

**Report on:  
Mapping the Human Resource  
Functions across the  
Ministry of Health and Population  
and selected External Government  
Ministries, Departments and Agencies**



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## EXECUTIVE SUMMARY

### A. Introduction

The Ministry of Health and Population (MoHP) recognises that a competent and motivated workforce is needed to provide quality health care and achieve the government's health objectives. However, the achievement of this has been challenged by the complicated arrangements for carrying out human resources for health (HRH) functions both within MoHP and across the other line ministries and government bodies, which sometimes have opposing interests, who are involved in carrying out HRH functions. This has resulted in fragmented and poorly coordinated HRH planning, management and development. These and associated issues were raised by the Mid-Term Review of the Nepal Health Sector Programme-2 (2013).

In mid-2013 an assignment was carried out under MoHP with support from the Nepal Health Sector Support Programme to support strategies and activities in the Human Resources for Health (HRH) Strategic Plan (2011-15) for more effective and coordinated human resources planning, management and development across the health sector.

The assignment supported MoHP and other stakeholders to:

1. map the core human resource functions and structures within MoHP and its departments;
2. identify gaps, overlaps and bottlenecks;
3. map the HRH roles and responsibilities of external stakeholders; and
4. recommend how to improve current arrangements and strengthen human resources functions, strategic human resources decision-making and resource allocation.

The information was collected by carrying out an 'audit' of the human resource-related functions of MoHP, its departments and divisions and other government entities with a role in HRH management. Information was collected from a number of sources for the triangulation of data. It was collected from official documents, the secondary analysis of interviews with HRH management staff, interviews with senior MoHP and DoHS managers, and monitoring data, field notes and other documentation collected by NHSSP's human resources team.

### B. Findings

**The official allocation of human resources functions in MoHP** — The audit found that, according to official descriptions, HRH functions are assigned across many parts of MoHP and DoHS and that the same functions may be carried out by more than one entity. MoHP's Personnel Administration Division (PAD) and its Human Resource and Financial Management Division share the majority of human resources functions. MoHP's three departments (health services, ayurveda and drug administration) also perform a number of HRH functions. Within the largest department, the Department of Health Services (DoHS), these functions are spread across many entities, foremost being the regional health directorates; district offices; the Budget, Programme and Human Resources Section of the Management Division; and the Personnel Administration Section.

It was found that the responsibilities for some HRH functions in DoHS, such as preparing job specifications, discipline and performance management, were not clearly assigned. Also, the location of some functions depends on other factors including the grades of staff and whether staff are governed by the Health Service Act (2013) or the Civil Service Act (1993).

**Regional and district level HRH functions** — Regional health directorates carry out many human resources functions including transferring staff within regions, while district offices (DHOs and DPHOs) play an important role in posting and transferring staff within their districts as well as managing the local hiring of health personnel. Regional and district offices also have a role in selecting staff to attend training courses and in performance appraisals.

**Other factors that influence the allocation of HRH functions**— In practice the following factors also govern HRH within MoHP:

- Budget allocations.
- Additional HRH-related activities (most of them training related) that are funded across a number of other divisions and units outside the official structure described in MoHP (2011/12).

The currently underway organisational review of MoHP has identified other factors.

**HRH functions of other national government entities** —HRH functions related to human resource planning, management and development in the public sector are carried out by multiple actors in a number of government organisations and agencies in addition to MoHP. The main such entities are the Ministry of Education (MoE), the Public Service Commission (PSC), the Ministry of Finance, the Ministry of General Administration (MoGA), the professional council for vocational education (CTEVT), the Medical Council, the Nursing Council and the Pharmacy Council.

**Issues** — The audit identified the following issues that constrain HRH management and development:

- Overlapping human resource functions for HRH information, postings and transfers and the management of personnel training.
- Gaps in terms of the lack of separate entities, i) for the overall coordination of HRH activities, ii) to oversee HRH development and iii) to oversee HRH employee relations.
- Bottlenecks in the shape of i) long multi-step processes for carrying out activities such as forming new posts, and ii) the required involvement of multiple entities within and outside MoHP for approving and implementing changes.
- The critical shortage of human resource professionals within MoHP and DoHS with no professional staff with specific human resources qualifications.
- Rapid staff turnover, with this being especially critical for leadership roles.

## C. Discussion and Recommendations

**Discussion** — The following issues are important to recognise and further explore for the development of HRH in Nepal:

- The lack of clarity of responsibilities for and the nature of the actual HRH functions to be carried out.
- The existence of important gaps, overlaps and bottlenecks for the provision of HRH functions.
- The need to rationalise responsibilities for HRH functions within MoHP.
- The need for improved coordination between the different entities within and outside MoHP with responsibilities for HRH.
- The need for improved leadership in the management of HRH.
- The need for more specialised HRH planning and management personnel within MoHP and DoHS.
- The need to capitalise on opportunities in the new Health Service Act (2013), and the good support within MoHP for improving HRH planning, management and development.

**Recommendations** — The findings and the following recommendations provide valuable information that should be used to help strengthen strategic human resources decision-making and resource allocation in the health sector. It should be fed into the on-going MoHP organisational review and the planning of NHSP-3.

- 1 **Verify** — Firstly, MoHP senior managers should verify the analysis in this report.
- 2 **Improve coordination** — As an interim step, explore mechanisms for improving coordination across all government entities that carry out HRH functions and between HRH departments and departments as they develop the new health strategy.
- 3 **Improve the organisation structure** — In the short term, reduce the turnover of senior HRH resource leaders. In the longer term, identify a more suitable and unified structure for managing all HRH functions in a more coordinated way noting best practices in other countries.
- 4 **Build capacity** — In the short term, develop ways of building capacity of human resources leaders. In the longer term MoHP should consider creating posts for professional human resource leaders who remain within MoHP.

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*LIST OF ACRONYMS*

AS	administrative service
AWPB	Annual Work Plan and Budget
CEOC	centres for emergency obstetric care
DG	director general
DoHS	Department of Health Services
DPHO	district public health office
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HR	human resources
HR&FM Division	Human Resources and Financial Management Division
HR&FM	human resources and financial management
HRH	human resources for health
HS	health service
MBA	Master of Business Administration
MoGA	Ministry of General Administration
MoHP	Ministry of Health and Population
MPA	Master of Public Administration
MPH	Master of Public Health
MTR	Mid Term review of NHSP-2
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	Nepal Health Training Centre
NPR	Nepali rupees
PAD	Personnel Administration Division
PIS	Personnel Information System
PPICD	Policy, Planning and International Cooperation Division
PSC	Public Service Commission
RHD	regional health directorate
USAID	United States Agency for International Development
WHO	World Health Organisation

## 1 INTRODUCTION

The Government of Nepal is committed to improving the health status of its 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) in Nepal, ran from July 2004 to July 2010. It was judged very successful and brought about many health improvements. Building on these successes, the Ministry of Health and Population (MoHP) and its external development partners designed a second phase of the programme (NHSP-2, 2010-2015), which began in mid-July 2010. NHSP-2's goal is to improve the health status of the people of Nepal. Its purpose is to improve the use of essential health care and other services, especially by women and poor and excluded people.

