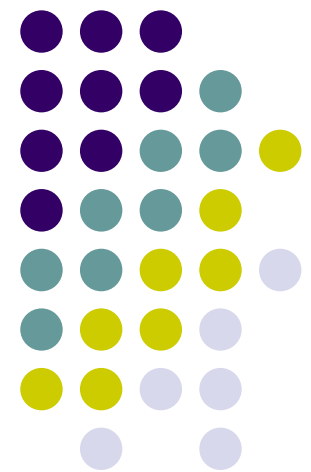


Developing Information Systems and improving the use of information for human resource management: A Case Study Approach

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Overview Human Resources for Health Problems and Weaknesses



What Are Some Of The HR Problems

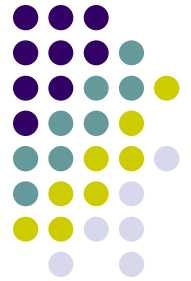


- Too many health workers in some occupations, to few in others
- Workers with inadequate or inappropriate training
- Unproductive or demoralized staff
- Inappropriate use of personnel
- Poor geographic distribution of health workforce
- Lack of appropriate and accurate workforce

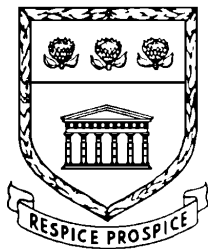
data



Weaknesses in the Management and Monitoring of HRH



- Reactive, ad hoc attitude towards problems of HR
- Dispersal of accountability within human resource management (HRM)
- Limited notion of personnel administration that fails to encompass all aspects of HRM,
- Poor communication between the different hierarchical levels
- Where information is available it may be insufficient or out of date;
- Where information is available it is not being used



Approach

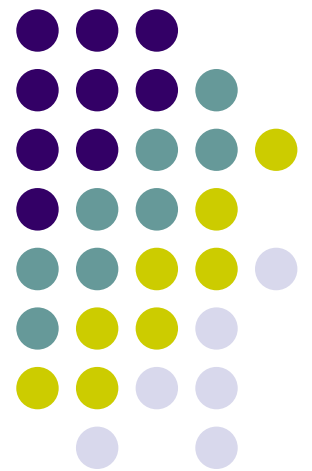


- Case Study Approach- Rural and Urban Sub-District
- Information Audit
 - Interviews
 - Record Reviews
 - Observations
 - Focus Group Discussions (Workshops)



Case Study Approach

Rural and Urban Districts





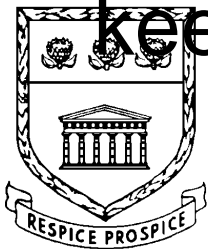
Review of PERSAL as HRM Information System





Data Collection

- Majority of the tools used for data collection are forms and registers
- Different people are in charge of different sets of data
- Data collection is centred around the daily transactions of approving, authorizing and capturing on PERSAL (Personnel Salaries)
- No aggregation of data of the individual record keeping





Data Quality

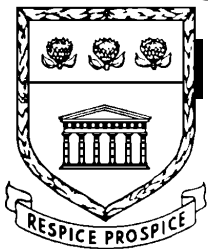
- Records and personnel files are not kept up to date
- Staff establishment is considered unreliable as it is not considered a true reflection of the staff complement in the facilities and sub-districts



Data Analysis and Use of Information



- Data is not converted into indicators to produce information
- There is little to no evidence of the use of raw data mainly because managers consider the data unreliable
- Use of information for the management of the HRH is considered more appropriate for provincial and national level



Information Flow



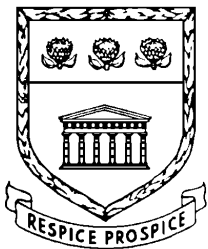
- There is no central place where the data is sent as different people manages the various data
- Responsibility for data management for human resource management has not been delegated



Overall Assessment



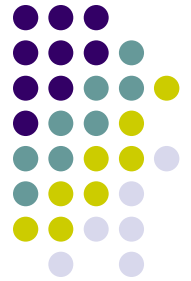
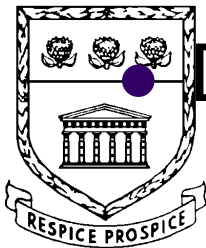
- The PERSAL system is considered insufficient, unreliable and not up to date
- There are very poor linkages to health data and other sources of data except for the financial systems
- HR Officers consider data collation and analysis to be new functions and not part of their current job descriptions.



