Addressing human resources

for health services in Northern Nigeria

The challenge: deploying the right health staff in the right places

Human resource (HR) planning, management and development forms the foundation of effective health service delivery by ensuring that the right people with the right skills are appointed in the right posts, at the right facilities. In order to achieve this, it is necessary to establish the right foundations, with supporting and expanding HR interventions.

In resource-scarce environments, like the four states in Northern Nigeria supported by the PRRINN-MNCH programme (Jigawa, Katsina, Yobe and Zamfara), issues around availability and deployment of human resources for health (HRH) are important challenges for health systems at primary and secondary levels. For example, a critical shortage and poor distribution of skilled birth attendants (SBAs) were identified during baseline surveys in these states. Service delivery is severely affected by staff shortages, but also by inappropriate posting of health staff.

The critical foundation to address all of these issues is human resource information. Without accurate, reliable and readily available information, HR planning, management and effective use becomes very difficult.

PRRINN-MNCH conducted a comprehensive baseline survey in the target states and identified a number of HR issues that needed to be addressed.

Key messages: **Northern Nigeria faces critical shortages of skilled birth attendants and other health workers – this is exacerbated by poor human resources (HR) management.**

1 PRRINN-MNCH has developed a human resource management toolkit to support better planning, management and development of human resources for health.

2 The goal of having a functional and fully populated HR information system that is regularly updated is almost achieved.

3 Next steps required to consolidate the achievements include providing senior managers with accurate HR information and strategies for improving performance; developing additional modules in the HR system; and rolling out the remote access, web-based module of the system.

The obstacles to effective HR planning and management and health service delivery in Northern Nigeria are:

- No formal HR department or personnel administration system

- Lack of basic employee data, such as date of birth, appointment and leave taken

- Management of personnel not perceived as being critical for effective service delivery

- Ad hoc personnel management which does not follow policy regulations or strategic planning

- Ineffective leave management and control at health facility level, leading to high levels of absenteeism and shortage of staff

- Weak recruitment and deployment practices

- Inadequate supply of health personnel from training institutions

- Poor distribution of health personnel, with a preference for urban headquarters and local government area (LGA) head offices, leading to critical shortages in primary health care (PHC) facilities in rural areas

- Inadequate mix of staff at health facility level

- Allocation of salaries outside the service grading system for specific posts

- Ineffective performance appraisal, leading to staff demotivation

- High turnover of staff, including human resource information system (HRIS) personnel, leading to lack of institutional memory and need for continuous re-training of new staff

- Centralised personnel administration system at the State Ministry of Health (SMoH) level

- Limited dissemination and use of key HR indicators and trend reports.

THIS DOCUMENT IS ONE OF A SERIES OF TECHNICAL BRIEFS THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME

The response: a human resource strategy with all the right tools

PRRINN-MNCH responded with an approach involving practical and strategic initiatives at all levels of the public health care system – from the facilities to the Ministry of Health (MoH). These initiatives were integrated within the Northern Nigerian context and existing procedures and processes:

