

## RESULTS AND LESSONS LEARNED

### Workforce Planning and Leadership

#### Background and Strategy

To strengthen health care, countries need accurate data and professional leadership to support strategic planning of HRH. The Capacity Project aimed to achieve the following results within the area of workforce planning and leadership:

- Strengthened HRIS
- Improved workforce planning, allocation and utilization
- Strengthened workforce policies
- Effective multisectoral stakeholder workforce planning groups
- Strengthened human resources management (HRM)
- Increased numbers and types of health workers deployed.

The most significant results included developing and applying an HRIS strengthening process and transferring HRIS software technology to the field; supporting HR strategic policy and plan development and implementation; and building HRH leadership and management skills, both at the country level and by contributing to the growth of an HRH leadership cadre in sub-Saharan Africa.

#### Results

##### *HRIS Strengthening*

Without accurate, up-to-date, accessible information, HRH managers cannot efficiently plan or manage their health workforces. The Capacity Project's HRIS strengthening program led the growing recognition and redress of the critical gap in health workforce information.

A mature and complete HRIS equips decision-makers with the ability to answer key policy and management questions to ensure a steady supply of trained health professionals; deploy health workers with the right skills to the right positions and locations to meet health care needs; and retain health worker skills and experience. The Project provided technical assistance to strengthen HRIS in nine African countries. By working with stakeholders at the national level, the Project assessed field needs and developed a comprehensive HRIS strengthening process that involved stakeholders in all stages. Representatives from ministries, licensing and registration/certification bodies and private-sector organizations collaborated to plan and implement fully functional HRIS that fit their countries' specific needs.

The Project developed the iHRIS Suite of web-based Open Source software products, including iHRIS Manage (an HRM system), iHRIS Qualify (a training, licensing and certification tracking system) and iHRIS Plan (workforce planning and modeling software), along with a comprehensive and easy-to-use toolkit to guide HRIS development. The products integrate seamlessly with each other and are easily customizable. In 2009 the Project's iHRIS software suite was listed by Nursing Assistant Guides as one of 50 Open Source projects that are changing medicine. In addition, WHO's OpenHealth program and

#### **Promising Practices for Monitoring and Evaluation (M&E) Human Resources Capacity-Building**

*Using the HAF as an organizing structure, the Project, together with the Office of the Global AIDS Coordinator's Strategic Information technical working group, identified over 25 interventions used in Africa, Asia, Eastern Europe and Latin America that show promising results in building HR capacity for M&E. A collection of two-page abstracts describing the context, process and results of each promising practice, along with associated tools and resources, will be distributed widely to provide models for those working to strengthen national-level monitoring systems.*

Read *HRH Strategic Planning* (available at [www.capacityproject.org](http://www.capacityproject.org)).

*“We developed the HRIS for the health sector. It includes the public service, the NGOs, missions and the private units—all the health workers. We have all their information. Also, we are able to trace all those people who have already left the Ministry. We found people who remained in the payroll for some time, as ghost workers, and we saved the money.... Now, with the information we have, we can tell who is working where. It is helping us a lot in planning for the sector.”*

—Thembisile Khumalo,  
chief nursing officer,  
Swaziland MOHSW

*“Everybody felt they were able to contribute and were part of the process of developing a human resources database for Uganda that would be functional. That approach ensures that the program that’s being designed fully meets the local requirements and promotes use of information from the human resources team for policy decisions and allocations. The three key words here are ownership, sustainability and capacity-building.”*

—Dr. Edward Mukooyo,  
assistant commissioner,  
Resource Center,  
Uganda MOH

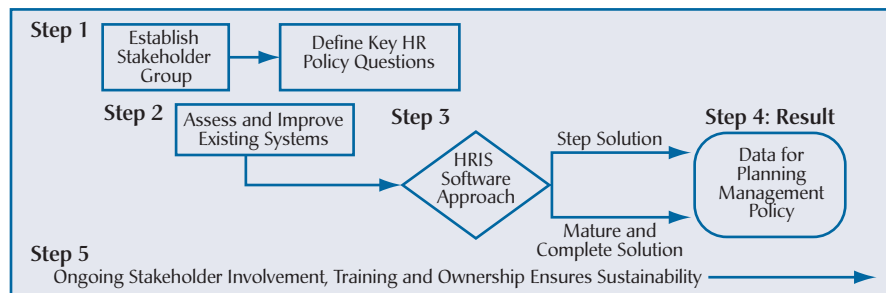
the Health Metrics Network have identified the iHRIS Suite as the reference application for health HRIS to be included in an Integrated Information Systems Toolkit intended as an all-in-one health information systems solution for developing countries.

