

HONOURING HEALTH WORKERS

World Health
Worker Week
April 2-8, 2017



**SPECIAL
REPORT**

WORLD HEALTH WORKER WEEK 2017: A SPECIAL SERIES REPORT

ABOUT WORLD HEALTH WORKER WEEK

World Health Worker Week is an annual event celebrated from 2 to 8 April all over the world. This week presents an opportunity to mobilise communities, partners, and policy makers in support of health workers in the community level and in a global scale. This week is a time to celebrate the amazing work done by health workers and raise awareness to the challenges and issues they face in performing their daily routine. Moreover, it is an opportunity to fill the voids in the health workforce by calling those in power to ensure that health workers have the required trainings, supplies and provide the support they require to perform their jobs effectively.

Health workers represent doctors, nurses, public health professional, paramedics, caretakers, educators, counsellors, field workers, volunteers, and other support staffs without whom there would be no health care for millions of families in the developing world. They are the backbone of effective health systems and provides linkage between people and health care and are the backbone of effective health systems.

World Health Worker week seeks to:

- Inspire and stimulate new and actionable health workers
- Mobilise and encourage decision makers, development partners, donors, civil society, including private sector to strengthen financial and technical support for health workers
- Increase the local, national and global recognition of the live-saving role of health workers and the need to invest to maintain an active and engaged health workforce
- Celebrate health workers as heroes and honour their invaluable contribution
- Ensure appropriate attention is given to human resource for health

WHAT DIFFERENCE DO HEALTH WORKERS MAKE?

Without health workers, the drastic progress made over the last 20 years in reducing preventable disease deaths and fighting diseases simply would not have been possible. Without health workers millions of adults and children would lose their lives due to childbirth complications, AIDS, Tuberculosis, pneumonia, malaria, diarrhea along with several other preventable diseases. That is why skilled and well equipped health workers need to be in reach of individuals. Health workers are crucial for healthcare and their absence threatens the health of individuals and populations,



destabilizes health systems, and further deepens existing global health inequalities, resulting in more unequal societies.

Moreover, health workers don't need to be highly educated to create an impact on the community level. If provided with proper training, support and supervision, they can acquire the skills to make the difference in the communities and can save hundreds of lives. According to the [Frontline Health Workers Coalition](#), millions of people in impoverished countries are alive today because births were attended by midwives, vaccinated as infants by nurses, or because their families learned from a CHW to adopt to healthy behaviors like breastfeeding, hand-washing, birth spacing, and sleeping under a mosquito net. Still millions of people worldwide are lacking access to all the essential health services that health workers can provide.

Threats such as Ebola and Zika can be halted when health workers coordinate community-level prevention, detection, and response efforts. Maternal and newborn mortality can largely be prevented when skilled birth attendants are present. The spread of HIV/AIDS can be slowed when health workers promote awareness, conduct testing, and provide treatment.

HOW HEALTH WORKERS SUPPORT THE SDGS

Health workers are related to the [Sustainable Development Goals](#) in the following ways:

Goals	How they are related?
No Poverty	Healthy societies are engines for economic growth. Health workers are at the core of health systems ensuring healthy lives and wellbeing.
Zero Hunger	Substantive and strategic investments in the global health workforce are essential to provide health services including those related to nutrition.
Health and Wellbeing	The health workforce is central in translating the vision of Universal Health Coverage into reality.
Quality Education	Inclusive and equitable health education to health workers can lead to greater economic growth, better health outcomes, and improved global security. And equal opportunities to affordable and quality education will improve the pool of qualified health workers
Decent Work and Economic Growth	The health care sector is one of the largest employment sector in most countries. It is a source for full and productive employment and decent work for all people and can actively counter high rates of youth employment in urban and remote areas.
Reduced Inequalities	Migration and morbidity of health workers can result in inequitable access to health care, within and among countries.
Sustainable Cities and Communities	The majority of the world's population lives in urban areas. Over 828 million people live in slums. Equitable access to health care can improve basic service for all.



ISSUES FACED BY HEALTH WORKERS GLOBALLY

The [World Health Organization \(WHO\)](#) estimates nearly 1 billion people worldwide have little to no access to essential health services because of a shortage of 7.2 million doctors, nurses and midwives, making it vital to focus on deploying trained and supported workers to rural and other underserved communities.

There is an existing global shortage of health workers. Many lifesaving interventions that are designed by authorities are failing to be delivered due to lack of health workers. In addition, the existing health workers lack support and supervision and do not have the right training and equipment to provide simple and appropriate live saving care. Health workers often find themselves having excessive work load. Apparently, they are not getting the respect they deserve and this is resulting in mass reluctance for young people in becoming a health worker.

