# 5<sup>th</sup> APHRH Forum

**19-21 April 2017, Kampala**

# Evidence-based HRH Planning

# Overview

- Introduction
- Goal of Human Resources for Health planning
- Workload Indicators of Staffing Needs(WISN)

# Goal of HR management and planning

❑ **The goal of human resource management & planning is to have:**

- ✓ **the right number of people**
- ✓ **with the right skills**
- ✓ **in the right place**
- ✓ **at the right time**
- ✓ **with the right attitude**
- ✓ **doing the right work**
- ✓ **at the right cost**

❑ **To meet this goal, HRH managers need appropriate methods for making staffing decisions.**

**WISN**
WORKLOAD INDICATORS
OF STAFFING NEED

# What is WISN?

- **WISN = Workload Indicators of Staffing Need**
- **WISN is a facility based method using a health worker's workload and activity (time) standards to determine staff requirements**
- **The WISN application is a software tool for recording, analysing and reporting data related to staffing status and needs at health facilities**
- **WISN takes into account differences in services provided and the complexity of care in different facilities.**
- **The WISN calculation of staff requirements is based on the same medical standards in all similar facilities.**

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# What is WISN?

- **The WISN method is a human resource management and planning tool that:**

  1. **Determines how many health workers of a particular type are required to cope with the workload of a given health facility**

  2. **Assesses the workload pressure of the health workers in that facility.**



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# How can WISN help you?

- **WISN results can be used to make several types of decisions:**

  - **First: WISN results can help to determine how best to improve your current staffing situation.**

  - **WISN results can help to determine/revise your existing staffing norms in health facilities**

  - **WISN results can help to set better priorities for allocating new staff or transferring existing staff,**

  - **If your objective is to identify inequities in current staffing of health facilities, the analysis of the workload pressure will further help you decide which health facilities should receive the highest priority.**

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# How can WISN help you?

**Second:** WISN can help to determine the best way to allocate new functions and transfer existing functions to different health worker categories.

- You can decide whether the number of existing cadres should be reduced, a new staff category created or tasks shifted between cadres.

- You do this by reviewing the range of functions and any possible overlap in work done by the different staff categories for which the WISN results have been calculated.

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# How can WISN help you?

- **Third,** the WISN calculations are based on current professional standards for performing a particular component of work.

- Thus professional standards allow you to see in which facilities the current professional performance is low in comparison with other facilities.

- By using improved professional standards in the WISN calculations, you can determine how many extra staff you would require in a particular cadre to achieve these new standards.

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# How can WISN help you? (3/3)

- **Fourth,** you can use WISN to plan future staffing of health facilities.
  - Instead of current workload data, in the WISN calculations you can use data on anticipated workloads of planned future services.
  - This allows you to determine how many health workers of a particular type required to deliver such future services.

- **Fifth,** you can use WISN to examine the impact of different conditions of employment on staff requirements. They include changes in the length of the working week, increased vacation or different in-service training policies, for example.

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# Strengths of the WISN method

1. **Simple to operate** (uses already collected data)

2. **Simple to use** (applicable at all levels of care)

3. **Technically acceptable** to health service managers

4. **Comprehensible** to non-medical managers

5. **Realistic** (provides practical budget)

6. **Applicable to all** personnel categories

# **Limitations of WISN**

1.  **Depends on availability of annual statistics on services**

2.  **Detail of analysis is determined by detail in statistics**

3.  **Calculation is retrospective**

4.  **Ignores other influences on workload, e.g. unavailability of medicines**

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# Overview of the WISN method



Calculate Available Working Time — 1

Define Workload Components — 2

Set Activity Standards — 3

Establish Standard Workloads — 4

Calculate Allowance Factors — 5

Determine Staff Requirements — 6

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# Applicability of WISN

- **WISN is applicable to all personnel in the health sector**
- **Countries in Africa that have been supported to implement WISN**

