

Human Resources for Health (HRH) Action Workshop Assessment

July 2008

Linda Fogarty



The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acknowledgements

The evaluation team is grateful for the level of support and participation of everyone involved in the evaluation process. In particular, we would like to thank all of those who took time out from their busy schedules to share with us their experiences and opinions. Thanks also to Kimberly Peterkin for her assistance transcribing interviews, and to Wanda Jaskiewicz for valuable document review and input.

List of Acronyms

GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resources Information System
JLI	Joint Learning Initiative
KPI	Key Participant Interview
TA	Technical Assistance
UNDP/SACI	United Nations Development Programme/Southern Africa Capacity Initiative
USAID	United States Agency for International Development

Executive Summary

The Joint Learning Initiative (JLI) meetings in Abuja (December 2004) and Oslo (February 2005) and other meetings in South Africa (May 2005) and Brazzaville (July 2005) focused global attention on critical human resources for health (HRH) issues, providing much needed high-level support and calls for action to address the HRH crisis. The Capacity Project's HRH Action Workshop series was intended to extend this work by focusing on specific HRH actions and experiences—what is being done in countries, what is working and what is not. The Capacity Project assessed the influence of the workshop on subsequent country-level HRH activities, and found that a combination of the workshop methodology and a meeting of the right participants led to notable HRH action in several countries.

To promote south-to-south dialogue among participants the first HRH Action Workshop (held in Johannesburg, South Africa, January 17-20, 2006) used a highly dedicated participatory approach. The workshop was designed to facilitate knowledge-sharing across countries through carefully constructed discussions during which participants addressed key topics and facilitators gave reflective remarks to build on the topics as they were discussed. Participants formed general or issue-based intercountry networks, paving the way for postworkshop follow-up. Using this methodology, the group focused in depth on the major HRH challenges each country was facing, solutions being tried at the country level and possible directions for the future.

The Capacity Project interviewed workshop participants from seven countries (Kenya, Namibia, Rwanda, Southern Sudan, Swaziland, Tanzania and Uganda) who had attended the Johannesburg HRH Action Workshop to determine how the first workshop influenced subsequent HRH work in their countries. All seven participants, who had since attended other national and international HRH meetings, spoke very highly of the Johannesburg workshop. Respondents agreed that the most important component was learning from the experiences of their colleagues in tackling pressing HRH issues, and in this regard the workshop was seen as uniquely designed and effective. According to participants the format elicited country-specific stories and encouraged networking, and the open atmosphere made it easy to share and learn lessons.

Having members of country teams together working on common issues was also cited by all respondents as very useful. Opportunities to come together in-country are rare, and at the workshop this helped build a common vision across diverse players and advanced progress on HRH issues when participants returned home. Respondents also reported that the participation of the Capacity Project country directors significantly enhanced progress on common HRH efforts.

The actual purpose to which lessons learned were applied in-country varied widely. One way to trace this application was by examining progress on the action plans created in Johannesburg. Each of the ten countries with country teams created an action plan to outline key HRH action priorities, expected results for those priority actions and key steps to obtain the desired result. Action priorities included: creating or finalizing

strategic plans (3); developing human resources information systems (HRIS) (2); implementing a workforce assessment (2); improving recruitment and hiring practices; strengthening pre-service and in-service training for nurses and tutors; establishing workload-based staffing norms; implementing a performance management system; developing and implementing an emergency hiring plan; and implementing retention interventions. We obtained information from seven countries on action plan progress (Kenya, Namibia, Rwanda, Southern Sudan, Swaziland, Tanzania and Uganda). All countries but one identified two HRH action priorities (Southern Sudan identified only one action) and countries identified on average 7.2 steps per priority action. In the year and a half since the workshop, respondents reported that 64% of those activities had been completed, 29% were ongoing and 7% had not yet begun (the status of one activity was unknown). Progress on proposed activities was highest in Southern Sudan (90%), followed by Kenya and Uganda (each with 86% completed).

Another indication of how countries applied lessons learned from Johannesburg is in respondents' descriptions of the resulting in-country HRH activities. For example, in Tanzania participants used the action plan they created to write a proposal to the Global Fund to Fight AIDS, TB and Malaria (GFATM) for an emergency hiring plan, which was subsequently funded. In Uganda, the HRH Action Workshop itself was replicated at both the national and district levels. The Uganda national workshop had the intended consequence of convening high-level country players to develop an HRH national agenda and prioritizing HRH issues, and the workshop proceedings continue to lead the development of the nation's HRH strategic plan. According to the respondent, at the district level the workshop raised district planners' awareness of current HRH issues, and allowed them to develop district-specific action plans for local implementation.

