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

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Introduction

Human resources for health (HRH) are an essential component of health systems and crucial to increased access and quality of services. However, HRH indicators are scarce, and the few that exist (such as health worker density) are often unreliable, inconsistently related to outcomes, or do not capture the multidimensional nature of HRH.

Using HRH- and performance-based frameworks as a guide, the USAID-funded Capacity*Plus* project, led by IntraHealth International, worked with a technical advisory group to develop a tool to measure inputs and outputs in HRH called the HRH Effort Index (HEI). The HEI was modeled after successful similar initiatives, most notably the Family Planning Effort Index.

In this poster we present preliminary results of pilot testing of the HEI in two countries (Kenya and Nigeria) between May and June 2014.

Methods

We identified HRH and systems experts from ministries, professional councils, training institutions, nongovernmental organizations (NGOs), and faith-based organizations (FBOs) and asked them to complete part or all of a 79-item, primarily self-administered questionnaire. The questionnaire was developed to encompass HRH inputs and outputs across seven dimensions of HRH:

- Leadership and advocacy (6 items)
- 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).

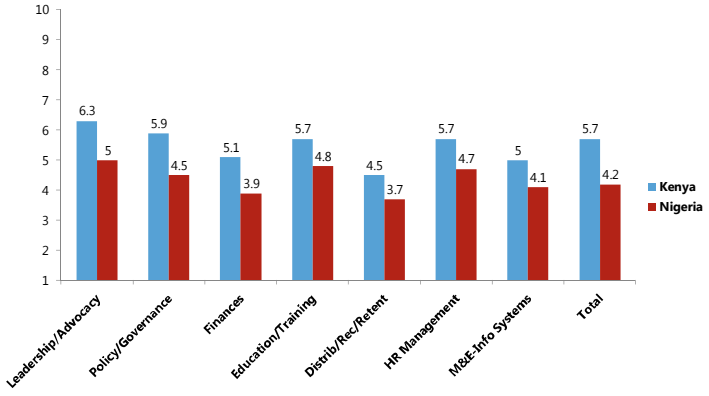
Each item asked respondents to score, on a scale of 1 to 10, the extent to which a given element existed, was developed, and/or was used.

Results

In all, 49 respondents completed at least some portion of the questionnaire. On average, respondents provided answers for 1.75 dimensions. A third of respondents (32%) were from the government (Ministry of Health and other), 27% from NGOs/FBOs, 17% from professional councils or boards, 10% from health facilities, and 7% each from universities/training institutions and private corporations. The majority were either heads/managers/CEOs (59%) or program officers or specialists (37%), and almost three-fourths (71%) of respondents were male. Findings related to the questionnaire include the following:

- Among items that scored the highest were "graduation and licensing rates" (6.9) and "salaries paid fully and timely" (6.3).
- Items that scored the lowest included "rural population has access to health workers" (3.2) and "student funding for tuition" (3.4).
- Open-ended questions allowed respondents to provide useful feedback, with some describing the questionnaire as too long or complex ("components should be separated") or commenting that the index should assess "actual practice and implementation, [not] availability."
- Creating composite indices for each dimension and averaging each with equal weight yielded some (preliminary) differences between the two countries, shown below. Though smaller sample sizes (average of 12 for Kenya and 16 for Nigeria) prevent finding statistical differences between individual dimensions and countries, the larger samples upon which the total index is based (22 for Kenya and 27 for Nigeria) permit concluding that Kenya has a relatively higher overall HRH Effort Index score than Nigeria (5.7 vs 4.2, respectively).

Figure 1. Average HRH Index scores for each dimension and in total, Kenya and Nigeria



Conclusions

The HRH Effort Index was successfully pilot tested in two countries. Quantitative and qualitative results will be used to improve and refine the questionnaire. We expect to apply the final tool in up to five countries in 2014–2015.