Challenges

- Unavailability of computers
- No proper guidelines and policies
- PERSAL is problematic and have limited access
- Shortage of staff – vacant posts not filled
- Inadequate recording (data collection) tools
- Lack of office space
- No HR planning is being conducted

Decentralisation



Key Developments



- Use and Interpretation of HR Indicators in District Health Plan (DHP)
- Development of a Data Collation Tool for the aggregation of individual records



Table 2: NDoH Extracted HR Indicators for District Health Planning and Reporting

Indicator Name	Indicator Type	Indicator Construction		
		Numerator	Denominator	Factor
Employed in Category	%	Total # Employed in Category	Total # Employed	X100
Employed by Category approved as % required	%	# Employed by category	# Employed by category - required	X100
Employed by Category - actual as % of required	%	# Employed by category - filled	# Employed by category - required	X100
Vacancy Rate per Category	%	# of unfilled posts in category	Total # Posts in Category	X100
Employed per 1000 people	#	# of Filled Posts per Category	Total population	X1000
PN per 100 000 people	#	# of PN's employed	Total population	X100000
Personnel Budget per Category	R	Personnel budget by category	Total personnel budget	
Cost per Staff Member per Category	R	Personnel budget by category	Total # of filled posts per category	
Expenditure on PHC personnel per person - total	R	Expenditure on PHC Personnel	Total population	
Expenditure on Hospital Staff as % of Total Hospital Expenditure	R	Total Expenditure on Hospital Staff	Total Hospital Expenditure	
PHC nurse facility headcount workload	#	PHC Total Headcount	# Nurses Employed	
Professional Nurse (PN) clinical workload (PHC)	#	PHC Total Headcount	PN Clinical Workdays	
Enrolled Nurse (EN) clinical workload (PHC)	#	PHC Total Headcount	EN Clinical Workdays	
Enrolled Nursing Assistant (ENA) clinical workload PHC	#	PHC Total Headcount	ENA Clinical Workdays	
Nurse Clinical Workload	#	PHC Total Headcount	Nurse Clinical Workdays	
Pharmacy Staff Clinical Workload (PHC)	#	PHC Total Headcount	Pharmacy Clinical Workdays	
Doctor Clinical Workload (PHC)	#	PHC Total Headcount	Doctors Clinical Workdays	

Table 3: Extracted HRH Toolkit Selection of the Basket of Indicators

Indicator Category	Indicator Name	Indicator or Type	Indicator Construction		Factor
			Numerator	Denominator	
Management of Workforce	Monthly Absenteeism Rate	%	# days absent	# of staff X Workdays in month	X100
	Monthly Vacancy Rate	%	# vacancies over 1 month	total vacancies in month	X100
	Vacancy Rate	%	total vacancies	total budgeted positions	X100
	% Budget spent on Health Personnel	%	annual budget on health personnel	total annual health budget	X100
	% Staff Reviews	%	# staff reviews completed	total staff to be reviewed	X100
	% Overtime Costs	%	overtime costs	total staff costs	X100
	% Supervision sessions conducted	%	# documented supervision sessions	# facilities to be supervised	X100
Workforce Training	% Planned Training	%	# staff planned to have training	# staff needing training	X100
	% Training Completed	%	# staff received training	# staff planned to have training	X100
	% Staff with Job Descriptions	%	# staff with job description	total # staff	X100
	% Time Spent on Training	%	Time spent on training	Total available work time	X100
Motivation	% Promotions	%	# promotions	# positions	X100
	% Awarded Bonusses	%	# staff awarded bonus	total # staff	X100
	% Staff in Work-related Accidents	%	# staff in work-related accidents	total # staff	X100
	% Staff Complaints	%	# formal complaints by staff	total # staff	X100
	% Assaults on Health Personnel	%	# assaults on staff	total # staff	X100
	% Queries on Performance	%	# queries on performance	total # staff	X100
	Monthly Attrition Rate	%	# staff leaving each month	total # staff each month	X100
% Uncertified Absenteeism	%	# days uncertified absence in month	total # staff X # Workdays in month	X100	
Skills & Caseload	% Professional Health Staff	%	# prof health staff	total # staff	X100
	% Staff trained in Health Education	%	# staff trained in health educ	total # targeted staff	X100

Case Study Information (Rural District)

Indicators	Sub-Dis 1	Sub-Dis 2	Sub-Dis 3	Hospital 1	Hospital 2
PN Vacancy Rate	20.5%	19%	66%	9%	83%
MO Vacancy Rate	0	50%	50%	40%	75%
PN Attrition Rate	10%	22%	12%	13%	0
MO Attrition rate	0	0	0	0	0
Nursing staff per 1000 Population	1.15	0.8	1	1	0.2
Professional Nurse per 1000 Population	0.8	0.5	0.8	0.6	0.06
Medical Officer per 1000 Population	0.03	0.018	0.02	0.03	0.007
Nursing staff Vacancy Rate	21%	14.6%	40%	20%	78%
Nursing staff Attrition Rate	4.6%	14.8%	6.3%	4%	6%
% Resignations	27%	31%	38%	15%	0