by renting out its national and regional training facilities.

NHTC should undertake these programmes on a demand basis and charge fees. To generate demand, it should conduct its own marketing and promotional activities it funds itself.

One possible model for doing this is the National Public Health Laboratory, Teku, which has succeeded in charging a reasonable fee to its clients for carrying out health diagnosis tests and has obtained government approval to provide supplementary financial incentives for its staff. Another is the Nepal NASC. NASC receives an annual block grant from the government. To supplement this, NASC raises and retains revenues from customised training, consultancies and research. Currently, around 25 per cent of its expenditure is financed from its own revenues.

The proposed new NHTC structure once fully staffed would incur extra salary costs of NPR 2 million per year (see Table 8). The RHTCs would incur extra costs of about NPR 1 million each (see Table 9).

Table 8: Proposed staffing and salaries requirements for NHTC

	Position	Level	Salary scale (NPR/month)	Present no. posts	Present total salary costs (NPR/month)	Proposed no. posts	Salaries required for proposed posts (NPR/month)	Additional Costs (NPR)
1	Director	11	26,420	1	26,420	1	26,420	0
2	Head of department/chief training and research officer	10	24,740	1	24,740	3	74,220	49,480
3	Senior training and research officer	8/9	24,740	2	49,480	5	123,700	74,220
4	Training and research officer	7/8	21,080	3	63,240	5	105,400	42,160
5	Under secretary	Gaz. class II	21,080	-	0	1	21,080	21,080
6	Accounts officer	Gaz. class III	18,790	1	19,770	1	19,770	0
7	Section officer/ IT officer	Gaz. class III	18,790	1	19,770	2	39,540	19,770
8	Training assistant/health assistant	Non gaz. class 1/IT assistant	18,790	2	37,580	2	37,580	0
9	NASU/accountant/IT assistant/librarian	Non gaz. class 1/IT assistant	14,480	4	57,920	5	72,400	14,480
10	Admin/finance assistant	Non gaz. class II	13,650	3	40,950	3	40,950	0
11	Driver	Classless	13,740	3	50,220	3	50,220	0
12	Office helper	Classless	13,640	11	151,140	8	81,880	(69,260
		Total		32	**541,230**	39	**693,160**	**151,930**
				For 13 months	**7,035,990**		**9,011,080**	**1,975,090**

Table 9: Proposed staffing and salaries requirements for one RHTC (using the RHTC Dhankuta as an example)

S. No.	Position	Level	Salary Scale (NPR/month)	Present no. posts	Present salaries (NPR/month)	Proposed no. posts	Salaries for proposed posts (NPR/month)	Additional costs (NPR/month)
1	Training centre chief	9/10	24,740	1	24,740	1	24,740	0
3	Senior training and research officer	8/9	22,750			1	22,750	22,750
4	Training and research officer	7/8	21,080	2	42,160	1	21,080	(21,080)
	Public health nurse	5/6	18,790			1	18,790	18,790
	Kabiraj (ayurvedic doctor)	5/6	18,790			1	18,790	18,790
8	Training/health assistant(computer literate)	Non gaz. class 1/IT assistant	18,790	1	18,790	1	18,790	0
	Health education technician	Non gaz. class 1/IT assistant	18,790	1	18,790	-		(18,790)
9	NASU/accountant/IT assistant/librarian	Non gaz. class 1/IT assistant	14,480	2	28,960	4	57,920	28,960
	Warden		14,480	1	14,480	1	14,480	0
	Computer typist		14,480	1	14,480	1	14,480	0
11	Driver	Classless	16,740	1	16,740	1	16,740	0
12	Office helper, hostel helper, sweeper, guard, cook, gardener	Classless	13,640	4	54,560	6	81,840	27,280
		Total		**15**	**233,700**	**19**	**310,400**	**76,700**
	Total recommended by Organisation and Management Study					**26**		
				For 13 months	**3,038,100**		**4,035,200**	**997,100**

6 ROAD MAP AND IMPLEMENTATION PLAN

The proposed road map and implementation plan is set out in Table 10 below with three overlapping phases envisaged:

1. **Transition phase** — The transition phase, which will last around 18 months, involves establishing the guiding policies and putting in place the required capacity in terms of staffing, training and professional development, and core operating processes.
2. **Performing phase** —NHTC will start to carry out the core functions of a training management body during the performing phase, which will start in year 2. It will take more than two years for NHTC to complete a full training cycle from training needs analysis through to impact evaluation.
3. **Sustaining phase** — In year 5 and beyond, NHTC will begin to embed and sustain the changes introduced during the performing phase.

Change management activities will be necessary throughout the implementation of this road map starting in the transition phase. As a precondition for effective implementation, it is essential that all key stakeholders accept their new roles. The first step will be to appoint a full-time change coordinator to lead the transition phase, supported by a part-time change management team. It is suggested that an external change coordinator is appointed. Continuous communications and stakeholder engagement will be necessary during the first and second phases of implementation.

Table 10: Proposed road map and implementation plan

Proposed Road Map and Implementation Plan

Phases/Activities	Year 1			Year 2			Year 3			Year 4			Year 5		
	TM1	TM2	TM3	TM1	TM2	TM3	TM1	TM2	TM3	TM1	TM2	TM3	TM1	TM2	TM3
Phase 1: Transition															
Phase 2: Performing															
Phases 3: Sustaining															
Transition activities															
Policy															
Policy decisions															
Staffing															
Job descriptions and specification															
Grading/salaries															
Finalise budget (salaries & operating costs)															
Internal recruitment															
External recruitment															
Transfer of "redundant" staff															
Capacity development															
Technical assistance (to support core functions)															
Core training (TOT)															
Professional development															
Core processes															
Contract management guidelines															
TNA guidelines															
Curriculum development guidelines															
QA processes & guidelines															
Core functions															
Training policy															
TNA															
Training plan and budget															
Curriculum/training materials design															
Contracting															
Delivery															
Follow up, M&E															
QA															
Change management															
Acceptance of stakeholder roles															
Change management team/change coordinator															
Communications/stakeholder engagement															
Review and evaluation															
Make adjustments															

ANNEX 1:COMPOSITION OF NHTC CHANGE MANAGEMENT TEAM (CMT)

1. Sponsor: Dr Praveen Misra, Secretary, MoHP
2. Co-sponsor: Dr Mingma Sherpa, Director General (DG), DoHS
3. Coordinator:Dr Guna Raj Lohani, Deputy Director General, DoHS

Members:

1. DG, Department of Ayurveda
2. DG, Department of Drug Administration
3. Director, Family Health Division, DoHS
4. Director, NHTC
5. Representative, Nick Simons Institute
6. Representative, JHPIEGO
7. Representative, WHO
8. Representative, Population Services International (PSI)

Facilitator: Dr Madan Manandhar, national consultant

Working team members:

1. Mr Mahendra Shrestha, director, NHTC
2. Dr Senendra Uprety, director, FHD/DoHS
3. Dr Rajendra Bhadra,team leader, JHPIEGO
4. Dr Mark Zimmerman, executive director, NSI
5. Dr Frank Poulin/Dr Atul Dahal, senior specialist, WHO
6. Dr Ashish KC, coordinator PSI
7. Representatives from Department of Ayurveda and Department of Drugs Administration

Invitees

- Dr Bal Krishna Subedi, Director, NCASC
- Dr Shajina Masut, Country Director, PSI