In developing countries, health workers need to travel for miles to reach villages and communities with no road access. Without transportation, it is difficult for the health worker to reach the isolated areas. Health workers also work in dangerous and infectious areas and are paid very low in return. Due to this, many rural health workers are migrating to urban areas where they are likely to get paid better and facilities are available. This has made it difficult to retain skilled workers in the rural communities where problems persists the most.

WHAT CAN WE DO IN THIS WEEK?

We can contribute to a great extent in this week in the following ways:

- Share inspiring stories of the remarkable work done by health workers in our locality or region
- Encourage the health workers by giving them simple gifts and tokens of appreciation like flowers, cards, homemade medals or offer a simple cup of coffee
- Create a Facebook event to honor the health workers and keep twitter accounts updated to constantly remind the community about the importance of health workers.
- Work with partner organizations, supporters, friends, and family to honor a few truly inspiring health workers in your area with an award
- Engage local musical acts, carry out a community walk or race to honor how far health workers travel
- Organise an art exhibition featuring the work of local children, or arrange a local celebrity appearance
- Take initiative to educate and raise awareness in the community to encourage them to follow the advice of health workers



HEALTH WORKERS STATISTICS IN NEPAL

Nepal has been identified by the [World Health Organization](#) as one of 57 nations with a critical shortage of health workers. According to the WHO [Global Atlas of Health Workforce 2010](#), there is a chronic shortage of HRH especially doctors, nurses and midwives in Nepal. The density of Human Resource for Health (HRH) is 7 per 10,000 people. [Human Resource for Health](#) Report published by Nepal Health Sector Support Programme (NHSSP) in 2013, the total number of health workers in Nepal was 54,177 across the public and private health sectors. The health management and support staff group (20,396) was the largest group followed by the paramedical practitioners group (9,839). This information was collected from 112 public sector facilities at central (16 facilities), regional and sub-regional (5 facilities), zonal (10 facilities) and district (81 facilities and offices) levels from all Nepal's 75 districts. In addition, data on the private sector workforce were collected from 241 private facilities, of which 191 (79%) were private-for-profit and 50 (21%) were private not-for-profit, across 46 districts in the five regions.

Doctors made up 12% of the private health sector workforce, 5% of the public health workforce and 8% of the total. In the public sector, a total of 32,809 public health workers were identified, comprising paramedical practitioners (26%) and support staff groups such as cleaners, ward helpers and other non-clinical workers (33%) and a total of 21,368 health workers were documented in the private health sector with the largest group being nursing professionals. Sixty percent of all doctors and 80% of all pharmacists were employed in the private health workforce. Nepal was found to have 0.17 doctors per 1,000/population and 0.50 nurses per 1,000/population. This represents 0.67 doctors and nurses per 1,000/population, which is significantly less than the WHO recommendation of 2.3 doctors, nurses and midwives per 1,000 population.

Health posts and sub-health posts had the largest number of public health workers at 12,884 (39%), followed by the central level hospitals, which had 7,386 (23%) of this workforce. Of all doctors in the public health workforce, 76% (484) were located in the central hospitals and 9% in district hospitals. The Terai zone had only 36% of health workers when it accounted for 50% of the country's population in 2011. Sixty-six percent of all doctors and 58% of all nurses were located in the hills — partly explained by central level hospitals being in the Kathmandu valley, which is in the hills. The majority of public health workers were permanent employees (82%) while 13% were employed on contract. Most staff (96%) in PHCCs, health posts and SHPs were permanent employees. Only 44% of the workforce in private health facilities comprised permanent employees while 36% were employed on contracts.

