## **Capacity Project Resource Paper**

# Human Resources for Health Programs for Countries in Conflict and Post-Conflict Situations

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#### Introduction

The challenges inherent in planning, developing and supporting a sustainable health care workforce are all the more difficult in countries where conflict or the aftermath of conflict can impede the implementation of short- and long-term approaches to building human resources for health (HRH). Based on field experiences implementing programs in such situations and supplemented by a carefully targeted literature review, this resource paper explores operational challenges, opportunities and goals common to initiating HRH programs in conflict and post-conflict situations.

## **Operational Challenges and Opportunities**

The priority for USAID-funded cooperating agencies (CAs) working in the area of human resources during conflict and immediate post-conflict situations is usually to mobilize and support the health workforce to cope with a humanitarian emergency. The tendency in crisis situations is to focus on acute needs rather than address long-term goals or strategies for a country's health system. However, post-conflict settings may generate feelings of optimism, renewed energy to address HRH issues, increased interest by the international community and an influx of human and funding resources. These circumstances can deliver unprecedented opportunities for NGOs to assist in modifying or designing effective HRH systems unencumbered by some of the challenges that often plague these systems.

## **Operational Goals**

Flexibility, collaboration, coordination and the ability to balance short-term needs and long-term objectives are key elements in achieving operational goals in conflict and post-conflict situations.

#### Assessing the context of HRH at the program design stage

In an immediate post-conflict period, it is necessary to examine both the quantitative and qualitative impact of the unrest on the country's workforce. A starting point for this analysis is to gather pre-conflict HRH data, when available, to use as a basis for comparison. These data may be of limited value, however, if the new political situation differs substantially from the pre-conflict context (Pavignani, 2005).

If performed as soon as possible after the situation on the ground stabilizes, surveys of the workforce situation, such as those conducted in Cambodia (Ministry of Health, Kingdom of Cambodia, 1993) and in Afghanistan within the Health Facilities Survey (Islamic Transitional Government of Afghanistan, 2002), will assist in the development of targeted and focused initial or interim HRH policy and planning.

Potential data sources on the health workforce include existing civil service workers, former government health workers, current and future graduates of training institutions, health workers who have been trained across borders in refugee camps, members of the diaspora who have permanently settled in other countries, rebel or factional health

workers, NGO-trained and -employed health workers and private practitioners. Health workforce data are often difficult to obtain under normal development conditions and will be further complicated in conflict-prone areas where data are usually highly political and can affect the livelihood of many personnel who benefit from the status quo.

# Orienting CAs and their implementation teams to be flexible, to act fast and to plan for contingencies

Technical assistance (TA) in conflict and post-conflict situations often happens on short notice and needs to have the flexibility to take advantage of unforeseen opportunities and the emerging sense of optimism that often prevails immediately post-conflict. It is crucial that CAs develop simplified organizational procedures that allow for successful adaptation and response to changing conditions.

In many post-conflict situations, sporadic fighting will erupt even after the unrest has formally ended. As a result, it is important that CAs pay special attention in the design of HRH programs to the make-up and skill set of the team they assemble to provide TA. For CAs working in regions where conflict, strife and major transition are the norm, a key to success is the ability of implementation teams to plan for contingencies. Field teams need to be able to respond quickly to local conditions still in a state of flux, effectively modify their approaches and develop alternative interventions midstream, all the while focusing on ultimate program outcomes. This mindset is best achieved by orienting team members to proactive contingency planning from the onset of the program, thus relieving the anxiety of having to react to continuous changes on the ground.

Another advantage of this approach is that it encourages continuous program assessment. While the focus remains on the long-term goal of developing the health workforce, performance indicators are built in at key intervals throughout the program, monitored frequently, reviewed regularly and, if needed, updated in line with changing conditions. This ensures that the CA can modify its approach strategically while maintaining focus on the long-term development objectives of the country.

#### Planning for extended involvement

Countries in conflict and post-conflict situations are often dealing with the destruction or deterioration of local educational and training institutions, and typically suffer from low capacity to develop HRH. For institutions to regain and sustain the ability to train and update health care providers in line with current standards, they require the long-term support and involvement of donors and providers of technical assistance. Strategies introduced by CAs need a commitment from donors beyond the traditional three to five years. This allows for the institutionalization of TA and nurtures trust in the governments receiving assistance that donor funds will not disappear before longer-term goals can be accomplished. Diligence and strategic monitoring of program progress are essential to ensuring the viability of long-term program objectives.

#### Considering short- vs. long-term sustainability

The issue of sustainability of interventions in a post-conflict situation needs to be addressed in both the short and long term. In the short term, CAs should focus on

achievements that can be preserved regardless of changing conditions. In the long term, they need to concentrate on institutionalization and maintenance. In instances where an activity is interrupted midstream in a post-conflict environment, CAs should marshal resources in order to minimize losses to program improvements.

For example, in situations where an expatriate TA team has to be evacuated, a special effort needs to be made to provide long-distance support to the local team members and keep activities on track as best as possible. E-mails, conference calls and face-to-face interactions via video conferencing, as possible, should be utilized to maintain continuous contact between local team members and the head office. This increased communication can offset the interruption of on-the-ground technical support and alleviate the sense of isolation and anxiety that may be experienced by local team members. Such efforts can also help to empower the field team to maintain activities so that work is not disrupted.

