

Human Resources for Health Indicators

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1. Health Workforce Development

Pre-Service Education

Indicator 1.1: Number of technical resources developed with project support to strengthen pre-service education	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Output
Purpose	This indicator measures the number of technical resources or outputs developed with project support to strengthen pre-service education for the increased production of more and/or more qualified and skilled health workers. Examples of types of technical resources may include feasibility analyses, integrated curricula, costing analyses, retention policy for faculty, compensation policy, training orientation package, etc.
Definition of Key Terms	<p><u>Technical Resources:</u> Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project's records or M&E system.</p> <p><u>Pre-service Education:</u> Pre-service education is training preparing individuals to enter the health workforce. Health training programs include any degrees, diplomas or certificate programs in health fields offered by training institutions, (e.g. universities, colleges) approved by a regulatory authority to grant degrees.</p>
Measurement	Number of individual technical resources developed
Disaggregation	Type of technical resource (tools, models, methodologies, guidance, approaches, strategies, etc)
Data Sources	Project records

Indicator 1.2: Number of staff at health training institutions who receive training with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Output
Purpose	This indicator measures the number of training institution staff trained with project assistance (e.g. business and financial management training, new curricula, and teaching skills). The staff at training institutions is responsible for the transfer of knowledge, skills and attitudes to health students, and therefore has a significant impact on the future health workforce. Training institution staff must continue to update their skills and knowledge in order to provide a quality education to others.
Definition of Key Terms	<p><u>Health Training Institution Staff:</u> Typically training is provided to professors, instructors and administrators, but projects may provide training to other staff within training institutions, such as library or computer lab staff.</p> <p><u>Training:</u> Training may include any type of short-term course or mentorship program which teaches or updates the skills of health training institution staff relevant to their work in training new health care workers.</p> <p><u>Project support:</u> Projects may develop training materials, provide mentorship or training to trainers, or participate as trainers.</p>
Measurement	Number of health training institution staff receiving training with project support
Disaggregation	Training topic, trainee health cadre
Data Sources	Project records

Indicator 1.3: Number and percent of applicants accepted for health degree or certificate training programs	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This indicator measures the number of applicants that are accepted into an education program to become health workers. The percentage of applicants accepted out of those who applied may be used as a proxy measure to determine the capacity of health training institutions compared to the interest in health degrees. The information generated from this indicator may be used by policy and decision-makers planning the health workforce to determine whether the country is generating interest in the health field and has sufficient health worker training slots and associated resources, such as scholarships, to ensure enough graduates to meet the health workforce needs of the future.
Definition of Key Terms	<p><u>Health Training Programs:</u> A health training program includes any degrees, diplomas or certificate programs in health fields offered by training institutions, (e.g. universities, colleges) approved by a regulatory authority to grant degrees.</p> <p><u>Applicants:</u> Qualified individuals applying for acceptance into health training programs.</p> <p><u>Accepted applicants:</u> Individuals who are accepted for study in health training programs, and begin the course of study.</p>
Measurement	<p><u>Number:</u> Number of individuals entering health training programs.</p> <p><u>Percent:</u> <i>Numerator:</i> Number of individuals entering health training programs. <i>Denominator:</i> Number of qualified individuals who submitted applications for acceptance into health training programs.</p>
Disaggregation	Health worker cadre, type of degree (diploma, certificate), health training institution, applicant gender
Data Sources	Records from health training institutions



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Indicator 1.4: Number of students per full-time equivalent (FTE) qualified instructor	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This indicator is a measure of student to teacher ratios as an indicator of quality of instruction. Lower student to teacher ratios are associated with higher levels of attention and support for student learning.
Definition of Key Terms	<p><u>Full-time equivalent</u>: One full-time workload, as defined by the training institution. The workload may be completed by one person (a full-time employee) or several people whose level of effort adds up to full-time (such as two 50% time workers)</p> <p><u>Qualified instructor</u>: The qualifications required for instruction, whether classroom or clinical, must be defined by the training institution.</p>
Measurement	<p><i>Numerator</i>: Number of students in the institution or program</p> <p><i>Denominator</i>: Number of full-time equivalent qualified instructors in the institution or program</p>
Disaggregation	Health worker cadre, health education institution, instructor type
Data Sources	Training institution records

Indicator 1.5: Number of students graduating from health worker education programs each year	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This is a standard indicator that is recommended by the WHO ¹ . This indicator provides information on the number of newly trained health workers, which is essential for policy and decision-makers planning the health workforce. This indicator can be used to monitor whether the size of the near-future workforce meets the minimum threshold for providing basic levels of healthcare coverage in the country and to make appropriate adjustments. The number of applicants accepted may be compared to the number of students graduating to determine the attrition rate from degree programs. The number of graduates may also be compared to the number of graduates planned for in the national health strategic plan to determine the proportion of the plan fulfilled.
Definition of Key Terms	<p><u>Graduate</u>: Individuals granted an academic degree, diploma or certificate in a health cadre, e.g., medicine, dentistry, nursing, pharmacy, midwifery, laboratory</p> <p><u>National Health Strategic Plan</u>: Strategic plan developed to guide the health sector, and which analyses the health worker requirements of the country to determine the number of new health graduates required each year.</p>
Measurement	<p><u>Number</u>: Number of health degree, diploma or certificate graduates in a given academic year.</p> <p><u>Percent</u>: <i>Numerator</i>: Number of health degree, diploma or certificate graduates in a given academic year. <i>Denominator</i>: Number of health degree, diploma or certificate graduates needed to graduate in a given academic year, as defined by a national health strategic plan.</p>
Disaggregation	Health worker cadre, type of degree (diploma, certificate), health training institution, graduate gender. The indicator may also be disaggregated to show which institutions received project support.
Data Sources	Records from health training institutions

¹ World Health Organization. 2010. *Monitoring the Building Blocks of Health Systems*.

