

The Capacity Project in Uganda

The shortage of health workers in Uganda is acute, with staffing levels estimated at only 50% for certain types of personnel and sites. Among cadres such as nurses only about half of approved public-sector positions are filled, according to the Ministry of Health. Labor shortages related to the toll of HIV/AIDS are increasing, and a lack of trained health personnel and staffing imbalances are critical constraints to scaling up services. In short, the country's human resources for health (HRH) capacity is inadequate to meet the current challenges.

Despite some gains in the response to HIV, the epidemic poses one of the most serious obstacles to development and the reduction of poverty in Uganda. As a result there is an urgent need to expand the country's existing HIV/AIDS programs and services to reach all Ugandans, especially those in rural areas, and to fully implement antiretroviral therapy services.

The Capacity Project has taken into account the range of other HRH programs and activities underway in Uganda, and has identified areas where there are still gaps that can be usefully addressed. Overall, the Project's goal is to provide support for strengthening strategic, data-based HRH management, leadership and decision-making at the Ministry of Health's central and district levels. This will help Uganda to meet its health care needs and respond to major challenges such as HIV/AIDS and tuberculosis.

Activities in Brief

Strengthening HRH Strategic Management and Planning

Data about Uganda's health workforce has not previously been collected, analyzed and shared in a consistent way, making management, planning and decision-making difficult. The Capacity Project is assisting the MOH to strengthen management and planning through the development of integrated data systems, focusing initially on the supply side to help ensure that there is a sufficient workforce for expanded HIV and other basic services.

Working closely with the Ministry's Human Resource Development Division (HRDD), the Project helped to craft and implement a comprehensive agenda for HRH. In partnership with key collaborators, including the HRDD, the Project formed a Health Workforce Advisory Board to guide the process of strengthening human resources information systems for the four health professional councils. The Project developed and installed a certification and licensing system that will track all health professionals in Uganda from the time they enter pre-service training until they leave the workforce. Data from the new system is helping decision-makers to address issues such as out-migration and retention as well as current and up-to-date registration of health workers.

In collaboration with the European Union/Developing Human Resources for Health, the

Project is implementing strategies to improve communication between the ministries of health and education and ensure that the laws for higher education are harmonized across the two ministries.

Developing Data-Based Strategies to Improve Health Worker Retention

Retention of health care workers is perceived as a problem by all sectors. However, little is known about attrition rates and reasons for leaving. The Project aims to identify and disseminate strategies to improve retention based on collection and analysis of data.

In 2007, the HRDD participated in the Project's nationally representative study on health worker satisfaction and retention. The study found that about half of the 700 health workers in the survey planned to stay in their jobs indefinitely, and another 20% would stay at least three years. However, the rest were eager to leave their posts soon. Doctors are the cadre most likely to say they are eager to leave their jobs within two years and are the most at risk for leaving Uganda or the health sector entirely. The study also revealed significant problems with working conditions in all health facilities.

The Project also undertook data collection for a follow-up study that will provide information on health worker turnover and attrition rates by cadre over a five-year period. Findings from both studies will be used to inform national strategies



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for the improvement of retention and working conditions.

Creating a Workplace Safety Program to Protect the Health Workforce



Given the prevalence of HIV, Uganda's health workers are at a higher risk of exposure. This risk can affect potential recruits to the health care system and influence attrition. Previously, health facilities developed some safety policies to reduce employee exposure; however, these policies were not widely or consistently disseminated and implemented. Therefore, the Project developed a workplace safety policy—based

on the International Labor Organization World of Work policy and nationalized for Uganda—to protect the health workforce against HIV and other blood-borne risks. The MOH implemented safety guidelines and assessed their efficacy in several districts and facilities.

Supporting Human Resources Management at the Central and District Levels

More effective human resources management by the MOH at the central and district levels will help to coordinate and drive improved HR practices and to gather and use data as a basis for improving a range of functions.

During 2006–2007, the HRDD and other stakeholders held regional HRH Action Workshops for 60 central and district-level participants. Since that time, the Project has worked to increase the level of district responsibility

and participation in the national reproductive health development process; and to disseminate resolutions of the World Health Day HRH Symposium and develop district action plans.

Fostering Supportive Supervision to Improve Performance

The Project is offering guidance to health care supervisors in the use of a performance improvement methodology, which aims to improve day-to-day supervision as well as identify specific supervisory strategies to support staff and improve reproductive health care services. In concert with the MOH, the Project has reviewed and implemented performance standards and assessment tools that will improve the delivery of HIV and reproductive health programs.

Strengthening Health Professional Associations

The Project produced a technical brief on strengthening professional associations, which is being used in Uganda as the foundation for developing standards for continuing education, communication and advocacy strategies. To help health leaders enhance their skills in advocacy and media communications in order to improve access to quality health services, the Project is organizing trainings and other strategies that address these areas.

The four Ugandan health professional councils formed a working group in collaboration with the Project and the Health Workforce Advisory Board to develop standards for continuous professional development. The Project is coordinating a survey for the Nurses and Midwives Council to learn how it could better serve its members.



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The Capacity Project Partnership



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