Developing a Human Resources for Health (HRH) Effort Index to Measure Country-Level Status in HRH

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Introduction

Human resources for health (HRH) are an essential component of health systems and crucial to increased accessibility and quality of services. However, there is a scarcity of HRH indicators and the few that exist (e.g., density) are often unreliable, inconsistently related to outcomes, or do not inform on the multidimensional nature of the area.

Based on HRH and performance-based frameworks, Capacity*Plus* and a technical advisory group developed a tool to measure inputs and outputs in HRH. The **HRH Effort Index** is modeled after successful similar initiatives, most notably the Family Planning Effort Index.

We present preliminary results of pilot testing of the HRH Effort Index in Kenya and Nigeria between May and June 2014.

Methods

A 79-item questionnaire was developed to encompass HRH inputs and outputs in seven dimensions of HRH:

- **Leadership and Advocacy** (6)
- **Policy and Governance** (16)
- **Finances** (8)
- **Education and Training** (15)
- **Distribution, Recruitment, and Retention** (7)
- **Human Resources Management** (14)
- **Monitoring, Evaluation, and Information Systems** (13)

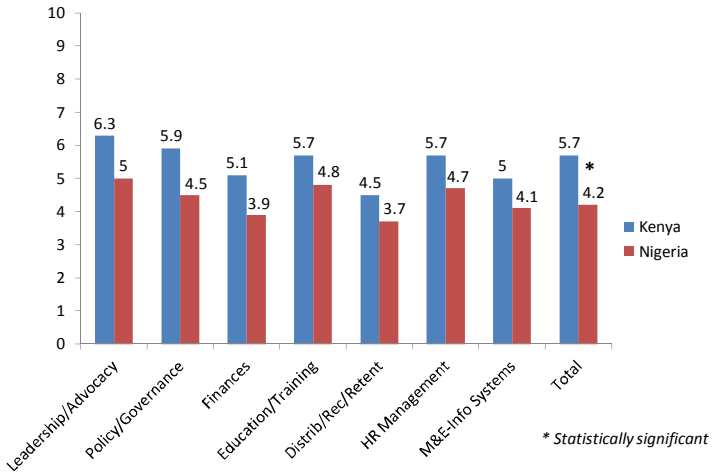
Each item asked for the extent to which a certain element existed, was developed, and/or used, and enabled scoring by the respondent based on a scale of 1 to 10. HRH and health systems experts from ministries, professional councils, training institutions, NGOs, and faith-based organizations were identified and asked to complete part or all of the questionnaire, which was mostly self-administered.

Results

In total, 49 respondents completed the questionnaires, though several only a few dimensions, resulting in an average of 12 fully completed forms in Kenya and 16 in Nigeria. (An average respondent answered 1.75 dimensions).

- Of all respondents, 32% were from the government (Ministry of Health and other), 27% from NGOs/faith-based organizations, 17% from professional councils/boards, 10% from health facilities, and 7% each from universities/training institutions and private corporations. The vast majority were either heads/managers/CEOs (59%) or program officers/specialists (37%).
- 71% of respondents were male and 29% were female.
- Among items that scored most were Graduation and licensing rates (6.9), and Salaries paid fully and timely (6.3); items that scored least were Rural population has access to health workers (3.2), and Student funding for tuition (3.4).
- Open-ended questions provided useful comments (e.g., "questionnaire too long"; "[assess] actual practice and implementation [not] availability"); some questions seemed too complex ("components should be separated").

Creating composite indices for each dimension and averaging each with equal weight yielded some (preliminary) differences between the two countries:



Conclusion

The HRH Effort Index was successfully pilot tested in two countries. Quantitative and qualitative results will be used to improve and refine the questionnaire. The final tool is expected to be applied in up to five countries in 2015.

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