MoHP recognises that a competent and motivated workforce is needed to provide quality health care, and to achieve health goals and outcomes and the objectives of NHSP-2 (i.e. increase access to and the use of quality essential health care services). In 2011 MoHP developed the 2011-2015 Human Resources for Health (HRH) Strategic Plan that aims:

*'to ensure the equitable distribution of appropriately skilled HRH to support the achievement of health outcomes in Nepal and in particular the implementation of NHSP-2' (MoHP 2011).*

The core human resource functions in MoHP, including human resources policy, workforce planning, human resources management (e.g. recruitment, deployment, performance management, pay, compensation and employee relations) and human resource development (pre-service education, in-service training and continuing professional development) all need to be appropriately and adequately staffed, organised and resourced to enable MoHP to achieve its overall aim. Robust functions, structures and capacity, including systems, processes and practices will be critical as health care services are decentralised and the authority for human resources is further devolved to district levels and below.

Problems with the coordination of the human resources functions within MoHP were identified during NHSP's inception phase in 2011. During the development of the HRH Strategic Plan, attempts to gather information and examine human resources roles and responsibilities across the health sector were hampered by the complicated arrangements for human resources functions. This was because within MoHP there is no single department with overall responsibility for human resources. Furthermore, beyond MoHP, the Ministry of Education, the Public Service Commission (PSC), the Ministry of Finance, the Ministry of General Administration (MoGA) and the professional councils also have human resources responsibilities and carry out a range of human resource-related functions. As a result one of the four key outputs of the HRH strategic plan is:

*"Effective and coordinated human resources planning, management and development across the health sector."*

This report is intended to support strategies and activities in the HRH Strategic Plan to achieve this output and strengthen MoHP human resources functions, capacities, structures and systems to plan, manage and develop HRH and to improve stakeholder collaboration and the coordination of HRH across the sector. The report starts with a description of the context for mapping the HRH functions within MoHP and related external ministries, departments and agencies. The methods used for collecting and analysing the data are then described. Section 4 presents the findings of the study. The final section is a discussion of the findings and preliminary policy issues for discussion.

## 2 CONTEXT

The complicated arrangements for human resources management, both within MoHP and with other line ministries and government bodies, results in a lack of clarity on who sets the human resources agenda and provides strategic oversight of the overall human resources function for the health sector. Furthermore, multiple actors, sometimes with opposing interests, are involved in human resources functions. This results in fragmented and poorly coordinated approaches to human resource planning, management and development. Several recent events have highlighted the fragmentation and resulting challenges experienced for human resources management within the health sector.

### 2.1 CAPACITY ASSESSMENT OF HUMAN RESOURCES FUNCTIONS

An assessment of the capacity for human resources planning, management and development (Martineau and Subedi 2010) confirmed that HRH structures and systems in MoHP and across government were fragmented. It found a low skill base in strategic human resources planning and management, and no clear structures for coordinating HRH across the health sector and for aligning staffing requirements with the rapidly expanding supply of trained personnel. The findings of this assessment informed the strategies and activities in the HRH strategic plan to achieve four key outputs, one of which is:

*“Effective and coordinated human resources planning, management and development across the health sector.”*

### 2.2 DEVELOPMENT OF HRH STRATEGIC PLAN

Although the HRH Strategic Plan was developed using a consultative process with a range of stakeholders, the ownership and responsibility for implementing the plan has been mainly with MoHP’s Human Resource and Finance Management Division (HR&FM Division). However, this division does not have an official mandate for coordinating the human resources function, has limited human resources capacity and cannot access the necessary resources to implement the activities because it is unable to get these included, approved and funded in MoHP’s Annual Work Plan and Budget (AWPB).

### 2.3 RAPID REVIEW OF HUMAN RESOURCE ACTIVITIES IN 2012/13 AWPB

A rapid review of the human resource activities included in the 2012/13 AWPB revealed that such activities (mainly training) were being undertaken by many of MoHP’s divisions, three departments (Department of Health Services, Department of Drug Administration, Department of Ayurveda) and two councils (Nepal Medical Council and Nepal Health Research Council). These activities are funded through different sources, including government, pooled funds and individual donors (e.g. USAID, GFATM, WHO). It is unclear who or what unit in MoHP is responsible for coordinating and monitoring these activities.

### 2.4 MID-TERM REVIEW OF NHSP-2

The effectiveness of the current organisational arrangements within MoHP, the Department of Health Services (DoHS) and other departments and centres was an issue of concern during the 2012 Mid-Term Review (MTR) of NHSP-2. The MTR report indicated that there are:



*“several areas where roles and responsibilities for important aspects of sector management are either unclear, duplicated or poorly linked”.*

and recommended that MoHP should establish:

*“a single human resources division and that all human resources activities are assigned to this division” (MoHP 2013).*

To support this it recommended that an organisational and management review be conducted, covering MoHP and its departments and centres to identify key functions and responsibilities with a view to revising the current organisational arrangements and in turn support a restructuring exercise to improve the efficiency and effectiveness of health governance.

### 3 OBJECTIVES AND PURPOSE

#### 3.1 OBJECTIVES OF THE ASSIGNMENT

The overall purpose of the assignment was to map out the human resources functions and structural arrangements and gather more detailed information on human resource roles and responsibilities in MoHP and other selected ministries, departments and agencies, as well as to identify any gaps, overlaps or bottlenecks in the overall human resources system. The findings are to be used to strengthen strategic human resources decision-making and resource allocation. The findings will be fed into the planned MoHP organisational review and will be used to support the planning of the next health sector support programme (NHSP-3) and to ensure that health sector goals, objectives and programmes are supported by appropriate MoHP functions and structures.

The objectives of the assignment were to support MoHP and stakeholders to do the following:

5. Map the core human resource functions and structures within MoHP and its departments at central, regional and district levels.
6. Identify gaps, overlaps and bottlenecks.
7. Map the human resources roles and responsibilities of selected external stakeholders.
8. Based on an analysis of the findings of the mapping exercise, make recommendations on how to improve current arrangements and strengthen human resources functions, strategic human resources decision-making and resource allocation.

#### 3.2 METHODS

A framework was identified based on the three human resource functions of policy and planning, management and development. This was populated by human resources functions commonly used in public sector administration and in-service regulations. The framework was used to carry out an 'audit' of the existing functions of MoHP, its associated departments and divisions and (in less detail<sup>1</sup>) of related government departments beyond the health sector. Table 1 lists the human resources functions analysed in the audit.