The HRIS strengthening program earned the Project and USAID recognition as a global leader in increasing the quality and availability of information for HRH planning, development and support. The Project documented numerous health system impacts resulting from HRIS strengthening, including improved HR data accessibility and accuracy; more efficient HR systems; increased HR transparency; and greater cost-effectiveness. For example, in Swaziland the time required to identify “ghost workers”—those who are not currently in post but are on the payroll—and stop payment on their salaries was reduced from up to two years to one month; the time to verify the status of employees for promotion or appointment was reduced from four to six months to an almost instantaneous process; and the time to put a new health worker on payroll was reduced from three to six months to one month. Health workforce outcomes included improved leadership, policy and advocacy; increased strategic planning and research; and improved HRH management and personnel systems. For example, the Swaziland Ministry of Health and Social Welfare analyzed vacancies and staffing needs with the HRIS to create well-supported requests for new staff from central government. As a result, an unprecedented 200 posts were approved and added during the first year of the HRIS, and 300 posts the next year.

A strong HRIS is a phenomenal tool for integrating and analyzing data, as it allows managers and decision-makers to see how the whole becomes much more important than the parts, turning distant data into powerful information. The passionate support of the ministries of health, district and regional HRH managers and professional councils in the countries involved has been a clear indicator of the Project’s success. Partnering with regional health organizations (such as ECSA) has been an essential factor in this success, raising awareness of the need for better health workforce information among national and regional health leaders and ensuring that HRIS are counted among regional health ministers’ resolutions.

The Project’s success has stimulated interest from other countries (such as India, Pakistan and South Africa) in using and adapting Project-developed approaches, software and tools to address their own health workforce challenges.

**Flowchart of the HRIS Strengthening Process**



### **Data-Driven Decision-Making**

In working with ministries of health and health professional bodies to develop stronger HRIS, the Project emphasized simple, practical approaches to support HR planners and senior decision-makers to be effective leaders and managers of HR data. It is not enough simply to make data available. Health sector leaders need to have a process in place for analyzing the reports and information and getting it to the right decision-maker at the right time with the power and resources to act on the data. This process needs to be mainstreamed into the day-to-day operations and thinking of health sector leaders and managers.

Contextualizing HR data and information for more effective policy-making and practice remains a key challenge facing HRH practitioners and policy-makers. To address this challenge, the Project designed and delivered a three-day participatory workshop in Uganda on data-driven decision-making for mid-level policy planners and HR managers representing the MOH, Ministry of Education and faith-based subsector. The workshop generated practical next steps, including building capacity at the MOH Resource Center to act as the focal point for all HR data management and utilization efforts for the health sector, and tasking the MOH director of planning with spearheading the promotion of HR data for decision-making.

The Project offered a similar course to a group of health sector leaders in Swaziland, and worked with local counterparts and key HRIS stakeholders in Rwanda to facilitate a workshop on data-driven decision-making, focusing on using the country's HR data to accomplish the goals and objectives of the Health Sector Strategic Plan and HR Strategic Plan. These efforts assisted the countries in utilizing and contextualizing reports from their own HRH data systems and other relevant case studies, and informed the practice and development of decision-making skills and techniques in practical and meaningful ways.

In addition, the Project planned and supported a regional technical meeting for HRIS administrators, HR managers and senior HR planners in East, Central and Southern Africa to share and replicate lessons, tools and resources in order to promote and strengthen a culture of using HR data to enhance planning, decision-making and policy development. This effort targeted countries in the ECSA region (Kenya, Lesotho, Swaziland, Southern Sudan, Rwanda, Uganda, Namibia and Tanzania/Zanzibar) implementing new or improved HRIS as well as countries interested in learning more about the opportunities offered by HRIS strengthening.

### **HR Management and Leadership Strengthening**

In many countries, managers responsible for HR had little or no preparation, had little professional HR background and did not understand how to run an HR unit, use data for strategic decision-making and be a leader of change. The Capacity Project facilitated a variety of leadership programs ranging from regional workshops and applications of Management Sciences for Health's Virtual Leadership Development Program to testing an intensive method of strengthening a national HRH cadre in Kenya.