Comprehensive human resource audits were conducted in each of the programme states. These audits included the development of preliminary staffing norms and the assessment of existing staffing levels. Comparative analysis from these audits informed the majority of other initiatives revolving around improving HR within the states.
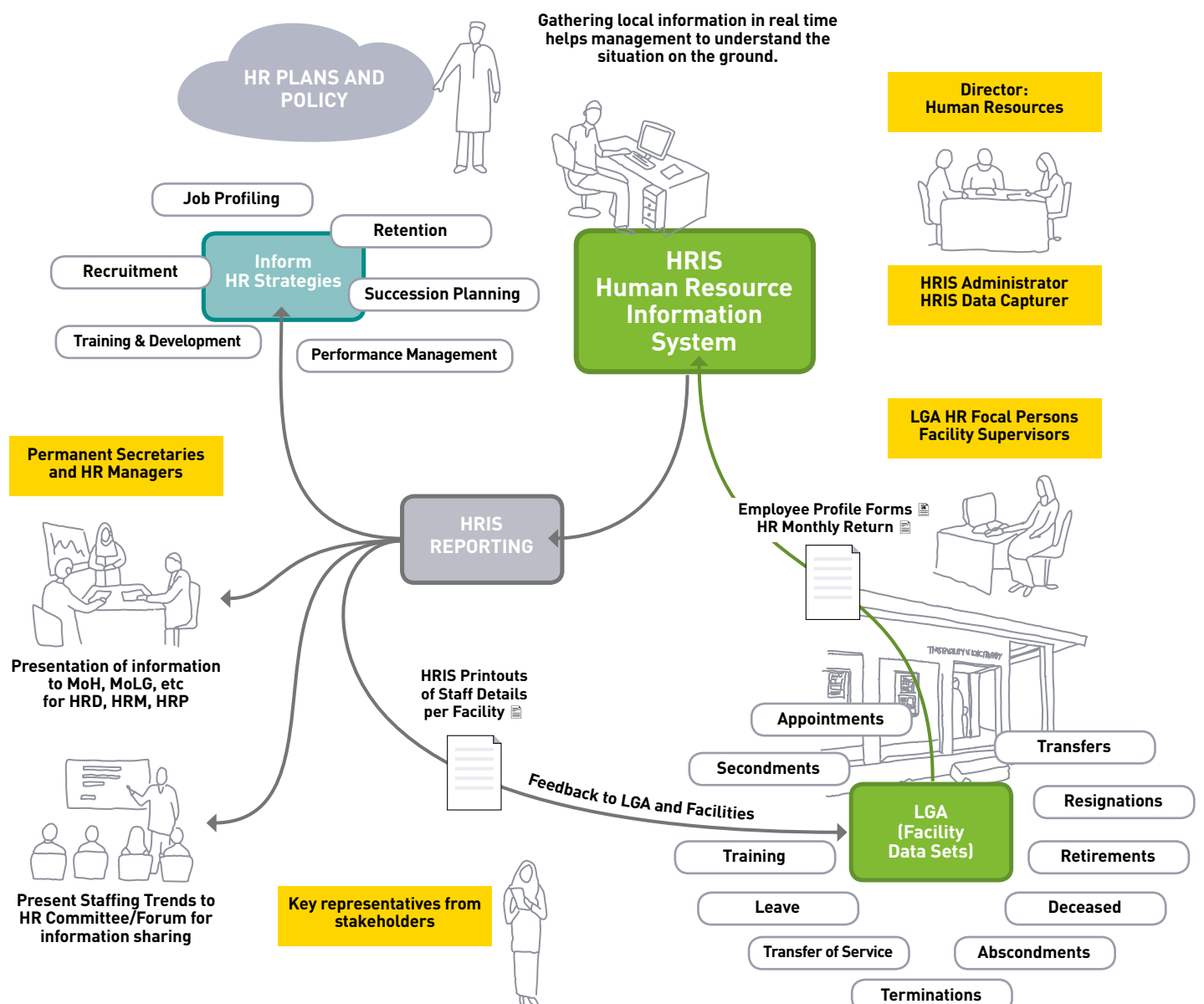
Human resource units were established and supported at state level to perform HR planning, management and development as a strategic input into high-level health service planning. Continuous capacity-building was developed through the practical training and development of many officials.

A human resource management toolkit was developed containing strategic, theoretical, practical and technical approaches for improving HR planning, management and development.

Human resource coordinating committees (HRCCs) were successfully established in each of the states with a mandate to oversee all HR-related aspects within the health sector. These committees have developed action plans to improve the HR situation.

A human resource information system (HRAdmin) was developed specifically for the unique Northern Nigerian context to effectively manage staff information. This includes HR information flow, collection and maintenance tools. Two paper-based documents were developed: an employee profile form used for all new employees and a monthly return sheet, designed to capture

HRIS process and data flowchart

Gathering local information in real time helps management to understand the situation on the ground.