**Table 1: Key human resources functions analysed in the audit**

Human resource policy and planning	Human resource management		Human resource development
HR policy	Career management	Pay and benefits admin.	Training provision
HR legislation	Job specifications	Post creation	Training management
HR planning	Recruitment	Performance management (including appraisals)	Training regulation
HR financing	Promotions	Grievances	
	Posting/transfers	Leave	
	HR information	Retirement	
	Discipline	Secondment	

The mapping of the human resources functions and responsibilities in MoHP and DoHS and other selected external agencies was carried out using a mixture of data collection methods. This was to

<sup>1</sup> The focus of this study is on what changes MoHP could make. Note: it would require a bigger study to collect this data in detail from related government departments outside the health sector.

enable the triangulation of data received from various sources, as it was assumed that the relevant documentation could be incomplete or sometimes inaccurate.

Data was collected in the following ways:

- A desk review of official documents including organisation charts<sup>2</sup> and descriptions of functions of health departments (MoHP 2011/12) and related government departments<sup>3</sup>.
- A desk review of MoHP's Annual Work Plan and Budget document for 2012/13 to establish where human resources-related expenditure takes place.
- Secondary analysis of interviews of management staff at all levels conducted through a concurrent organisational review.
- Semi-structured interviews with senior managers in MoHP and DoHS to identify views on the current roles of various departments in human resources and suggestions for improvements in the allocation of human resources functions. The qualifications of staff working in the human resources-related departments were also identified through interviews with heads of departments to establish whether appropriate skills were available or not.
- Review of monitoring data collected by NHSSP's human resources team since the inception of the programme and checked against personnel records to identify the turnover of key human resource-related staff.
- Review of other field notes or documentation collected by NHSSP's human resources team since the inception of the programme for data on overlaps, gaps and bottlenecks.
- In addition to the above, the authors were able to identify strengths and challenges with human resources structures and functions from their three years of experiences supporting human resources development while working for NHSSP.

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<sup>2</sup> NHSSP documentation (English translation of official documents)

<sup>3</sup> Functional Division of Government of Nepal, Office of Prime Minister and Cabinet, 2012.

## 4 FINDINGS

This chapter first presents information on where the human resources functions are being carried out and what some of the gaps are. It then provides information on the skills and turnover of people managing these functions at different levels.

### 4.1 THE LOCATION OF HRH FUNCTIONS WITHIN THE HEALTH SECTOR

This section reviews the human resources functions carried out at national and regional levels by MoHP and its departments and other government and non-government institutions. It then briefly describes the human resource functions at district level.

#### 4.1.1 Official description of national and regional level structures

The division of labour between MoHP and DoHS, which established the current mandates, took place in the 1990s when democracy was re-established in Nepal and a new health policy was developed. The plan was that MoHP would retain responsibility for policy making while the Department of Health Services (DoHS) would be responsible for policy implementation. The Human Resources and Financial Management Division was created in the early 2000s along with several other new divisions. It has not, however, been possible to establish the rationale for the division of responsibilities for human resources functions.

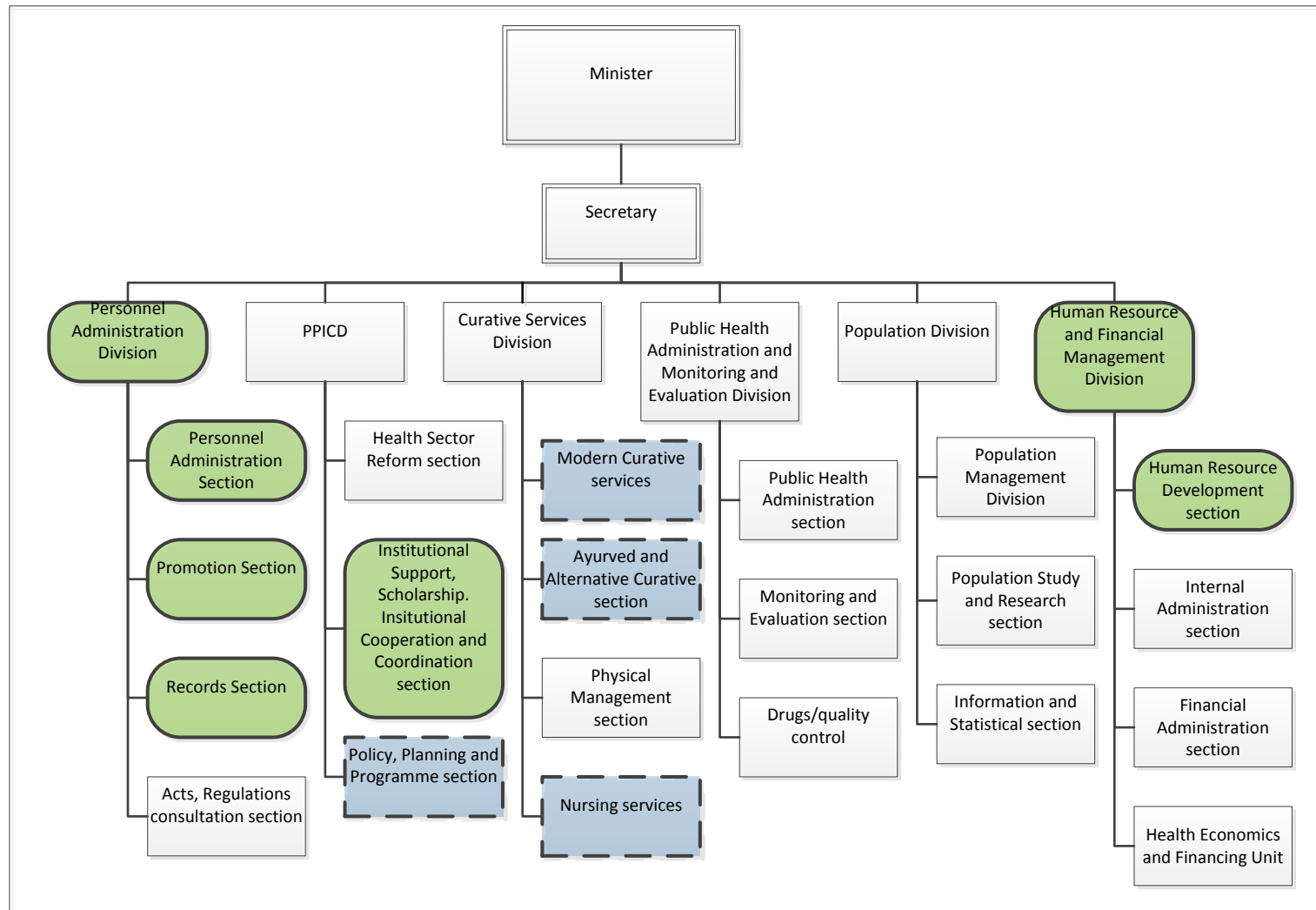
Figures 1 and 2 show where the key human resources functions are located across MoHP and DoHS:

- Divisions and sections whose major role is to carry out human resources functions that affect staff across MoHP and its departments and divisions are highlighted in **green** (with rounded borders).
- Other sections that have human resources as one of a wider set of their functions, and in the case of the three sections under the Curative Services Division only cater for cadres for which they have direct responsibility, are highlighted in **blue** (with broken borders).