  1. **Botswana**
  2. **Cameroon**
  3. **Democratic Republic of Congo**
  4. **Cote D'Ivoire**
  5. **Egypt**
  6. **Ethiopia,**
  7. **Ghana,**
  8. **Kenya,**
  9. **Mali**
  10. **Mozambique,**
  11. **Namibia**
  12. **Niger**
  13. **Nigeria**
  14. **Rwanda,**
  15. **Senegal**
  16. **South Africa,**
  17. **Swaziland**
  18. **Tanzania**
  19. **Uganda,**
  20. **Zambia**
  21. **Zimbabwe.**
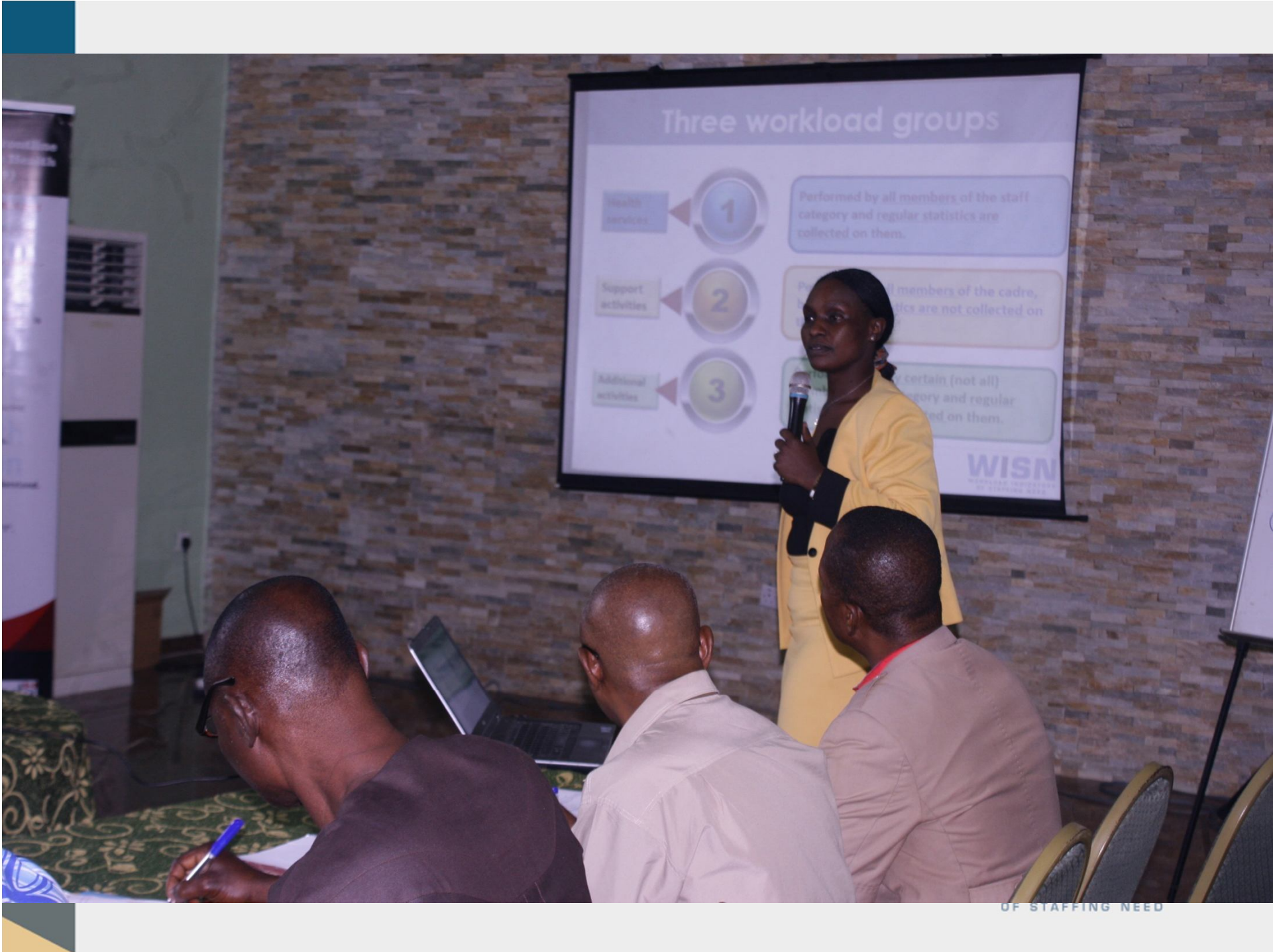
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# Example : setting service standards

| Workload groups | List main workload components | Sub activities/tasks based on SOP | Unit time | | | Annual workoad statistics (specify the data routinely collected by the fcility) |
|---|---|---|---|---|---|---|
| | | | average in min per one patient | | | |
| | | | Health post | Primary Hospital | District hospital | |
| Health services | 1. Screening | Task 1: Establishing rapport | | | | |
| | | Task 2: Registration | | | | |
| | | Task 3: Triaging | | | | |
| | | Task 4: Checking vital signs | | | | |
| | | **TOTAL** | | | | |
| | 2. Initial Consultations | Task 1: Establishing rapport | | | | |
| | | Task 2: History taking | | | | |
| | | Task 3: Physical examination | | | | |
| | | Task 4: Nursing intervention | | | | |
| | | Task 5: Documentation | | | | |
| | | **TOTAL** | | | | |

# Workload components for supportive activities and allowance standards

| Workload groups | Workload components | Rural hospital Allowance standards | District hospital Allowance standards | Provincial hospital Allowance standards |
|---|---|---|---|---|
| Support activities | Departmental meeting | | | |
| | CPDs | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Workload components for additional activities and allowance standards

| Workload groups | Workload components | Number staff performing the task | Rural hospital |
|---|---|---|---|
| Additional activities | Supervision of Nursing and Midwifery students | | |
| | Report writing | | |
| | Stock taking | | |
| | | | |
| | | | |
| | | | |

# Policy implications

- Development of need based forecasting plans and services

- Review of health cadres

- Performance based payment

- Improved deployment and distribution of health workers

- Allocation of new tasks

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# Thank you