Read *The Impact of HRIS Strengthening and Data Quality Considerations in HRIS Strengthening* (available at [www.capacityproject.org](http://www.capacityproject.org)).

*"One of the key challenges that health-sector leaders usually have are issues of decision-making and the lack of accurate, quality data. [This process] is going to be very beneficial for the health sector and beyond the Ministry of Health."*

–Zanele Dlamini,  
technical assistant on  
HIV/AIDS to the Principal  
Secretary's Office,  
Swaziland MOHSW

*"I used to feel guilty when requested to talk about the total number of qualified nurses and midwives in the country because I knew that we did not have accurate data... I can now speak boldly because of the more accurate data."*

–Margaret Lutalo,  
senior nursing officer,  
Uganda Nurses and  
Midwives Council

Read *Building the Bridge from HR Data to Effective Decisions and An Overview of HRH Projection Models* (available at [www.capacityproject.org](http://www.capacityproject.org)).

*"I commend Capacity Project for working closely with MOH to develop programs that are relevant to the unique needs of our country. In 2005, we faced enormous challenges—we did not know how many health workers were practicing in the country or the training output of pre-service institutions. HR systems and structures did not exist. With the support of Capacity Project and other partners, we have made a lot of progress. The contribution of Capacity Project has led to the recognition of the MOH HR unit and programs as the best among all government ministries in Southern Sudan."*

—Dr. Monywir Arop Kuol,  
undersecretary of  
health, Government  
of Southern Sudan

*"Now I have both managerial skills and leadership skills—like focusing, aligning, inspiring. They are complementary."*

—Aquilino Michael  
Oduma, director of health  
planning and training,  
Southern Sudan MOH

Read *Global Partnerships: Strengthening HRH Approaches Together* and *HRH: Tackling the HRM Piece of the Puzzle* (available at [www.capacityproject.org](http://www.capacityproject.org)).

The Project contributed to the growth of an HRH leadership cadre in sub-Saharan Africa through technical assistance that resulted in the implementation of country-level HRH action plans in Kenya, Namibia, Rwanda, Southern Sudan, Swaziland, Tanzania and Uganda. Country-level technical assistance continued to support and build this network in eight countries.

In Southern Sudan, the Project facilitated a leadership development program that included skills-development workshops, creating a learning environment and coaching. Each program was adapted to the needs of these managers in their contexts, and consisted of three days of face-to-face experience.

In Kenya, the Project delivered a blended learning program (three short workshops delivered over six months with face-to-face and virtual support and coaching) designed to develop and support a critical mass of HRH champions and knowledge brokers with the right skills and "clout" to articulate the issues and advocate for appropriate strategies and HRM systems. Participants overwhelmingly described the program as helpful in increasing HRH networks and circles of influence across relevant agencies. Participants valued most the strategies for collaborating on shared HRH bottlenecks and sharing among themselves a new language of frameworks, concepts and tools for HRH problem-solving. The most commonly mentioned and highly regarded tools were the HRH Action Framework (HAF), which many participants said broadened their perspective and linked often neglected HRH issues, and the HRH Scorecard, which many participants described having used, modified to the needs of their own institutions and shared with colleagues at their home institutions. Participants described significant progress on a wide range of activities as being a direct result of skills and resources gained from their experience in the program.

With the support of USAID/Africa Bureau, the Project prepared a technical brief, *Human Resources for Health: Tackling the Human Resource Management Piece of the Puzzle*, which describes the HRM problems that contribute to the health worker crisis, identifies specific strategic actions to address these HRM challenges and concludes with examples of innovations to stimulate programmatic funding opportunities for strengthening HRH. The brief was widely disseminated, along with the Project's related documentation of four HRM promising practices from Uganda, Malawi, Ghana and Namibia.

### ***Streamlining Recruitment and Deployment***

To ease the critical shortage of health workers in Kenya, the Capacity Project designed an Emergency Hiring Plan (EHP) to quickly hire and train large numbers of qualified health workers and deploy them where they are most needed. The EHP consisted of open recruiting, fair interviewing, candidate short-listing and transparent hiring. Hired workers received orientation and a two-week HIV-skills training and were subsequently deployed to districts with identified severe workforce gaps, where they received the same salaries as those hired by the government.