Indicator 1.6: Number and percent of graduates newly employed in the health workforce	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Training
Indicator Type	Short Term Outcome
Purpose	This indicator measures the rate of entry into the health workforce by new graduates. Newly-trained health workers may fail to enter the workforce for a number of reasons, including insufficient vacancies, slow hiring processes, or poor compensation factors. Health policy planners and decision-makers use information on the workforce entry rate to inform decisions on the number of new health workers to train and whether to reform the compensation and hiring structures.
Definition of Key Terms	<p><u>Graduate</u>: Individuals granted an academic degree, diploma or certificate in a health cadre, e.g., medicine, dentistry, nursing, pharmacy, midwifery, laboratory</p> <p><u>Newly employed</u>: Recently trained and graduated health workers who have signed a contract for employment in the health sector for the first time, and who have reported to their duty station.</p>
Measurement	<p><u>Number</u>: Number of all newly-trained health workers (graduates) who were hired by the government in the reporting time period.</p> <p><u>Percent</u>: <i>Numerator</i>: Number of all newly-trained health workers (graduates) who were hired in the health workforce in the reporting time period. <i>Denominator</i>: Number of all graduates from health training institutions within the last year (or defined reporting time period)</p>
Disaggregation	Health worker cadre; entry into government, faith-based or private sectors
Data Sources	Training institution records, government hiring records, HRIS



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Indicator 1.7: Instructor attrition rate	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This indicator measures the turnover of instructors as an indicator of institutional investment in program quality and instructor growth and retention. High instructor attrition rate may mean the training institution is not investing sufficiently in career pathways, professional development, salary and other actions to keep instructors motivated and effective.
Definition of Key Terms	<u>Attrition</u> : Instructors that have left their position at the teaching institution for any reason
Measurement	<i>Numerator</i> : Number of instructors that left their position at the teaching institution for any reason during reporting time period <i>Denominator</i> : Total number of instructors at the teaching institution at the beginning of reporting time period
Disaggregation	Health worker cadre, health education institution, instructor type, reason for leaving
Data Sources	Training institution records



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Indicator 1.8: Number and percent of instructors engaging in health care practice	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This indicator measures the number of instructors that are currently providing health care in addition to their teaching duties. Instructors who practice medicine in addition to teaching are better able to maintain up to date clinical skills than those who do not.
Definition of Key Terms	<u>Health Care Practice:</u> Direct delivery of health care to patients.
Measurement	<p><u>Number:</u> Number of instructors who regularly engaged in some form of health care practice</p> <p><u>Percentage:</u> <i>Numerator:</i> Number of instructors that regularly engage in some form of health care practice <i>Denominator:</i> Total number of instructors at the teaching institution</p>
Disaggregation	Health worker cadre, health education institution, instructor type
Data Sources	Training institution records, Instructor survey



Indicator 1.9: Number and percent of instructors completing continuing professional development in the program year	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Pre-Service Education
Indicator Type	Short Term Outcome
Purpose	This indicator measures the number of instructors who have completed continuing profession development. Instructors who do not continue to learn throughout their teaching careers will eventually find their skills and clinical knowledge outdated, compromising the quality of their student’s education
Definition of Key Terms	<u>Continuing Education (CE), Continuing Medical Education (CME), Continuing Professional Development (CPD)</u> : Continuing education is required by licensing bodies, such as Medical or Nursing Councils, as a condition for renewing licensure. Health training providers and courses apply to licensing bodies to be approved to deliver CE units. CE differs from in-service training in that in-service training has not been approved by regulatory bodies as a tool for meeting licensure requirements. The terms CE, CME and CPD may be used interchangeably, dependent upon the health worker cadre and regulatory body.
Measurement	<p><u>Number:</u> The number of instructors completing at least one continuing professional development course within the program year</p> <p><u>Percentage:</u> <i>Numerator:</i> Number of instructors completing at least one continuing professional development course within the program year <i>Denominator:</i> Total number of instructors at the teaching institution</p>
Disaggregation	Health worker cadre, health education institution, instructor type
Data Sources	Training institution records, Instructor survey

In-Service Training and Continuing Education

Indicator 1.10: Number of technical resources developed with project support to strengthen in-service training and continuing education	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	In-Service Training and Continuing Education
Indicator Type	Output
Purpose	This indicator measures the number of technical resources or outputs developed with project assistance to strengthen in-service training and continuing education. Projects can support the development of a number of technical resources, including resources to directly provide training or continuing education, tools to strengthen other organization's ability to provide quality training and continuing education, or resources for students to take back to the workplace. Examples of types of technical resources may include training plans, materials, job aids, continuing education credit applications, etc.
Definition of Key Terms	<p><u>Technical Resources:</u> Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project's records or M&E system.</p> <p><u>In-service Training:</u> Training provided to health workers and managers currently serving in the health workforce to build or update skills relevant to their job.</p> <p><u>Continuing Education (CE), Continuing Medical Education (CME), Continuing Professional Development (CPD):</u> Continuing education is required by licensing bodies, such as Medical or Nursing Councils, as a condition for renewing licensure. Health training providers and courses apply to licensing bodies to be approved to deliver CE units. CE differs from in-service training in that in-service training has not been approved by regulatory bodies as a tool for meeting licensure requirements. The terms CE, CME and CPD may be used interchangeably, dependent upon the health worker cadre and regulatory body.</p>
Measurement	Number of technical resources developed with project support
Disaggregation	Type of technical resource (tools, models, methodologies, guidance, approaches, strategies, etc)
Data Sources	Project records