Figures 1 and 2 are based on full organisation charts made available to the review team by NHSSP. However, a key constraint to this process was that the structures are currently in flux and it has, therefore, not been possible to identify the definitive organisation charts for MoHP and DoHS.

MoHP has two divisions — the Administration Division and the Human Resource and Financial Management Division — that share the majority of human resources functions (See Figure 1). In addition, the Policy, Planning and International Cooperation Division (PPICD) oversees international scholarships while the Curative Services and Nursing Services sections within the Curative Division handles postings for doctors and nursing staff. In addition the three MoHP departments (the Department of Health Services, the Department of Ayurveda and the Department of Drug Administration) perform a number of human resources functions. Within DoHS, human resources functions are spread across a number of sections (see Figure 2).

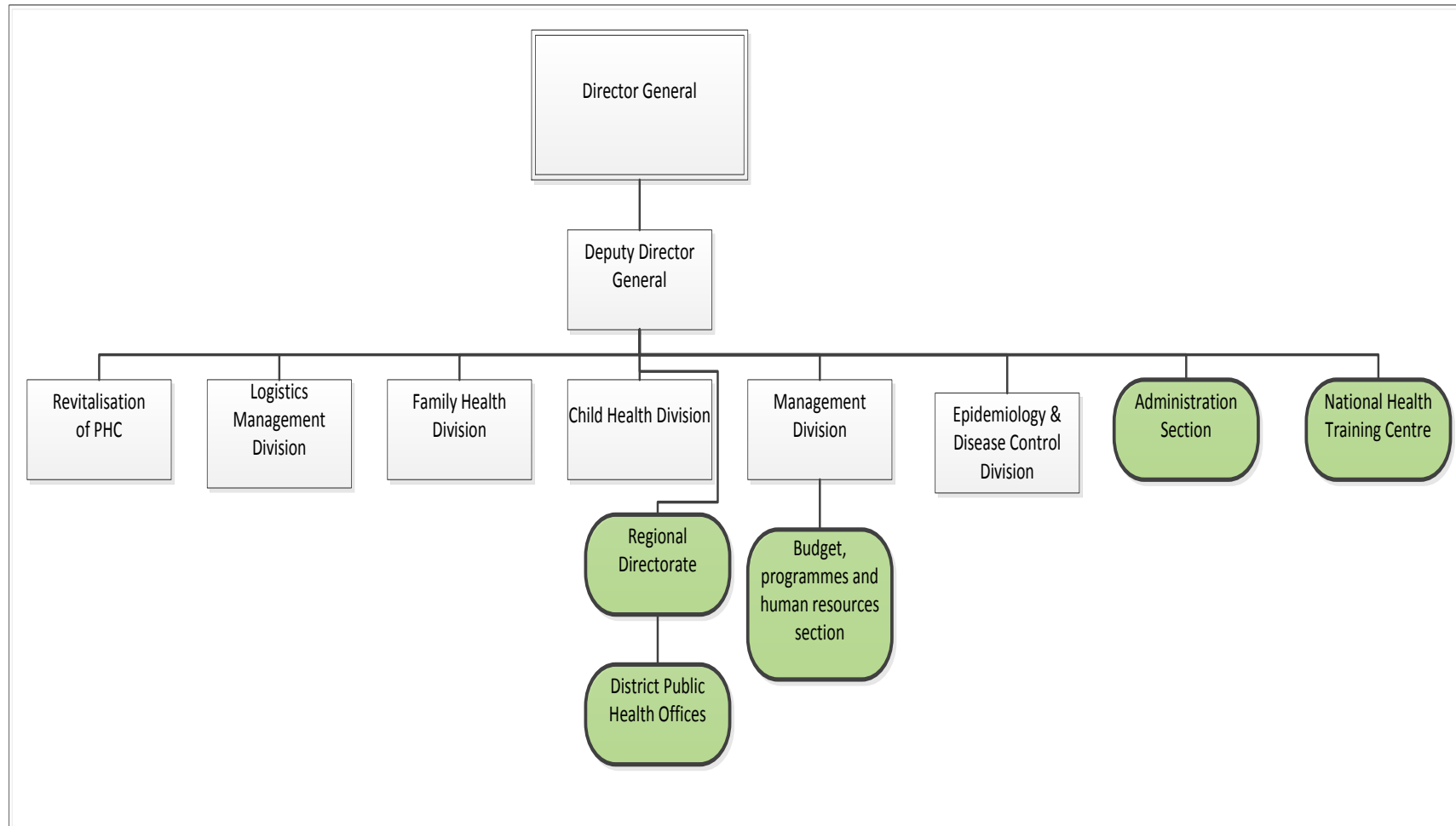
**Figure 1: Organisation chart of MoHP showing location of core and partial human resources functions**



**Notes:**

- This diagram focuses on the divisional structures and includes neither the recently filled level 12 posts nor the names of post-holders.
- Sections with a major human resources role are highlighted in green with rounded borders.
- Sections with minor human resources role highlighted in blue with broken borders.
- Different versions of the organisational chart have different wordings for Personnel Administration Division/Administration Division.

**Figure 2: Organisation chart of DoHS showing location of core and partial human resources functions**



Sections

Note: Entities with major human resources function responsibilities are highlighted in green with rounded borders. All the other entities have partial human resources responsibilities.

**Table 2: Number of human resources functions carried out by MoHP and DoHS sections (source MoHP 2011/12)**

MoHP and DoHS entities	Account section (Ayurv)	Administration section (Ayurv/MoHP)	Research and Information section (Ayurv/MoHP)	Ayurveda and Alternative Medicine Section (Cur./MoHP)	Modern Curative Services Section (Cur./MoHP)	Nursing Services Section (Cur./MoHP)	Financial Administration Section (HR&FM Div./MOHP)	Human Resources Management Section (HR&FM Div./MoHP)	Personnel Administration Section (PAD/MoHP)	Promotion Section (PAD/MoHP)	Records section (PAD/MoHP)	Scholarship and organizations Coordination Section	Administration section (DoHS)	Financial Admin Section (DoHS)	Management Division (DoHS)	Regional offices	Totals
Career management						2											2
Discipline									1								1
General HR													2				2
HR financing							1							1	1		3
HR information		1						3	1	1	2		1			1	10
HR planning					1	2		2									5
HR policy								1									1
Job specifications									1								1
Leave	2	2	2						1		1		1		1	2	12
Pay and benefits admin.	2					1									1		4
Performance management	1	1	3				1	1	1	1						3	12
Post creation		2							1								3
Posting/transfers		3		1		2			2				1			3	12
Promotions									1	3			1			1	6
Recruitment									1				1				2
Retirement									1				1				2
Training management		1	2			1		3				2	2		1	2	14
Training provision												1					1
Training regulation									1								1
<b>Total</b>	<b>5</b>	<b>10</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>10</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>12</b>	<b>94</b>

#### 4.1.2 Distribution of human resource functions across MoHP and DoHS

Details of the human resources functions carried out across the various parts of MoHP and DoHS were drawn from an unofficial translation of MoHP (2011/12) — A Brief Introduction of MoHP and Annual Programme, Budget and Progress Description (2069 in Nepali dating system)

This showed that not only are human resource functions spread across many sections in MoHP and DoHS (plus the Management Division and regional offices [regional directorates]), but also that the same function may be carried out by more than one section (See Table 2)<sup>4</sup>. Note that the top row of Table 2 gives the name of the section with MoHP or DoHS in brackets. There may be two or more activities related to one function<sup>5</sup>. The numbers in the columns therefore show how many activities related to the particular human resources function are listed in the annual report.