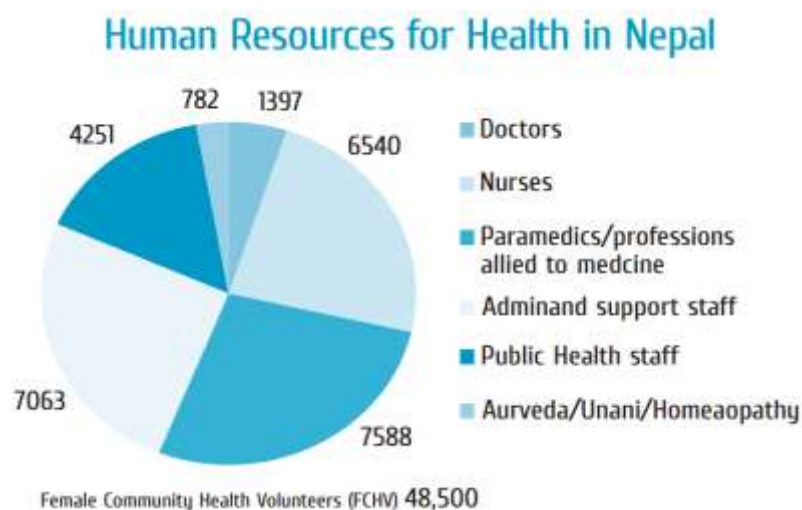
According to the [National Health Sector Strategy](#) (2015-2020), out of 32,809 public health workforce in Nepal, 45% are concentrated in the Central Region whereas only 7% are in the Far-Western Region. The distribution scenario is even worse for private health



workforce; of the total 21,638 health workers, only 2% are available in the Far-Western Region with 58% concentrated in the Central Region.

Health workers in the public and private sector and population ratios							
Health Occupational Category/Cadre	Public		Private		Total		Health Workers Per 1000 Population
	No.	%	No.	%	No.	%	
Generalist Medical Practitioners	1,123	3%	1,327	6%	2,450	5%	0.09
Specialist Medical Practitioners	636	2%	1,315	6%	1,951	4%	0.07
Nursing Professionals	3,371	10%	3,683	17%	7,054	13%	0.27
Nursing Associate Professionals	4,876	15%	1,393	7%	6,269	12%	0.24
Paramedical Practitioners	8,679	26%	1,160	5%	9,839	18%	0.37
Ayurveda Medicine Practitioners and Assistants	715	2%		0%	715	1%	0.03
Dentists	57	0%	173	1%	230	0%	0.01
Pharmacists	86	0%	349	2%	435	1%	0.02
Environmental and Public Health Workers	314	1%	20	0%	334	1%	0.01
Laboratory Workers	939	3%	1,283	6%	2,222	4%	0.08
Health Management and Support Workers	10,797	33%	9,599	45%	20,396	38%	
Other Health Workers	98	0%	81	0%	179	0%	
Unclassified*	1,118	3%	985	5%	2,103	4%	
Total no.	32,809		21,368		54,177		
Total%	61%		39%				

Source: [HRH Assessment 2012](#)



Source: [Towards building a comprehensive and costed HRH plan](#) through the CCF process in Nepal, 2010



CURRENT HEALTH WORKER RELATED ISSUES/CHALLENGES IN NEPAL

Some of the major issues and challenges that exists for health workers in the context of Nepal are as follows:

- Unequal distribution of staff, especially in rural areas
- Poor staff performance in terms of productivity, quality, availability and competency
- Fragmented approach to HRH planning, management and development
- Imbalance between supply and demand of health workers
- Limited financing for human resource engaged in the health sector
- Low attraction/ retention in public service, and excessive migration among health workers
- Unstable political situation resulting in frequent transfer of health workers
- Possible transition in government structure
- Low opportunity for pre and in-service training
- Demotivation of health workers to perform under challenging circumstances

NATIONAL HEALTH POLICY PROVISIONS AND FRAMEWORKS ON HEALTH WORKERS

NATIONAL HEALTH POLICY 2071

The following policies were formulated concerning Health Workers in the [National Health Policy 2071](#):

1. Plan, produce, retain and develop skilled human resources to deliver affordable and effective health services
2. Improve quality of health research in line with international standards and establish effective mechanisms to translate these into policy making, planning and medicine systems
3. Ensure provision of quality health services through efficient and accountable mechanism and process of coordination, monitoring and regulation
4. Ensure professional standards and quality of health services by making health related professional councils capable, professional and accountable
5. Promote public private partnership for systematic and qualitative development of health sector
6. Gradually increase state's investment in health sector and effectively utilise and manage support from private sector and development partners to ensure affordable and quality health services and ensure financial protection in health expenditures.