The EHP reduced the time for recruitment from approximately one year (and sometimes as much as 18 months) to less than three months. In approximately six months, the EHP recruited, hired, trained and deployed 830 new workers. The Project filled 100% of the total

830 high-priority posts over three hiring phases, placing workers in 193 facilities in 63 districts in all seven provinces, and hiring replacements to fill vacated posts. The new hires had an immediate impact. Lopiding Sub-District Hospital in remote Turkana District, for example, was able to remain open because of 14 new hires posted there. Facilities retained health workers at a high rate; 94% of the new hires were still employed in October 2008.

Most importantly, the EHP improved access to HIV and other services in the hard-to-reach areas and high volume facilities where previous studies had identified service gaps. Compared to baseline, more patients received prevention of mother-to-child transmission (PMTCT), voluntary counseling and testing (VCT) and antiretroviral therapy (ART) services, and facility hours increased for PMTCT, VCT, FP, child health and prenatal care.

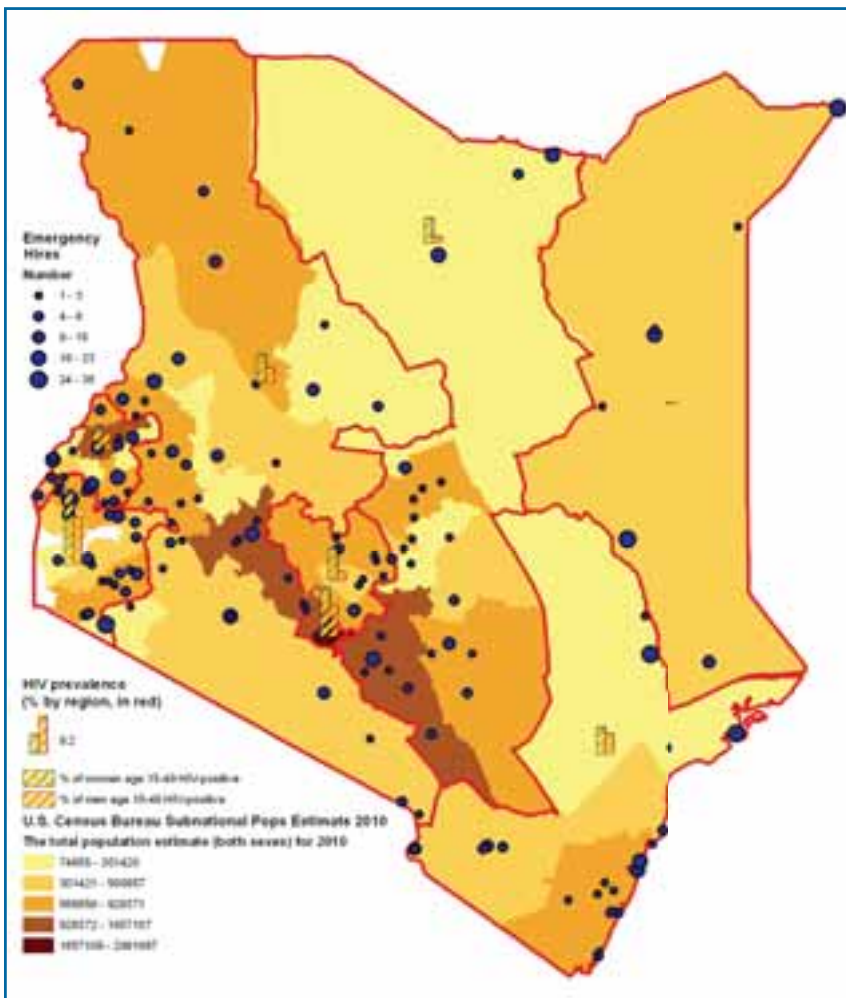
The program’s ultimate success persuaded the MOH to adopt the approach more broadly. For example, after postelection violence in 2008 the government used the EHP to quickly deploy health workers to displaced persons camps. The government included funding for EHP salaries in its budget and committed to transfer EHP hires to the public service as full-time employees.