Some of the tasks relate to human resource functions that affect all or many health workers across MoHP and DoHS, such as tasks related to human resource information under the Human Resources Management Section (HR&FM Division/MoHP). These entities are highlighted in green with rounded borders in Figures 1 and 2. Note that some tasks relate to line management functions that are carried out only for staff within a division or section, such as performance appraisals. Table 4, which consolidates information from several sources, more clearly distinguishes between major and minor human resource functions.

More details of the human resources functions carried out across the various parts of DoHS are provided in MoHP (2011/12) and are summarised in Table 4. The National Health Training Centre (NHTC) has not been included in this analysis for two reasons. First, the functions of the centre are not included in MoHP (2011/12); and second, the functions are currently under review (Manandhar and Brown 2013).

One of the recommendations of the 2012 NHTC Assessment was that ‘a training and development division should be established which would be responsible for managing and quality assuring all training carried out for the Ministry’ (MoHP 2012).

Interviews undertaken as part of the organisational review identified that there are additional human resources functions in DoHS that are not referred to in MoHP (2011/12). These include job specifications, discipline and performance management. It was not clear from the interviews where the responsibility for these functions lies.

#### 4.1.3 Rationale for location of some human resources functions

The location of some of the human resources functions depends on a range of factors. Firstly, it may depend on the grades of staff involved. For example, while MoHP deals with the posting, transfer and

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<sup>4</sup> For the purposes of this assignment, the functions related to human resources were extracted from MoHP (2011/12) and mapped across various departments and sections of MoHP. The functions were not always described in great detail in the annual report (e.g. “Coordinating tasks relating to mobilisation of nursing staff”) and a number of functions were grouped together (e.g. Create position, appoint, placement, transfer and promotion of the required workforce). Where this was the case each component function was extracted. In some cases different aspects of a single function are carried out by different sections (e.g. one section was responsible to “Facilitate discussion on meeting for promotion committee”, while another was responsible for “... promotion of the required workforce”). In two cases the function was not clear, so a function called ‘General HR’ was created.

<sup>5</sup> For example, in the Research and Information section of the department of Ayurveda (MoHP), two tasks relating to ‘leave’ are given: 1) Assign tasks to the subordinate staff, recommend and approve leave, and 2) Approve leave of subordinate staff under delegated power or recommend leave request of staff for approval and prepare work performance evaluation



promotion of higher grade staff (grade 8 and above), for lower grades<sup>6</sup> these functions are carried out by DoHS and regional and district offices (district health office and district public health offices) (see Table 3).

**Table 3: Posting and transfer authority for health personnel by level of institution**

Institutional level	Grades
MoHP	8–12
DoHS	6–7
Regional offices	4–5
District offices	4

Source: MoHP 2010

Secondly, the location of the human resources functions depends on whether staff working in MoHP or any of its departments are governed by the Health Service Act (2013) or the Civil Service Act 2049 (1993). Administrative staff on secondment from the Ministry of General Administration and finance staff seconded from the Ministry of Finance are governed by the rules of the Civil Service Act. The related human resources functions for these groups of staff are not covered by this review.

#### 4.1.4 The allocation of human resources functions in practice

The analysis above identifies the official allocation of human resource functions across departments. However, it is recognised that there is an additional layer of complexity that needs adding to the above structure as activities are driven by budget allocation. There is, therefore, an additional ‘unofficial’ distribution of human resources functions. An analysis of the Annual Work Plan and Budget (AWPB) for 2012/13 indicates that several additional human resource-related activities are funded across a number of other divisions and units outside the official structure described in the MoHP (2011/12). Most of the additional human resource-related funds go to health programmes (e.g. the National AIDS and STD control programme and the Integrated Child Health and Nutrition Programme), the National Health Training Centre (NHTC) and other specific services<sup>7</sup>.

The majority of these additional activities, which fall outside the official structure but are funded in the budget, are training related. Some of this training is funded by external development partners (individual partners such as the Global Fund [GFATM], or from pooled funds) with the rest funded by the Government of Nepal. Some programmes have quite large salary costs included. For example, NPR 22,968,000<sup>8</sup> in the National Tuberculosis Control Programme’s AWPB (Sub-head 370113) for unspecified staffing costs.

While the main source of information on the actual allocation of human resources functions across MoHP and its departments was MoHP (2011/12), an organisational review (which is currently in progress) has also identified further variations in the unofficially allocated human resources functions beyond that laid out in MoHP (2011/12). As the review is still underway, it has not been possible to capture all these variations in the current report. However, the preliminary findings indicate that the unofficial allocation of human resources functions is complex and likely further contributes to a lack of clarity in the management of, and responsibility for, some HRH functions.

<sup>6</sup> The Health Services Act abolished grades 1-3 and certain health workers were upgraded to grade 4.

<sup>7</sup> Others include specific services such as the National Health Education, Information and Communication Centre (NHEICC), health laboratory services and Ayurveda services.

<sup>8</sup> Equivalent to USD 223,163 at August 2013 exchange rate.

## 4.2 HRH RESPONSIBILITIES OF OTHER GOVERNMENT AGENCIES

The functions related to human resources planning, management and development in the public sector are carried out by multiple actors in a number of government organisations and agencies in addition to MoHP. These include the Ministry of Education (MoE), the Public Service Commission (PSC), the Ministry of Finance, the Ministry of General Administration (MoGA) and the professional councils. These roles are described in the HRH strategic plan and have been checked and where necessary updated as part of this review. The roles of these government organisations and agencies are described below.

### 4.2.1 Public Service Commission

The PSC is responsible for policy and overseeing recruitment and promotion of approximately 80,000 government staff, including those employed by MoHP. It manages a quota system for recruitment as part of the positive discrimination policy for social inclusion. It also oversees disciplinary proceedings. The authority for recruitment and promotion is delegated to its regional and zonal offices.