Indicator 1.11: Number and percent of health workers and managers receiving in-service training with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	In-Service Training and Continuing Education
Indicator Type	Output
Purpose	This indicator monitors the number of health workers and managers that have already entered into the health workforce that receive training to develop a specific skill, such as technical updates. The field of health is constantly evolving and new national and international standards are being introduced. This indicator provides information on how many health workers in the country have received training with project assistance to keep their skills up-to-date.
Definition of Key Terms	<p><u>In-service Training:</u> Training provided to health workers and managers currently serving in the health workforce to build or update skills relevant to their job</p> <p><u>Project support:</u> Projects may develop training materials, provide mentorship or training to trainers, or participate as trainers.</p>
Measurement	<p><u>Number:</u> Number of health workers and managers that received in-service training in the measurement period (typically annual).</p> <p><u>Percentage:</u> <i>Numerator:</i> Number of health workers and managers that received in-service training in the measurement period. <i>Denominator:</i> Total number of health workers and managers in the workforce during the same measurement period.</p>
Disaggregation	Health worker cadre, type of training, urban/rural posted health workers, trainee gender
Data Sources	Project records, national training database, human resource information system (HRIS)

Indicator 1.12: Number and percent of health workers receiving continuing professional development with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	In-Service Training and Continuing Education
Indicator Type	Output
Purpose	This indicator monitors the number of health workers and managers currently in the health workforce that receive training with project assistance that meets continuing professional development (CPD) standards for the purposes of renewing their professional license. The field of health is constantly evolving and new national and international standards are being introduced. CPDs play an important role in ensuring that health workers remain up-to-date and able to perform their jobs to the current standards.
Definition of Key Terms	<u>Continuing Education (CE), Continuing Medical Education (CME), Continuing Professional Development (CPD)</u> : Continuing education is required by licensing bodies, such as Medical and Nursing Councils, as a condition for renewing licensure. Health training providers and courses apply to licensing bodies to be approved to deliver CE units. CE differs from in-service training in that in-service training has not been approved by regulatory bodies as a tool for meeting licensure requirements. The terms CE, CME and CPD may be used interchangeably, dependent upon the health worker cadre and regulatory body.
Measurement	<u>Number</u> : Number of health workers who completed a continuing education course in a reporting time period <u>Percent</u> : <i>Numerator</i> : Number of health workers who completed a continuing education course. <i>Denominator</i> : Total number of health workers required to complete continuing education courses for licensure renewal.
Disaggregation	Type of C.E., urban/rural posted health workers
Data Sources	Project records, regulatory body records

Indicator 1.13: Change in knowledge score after training	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	In-Service Training and Continuing Education
Indicator Type	Short Term Outcome
Purpose	This indicator is a measure of the effectiveness of training. The indicator measures the change in knowledge (among trainees) before and after training, as measured by a pre- and post-test. This indicator should not be interpreted as a measure of improvement in terms of patient services, as improved knowledge does not always translate into improved action. However, as assessments to measure changes in behavior are expensive and complex, changes in knowledge scores are most commonly used as an indicator of training effectiveness.
Definition of Key Terms	<p><u>Knowledge Score:</u> A score, usually based upon a written pre- and post-test, but sometimes based upon structured clinical observation.</p> <p><u>Training:</u> Training provided to health workers and managers currently serving in the health workforce to build or update skills relevant to their job.</p>
Measurement	<p><i>Numerator:</i> Difference in average score among trainees between pre- and post-training tests.</p> <p><i>Denominator:</i> Average score from pre-training test</p>
Disaggregation	Training course, health worker cadre
Data Sources	Project records

Regulation

Indicator 1.14: Number of professional associations and/or councils established and/or strengthened, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Output
Purpose	This indicator provides information on the establishment or improvement of professional councils and/or associations who typically set national standards for professional qualifications, register and license health professionals, and accredit training institutions. Through these responsibilities, councils and associations ensure the basic quality of health services delivered to the population.
Definition of Key Terms	<p><u>Professional Council and Association:</u> Professional councils and associations are usually non-profit organizations that seek to further professional interests and the public's interests. Some countries differentiate between the two, with professional councils enforcing practice standards for the profession, through registration and licensure of health workers and accreditation of training institutions, and professional associations representing the interests of the individual health workers and of the profession.</p> <p><u>Established:</u> The project must define "established" in terms specific to the given context, but it may include the establishment of a charter, hiring of staff, and set-up of systems.</p> <p><u>Strengthened:</u> The project must define "strengthened" in terms specific to the given context, but may include providing technical assistance for the development of clear terms of reference, developing registration/accreditation/licensure systems, etc.</p> <p><u>National Standards for Professional Qualifications:</u> Requirements for practice competencies (knowledge, skills, attitudes) that health workers must have before entering into service, and must maintain throughout their careers.</p>
Measurement	Number of professional associations and/or councils established and/or supported
Disaggregation	Type of association/council (doctors, nurses, etc.)
Data Sources	Project records, Association/council records

Indicator 1.15: Number and percent of health training institutions accredited by a nationally recognized body	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Short Term Outcome
Purpose	This indicator measures the number of training institutions that are accredited as meeting established standards of quality for the education and training they provide. Accredited training institutions increase the quality of education provided to health workers and results in better skills and service delivery.
Definition of Key Terms	<p><u>Training Institution:</u> A health training institution includes any institution approved by a regulatory authority to grant degrees, diplomas or certificates in health fields, e.g. universities, colleges</p> <p><u>Accreditation:</u> Accreditation is provided to training institutions by the government and/or accrediting body, such as a Council, upon the training institution satisfactorily showing that it meets established standards of quality. Institutions may be required to renew accreditation according to the regulatory body requirements.</p> <p><u>Nationally Recognized Body:</u> Authority for accreditation of training institutions is granted to a regulatory body by the government. Responsibility for regulation is usually given to professional councils, but may be given to other entities. The nationally recognized body is responsible for establishing standards, developing a process for applying for and granting accreditation, and for oversight of the institution's maintenance of standards over time.</p>
Measurement	<p><u>Number:</u> Number of all health training institutions that have achieved accreditation, including individual programs within the same institution (such as medicine and nursing within the same University).</p> <p><u>Percent:</u> <i>Numerator:</i> Number of all health training institutions/programs that have achieved accreditation. <i>Denominator:</i> Number of all health training institutions/programs</p>
Disaggregation	Type of institution (university, college, etc), training program (certificate, degree, etc), health worker cadre (midwife, laboratory technician, etc)
Data Sources	Regulatory bodies records, training institution records, project records