All respondents also expressed that their own networks for solving HRH problems had been expanded by attending the Johannesburg workshop. For example, after learning of Zambia's HRH strategic plan, officials in Uganda contacted attendees from Zambia to obtain a copy for reference in creating Uganda's own HRH strategic plan.

Introduction

Background

The Capacity Project, in partnership with United Nations Development Programme/ Southern Africa Capacity Initiative (UNDP/SACI) hosted the first in a planned series of Human Resources for Health (HRH) Action Workshops in Johannesburg, South Africa (January 17-20, 2006), to facilitate the exchange of HRH knowledge and best practices.

The Joint Learning Initiative (JLI) meetings in Abuja (December 2004) and Oslo (February 2005) and other meetings in South Africa (May 2005) and Brazzaville (July 2005) focused global attention on critical HRH issues, providing much needed high-level support and calls for action to address the HRH crisis. The Capacity Project's HRH Action Workshop series was intended to extend this work by focusing on specific HRH actions and experiences—what is being done in countries, what is working and what is not. This report assesses the effectiveness of the workshop in stimulating action at the country level and its success in creating networks to support future work in the region.

Workshop Description

Workshop organizers created objectives, chose participants, designed a methodology and built an agenda for the sole purpose of generating and supporting HRH action at the national level. Information about these carefully chosen, and somewhat unusual, features of the workshop are presented below to provide the context for understanding the workshop's effects.

Objectives

The workshop had four primary objectives:

1. Promote a shared HRH vision across countries to facilitate collaboration and illuminate an inspirational better future toward which we are all working
2. Expand the HRH knowledge base by creating opportunities for participants to share knowledge about HRH issues and their potential solutions
3. Help develop a critical mass of HRH advocates and problem-solvers that will accelerate the application of appropriate HRH practices and tools in their specific settings
4. Generate action plans for the implementation of new HRH practices and tools after the workshop.

Workshop Participants

Thirty-eight HRH leaders from 11 countries (Kenya, Lesotho, Malawi, Namibia, Rwanda, Sudan, South Africa, Swaziland, Tanzania, Uganda and Zambia) attended the three-and-a-half-day workshop. Most participants were senior HRH directors or practitioners

working within the Ministry of Health in their countries, but participants also included representatives from national faith-based organizations and individuals working closely with government on HRH issues, but funded by outside agencies. Through consultation with Capacity Project field staff, USAID Missions and Project and global partners, the attendees were carefully selected to provide two to four optimal participants from each country—that is, participants who were in a position to take national-level HRH action and move forward the national agenda in their respective countries.

Workshop Methodology

As described in the Capacity Project publication *Planning, Developing and Supporting the Workforce: The HRH Action Workshop Methodology and Highlights*, “The methodology used in the HRH Action Workshop represents a subtle but significant departure from typical workshops and conferences. As a result, it can be considered a promising practice that encourages a different kind of knowledge sharing than often occurs. The participatory methodology assumes that all who participate are partners at some level in the learning process, and this is in alignment with a sound development philosophy wherein stakeholders work together as partners in the development process” (Capacity Project, 2006. This “highly dedicated participatory approach” is based on the following principles:

- Optimize participation and input from all
- Value knowledge-sharing because knowledge is distributed among participants
- Emphasize learning across countries with technical input provided at the “right” time from workshop facilitators to build on topics as they are discussed
- Create useful, sustainable HRH practitioner networks to provide both support and knowledge-based resources.

These principles led to the following features in meeting methodology: identifying the right participants; focusing on relevant content; ensuring the correct venue and logistical support; maximizing small group work and providing postworkshop support (see Capacity Project, 2006 for detailed description of workshop methodology).

Workshop Agenda

The agenda had six major components:

- **Setting the context:** In large group setting, participants answered the following questions: What country-level HRH progress have you seen? What are the challenges? What HRH area deserves more attention?
- **Substantive in-depth working group discussions:** Two sets of small group discussions addressed the eight topics identified by participants as priority HRH topics.