### 4.2.2 Ministry of General Administration

The role of MoGA is to regulate and manage the civil service as prescribed by the government's rules and regulations and to manage pension entitlements (see MoGA 2013). It oversees the structures and staffing (establishment) of government departments and keeps records of civil servants and operates the electronic Personnel Information System (PIS). It also has a role in performance management and promotions. MoGA second administrative staff to other ministries.

### 4.2.3 Councils

The Council for Technical Education and Vocational Training (CTEVT) is responsible for regulating private and government 'vocational' training institutions. It is also responsible for the registration and affiliation of paramedical training programmes conducted by private institutions.

The professional health councils, namely the Medical Council, the Nursing Council and the Pharmacy Council, are responsible for registering, licencing and accrediting training institutions. They register new graduates, oversee the training curriculum and approve new training institutions.

### 4.2.4 Regional and district level structures

As can be seen from Table 2, the regional health directorates carry out numerous human resources functions including transferring staff within their regions. The district offices have a role in posting and transferring staff within their districts as well as managing the local hiring of health personnel with the assistance of village development committees (VDCs). Both the regional and district offices also have a role in selecting staff to attend training courses and in the performance appraisals of staff. They maintain personnel records and are meant to forward personnel data to MoHP's Human Resources Management Information System (HuRIS) section — the human resources database.

## 4.3 GAPS, OVERLAPS AND BOTTLENECKS IN HRH FUNCTIONS

### 4.3.1 Gaps and overlaps

The allocation of functions across MoHP and its departments and other government and non-government institutions is summarised in Table 4. The grey shaded cells signify a major human resources role (as described in Section 4.1.1), whereas the vertical lining indicates a lesser human

resources role that may only be for staff in the relevant department or division. The major overlapping functions identified are human resources information, posting and transfers and training management.

- *Human resources information:* The major overlap is between the HuRIS system held by the Division of Human Resources and Financial Management, the personnel records held by the Personnel Administration Division and the database linked to the payroll held by MoGA. In addition a number of other sections have a function related to human resources information. This may be a duplication of effort, but the most serious problem is the possibility of different data being used, especially if updating processes are not coordinated.
- *Postings and transfers:* The posting and transfer of health personnel is a major role of the Public Administration Division (PAD). However, sections such as nursing also have a role in posting and transfers. There is no problem if the role of the latter is only advisory as this is likely to be beneficial. The difficulty arises if it is unclear which section has the ultimate responsibility for posting and transfers and how the transfer rules are applied.
- *Management of training:* As seen from the analysis of the AWPB, many divisions — especially the health programmes — have training budgets that are often externally funded. It is therefore difficult to ensure the coordination of training so that health workers get the right training at the right time with minimum disturbance to service delivery.

**Table 4: The allocation of human resource functions for the health workforce across government and non-government institutions**

Functions	MoHP				DoHS					Other					
	PAD	HR&FM Div.	PPICD	Divisions	DG's office	Divisions	NHTC	RHD	DHO/DPHO	PSC	MoGA	MoE/CTVET	Prof. councils	Medical colleges	Training insts
<b>1. HR policy and planning</b>															
HR policy															
HR legislation															
HR planning															
HR financing															
<b>2. HR management</b>															
Career management															
Job specifications															
Recruitment	Temp.					Contract			Contract	Perm.					
Promotions	HS (Sec)									AS/HS	AS (Sec)				
Posting/transfers	All grades				Up to G7			G4,5	G4,5						
HR information		HURIS									PIS				
Discipline															
Pay and benefits admin.															
Post creation															
Performance management															
Grievances															
Leave															
Retirement															
Secondment															
<b>3. HR development</b>															
Training provision							In-service							Pre-service	Pre-service
Training management			Intern'l			In-service					Admin				
Training regulation												Registr'n	Standards		

Key: Solid grey blocks indicate major human resources functions; the vertical lines pattern indicates lesser contributions to human resources functions.

There are also human resources functions that appear to be missing for an organisation as large and complex as MoHP, its departments and peripheral institutions. The analysis identified three critical gaps:

- *No coordinating entity.* Firstly, there is no single department to coordinate human resources activities including the development of human resources strategies and to ensure coordination between broader health strategy development and supporting human resource strategies. This is important because, as shown in Table 1, there are a wide range of human resources functions for managing the health workforce. These functions need to be coordinated in such a way that human resources activities reinforce each other rather than being contradictory.<sup>9</sup> In addition, it is easier for a single division to have a dialogue with senior managers about human resources needs for supporting programme delivery. An example of the current fragmentation of the leadership of the Administration Division and the HR&FM Division is mentioned in the HRH strategic plan:

*“Both Joint Secretaries have human resources in their remit and since they are of the same rank, which is also equal to that of the Director of NHTC, neither is in a position to set the agenda for NHTC” (MoHP 2011).*

- *No entity to oversee human resources development.* Secondly there is no single department to oversee training and human resource development, combining pre-service and in-service activities. This is important to ensure links to workforce planning for pre-service training. Also, given the volume of in-service training of over 14,000 health worker trainees in 2009/10 (Elliot 2011), it is important to ensure the coordination of in-service training needs and training supply and to ensure that absences from the workplace to attend training events are planned in a way that minimises disruptions to service delivery.
- *No entity to oversee employee relations.* Finally, there is no department to address employee relation issues. Establishing and staffing such a function would be a sound investment given the size of the organisation, the relatively high level of industrial action in the health sector in recent years and the time various government officials spend resolving staffing issues.

#### 4.3.2 Bottlenecks

The bottlenecks related to the human resources functions are generally as a result of:

- the number of steps needed to carry out a process; and
- the number of different divisions and sections within MoHP and agencies external to it involved in the process and required for approval.

For example, the organisation and management study found that the process to establish 39 new specialised posts (gynaecologists, anaesthetists and MDGPs) to run centres for emergency obstetric care (CEOC) took three years to get approval. One year of this time was spent within the Ministry of General Administration. Also, the Ministry of Finance had to provide the additional resources and the Cabinet has to approve any new structure.

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<sup>9</sup> This is known as ‘horizontal integration’ in human resource terms. For example, HR information should support HR planning.

Once new posts have been established, the process of recruitment through PSC may take up to six months. The PSC has a fixed schedule that requires all appointments to a particular cadre to be made at the same time. Then there is the process of screening the usually very large numbers of applicants, plus the written examinations and interviews, which are conducted sequentially. Finally MoHP has to deploy the staff after appointment, which takes more time.

The complexity of human resource processes was established in an exercise carried out with senior MoHP staff, including the Joint Secretary HR&FM, in June 2012. The group examined the process of promotion at the district level. This required 12 steps and drew on 8 different data sources. The group did not manage to estimate the time taken to complete the process; but it was agreed that it would not have taken less than three or four months. The map of the process is presented in Annex 1. The exercise itself took several hours as the senior MoHP staff who attended – most of whom had human resource responsibilities – were unclear about the processes and data sources needed for making decisions.

All of these processes may be affected by the frequent 3–4 month long delays of the Ministry of Finance releasing the budget at the start of many recent financial years.