This approach is in line with the goals of long-term sustainability, where the focus is on increasing local team members' capacity by partnering them with expatriate staff at the onset of any intervention. The capacity of local staff should be strengthened from the beginning through peer support, mentoring, involvement in decision-making and recruitment to leadership positions whenever possible. This encourages local ownership and nurtures community involvement and trust.

#### Agreeing on practical coordination mechanisms among international actors

In post-conflict situations, the government may be very fragile, essentially nonexistent or preoccupied with urgent crises other than HRH. As a result, practical coordination may need to take place in the absence of government leadership. It is important for CAs, NGOs and international parties to work together to organize intervention strategies, share plans of actions, develop a common understanding of barriers, challenges and priorities, and pool resources whenever possible to minimize duplication of effort and maximize impact on the ground. The unification of the various actors working in post-conflict situations can also minimize tendencies within emerging governments to try and play one donor against another.

While multiple international donors may have competing agendas and local NGOs may be dealing with territorial issues, the tremendous advantages garnered from adapting a collaborative approach should encourage CAs to find ways to coordinate their efforts, even if only on a limited basis. Moreover, these efforts must not undermine national institution-building by disregarding defined budget processes or setting high salaries for local staff that weaken recruitment and retention in local institutions. CAs should not compete with local institutions but establish cost norms for staff salaries in consultation with government and other national stakeholders.

#### Aligning local strategies and systems

In a conflict situation, the overwhelming need is to align immediate humanitarian assistance programs with current government systems and procedures where they exist. By aligning their programs with government-supported strategies and systems at start-up, donors are better positioned to transition their humanitarian assistance

programs to long-term development efforts since they have already built trust and a track record of adhering as much as possible to government-supported guidelines, procedures and systems. Furthermore, alignment will facilitate a sense of ownership by local governments and support the integration of donor programs into their systems in the future.

#### Conclusion

While the elements for achieving operational HRH goals described above are applicable to conflict and post-conflict situations in general, it is important to recognize that each particular situation presents its own set of conditions, actors and challenges. There is a need for more systematic sharing and analysis of these country-specific experiences and lessons learned from HRH-related initiatives in conflict and post-conflict situations. In that light, this paper is intended to help lay the foundation for more in-depth discussions and innovative exchange of ideas among CAs on how to design and implement sustainable HRH programs in especially demanding environments.

#### References

Chauvet L, Collier P. Development effectiveness in fragile states: spillovers and turnarounds. Centre for the Study of African Economies, Department of Economics, Oxford University, 2004. Available at:

http://www.oecd.org/dataoecd/32/59/34255628.pdf

Department of International Development (DFID). Why we need to work more effectively in fragile states. London, UK: Department of International Development, 2005. Available at:

http://www.dfid.gov.uk/pubs/files/fragilestates-paper.pdf

Dewdney J, Grove N, Ho T, Whelan A, Zwi A. The challenge of human resource management in conflict prone situations. The University of South Wales Health and Conflict Project, 2004. Available at:

http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/AUSCAN\_Background\_II.pdf/\$file/AUSCAN\_Background\_II.pdf

Evans T, Bennet S, Davis P, Travis P, Wibulpolprasert S, Zeitz P. Making health systems work. Bethesda, MD: Abt Associates Inc., n.d. Available at: <a href="http://www.phrplus.org/Pubs/HSANFull\_article.pdf">http://www.phrplus.org/Pubs/HSANFull\_article.pdf</a>

Islamic Transitional Government of Afghanistan. Afghanistan national health resources assessment: preliminary results: November 2002. Kabul, Afghanistan: Ministry of Public Health, Islamic Transitional Government of Afghanistan, 2002.

Morcos K. Principles for good international engagement in fragile states: learning and advisory process on difficult partnerships. Draft paper. Paris, France: Organisation for Economic Co-operation and Development, 2005. Available at: <a href="http://www.oecd.org/dataoecd/59/55/34700989.pdf">http://www.oecd.org/dataoecd/59/55/34700989.pdf</a>

Pavignani E. Analysing disrupted health sectors: a tool kit. Draft June 2, 2005. Geneva, Switzerland: World Health Organization, 2005.

Rugumamu S. Studies in reconstruction and capacity building in post conflict countries in Africa: some experience from Mozambique, Rwanda, Sierra Leone and Uganda. Harare, Zimbabwe: The African Capacity Building Foundation, 2003.

Smith J. Human resources for health: exploring experience and opportunities for change in a post-conflict environment. Geneva, Switzerland: World Health Organization, 2003.

United Nations Development Programme (UNDP). Building the public administration in a post conflict situation: the case of Timor-Leste. Sub-Regional Resource, Facility for the Pacific, Northeast, and Southeast Asia, Bangkok SURF, March 2004.

United States Agency for International Development. Fragile states strategy. Washington, DC: United States Agency for International Development, 2005. Available at:

http://www.usaid.gov/policy/2005 fragile states strategy.pdf

United States Agency for International Development. U.S. foreign aid: meeting the challenges of the twenty-first century. Washington, DC: Bureau for Policy and Program Coordination, United States Agency for International Development, 2004. Available at: <a href="http://www.usaid.gov/policy/pdabz3221.pdf">http://www.usaid.gov/policy/pdabz3221.pdf</a>

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- Improving workforce planning and leadership
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

#### The Capacity Project Partnership















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