The [National Health Sector strategy](#) realizes the importance of health workers in delivery of health services. It has devised some policies and strategies uplift health workers to obtain the desired output in health in the national level. These policies are oriented towards;

1. Improving the availability of human resource at all levels with a focus on rural retention and enrollment
2. Improving medical and public health education and competencies among professionals
3. Improving governance and accountability of the government towards the health workers
4. Strengthening health system financing to support the health workers
5. Promoting healthy behaviors and practices among the community to aid health workers in carrying out their routine functions
6. Practicing of integrated information management approach which makes it easy to acquire and disseminate critical health related information

HERD'S EFFORTS IN SUPPORTING HEALTH WORKERS IN NEPAL

[Health Research and Social Development Forum \(HERD\)](#) and [HERD International](#) – as a research and development organisations specialising in design and delivery of health care programmes has been concentrating on supporting health workers in their activities to promote better reach and quality of health services. In this advent, researchers at HERD share their experiences of engaging with health workers in various projects:

Promoting Family Planning Utilisation



Shophika Regmi - Project Manager for Nepal Family Planning Project

Nepal Family Planning Project focused on strengthening family planning (FP) service delivery for which health workers (HWs) were the main actors. There were different cadres of HWs involved in the study from national to district level. The HWs/health managers at District Health Office (DHO) and health facilities of the study districts (Ramechhap/Myagdi/Baitadi/Darchula) were supporting the implementation of the project. Skilled Birth Attendant (SBA) trained health workers and Auxiliary Nurse Midwives (ANMs) were of Ramechhap were trained to deliver Intra-Uterine Contraceptive Devices (IUCDs). Likewise, HWs in

Baitadi and Darchula were mobilised to provide comprehensive FP services including male and female sterilisation. We also interviewed these HWs to understand their

experience, the challenges they faced and their recommendation for the effective implementation of national FP programme.

The HWs were self-motivated to be involved in this project. They felt it as an opportunity to deliver services in remote setting where the services were not available otherwise and enhance their skills in IUCD delivery after receiving the training. They were also quite interested to be a part of the interviews and share their experiences and perspectives.

The FP project has helped HWs in improving service delivery and developing their capacity. After receiving the training, HWs in Ramechhap developed confidence to insert/remove IUCDs to women. In Baitadi and Darchula, introducing mobile camps with comprehensive FP services helped health workers to improve FP service utilisation in the districts.

Health service delivery system in Nepal is well structured. However, the functionality of the system is a big challenge. Evidence shows that majority of the health facilities lack required number of human resources, regular supplies of drugs, equipment and appropriate infrastructure, that are the prime factors for the effective delivery of health services. In the FP project, we experienced that HWs were transferred to different health facilities without proper arrangement for the replacement. Moreover, delivery of sensitive services such as Family Planning should also focus on assuring confidentiality to the clients. The existing service centres with limited infrastructure, further deteriorated by the earthquake in some districts, do not guarantee this. Therefore, **health service delivery mechanism should not only focus on physical infrastructure, equipment and supplies but also give priority to 'dealing with people'.**

Understanding the Context of Front Line Workers

Shraddha Manandhar – Qualitative Research Officer for Process Evaluation of Suaahara – Front Line Workers Study

Suaahara Frontline workers (FLWs) study was a process evaluation to determine how FLWs under the *Suaahara* programme were counselling the 1000 day mothers (the target group of the programme) and implementing other aspects of the programme. The FLWs included *Suaahara* field supervisors, health workers from the peripheral health facilities including Health Assistant (HA), Auxiliary Health Worker (AHW), ANM among others. Hence, health workers were the primary participants of our study. The entire study focused on exploring their experiences and challenges of implementing the *Suaahara* programme in their catchment area.



We employed two qualitative methods: focus group discussion (FGD) and shadowing to document their experiences regarding the *Suaahara* programme. In FGDs, health

workers discussed aspects of their work, sharing their common experiences as well as unique situations they faced. During shadowing, our researchers observed health workers (one researcher would shadow one health worker) for an entire working day, making notes of what they did, whom they spoke to, how they conducted counselling, and provided advice and so on.

As we were contracted by Save the Children, one of the implementing partners of *Suaahara*, it was fairly easy to convince health workers to participate. We had formal letters from Child Health Division and HERD to let them know about the purpose of our study. We made sure that our research activities did not affect their work. The health workers agreed to the time and place of the FGD and the date for shadowing.

Almost all health workers were cooperative and keen on sharing their experiences. However, some did feel a little uncomfortable on being shadowed. The health workers had to ignore researchers and carry on with their daily work. The feeling of being watched made them a little conscious. Besides that, they were happy to provide the information that we needed for our study.

Our research served as a good platform for health workers to share their views and experiences. We documented the process health workers used to carry out their work and prepared a report with suggestions for improvement. The purpose of this report was for Save the Children to evaluate how the effectiveness of the programme and provide recommendations on how it could be improved.

A strong supervision and monitoring mechanism where there is two-way communication between peripheral, district, regional and national level health personnel would have a sustained and lasting impact in overall health service delivery mechanism.