Indicator 1.16: Number and percent of health training institutions with permit to operate	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Short Term Outcome
Purpose	This indicator measures the number of training institutions that have been granted a permit to operate by regulatory authorities. A permit is usually granted to institutions that are providing pre-service training but have not yet completed an accreditation process. A permit is granted to such institutions as an interim measure. In instances where regulatory authorities do not have the capacity to enact an accreditation system, permits may be used in accreditation's stead.
Definition of Key Terms	<p><u>Training Institution:</u> A health training institution includes any institution approved by a regulatory authority to grant degrees, diplomas or certificates in health fields, e.g. universities, colleges</p> <p><u>Permit:</u> Formal permission to operate as a health training institution, given by a regulatory authority. Permits are usually an interim measure of approval in the context of accreditation, but may sometimes be done in its stead if the school or the regulatory authority cannot meet accreditation rigors.</p> <p><u>Regulatory Authority:</u> Authority for permitting of training institutions is granted to a regulatory body by the government. Responsibility for regulation is usually given to professional councils, but may be given to other entities. The nationally recognized body is responsible for establishing standards, developing a process for applying for and granting accreditation, and for oversight of the institution's maintenance of standards over time.</p>
Measurement	<p><u>Number:</u> Number of health training institutions with a permit to operate.</p> <p><u>Percent:</u> <i>Numerator:</i> Number of health training institutions with a permit to operate. <i>Denominator:</i> Number of health training institutions.</p>
Disaggregation	Type of institution (university, college, etc), training program (certificate, degree, etc), health worker cadre (midwife, laboratory technician, etc)
Data Sources	Regulatory authority records, training institution records, project records

Indicator 1.17: Number and percent of health workers registered with professional associations and/or councils	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Short Term Outcome
Purpose	This indicator tracks the number of health professionals that are registered in the country's health worker registration system. This indicator provides information on the growth of the health workforce and the effectiveness of the national health profession registration system. Increasing the percent of eligible health professionals being registered indicates an effective or improving registration system.
Definition of Key Terms	<p><u>Registration:</u> A national system, usually managed by regulatory bodies, for tracking the health workforce. Registration often requires a small fee, payable by the health worker, but does not require any confirmation of competencies.</p> <p><u>Professional Council and Association:</u> Professional councils and associations are usually non-profit organizations that seek to further professional interests and the public's interests. Some countries differentiate between the two, with professional councils enforcing practice standards for the profession, through registration and licensure of health workers and accreditation of training institutions, and professional associations representing the interests of the individual health workers and of the profession.</p>
Measurement	<p><u>Number:</u> Number of health workers registered during the reporting time period.</p> <p><u>Percent:</u> <i>Numerator:</i> Number of health workers registered with professional associations and/or councils. <i>Denominator:</i> Number of health workers eligible to register.</p>
Disaggregation	Health worker cadre, health worker gender
Data Sources	Regulatory body records, human resource information system (HRIS).

Indicator 1.18: Number and percent of health workers granted professional licensure	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Short Term Outcome
Purpose	This indicator tracks the number of health workers that receive professional licenses upon entering into the health workforce (for example, upon graduating from a health training institution or entering the country). This indicator provides information on the effectiveness of the licensing systems of the regulatory bodies. The goal for a fully functioning system should be that 100% of health workers obtain licensure prior to entering into the health workforce.
Definition of Key Terms	<u>Professional Licensure</u> : Official credentials to practice as a health professional. The requirements for licensure will vary between countries and regulatory bodies, but frequently requires a practice entry exam and subsequent continuing professional education.
Measurement	<u>Number</u> : Number of health workers attaining professional licensure. <u>Percent</u> : <i>Numerator</i> : Number of health workers attaining professional licensure. <i>Denominator</i> : Number of health workers eligible for professional licensure.
Disaggregation	Health worker cadre, health worker gender
Data Sources	Regulatory body records, human resource information system (HRIS)

Indicator 1.19: Number and percent of health workers receiving renewed professional licensure in required renewal period (e.g. annually)	
Building Block(s)	Human Resources for Health
Category	Health Workforce Development
Sub-Category	Regulation
Indicator Type	Short Term Outcome
Purpose	This indicator measures the extent of fulfillment of requirements for renewed professional licensure, which may include the completion of a set number of continuing education units. The existence of regulation for renewal of professional licensure is a mark of a strong regulatory authority. Many countries have not yet achieved this level of regulation, but the enforcement of such standards is important to ensuring the continued quality of the health workforce.
Definition of Key Terms	<p><u>Professional Licensure</u>: Official credentials to practice as a health professional. The requirements for licensure will vary between countries and regulatory bodies, but frequently require a practice entry exam and subsequent continuing professional education.</p> <p><u>Renewed</u>: The health worker has previously been licensed to practice, and has completed the requirements to maintain licensure.</p>
Measurement	<p><u>Number</u>: Number of health workers receiving renewed professional licensure in required renewal period</p> <p><u>Percent</u>: <i>Numerator</i>: Number of health workers receiving renewed professional licensure in required renewal period. <i>Denominator</i>: Number of all health workers who were required to renew licensure during the time period.</p>
Disaggregation	Health worker cadre
Data Sources	Regulatory authority records

2. Health Workforce Performance Support

Retention

Indicator 2.1: Interventions to improve health worker retention developed and/or adopted, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Retention
Indicator Type	Output
Purpose	This indicator monitors the development and implementation of project-supported interventions that aim to improve the retention of health workers. A number of interventions may be implemented to affect retention, for example, plans for providing a safe working environment to health workers, career development program, public recognition measures such as rural health days, awards and titles at local, national and international levels, enhanced scopes of practice in rural or remote areas, scholarships, and bursaries or other education subsidies.
Definition of Key Terms	<p><u>Retention</u>: Maintaining employment of health workers at their current place of work.</p> <p><u>Developed/Adopted</u>: The project should define “developed” and “adopted” according to the given context. Generally, developed will mean the design of a policy based upon research into the target population’s needs, and adopted will mean a decision by the authorities (e.g. national government) to implement the policy, followed by administration of the policy.</p>
Measurement	Number of interventions aimed at improving health worker retention developed and/or adopted
Disaggregation	Developed, adopted
Data Sources	Project records, national records, survey of regional health offices and health facilities