*“The [EHP] recruitment, hiring and posting process was very fair, indeed the regional balancing was good. Such a fair and open process earns the government credibility and improves its image.”*

—Christine Rotich, senior HR officer, Kenya MOH

*“When I came here there was only one [family planning] method given to the clients, and I found very few are taking the methods—five in a month, ten in a month...I have gone up to 100, sometimes 170 a month.”*

—Nurse Susan Kajuju, EHP hire, North East Province



Read *Task Shifting for a Strategic Skill Mix* (available at [www.capacityproject.org](http://www.capacityproject.org)).

*“With AMTSL our work has been made easier, and I can say that it has allowed us to save many women’s lives.”*

— Berthé Aissata Touré,  
matrone, Mali

### **Task Shifting**

Global interest in task shifting—the rational redistribution of tasks among health workers—to improve productivity increased midway through the Capacity Project. Invited Project leadership participated in a meeting of the Joint WHO/UNAIDS/PEPFAR Collaboration on Task Shifting (Geneva, December 2007) and shared the Project’s experiences. This assisted WHO to finalize its recommendations and guidelines for the implementation of task shifting in countries facing a crisis in HRH as well as high HIV prevalence. The resulting document was launched at the WHO’s first International Conference on Task Shifting in January 2008, where Project leadership facilitated a session on training needs to meet the HIV crisis, presenting the Project’s LFP approach linked to workforce competency assessment. LFP addresses task shifting at the country level by tying learning to specific, identified job responsibilities and competencies. The Project also advocated for attention to relevant policy issues.

In Mali, the Project put task shifting concepts into action. Due to a severe shortage of skilled birth attendants, most vaginal births—especially those in rural areas—are attended by *matrones* (auxiliary midwives), who were not authorized to provide active management of the third stage of labor (AMTSL). The WHO recommends using AMTSL to prevent postpartum hemorrhage, the leading cause of maternal mortality. Addressing this issue, the Project partnered with the MOH, the Prevention of Postpartum Hemorrhage Initiative and USAID-funded bilateral projects on a pilot intervention to study and demonstrate the efficiency and safety of *matrones* using AMTSL. The study compared *matrones’* use of AMTSL with skilled birth attendants who were authorized to perform the practice, and assessed factors that could affect *matrones’* ability to perform AMTSL.

According to the Project’s final assessment, *matrones* were just as adept as skilled birth attendants in AMTSL methods. After training, *matrones* scored 96% on an assessment of skills and techniques involved in AMTSL—essentially the same as the skilled birth attendants’ score of 97%. *Matrones’* scores in recognizing and handling delivery complications were virtually identical to those of skilled birth attendants. Data from the final assessment showed that almost all vaginal deliveries in the study’s health facilities had occurred using AMTSL. *Matrones* attended an important number of these births, and the postpartum hemorrhage rate decreased from 1.9% (93 cases) in the baseline survey to 0.13% (11 cases) during the final assessment. Presented with the study’s promising results, the minister of health promptly authorized *matrones* to practice AMTSL and requested a commission to develop an action plan for training all *matrones* throughout the country.



## Lessons Learned

- Developing foundational systems such as HRIS helped to move HRH leadership to more strategic and data-driven decision-making. The link to using the data is not automatic, however, and workshops focusing on data-driven decision-making can be a very important tool in helping to get senior HRH leaders to use the more accurate data that becomes available through improved HRIS.
- HRM systems in the health sector are typically very weak, and these weak systems threaten to impede progress on all significant HRH interventions. Work to raise awareness about the need to strengthen HRM systems is ongoing, and the Project played an important role in raising this issue, but it needs significant future attention.
- A six-month blended learning program as piloted in Kenya holds much promise for building a critical mass of HR professionals at the country level, and creating an HRM reference group in the process.
- Fundamental changes in basic HR processes like recruitment and posting are very important to undertake and can have far-reaching results that go beyond the process itself. In Kenya, for example, the process modeled a more transparent and fair location-based recruiting and placement system that the government may adopt in the long run. These types of fundamental changes take time, however, as they frequently involve entities outside the health sector, raise difficult issues and are often highly political.
- Task shifting is more likely to be successful when closely linked to policy change.

### HRH Performance Appraisal for TB/HIV

*The Project completed an HRH performance appraisal for TB/HIV collaboration in Kenya and developed draft HRH performance standards for TB/HIV collaboration services. Findings of the HRH performance appraisal were presented to TB/HIV stakeholders. The Project worked to ensure that the TB stakeholders formed a technical working group to work alongside government agencies in responding to HR needs specific to TB.*