Furthermore, the health workers need to be constantly motivated. Therefore, I feel the government should devise mechanisms for performance based reward mechanism. Trainings to enhance capacity can also motivate health workers. The government needs to ensure that all health workers receive opportunities. Health workers sometimes complain nepotism and gender affected work related opportunities such as training. FCHVs often complained that they did not get appreciation for their work. Family members often did not support them to work voluntarily while neighbors often refused to participate accusing FCHVs of being paid a lot by organizations and providing nothing to them in return. Therefore, **to further strengthen our health system, appraisal of peripheral health workers to keep them motivated is of paramount importance.**



Providing Support to MDR TB Patients



Sudeepa Khanal – Project Coordinator for MDR TB Operational Research

There is a greater realisation among the stakeholders on the need of psychosocial support for MDR TB patients and their family members. The main aim of the study was to design and assess the feasibility an intervention of psychosocial support for Multi-Drug Resistant (MDR) TB patients and their family members within the existing MDR TB programme. Sustainability is also one of the reasons for involving health workers in this study.

In our study, the health workers were involved as service providers (for psycho social counselling to MDR TB patients) as well as research participants (of qualitative interviews to understand their perception and experience of delivering interventions). We also tried to identify the challenges for them to be able to deliver interventions of that kind in our settings.

We implemented this intervention from two hospitals and eight health facilities. The HWs themselves contributed to the design of the intervention and they were very positive about its delivery. However, there were factors that hampered their coordination or engagement in our study. As for instance, our psycho social intervention requires spending time with patients and family members and given their existing work load it was not an easy thing to do. There were many challenges they encountered but they were keen enough to facilitate the implementation.

In order to provide counselling to patients, the health workers were provided a 5 days' training on the skills of delivering counselling. We collaborated with National Tuberculosis Centre (NTC) and one organisation to design the intervention and training package. Post the training, health workers were more confident on their counselling skills and were confident in providing psycho social interventions. One of the major concerns of health workers was the need for capacity development for provision of his kind of intervention. There are many factors to improve the health service delivery mechanism. **Motivation and skills enhancement of the health workers could be one of the important keys to addressing the current barriers within our health system.**



Reaching the Unreached with TB Services

Prabin Shrestha, M&E Officer for Support to National TB Control Programme



Health workers are incorporated as a part of the programme implementation. It is through the health workers that we enter the respective districts. They are first oriented about the programme implementation modality and then onward these health workers implement the activities in the respective districts. The health workers support in coordination with the local health workers, planning of the programmes, implementation of the programmes, recording and reporting, supervision and monitoring of activities. They are thus accountable for effective implementation of their respective clusters. Furthermore, they also collect routine data related to the programme.

If the health workers are well informed and engaged in a meaningful way, they are ready to support in programme planning, implementation and monitoring and evaluation. Capacity building of health workers is essential. They should be oriented about the latest statistics, structures and modality of the programme which will enhance their capacity to support the programme and implement the programme efficiently. Furthermore, this will also help in making health workers accountable towards successful implementation and sustainability of national priority programmes.

CONCLUSION AND RECOMMENDATIONS

Despite making substantial progress over the past few decades in setting national policies and plans to strengthen the workforce, effective implementation has remained a key concern as the progress has not kept pace with expectations, manifesting in low morale among health workers, resulting in higher absenteeism and high turnover.

With many people still unreached from receiving health care services due to lack of accessibility and quality service delivery mechanism, health workers can be the most direct and cost-effective ways to save lives, and foster a healthier, safer and more prosperous world. Bolstering the health workforce can help clear a major hurdle to achieving our global health goals in the coming decades. Investing in health workers has the potential to save millions of women and children's lives, enhance global health security efforts, and bear tremendous economic returns. Improving access to health workers with the right skills, in the right numbers, and in the right places is crucial to global health progress.

Proposed restructuring of the Ministry of Health, ever-increasing demand for specialised health care, and scaling-up of health facilities based on population and geographic



parameters all require the sanctioning and recruitment of new forces of health workers in Nepal. Improved coordination and communication among the wide-ranging stakeholders, as well as reliable and timely data on the distribution of health workers across public and private sector institutions are required. Moreover, a collaborative platform among multiple actors are needed at various levels i.e. ministries, councils, academic institutions, centers and divisions within the ministry, who are responsible for the production, deployment and retention, training, and transfers of health workers. Immediate action is required to address the problem of shortage of health workers or else the gap is likely to increase in the near future.

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