This report by Dr Angela Dawson highlights the need for information about the maternal neonatal and reproductive health workforce in order to help make assessments about the workforce’s productivity, competence and responsiveness to patient needs.

The report identifies a number of knowledge gaps in the management of this workforce, in education and training, and in the policies guiding all of these processes.

This report also states that indicators for staff engaged in maternal, neonatal and reproductive health at community level are not well defined and information is not routinely or systematically collected, analysed and managed.

In order to improve the quality and access to community-level human resource information, consideration needs to be given to the information needed by health workers and managers who have responsibility for planning and coordinating service delivery. This will mean that information is tailored to the needs of the health system as well as the social and cultural context. Where the work environment is decentralised, the health system also needs to develop appropriate indicators, training as well as partnerships with community-level workers and stakeholders across the state and non-state sectors.

What information is needed at a community level?

The development of a human resources information profile could be useful for planning an information system for maternal, neonatal and reproductive health providers. This would require an assessment of the types of information required by health workers and managers at different levels. Types of information include: policy, management, education and training, and community engagement.

There should be an analysis of presentation formats needed by stakeholders because this will help increase the number of people who use and access the information. It is important to plan for training staff in data collection, management, analysis and reporting. It is also important to develop rules for how to deliver and use the information.

This will help to specify the information that is needed when establishing a standard and systematic approach to collection and analysis.

In order to improve the quality and access to community-level human resource information, managers need to know what information health workers need.

It is possible to construct standard indicators from these areas. This would involve assigning numerators and denominators for quantitative indicators and criteria for qualitative assessment. Managers and authorities at a district, provincial, national and regional level must agree on the benchmarks so that these benchmarks can be used in the appropriate areas. This will help make sure that any decision making and resource allocation at a community level is well informed.

The collection and sharing of information

In order to guarantee that community-level workforce data is timely, reliable, detailed and consistent, information systems must be strong at the district, provincial and national levels. This would involve collaboration among the public, private, faith-based and non-government sectors.

The ministries of health, finance and education must work together to collate indicator areas across the public sector. In many countries in the Asia and Pacific regions there is an active private, faith-based and non-government sector whose data collection systems are not always apparent or included in national systems. The quality and sharing of human resources for health data can be improved by developing standard indicators and dialogue with the non-government sectors.

Donors and non-government organisations need to collect, manage and exchange quality human resource data as part of their country program or routine. They will need to report regularly on the human resource components of their work to ministry officials and other agencies. These processes will make information available to other agencies and personnel to help reduce the duplication of strategies and build upon other successes in the field.

©2010, The HRH Knowledge Hub of The University of New South Wales. The Knowledge Hubs Initiative is a strategic partnership funded by AusAID as part of the Australian Government’s commitment to meeting the Millennium Development Goals and improving health in the Asia and Pacific regions.
Support required
Donors have a responsibility to help strengthen national
information systems by investing in health systems research
and development work that is rigorously documented and
widely disseminated to all stakeholders. This will also
facilitate stronger linkages to regional databases such as
the WHO Western Pacific Regional Office Country Health
Information Profiles, which will contribute the information for
the Health System in Transition Profiles under the planned
Asia and Pacific Health Observatory.

Indicators for assessing the needs of stakeholders
(the full list of indicators is available in the full report)
Indicators need to be qualitative as well as quantitative and
be drawn from the following areas:

Policy
- Job classification system: includes community cadres
- Compensation and benefits system: used in a consistent
  manner to determine salary upgrades and awards
- Formal processes for recruitment, hiring, transfer, promotion and community involvement
- Employee conditions of service documented (e.g. policy manual)
- Presence of a formal relationship with community organisations
- Registration, certification or licensing for all cadres

Management systems
Supply, retention and loss of staff engaged in maternal, neonatal and reproductive health at community level
- Ratio of workers to population: workers include child health workers, nurses, midwives, traditional birth attendants and village health workers
- Distribution by age, sector and gender
- Mix of maternal, neonatal and reproductive health skills
- Number of staff in dual employment
- Presence of a human resource data system
- Number of vacancies, posts filled, duration in job, number of human resource workers unemployed
- A functioning human resources planning system
- Ratio of workers entering and exiting the health workforce
- Hours worked compared with hours rostered and days of absenteeism
- Community involvement in recruitment and selection
- Number of health workers who are locally trained and recruited
- Dedicated human resources community-level budget

Personnel administration/Employee relations
- Salary: average earnings, average occupational earnings and income
- Health and safety in the workplace, standard operating procedures, protocols and manuals
- Incentives: money or other (non-monetary)
- Teamwork, practise and partnerships

Performance management
- Job descriptions
- Supervision schedule (especially for clinical supervision), community involvement in supervision
- Number of supervision visits conducted (what percentage is this of the total visits planned?)
- Formal mechanism for performance planning and review
- Community involvement in performance management
- Peer review mechanisms
- Level of job satisfaction and staff motivation

Education and competencies
- Formal in-service training component for all cadres
- Management and leadership development program
- Mechanisms for involving community and human resource for health workers in pre-service and post-service curriculum development and review
- Number of specific tasks performed correctly by health workers, adherence to procedures and protocol etc.
- Client satisfaction, number of patient contacts
- Number of community meetings attended and evidence of community participation

ABOUT: The HRH Knowledge Hub
The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales.

Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies.

For further information on as well as a list of the latest reports, summaries and contact details of our researchers, please visit www.hrhhub.unsw.edu.au or email hrhhub@unsw.edu.au or phone +61 (02) 9385 8464.

ABOUT OUR AUTHOR: Dr Angela Dawson
Dr Dawson has experience in the areas of primary health care worker education and training, capacity building for communicable disease prevention and control at community level and health communication and media advocacy. She helped develop the training curricula to support National Malaria Control Programs in five African countries (with the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine). She has been involved in programs designed to develop dialogue and debate between journalists and health practitioners in the Asia-Pacific region, Africa and the Caribbean. Angela has been leading a program in human resources for health at community level in maternal, neonatal and reproductive health in the Asia Pacific with the Burnet Institute. She has a PhD in public health from the University of New South Wales and post graduate qualifications in public health, education and the visual arts. To Contact Dr Dawson, email a.dawson@unsw.edu.au

©2010, The HRH Knowledge Hub of The University of New South Wales. The Knowledge Hubs Initiative is a strategic partnership funded by AusAID as part of the Australian Government’s commitment to meeting the Millennium Development Goals and improving health in the Asia and Pacific regions.