HR PLANS AND POLICY

Job Profiling
Retention
Recruitment
Inform HR Strategies
Succession Planning
Training & Development
Performance Management

HRIS Human Resource Information System

Director: Human Resources

HRIS Administrator
HRIS Data Capturer

LGA HR Focal Persons
Facility Supervisors

Permanent Secretaries and HR Managers

HRIS REPORTING

Employee Profile Forms
HR Monthly Return

Presentation of information to MoH, MoLG, etc for HRD, HRM, HRP

HRIS Printouts of Staff Details per Facility

Feedback to LGA and Facilities

Appointments
Secondments
Transfers
Resignations
Retirements

Present Staffing Trends to HR Committee/Forum for information sharing

Key representatives from stakeholders

Training
LGA (Facility Data Sets)
Leave
Deceased
Transfer of Service
Abscondments
Terminations

staff movements such as transfers, promotions, secondments, resignations, abscondment, training and development and leave.

All current health workers employed in the public health sector in the programme states are captured on the HRAdmin and reporting is made on a regular basis. Current numbers are: Jigawa – 7,383; Katsina – 11,181; Zamfara – 10,919; and Yobe – 6,618.

The HRIS process and procedure flow was designed, presented and implemented in all the states, and is outlined in the flowchart opposite.

The results: effective systems based on accurate information

Within the above context and challenges around HR data for action, PRRINN-MNCH established sound solutions in a challenging environment. Through the design, development and implementation of HRIS it provided much-needed baseline data that is real-time, accurate and a true reflection of the ground-level situation. The HRIS can now provide a wide range of 26 different reports on human resources.

The reports are grouped in these categories:

- Employee information reports
- Training information reports
- Appointment information reports
- Age and gender information reports
- HR indicator reporting

All these reports can be generated with pre-defined selection criteria based on geographical, facility type and post category options. Below are some examples of the indicator reports (Fig 1). These reports are useful in replacement planning (first report) and in addressing imbalances in gender balance (second report).

In each state, HR units with HR officers have been established. The HR officers have been trained in HR functions, HR data flowcharts, HR data procedures and HRIS use. The primary output of a successful HRIS is a functional and fully populated HRIS system that is regularly updated. This is nearing completion and when complete can provide information that is used regularly for decision making. A training information management system (TIMS) module was recently added to the HRIS to manage the large volume of training that occurs in the health sector and which takes substantial funding from both government and development partners.

Fig 1. Examples of reports

Policy implications

There are a number of ways in which the achievements and progress made by PRRINN-MNCH can be further enhanced to create even more sustainable solutions to the HR management, planning and development challenges faced by the states.

1. Provide senior Ministry of Health managers with accurate HR information and strategies for improving performance

Establishing the HRAdmin as an integrated day-to-day HR information management tool was a challenging exercise due to political, logistical and capacity constraints. These challenges were addressed through awareness-raising and advocacy initiatives.

Designing a protocol for the use of HR information at a senior, strategic level could significantly improve the staffing situation in rural and urban, secondary and primary health care facilities. Senior Ministry of Health managers should receive the processed information with strategies to tackle problem areas, based on existing performance reviews.

2. Design, develop and implement leave management and performance appraisal modules in HRAdmin system

Leave management: During the HR audits conducted in the four states (which included selected site visits to rural and urban primary and secondary health care facilities), it was evident that leave management was not a high priority which was resulting in a high level of absenteeism and subsequent problems with service delivery. The development of a comprehensive leave management module as part of the existing HRAdmin system will enable managers at facility, LGA and state level to monitor, track, analyse and plan leave schedules much more effectively. This would include annual, study, training, compassionate and maternity leave.