Indicator 2.2: Number and percent of health workers and managers receiving in-service training in rural training locations, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Retention
Indicator Type	Output
Purpose	This indicator measures the number of health workers and managers who receive project supported training in rural training locations to develop/improve on specific skills, as a strategy for improving rural staff retention. WHO’s “Increasing access to health workers in remote and rural areas through improved retention, 2010” recommends rural training as a key strategy for retaining health workers in rural areas.
Definition of Key Terms	<p><u>In-service Training</u>: Training provided to health workers and managers currently serving in the health workforce to build or update skills relevant to their job.</p> <p><u>Rural training locations</u>: Can include rural health facilities or rural training institutions</p> <p><u>Project support</u>: Projects may develop training materials, provide mentorship or training to trainers, or participate as trainers.</p>
Measurement	<p><u>Number</u>: Number of health workers/managers receiving training in a rural location</p> <p><u>Percent</u>: <i>Numerator</i>: Number of health workers/managers receiving training in a rural location. <i>Denominator</i>: Number of health workers/managers serving in rural locations.</p>
Disaggregation	Health worker cadre
Data Sources	Project records, human resource information system (HRIS)

Indicator 2.3: Percent of health workers whose current primary health care practice setting is in the same geographic location as their own community	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Retention
Indicator Type	Short Term Outcome
Purpose	This indicator is a measure of the proportion of health workers who are deployed to their own community, in line with a WHO recommended strategy for improved retention ² . Health workers serving in their own community are less likely to leave, and have a deeper understanding of their community than individuals sent from elsewhere.
Definition of Key Terms	<p><u>Primary health care practice setting:</u> Health facility or other service delivery setting that health worker has been deployed to as her primary work location.</p> <p><u>Same geographic region:</u> The parameters for the “same geographic region” should be set by the country and project.</p>
Measurement	<p><i>Numerator:</i> Number of health workers whose current primary health care practice setting is in the same geographic location as their own community.</p> <p><i>Denominator:</i> Number of health workers in primary health care practice</p>
Disaggregation	Health worker cadre
Data Sources	HRIS, government deployment records, health worker surveys

² World Health Organization. 2010. *Increasing access to health workers in remote and rural areas through improved retention.*



Indicator 2.4: Measure of staff satisfaction	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Retention
Indicator Type	Short Term Outcome
Purpose	Staff satisfaction data can provide information on the health sector’s management of health workers. Staff satisfaction contributes to the retention of staff, staff productivity, and the quality of services delivered. Staff satisfaction can be affected by a number of factors, including reporting relationships, colleagues, compensation, housing and allowances, availability of supplies, and delineation of responsibilities, among others.
Definition of Key Terms	<u>Staff satisfaction</u> : Self-reported level of satisfaction of employees with their posting and job.
Measurement	Staff satisfaction is usually determined through surveys, or through systems for regular feedback from employees. In addition to satisfaction, staff may be asked about intent to leave. Designs for employee satisfaction surveys and systems may be found online and through business and management resources.
Disaggregation	Health worker cadre, facility type, urban/rural posting, gender of health worker
Data Sources	Staff satisfaction survey or health facility feedback mechanisms

Indicator 2.5: Workforce loss ratio	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Retention
Indicator Type	Long Term Outcome
Purpose	The workforce loss ratio provides information on the health sector's retention and loss of health workers. This indicator provides information to policy makers on the results of investments in training health workers, pay scale and initiatives to retain health workers, and informs decisions on how many new health workers need to be trained to mitigate attrition. A high workforce loss ratio signals that the country's policies may not be sufficiently competitive to retain health workers.
Definition of Key Terms	<u>Workforce Loss</u> : The number of employees who left the active health labor force in the last year (or period of measurement). Employees may leave due to retirement, death, attrition to other sectors, migration, etc. In some countries, results may be disaggregated to include only those remaining in the public or private sector, while other countries may consider both the public and private health sectors to be one.
Measurement	<i>Numerator</i> : Number of health workers who left the active health labor force in the last year <i>Denominator</i> : Total number of health workers at the beginning of last year
Disaggregation	Health worker cadre, facility type, urban/rural posting, public/private health sector, reason for leaving
Data Sources	Health facility surveys, employment records, payroll records

Performance/Productivity

Indicator 2.6: Number of technical resources developed with project support to strengthen health workforce performance or productivity	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Output
Purpose	This indicator measures the number of technical resources or outputs developed with project assistance to support health worker’s performance and productivity. Examples of resources developed may include tools such as incentive systems, job aids, performance feedback systems, supportive supervision systems, etc.
Definition of Key Terms	<p><u>Technical Resources:</u> Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project’s records or M&E system.</p> <p><u>Health workforce performance:</u> Health worker’s performance is a measure of their competence and responsiveness in the performance of their duties. Health worker performance has a direct impact on the quality, availability, demand for and use of health services.</p> <p><u>Health workforce productivity:</u> Health workforce productivity is the quantity of services and other duties completed by health workers. Absenteeism, lack of motivation, or competing priorities may decrease productivity. Measures of productivity are usually considered alongside performance measures to ensure that quality of services is not sacrificed.</p>
Measurement	Number of technical resources developed to support health workforce performance or productivity
Disaggregation	Type of technical resource
Data Sources	Project records