#### 4.4 WHO IS CARRYING OUT THE FUNCTIONS?

The gaps, overlaps and bottleneck are partly caused by the way in which human resource functions are allocated across the organisational structure. They are also partly caused by the staffing of the human resources functions. There is a critical shortage of human resource professionals working within MoHP and DoHS. Of the 17 staff in the human resources-related sections of the HR&FM and the Personnel Administration Division, six had management-related postgraduate qualifications (Masters in Business Administration [MBA], Public Administration [MPA] and Public Health [MPH]) while the remaining 11 had non-management qualifications (other masters degrees or Bachelors of Arts). None had specific human resources qualifications (see Table 5). Furthermore, in a recent interview the NHTC Director said that the centre lacked skilled trainers and that at least 50% of technical posts were vacant.

**Table 5: Staff working in human resources in the HR&FM Division and the Personnel Administration Division with human resources or management qualifications**

MBA	MPA	MPH	MA	BA	HR	Total
2	3	1	7	4	0	17

The challenges caused by shortages of qualified staff are compounded by high staff turnover. For example, of the 20 staff identified as carrying out core human resources functions in MoHP, only two of those in place in September 2010 remained in place in June 2013 (10%). Whilst this is problematic, the high turnover of staff in leadership roles is even more critical. Since the start of NHSSP in September 2010, seven different<sup>10</sup> people have occupied the post of joint secretary Human resources and finance and from December 2010 the average length of stay in post has been about five months (see Table 6). There have been four different under-secretaries of the HRD section with an average stay of just under 9 months. There have been five joint secretaries of the Administration

<sup>10</sup> One had been in the post twice.

Division in the same period with an average length of stay of just over 9 months. The HRH strategic plan highlighted this problem:

*“both Joint Secretaries are employed by the Ministry of General Administration (under the Civil Service Act) and are subject to frequent transfer between ministries” (MoHP 2011).*

**Table 6: Turnover of key HRM staff between September 2010 and June 2013**

Post	Staff name	Start	Finish
<b>Joint Secretary human resources and finance</b>			
	Surya Acharya	01/03/2008	01/11/2010
	Padam Raj Bhatta	01/12/2010	01/07/2011
	Tilak Ram Sharma	15/07/2011	10/02/2012
	Surya Acharya	15/04/2012	11/11/2012
	Dhurba Prasad Dahal	12/11/2012	02/04/2013
	Chandra Man Shrestha	15/04/2013	15/06/2013
	Kedar Bahadur Adhikari	16/06/2013	Serving
<b>Joint secretary public administration</b>			
	Krishna Prasad Lamsal	15/03/2010	20/04/2011
	Surya Acharya	21/04/2011	15/04/2012
	Dhurba Prasad Dahal	15/04/2012	30/11/2012
	Chandra Man Shrestha	01/12/2012	04/04/2013
	Mukunda Prasad Niraula	01/03/2013	Serving
<b>Undersecretary HRD section</b>			
	Krishna Bahadur Karki	01/07/2010	30/08/2011
	Kabiraj Khanal	01/09/2011	30/04/2012
	Puspa Katwal	01/05/2012	01/04/2013
	Mukunda Adhikari	01/06/2013	31/07/2013

## 5 DISCUSSION AND RECOMMENDATIONS

### 5.1 DISCUSSION

The study has a number of limitations including access to detailed data on some of the human resources functions. To get a fuller picture would have required detailed interviews with all human resource-related staff. This was not possible in the limited time available. In addition, more time would have been needed to cover the roles of agencies outside MoHP to identify their functions. The study team were fortunate in getting a description of the human resources functions from MoHP (2011/12), although there were probably some gaps in this documentation. For example the Curative Division probably also has human resources information on the staff it is responsible, which it will use for postings and transfer. In spite of these limitations, it has been possible to build up a useful picture of human resources functions and how they are distributed across MoHP, DoHS and other agencies.

Every ministry of health (and its agencies) will have some role in managing the health workforce. Although the literature on the structure and functions of human resources in health ministries is limited, a recent paper on human resources functions in ministries of health in Africa (Nyoni and Gedik 2012) listed issues that are relevant to the situation in MoHP Nepal. These included

- the coordinating structures for human resources functions and the level and reporting relationship of the most senior human resource officials;
- the level of professional training in human resources of officials; and
- the degree of staff turnover at senior levels.

The following key issues are highlighted from the current review, some of which link to the findings of Nyoni and Gedik (2012):

1. **Lack of clarity of functions.** There is a range of human resource functions for managing the health workforce at different levels from the centre to the periphery. The report which was used as the main data source (MoHP 2011/12) has a lot of detail. Nevertheless, more detail is needed to be really clear what the tasks involve. For example:
  - Does “Carry out task relating to attendance and leave” as attributed to the Administration Section of the Ayurveda Department include imposing sanctions on staff who take leave without permission? And for which levels of staff does this apply?
  - It is stated that the Nursing Services Section has eight different human resource-related functions and is responsible for “Nursing service workforce projection, demand and requirement plan” and “Coordinating tasks relating to mobilisation of nursing staff”, which appears to relate to the planning and deployment of all nurses to all facilities.
  - For the Curative Services Section the only human resources function is “Coordinative actions relating to projection, identification and mobilisation of required workforce to the hospital on the part of the committee” and makes no reference to primary health care centres (PHCCs).

Both the exercise on the process of promotion described in section 4.3.2 and the interviews from the wider organisational review confirm that some of the staff in the implementing divisions and sections are unsure about what some human resources functions actually are and what activities they entail and what data sources are required.