Performance appraisal: The HR audits and additional surveys also indicated that staff morale, commitment and motivation was low, making the retention of critical staff such as midwives and other SBAs difficult, especially in the rural areas. Current
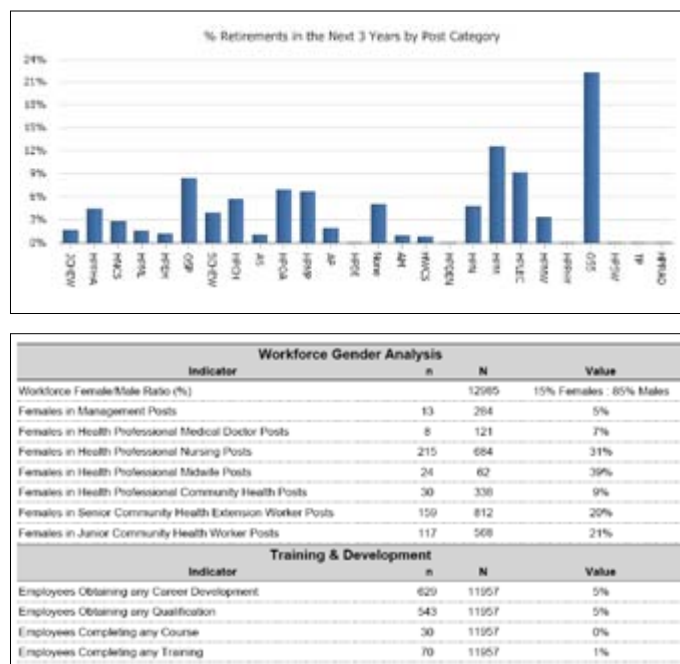
retention strategies have had some positive results but they could be further improved through effective performance appraisal.

The development of a comprehensive performance appraisal management module as part of the existing HRAdmin HRIS developed by PRRINN will enable facility, LGA and ministry managers to monitor, track, analyse and plan performance appraisals much more effectively and fairly. Analytical reporting on performance trends will be designed and included in the various levels of reporting up to MoH level, for strategic planning.

The existing HRAdmin framework was developed with the flexibility to ensure that additional modules, such as these two, can be added.

3. Integrate the assessment of facility use and staff distribution through web-based HRAdmin and HMIS

The use of standardised, scientific staffing norms or ratios within the health care context is becoming increasingly important in ensuring the affordable, accessible and equitable distribution of health professionals and other health care workers. There are various models for workforce requirement planning which includes population-based, workload based and historical allocation based on various demands from different groups.

Integrating the HR use and distribution information from the HRAdmin and the data from the HMIS which PRRINN-MNCH also supported, such staffing norms can be developed. This will enable monitoring of staff allocation against activity levels within any given facility. Managers will be able to identify underperforming facilities in relation to staff allocated (facilities might be

overstaffed) and overloaded facilities which might be understaffed. States are also in the process of finalising the MSP (minimum service package) modelling. Analysis from the integration between HRAdmin information and HMIS information would inform the MSP resulting in accurate staffing and costing requirements which are equitable and more affordable.

4. Roll out the remote access, web-based module of HRAdmin and continue to train HRIS officers in its use

The HRAdmin system established the foundation for decentralised HRIS. The rollout of the web-based HRAdmin version will be conducted through initial piloting and then subsequent rollout to all LGAs in states. This web-based approach will enable operational HR data to be captured on-site.

Within the remote access module, a new security access system will be developed to ensure protection of sensitive data and also to ensure that all data actions are legitimately captured and authorised. LGA and selected facility HR staff members will be trained to use the system. This training will include the full cycle of data collections, capturing processing, reporting and utilisation. At central MoH level, HRIS officers will be trained in the central HRIS management cycle which will include the integration of LGA data sets, data verification, data aggregation, reporting and dissemination of high-level strategic HR information sets. Comparative analysis between facilities, wards and LGAs will be possible at SMoH level.

Conclusion

HR management in the Northern Nigerian states is in the early stages of development. HR planning, management and development were not seen as a core function but as an administrative support task which resulted in a significant gap in effective health care provision as human resources consume the largest portion of the health budget.

Continuous development and training of HR officers, managers and support personnel on best HR practices, methodologies, approaches and techniques are crucial to establish institutional memory in the states. PRRINN-MNCH developed a HR Management Toolkit consisting of key areas of HR management, planning and development. However this toolkit needs to be expanded to include aspects which at the time of development were not seen as critical.

Once the HRAdmin initiatives are developed and implemented, the staff of the HR units of states will be trained in each practical aspect of personnel admin-istration and HR planning, management and development. This will be done through classroom-based theoretical training, in-service practical training and case study reviews applicable in the Northern Nigerian context.

HR coordinating committees and other key stakeholders have also been trained in the interpretation of HR information and in establishing processes and procedures for effective problem solving techniques at strategic and middle management level. Key HR indicators within the different cycles of HR management have been developed and are reviewed on a scheduled basis as part of the integrated performance review approach to effective HR management.