Indicator 2.7: Number of recipients receiving performance or productivity-based incentives, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Output
Purpose	This indicator measures the use of performance or productivity based-incentives in the health sector. Incentives may be used as a mechanism to improve health workers' performance and productivity, and may be applied at the facility level (e.g., the facility or all workers in a facility receive an incentive if a facility-level goal is met) or at the individual level (e.g. individual health workers receive incentives based upon individual performance goals).
Definition of Key Terms	<p><u>Incentives:</u> The World Health Organization (WHO) defines incentives as “all rewards and punishments that providers face as a consequence of the organizations in which they work, the institution under which they operate and the specific interventions they provide”³.</p> <p><u>Performance-based Incentives:</u> Performance-based incentives (PBI) are strategies that link incentives (financial or non-financial) to results that measure health worker’s competence and responsiveness in performance of their duties. Incentives are paid when pre-determined performance targets are met, or may be withheld as a consequence of lack of performance. Performance-based incentive programs are designed to improve demand for and use of services, and improve the quality and availability of health services.</p> <p><u>Productivity-based Incentives:</u> Similar to performance-based incentives, productivity-based incentives (financial or non-financial) are paid at the facility or individual level when pre-determined targets are met, or are withheld as a consequence of failing to meet productivity targets. Targets are designed to improve the productivity of health workers and facilities, usually measured by the number of services provided or tasks completed, to increase access to services.</p> <p><u>Recipient:</u> The definition of recipient is dependent upon the design of the incentive program. Recipients may be individual health workers, teams of health workers (such as a maternity ward), or a facility.</p>
Measurement	Number of recipients receiving performance or productivity-based incentives
Disaggregation	Type of recipient, recipient gender, health worker cadre, type of facility, financial/non-financial incentives
Data Sources	Program records, national records, health worker/facility survey

³ World Health Organization. 2000. *The World health report 2000 : health systems-improving performance*



Indicator 2.8: Number of individuals trained with project support to conduct supportive supervision	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Output
Purpose	Training individuals to conduct supportive supervision ensures that health managers have the skills and knowledge to properly carry out supervision visits as per national policies. Supportive supervision is a way for managers to monitor health worker performance, provide feedback on performance, and identify and correct performance problems. Therefore, training individuals to implement a supportive supervision system helps to improve health worker performance.
Definition of Key Terms	<p><u>Supportive supervision</u>: A process where supervisors carry out visits to health workers to provide performance monitoring. During the visits supervisors and health workers work together to identify and address weaknesses.</p> <p><u>Project support</u>: Projects may develop training materials, provide mentorship or training to trainers, or participate as trainers.</p>
Measurement	Number of people trained to carry out supportive supervision
Disaggregation	Gender, health cadre
Data Sources	Ministry of Health records, project records

Indicator 2.9: Number and percent of health facilities receiving supportive supervision visits	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Short Term Outcome
Purpose	This indicator measures the implementation of a supportive supervision system. Supportive supervision systems are a way for managers to monitor health worker performance, provide feedback on performance, and identify and correct performance problems. Implementing a supportive supervision system helps to improve health worker performance.
Definition of Key Terms	<u>Supportive supervision</u> : A process where supervisors carry out visits to health workers to provide performance monitoring. During the visits supervisors and health workers work together to identify and address weaknesses.
Measurement	<u>Number</u> : Number of health facilities receiving supportive supervision visits. <u>Percent</u> : <i>Numerator</i> : Number of health facilities receiving supportive supervision visits <i>Denominator</i> : Total number of health facilities that should be receiving supportive supervision visits
Disaggregation	Type of health facility, urban/rural facility location
Data Sources	Reports from Ministry of Health national, regional or local health offices, project records



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Indicator 2.10: Average number of hours worked per week	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Short Term Outcome
Purpose	This indicator measures the level of health worker's absenteeism, and can serve as a proxy indicator of worker's productivity. Health workers may be absent from work for a number of reasons, including approved leave of absence, absenteeism, or working shorter days than scheduled. This indicator can also be used to identify cadres of health workers who are working overtime due to vacancies or high demand.
Definition of Key Terms	-
Measurement	<i>Numerator:</i> Number of hours worked in a week among staff at a health facility (or other delineating factor, such as cadre of staff). <i>Denominator:</i> Length of work week, in hours, multiplied by the number of staff at a health facility (or other delineating factor)
Disaggregation	Health worker cadre, type of facility
Data Sources	Health facility attendance records, employee surveys, observation

Indicator 2.11: Rate of absenteeism among health workers	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Short Term Outcome
Purpose	This indicator provides a measure of health worker's absenteeism, and is one aspect of the productivity of the workforce and quality of healthcare delivery. Trends in absenteeism rates, such as by geographic locations and timing, may provide insights into the underlying reasons for absenteeism and help policy makers and decision makers develop policies to address the problem and improve health worker productivity.
Definition of Key Terms	<u>Absenteeism</u> : Unplanned (employee has not applied for leave prior to the absence) voluntary or involuntary absence of a health worker from the place of employment.
Measurement	<i>Numerator</i> : Total number of days of employee absence over a defined period. <i>Denominator</i> : Total number of scheduled working days in the defined period, multiplied by the total number of employees.
Disaggregation	Health worker cadre, type of facility, urban/rural
Data Sources	Facility staff records, payroll records, study cross-examining duty roster lists with actual head-counts on day of visit



Indicator 2.12: Rate of health workers engaging in dual practice	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Short Term Outcome
Purpose	This indicator provides a measure of health worker's performance and availability for their job. Health workers may engage in health care practice outside of their primary job, usually to obtain a supplemental salary. Health workers who "moonlight" in other practices are less available to their primary job, and may be less productive while on the job. Trends in dual practice rates may provide insights into the need for salary or policy changes needed to improve health worker productivity.
Definition of Key Terms	<u>Dual Practice</u> : Health workers who have a primary job in a health facility, and take a second job in another health facility or private practice.
Measurement	<u>Rate</u> : <i>Numerator</i> : Total number of health workers engaged in dual practice. <i>Denominator</i> : Total number of health workers
Disaggregation	Health worker cadre, type of facility, urban/rural
Data Sources	Employee survey