2. **Gaps and overlaps.** Nevertheless it has been possible to identify some key areas where many departments are involved that could result in duplication or at least confusion without good coordination. Such areas include the management of training, transfers and postings and human resources information. One clear gap in the documentation about the human resources functions is the lack of labour relations – especially given the relatively large number of strikes by health workers and the strength of the trade unions. A second important gap is for the coordination of in-service training, although it is expected that this role will be taken up more vigorously by NHTC.
3. **Bottlenecks.** The bottlenecks in the implementation of human resource functions appear to be due to a combination of the complexity of the steps themselves and the number of different decision-makers involved in the processes. Processes could be streamlined by reducing the number of decision-makers. An opportunity for this will be created when the results of the organisational review are examined and revised structures considered. It would also be possible to track some of the existing processes to identify where the delays occur (for example the period of one year in MoGA for the establishment of new specialised posts for staffing CEOCs mentioned above). Then, streamlining methods might be identified by focussing on the serious delay points (rather than the whole process).
4. **Separating human resource functions within MOHP.** It is understandable that, as the majority of MoHP staff are civil servants, that some core functions will take place outside MoHP – for example recruitment and promotion by PSC and the administration of pay by MoGA. However, the human resource functions are quite scattered within MoHP and DoHS (see Figures 2 and 3) and under the control of four divisional heads. This makes it difficult to take a coordinated approach to implementing the HRH strategic plan. This was seen with the difficulty of translating priority areas of the strategic plan into the AWPB as there was no clear lead for developing the more detailed costed workplans for implementing the strategic plan (in the form of the AWPB) and no accountability for delivering it. In addition, the Personnel Administration Division (PAD) and the HR&FM Division are led by joint secretaries, thus making it difficult to coordinate with human resources related units that come under divisional chiefs.
5. **The need for coordination.** The restructuring of HRH functions should be considered as part of the overall functional MoHP review. However, even if restructuring does take place it is unlikely to be done immediately. This report has identified some of the causes of poor coordination, including the issue of leadership as discussed in the next point. However, these causes should be verified and any other underlying causes of fragmentation and weak coordination identified (as stated as an activity in HRH strategy 4.3) in order to fully address the problem. In the interim a coordinated approach is needed to deliver the HRH strategic plan. This could be a working group of senior managers in MoHP; but a clear leader needs to be put in charge. And as also stated in Strategy 4.3, measures could be taken to strengthen the Country Coordination Facility to function as a high level HRH Coordinating Committee.
6. **Leadership in human resources.** MoHP appears to have no specific skills in human resource planning and management for its workforce of over 30,000 people, although it is likely that the five people with master's in business administration (MBA) and public administration (MPA) have taken some human resources-related courses in their studies. A second problem with the leadership is the high level of turnover. Anecdotal evidence has shown that the level of turnover is quite high across MoHP. However, an average tenure of four months for the Joint Secretary

HR&FM since December 2010 seems unusual and it certainly makes it challenging to lead on delivering the HRH strategic plan. The low level of human resources skills and the high level of turnover amongst leaders, coupled with inappropriate structures, also make coordination of the HRH functions very challenging. The issue of human resource skills and turnover is linked and may explain the lack of investment in these staff. One respondent in the Africa study (Nyoni and Gedik 2012) nicely summarised the risks to a health ministry of investment in human resources:

*“Each time investment has been made into a head of the HRH to a stage where they are able to function competently, they are normally transferred or promoted in other areas of the ministry or even outside the ministry, making it necessary to start the orientation all over again.”*

Partly because of this problem, ministries of health in some countries appoint their own human resource directors rather than relying on the common services pool such as MoGA.

7. **Capitalise on new opportunities:** The new Health Service Act (2013) says that the ministry will prepare a job description for each level of the health service. This provides an opportunity to rationalise the allocation of functions at least within MoHP and its departments. In recent interviews with senior managers for the organisational review, 26 out of 75 (36%) of the core organisational problems mentioned by divisional chiefs were human resources-related<sup>11</sup>. This shows that there is good support for improving human resources functions. Several managers spoke of the need for more streamlining of the structures for managing human resources and in particular moving the international scholarships section from PPICD to the HR&FM Division.

## 5.2 RECOMMENDATIONS

- 1 First of all senior managers of MoHP should verify the analysis in this report of the current human resources functions across MoHP and its departments before proceeding with the following steps relating to organisational structures for human resources functions and to the capacity for carrying out these functions.

### **Organisational structures for human resource functions**

Note that any recommendations regarding the management of human resource functions by MoHP must be reviewed in the light of the wider organisational review of MoHP currently taking place. The points below are put forward for consideration in that process.

- 2 As an interim step explore mechanisms for improving coordination across all departments that carry out human resource functions and between human resource departments and departments developing the health strategy. One approach is to carry out more systems mapping exercises like the one that examined the promotions process. This would reveal: i) the steps currently involved (and possibilities for streamlining); ii) the different divisions and sections involved within MoHP and in wider government structures (to show where coordination is needed); and iii) the data requirements for decision making (this will show where information collection and flows need to be improved).

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<sup>11</sup> Consulting team's assessment, to be validated by Technical Working Group.

- 3 In the longer term identify a more suitable and unified structure for managing all human resource functions in a coordinated way that can be included in any wider restructuring of MoHP and its departments. Examples are given in the African study on health workforce governance and leadership (Nyoni and Gedik 2012).

**Capacity for carrying out human resource functions**

- 4 In the short term there is a need to reduce the turnover of senior human resource leaders. Agreements could be reached regarding the minimum length of posting – preferably two years, but definitely not less than one year. Turnover data should be monitored as shown in Table 7 and included as an indicator for HRH as part of MoHP’s annual review.
- 5 In the short term, ways of building capacity of human resources leaders need to be developed that do not take people away from their posts for long periods (which would negate efforts to reduce turnover).
- 6 In the longer term MoHP should consider creating posts for professional human resource leaders who remain within MoHP, rather than relying on common service staff from central government institutions.

## REFERENCE LIST

- Elliot, Lynne (2011) Training Capacity Assessment and Strategy Development. Kathmandu: Nepal Health Sector Support Programme and Liverpool Associates in Tropical Health.
- Manandhar M and K Brown (2013). National Health Training Centre Capacity Assessment. Phase 2. Design and road map for transformation. Draft. Kathmandu: Ministry of Health and Population and Nepal Health Sector Support Programme.
- Martineau, T and Subedi HN (2010) Human Resources for Health. Draft Capacity Assessment for Health System Strengthening. An assessment of capacity building for health systems strengthening and the delivery of the NHSP-2 results framework. Kathmandu: Nepal Health Sector Support Programme
- MoGA (2013) Website of the Ministry of General Administration. See:  
<http://www.moga.gov.np/beta/index.php#>
- MoHP (2010). Nepal Health Sector Programme—Implementation Plan-II (NHSP-IP 2) 2010–2015. Final Draft 18 March 2010. Kathmandu: Ministry of Health and Population, Government of Nepal.
- MoHP (2011) HRH Strategic Plan 2011-2015. Kathmandu: Ministry of Health and Population, Government of Nepal.
- MoHP (2011/12) Brief Introduction of MoHP and Annual Programme, Budget and Progress Description 2069 (2011/12), pp. 11. Kathmandu: Government of Nepal, Ministry of Health and Population. (This is an unofficial translation of ‘MoHP, Samchhipta Parichaya Abam Barsik Karyakram, Bajet tatha Pragati Bibaran, 2069.
- MoHP (2012) Institutional Capacity Assessment of the National Health Training Centre. Kathmandu: Ministry of Health and Population.
- MoHP (2013) Nepal Health Sector Programme-II (NHSP-II) MTR Report. Final Report. Kathmandu: Ministry of Health and Population.
- Nyoni, J and G Gedik, (2012) Health workforce governance and leadership capacity in the African Region: Review of human resources for health units in the ministries of health. Human Resources for Health Observer Issue No. 9, 2012. World Health Organization: Geneva. Available at: <http://www.who.int/hrh/resources/observer9/en/index.html>

## Annex 1: Map of promotion process

Source: An exercise carried out by NHSSP consultants with MoHP officials on 19 July 2012

