

No. health care workers graduated from pre-service training - PEPFAR Indicator Reference Sheet

2010 – 2013 Indicator Reference Sheet

Indicator	Number of new health workers who graduated from a pre-service training institution within the reporting period
Type of Indicator:	Direct
Numerator: Essential/Reported	A count of the number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts
Purpose:	<p>It is widely acknowledged that the lack of trained health workers is a major barrier to scaling up HIV/AIDS services. The lack of a sufficient workforce in the PEPFAR countries presents a serious challenge not only to HIV/AIDS programs but to every area of health.</p> <p>PEPFAR’s legislative goal for new health workers is intended to support the production of health workers in each country through pre-service training.</p> <p>The data will tell us the number of new health workers who are available to enter the health work force each year as a result of full or partial PEPFAR support.</p> <p>This indicator is meant to capture the spirit of PEPFAR legislation and will be used in conjunction with other indicators and measures to report to congress on PEPFAR contributions to the national health workforce.</p>
Applicability:	<p>All USG PEPFAR countries programming in this area will be responsible for reporting on this indicator <u>for Direct and/or National as applicable.</u></p> <p>This indicator may not be appropriate for tracking a single partner’s performance, unless that partner is focused on the mission of increasing the number of health professionals in the workforce. You may need to consider multiple smaller activities and how they fit together to determine if the support to the graduates of a particular institution is sufficient to count them in your program summary result.</p>

	<p><u>Applicability for partner level performance tracking:</u></p> <p>All partners working in PEPFAR-funded activities with a focus on workforce expansion through support to pre-service training institutions, tuition support, or education system strengthening and expansion should report on this indicator.</p>
Data collection frequency:	Data should be collected and aggregated in time for PEPFAR reporting cycles.
Measurement tool:	MOH Human Resource Information Systems (HRIS), pre-service training institutions, professional associations, Ministry of Education, Public Service , and/or private sector HRIS , Ministry of Social Welfare HRIS, professional boards and councils, alumni or graduates networks, Health Sector or HRH Strategic Plans, Implementing partners.
Method of measurement:	<p>The number is the sum of new health workers from the host country who graduated from a pre-service training institution within the reporting period <u>with full or partial PEPFAR support</u>. Individuals may be in pre-service training over a number of years, but can be counted as graduated when they have completed their program. Graduates do not need to attend a formal ceremony – completing the program and being eligible to enter into service is sufficient. Local pre-service institutions may support other host country nationals under their program but those graduates should not be included in a country’s report on this indicator.</p> <p><u>Explanation:</u></p> <p>Training under this indicator is defined as “pre-service” training – the training of “new” health workers (see definition below). All training must occur prior to the individual entering the health workforce in his or her new position. A health worker who advances to a higher cadre (e.g., nurse completes medical school to become a doctor, clinical assistant completes training to become a clinical officer) shall be counted as a “new” health worker for the purposes of this indicator. The intent of the legislative goal is to expand the number of workers in the workforce and increase access to care, this could occur through advancing current workers to higher level cadres through additional training and education.</p> <p>Pre-service training institutions are university-based or affiliated schools of medicine, nursing, public health, social work, laboratory science, pharmacy, and other health-related fields. Non-professional or paraprofessional training would be any accredited and nationally recognized pre-service program that is a requirement</p>

	<p>for this cadre’s entry into the workforce.</p> <p>“In-service” and “continuing education” training should not be included in the count for this indicator, but continue to be encouraged by PEPFAR. These types of training are captured by indicator #H2.3.D.</p> <p>In order to count for #H2.1.D the duration of training must meet or exceed a minimum of 6 months. The 6-month training period may consist of a combination of classroom and practical training. Health workers who receive a 3-month training course cannot be counted here (use indicator #H2.2.D for pre-service training under 6 months).</p> <p>A pre-service training program must be nationally accredited, or at the minimum meet national and international standards. The program must also have specific learning objectives, a course curriculum, expected knowledge, skills, and competencies to be gained by participants, as well as documented minimum requirements for course completion. The duration and intensity of training will vary by cadre; however, all training programs should have at a minimum the criteria listed above.</p> <p>Individuals may be in training over many reporting periods; however, only participants who have successfully completed their training should be counted. Successful completion of training may be documented by diploma, certificate, or other evidence of completion of the program and subsequent eligibility to enter service. Individuals not meeting these documented requirements should not be counted in this indicator.</p> <p>“Health workers” refers to individuals involved in safeguarding and contributing to the prevention, promotion and protection of the health of the population (both professional and auxiliary-professionals). The categories below describe the different types of health workers to be considered under this indicator. This is not an exhaustive list of all health workers and position titles may vary from country to country.</p> <p>For the purposes of this indicator, health workers include the following:</p>
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	<p>1) Clinical health workers – Clinical health workers play clinical roles in direct service delivery and patient care:</p> <p style="padding-left: 40px;">a) Clinical professionals, including doctors, nurses, midwives, laboratory scientists, pharmacists, social workers, medical technologists, and psychologists; They usually have a tertiary education and most countries have a formal method of certifying their qualifications.</p> <p style="padding-left: 40px;">b) Clinical officers, medical and nursing assistants, lab and pharmacy technicians, auxiliary nurses, auxiliary midwives, T&C counselors. They should have completed a diploma or certificate program according to a standardized or accredited curriculum and support or substitute for university-trained professionals.</p> <p>2) Non-clinical health workers - Non-clinical workers do not play clinical roles in a health care setting but rather include workers in a health ministry, hospital and facility administrators, human resource managers, monitoring and evaluation advisors, epidemiologists and other professional staff critical to health service delivery and program support.</p> <p>Disaggregation of doctors, nurses, and midwives is Essential/Reported. Countries are asked to also disaggregate by other cadres and clinical/non-clinical (as defined below) but this will not be reported to OGAC (Essential/Not reported).</p> <p>Other disaggregation which is up to the USG team to decide could include geographical location, training duration, urban/rural, public/private, gender etc. Other disaggregation for this indicator will not be collected at OGAC however, if the data were available by these disaggregations in country and reviewed along with survey or other human resources data, country teams could assess if the numbers and mix of health workers trained adequately match the human resource demands of the health system, according to each country’s HRH strategy or plan. Based on this assessment, countries can determine how to prioritize investments in the education, recruitment, deployment and retention and training of health workers to maximize workforce expansion within the varieties of professionals that are most needed in line with national priorities around HRH.</p> <p><u>Definition of PEPFAR Direct support</u></p>
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	<p>Direct PEPFAR support includes funding in the areas of curriculum development, teacher training and support, tuition/scholarships, infrastructure, materials/equipment, and practica/internships. For example, full or partial support of student tuition or scholarships, teacher salaries, expansion/refurbishment of pre-service training facilities, and remuneration to recent graduates to 'bridge' the time period between graduation and hiring/deployment could all count under this indicator depending on if the investment meets the criteria for Direct contained in this indicator reference guide.</p> <p>Refer to the principles of the Direct definition contained in this indicator reference guide in Appendix 5. In order to be counted, partial support must substantially contribute to pre-service training, meaning that individual or collective PEPFAR contributions must comprise the predominate quantity of support or be critical to production of a health worker.</p>
<p>Interpretation:</p>	<p>This indicator does not measure the quality of the pre-service training, nor does it measure the outcomes of the training in terms of the competencies of individuals trained, nor their job performance. This indicator does not measure the placement or retention in the health workforce of trained individuals from their host country.</p> <p>Pre-service training is an essential component of human resources for health that is planned as part of an overall HRH strategy, which links the production of new health workers with service delivery needs and health systems capacity to recruit and retain newly trained health workers.</p>