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Indicator 2.13: Measure of client satisfaction	
Building Block(s)	Human Resources for Health
Category	Health Workforce Performance Support
Sub-Category	Performance/Productivity
Indicator Type	Short Term Outcome
Purpose	Client satisfaction is an important measure of health worker's performance, skills, and services provided. Although factors outside of health worker's control may impact client satisfaction, such as availability of supplies, this indicator provides feedback of how the system overall is supporting health workers to do their job and satisfy the client.
Definition of Key Terms	<u>Client Satisfaction</u> : Patient's perception of the health services provided by health workers
Measurement	Client satisfaction can be measured through client exit interviews. The project should determine survey questions based on project interventions. An example of a client satisfaction survey can be found in the MEASURE DHS Service Provision Assessment Survey: http://measuredhs.com/publications/publication-SPAQ3-SPA-Questionnaires.cfm)
Disaggregation	Health worker cadre, type of facility, urban/rural facility location, services sought (FP, ANC, HIV)
Data Sources	Client exit interviews, other client surveys

3. Health Workforce Policy, Planning, & Management

Health Workforce Policy, Planning and Management

Indicator 3.1: Number of technical resources developed with project support to strengthen health workforce policy, planning and management	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Output
Purpose	This indicator tracks the number of technical resources or outputs developed with project assistance to support health workforce policy, planning and management. Examples of technical resources that may be developed include human resource policies, strategic plans, costed operational plans, quality assurance procedures, etc.
Definition of Key Terms	<u>Technical Resources:</u> Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project's records or M&E system.
Measurement	Number of technical resources developed to support health workforce policy, planning and management
Disaggregation	Type of technical resource
Data Sources	Project records

Indicator 3.2: HRH Policies and/or Strategic Plans developed, costed and/or approved by government, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Output
Purpose	This indicator monitors progress made by a government in planning and strategizing for the health workforce to enhance health service delivery. HRH policies and strategic plans may include a national vision for the health workforce, priorities, objectives, procedures and interventions. The indicator considers the multiple stages required in preparing policies and strategic plans for implementation, including development, prioritization, costing and approval by authorities. A project can cater this indicator to capture the relevant stage/degree of expected progress in a specific context.
Definition of Key Terms	<p><u>HRH Policy/Strategic Plan:</u> A document developed, usually at the national level, which lays out vision, goals, and objectives for HRH in the country, or for a component of HRH management (such as a task-shifting policy).</p> <p><u>Developed:</u> The project should define “developed” according to the given context, but generally developed is considered to result in a written document.</p> <p><u>Costed:</u> A costed plan has a detailed analysis of the costs related to the implementable aspects of the plan or policy.</p> <p><u>Approved:</u> The project should define “approved” according to the given context, but generally approved means the appropriate government authorities have signed off on the document</p>
Measurement	Number of policies or strategic plans developed, costed and/or approved.
Disaggregation	Developed, costed, approved
Data Sources	Project records, national records

Indicator 3.3: Number of health cadre practice competencies, practice standards, and scopes of practice developed or strengthened with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Output
Purpose	This indicator measures whether defined health worker roles and responsibilities have been developed or strengthened, with assistance from the project.
Definition of Key Terms	<p><u>Practice Competencies:</u> Competencies are measurable or observable skills, knowledge, attitudes and behaviors that are required in order to perform a task. A compendium of competencies for a health worker cadre would include all tasks that the health workers are expected to perform in the course of their job.</p> <p><u>Practice Standards:</u> Practice standards are a guide for appropriate practice by cadres of health workers. The standards define the minimum clinical, quality and professional requirements of a health worker cadre. They are used to judge quality of practice, service and education provided by health workers.</p> <p><u>Scope of Practice:</u> The scope of practice delineates the parameters for a health worker cadre, defining the types of activities and responsibilities the cadre is allowed by law to perform.</p> <p><u>Developed or Supported:</u> The project must define “developed” and “supported” in terms specific to the given context.</p>
Measurement	Number of health cadre practice competencies, practice standards, and scopes of practice developed or strengthened.
Disaggregation	Health worker cadre, resource type
Data Sources	Project records, regulatory body records, national records



Indicator 3.4: Number of health workers per 10,000 population	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Long Term Outcome
Purpose	This is a core indicator recommended by WHO ⁴ , and is the most commonly reported HRH indicator internationally. This indicator provides information on the stock of health workers, and can be used to monitor whether the density of the workforce meets the minimum recommended standards.
Definition of Key Terms	-
Measurement	<i>Numerator:</i> Number of health workers serving within the country or region. <i>Denominator:</i> The total population for the same geographic area
Disaggregation	Health worker cadre, gender
Data Sources	HRIS, census data

⁴ World Health Organization. 2010. *Monitoring the Building Blocks of Health Systems*

Indicator 3.5: Percent distribution of health workers	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Long Term Outcome
Purpose	This is a core indicator recommended by WHO ⁵ . This indicator provides information on the supply, deployment, and composition of human resources for health, and allows health decision makers to correct HRH imbalances. Distribution may include the consideration of a number of characteristics, including occupation, specialty, geographical representation, institutions and services, and other demographics.
Definition of Key Terms	<u>Distribution</u> : The breakdown of the number of health workers according to facility and geographic location, which may also include other specified criteria, such as cadre, gender, specialty, public/private, other.
Measurement	<i>Numerator</i> : The number of health workers with a given characteristic <i>Denominator</i> : The total number of health workers in a specified category
Disaggregation	Health worker cadre, urban/rural posting, type of facility, gender
Data Sources	Ministry of Health records, HRIS, facility records, facility surveys

⁵ World Health Organization. 2010. *Monitoring the Building Blocks of Health Systems*.



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Indicator 3.6: Health worker vacancy rate	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Long Term Outcome
Purpose	This indicator gives decision makers information on whether health facilities are staffed appropriately and according to need as determined in HRH plans. High vacancy rates may signal a number of problems with the health workforce system, including inadequate numbers of graduates, slow deployment systems, and inadequate compensation and/or retention initiatives.
Definition of Key Terms	<p><u>Vacancy</u>: A named position in the human resource registry or staffing plan that is not staffed with an employee.</p> <p><u>HRH Plan</u>: A human resources for health document that lays out the intended staffing for facilities and regions.</p>
Measurement	<p><i>Numerator</i>: Number of vacant positions</p> <p><i>Denominator</i>: Total number of positions</p>
Disaggregation	Health worker cadre, urban/rural posting, type of facility
Data Sources	Ministry of health records, facility assessments, HRIS



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Indicator 3.7: Percent of health budget allocated to human resources	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Short Term Outcome
Purpose	This indicator measures the level of government financial support to human resources relative to other health financial commitments. Payroll is often a significant line item in government health budgets, but HR management and development also require resources for optimal functioning of the system.
Definition of Key Terms	<u>Health budget</u> : Portion of government budget allocated to health
Measurement	<i>Numerator</i> : Human resources for health budget allocation from government sources. <i>Denominator</i> : Total government budget allocated to health
Disaggregation	HR management, development, payroll
Data Sources	Ministry of Health, Ministry of Finance records

Indicator 3.8: Number and percent of health workers in government facilities funded by non-domestic budget	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	Planning and Management
Indicator Type	Long Term Outcome
Purpose	This indicator measures the extent of the health system’s dependence on outside funding for HRH, e.g. donors’. Donors, in order to support the health system, or to rapidly scale-up a program, will support the salaries of health workers. Upon completion of the donor’s commitment, the health workers must either be absorbed by the government or other source, or laid off. To ensure the health system retains a high level of functioning after donor departure, governments and donors must coordinate to ensure that there are plans in place for timely absorption of donor-funded positions.
Definition of Key Terms	<u>Non-domestic budget</u> : Budget funded by non-governmental source(s) outside of the country, such as a donor.
Measurement	<u>Number</u> : Number of health workers serving in a government facility whose salary is paid by a non-domestic source. <u>Percent</u> : <i>Numerator</i> : Number of health workers serving in a government facility whose salary is paid by a non-domestic source. <i>Denominator</i> : Total number of health workers
Disaggregation	Health worker cadre, urban/rural, facility type
Data Sources	Project records, HRIS, donor records



Human Resource Information System (HRIS)

Indicator 3.9: HRIS developed and/or improved, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	HRIS
Indicator Type	Output
Purpose	Human Resource Information Systems (HRIS) are essential tools for policy makers to effectively plan and allocate human resources for health. HRIS provides information on the number, qualifications and distribution of health workers. Many HRIS systems are now computer-based, but systems can also be paper-based. Some HRIS may include specific modules, for example tracking in-service training completed by health workers, and may be linked to payroll and benefits databases.
Definition of Key Terms	<p><u>HRIS</u>: Human Resource Information Systems are databases of health workers working within the country, and contain information on the numbers, qualifications and work assignments of the workforce. Strong HRIS, whether computer or paper-based, must be able to generate timely and accurate information.</p> <p><u>Developed/Improved</u>: The project must define “developed” and “improved” in terms specific to the given context.</p>
Measurement	Likert scale ranking of the strength of the tool, for example: 1- Nonexistent, 2 – Startup, 3 – Developing, 4 – Functioning, 5 – Optimal. The project must define the characteristics of each level to clearly guide assessment of progress.
Disaggregation	Developed, improved
Data Sources	Project records

Indicator 3.10: HRIS populated with data on a regular basis, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	HRIS
Indicator Type	Output
Purpose	This indicator monitors whether the HRIS is updated regularly to gauge the accuracy of the data contained within the system. A regularly updated HRIS helps to ensure the availability of up-to-date data for decision makers and managers to use for HRH distribution and allocation, national level HRH strategic planning, and performance improvement. The schedule for data updates will be determined by the government, and may involve multiple levels of the health system, including the national, regional and local government and health facilities
Definition of Key Terms	<p><u>HRIS</u>: Human Resource Information Systems are databases of health workers working within the country, and contain information on the numbers, qualifications and work assignments of the workforce. Many HRIS systems are now computer-based, but systems can also be paper-based.</p> <p><u>Regular basis</u>: The expected interval between data updates is typically delineated in HRIS standard operating procedures.</p>
Measurement	Yes/No
Disaggregation	Type of facility, urban/rural facility location
Data Sources	HRIS, project records, government records



Indicator 3.11: HRIS data verified on a regular basis, with project support	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	HRIS
Indicator Type	Output
Purpose	This indicator monitors whether the data with which the HRIS is regularly updated is verified to ensure the accuracy of the data contained within the system. Verification of HRIS data helps to ensure that decision makers and managers are using accurate information in decision-making for HRH distribution and allocation, national level HRH strategic planning, and performance improvement. The schedule for verification of data will be determined by the government, and may involve multiple levels of the health system, including the national, regional and local government and health facilities
Definition of Key Terms	<p><u>HRIS</u>: Human Resource Information Systems are databases of health workers working within the country, and contain information on the numbers, qualifications and work assignments of the workforce. Many HRIS systems are now computer-based, but systems can also be paper-based.</p> <p><u>Regular basis</u>: The expected interval between verifications is typically delineated in HRIS standard operating procedures.</p>
Measurement	Yes/No
Disaggregation	Type of facility, urban/rural facility location
Data Sources	HRIS, project records, government records



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Indicator 3.12: HRIS used for HRH decision-making	
Building Block(s)	Human Resources for Health
Category	Health Workforce Policy, Planning and Management
Sub-Category	HRIS
Indicator Type	Short Term Outcome
Purpose	This indicator measures whether the data collected and generated from an HRIS are used to inform decision-making among decision makers on a regular basis. For example, HRIS data may be used for annual planning processes, or management review.
Definition of Key Terms	<u>HRH decision-making</u> : The project will need to define what “HRH decision-making” means for the country.
Measurement	Yes/No, with a qualitative description of the type of position or organization requesting data, and the type of decision made using the data (for example: planning, budgeting or deployment)
Disaggregation	-
Data Sources	HRIS, Ministry of Health records, Ministry of Health survey, health sector documents