- **Country-specific small groups:** Interspersed throughout the workshop, country groups met to share information and conclusions from the day’s activities and talk over emerging implications for their country.
- **Country case examples:** Several HRH issues were explored by looking at formal presentations of specific country examples (e.g., Namibia, Malawi).
- **HRH Framework:** A recently developed HRH Action Framework developed by global partners was presented and discussed to elicit participants’ feedback for further development.
- **HRH Action Plans:** During the afternoon of the last day, country groups (n=10) developed action plans that identified priority areas for work, next steps, projected completion dates, technical assistance needs and responsible persons.

Workshop Assessment

Two methods were used in this assessment: 1) a structured, quantitative postcourse evaluation with all course participants to determine attendees’ immediate reactions to the workshop content and methods; and 2) semistructured, qualitative key participant interviews with selected workshop participants to assess the influence of the workshop on actual national-level HRH action.

Postcourse Evaluation Methods

Thirty-six workshop attendees completed course evaluation forms at the end of the workshop (see form in Annex A). The course evaluation assessed the extent to which course objectives were met and asked participants for general workshop feedback, such as what they found most valuable and suggestions for improvement.

Postcourse Evaluation Findings

Objectives met. Participants reported that objectives were successfully met in general (on a scale of 1 to 5 where 1 represented “objective not met” and 5 represented “objective very successfully met”) and the average ratings ranged from 4.42 to 3.94 (see Table 1 for details.)

Table 1: Workshop Objectives Met

Objective	Rating	Comments
Objective 1: <i>Promote a shared HRH vision across countries to facilitate collaboration and illuminate an inspirational better future toward which we are all working</i>	4.33	<ul style="list-style-type: none"> ▪ “Collaboration between countries had been facilitated” ▪ Similarity among participants’ experiences and focus: “We all have similar goals concerning HRH and also challenges though at different levels of implementation”
Objective 2: <i>Expand the HRH knowledge base by creating</i>	4.42	<ul style="list-style-type: none"> ▪ Both the formal and informal interaction was very valuable

<i>opportunities for participants to share knowledge about HRH issues and their potential solutions</i>			<ul style="list-style-type: none"> ▪ “I now have a network of links with other countries from which I can tap HRH information, bounce off ideas with people with faces.”
Objective 3: <i>Help develop a critical mass of HRH advocates and problem-solvers that will accelerate the application of appropriate HRH practices and tools in their specific settings</i>	4.03		<ul style="list-style-type: none"> ▪ The workshop provided a good start, but with a good distance to go ▪ “I am not sure ‘critical mass’ is correct, but certainly a nuclear start!” ▪ “Although this objective was tackled participants came up with many challenges. The part of how to overcome the challenges was not tackled. Hence, HRH advocates are not competent enough.”
Objective 4: <i>Generate action plans for the implementation of new HRH practices and tools after the workshop;</i>	3.94		<ul style="list-style-type: none"> ▪ The activity was good, but that there was not enough time. ▪ “Time was short to completely concretize the plan” ▪ “Time given too short to conclusively work on the action plans and share areas of mutual interest” ▪ “Time was not enough, the raw ideas put forward need to be refined and validated depending on country circumstances and commitment.”

Most valuable part of the workshop. Participants provided substantial feedback about the most valuable part of the workshop (see Table 2). The workshop feature most valued by participants was being able to share experiences, followed by networking opportunities, specific HRH knowledge sharing and features of the workshop design and methodology.

Table 2: Most Valuable Part of Workshop

Most valuable part	Number of respondents	Comments
Sharing Experiences	26	<ul style="list-style-type: none"> ▪ “The sharing and interaction with colleagues from different countries, different contexts and problems, yet similar HRH problems!” ▪ “Sharing of experiences between countries” ▪ “Learning from each other on challenges and best practices on HRH.”
Networking	10	<ul style="list-style-type: none"> ▪ “Rich networking exchanges between a diverse audience”
Value of Specific Knowledge Shared	10	<ul style="list-style-type: none"> ▪ “Knowledge on retention” ▪ “The HRH textbook” ▪ learning about new tools, websites, clearinghouse ▪ materials shared by facilitators ▪ other “resource materials”

Features of the Workshop Design	9	<ul style="list-style-type: none"> ▪ The participatory nature of the workshop methodology, group work ▪ “The rich, rich, rich environment created by virtue of who was here and how the workshop was facilitated” ▪ “Bringing in local leaders (government and faith-based), HRH experts, donors and project executing teams was strategic” ▪ “Experienced-based methods used during the workshop” ▪ “Good facilitation methodologies complete with brilliant facilitators”
HRH Awakening (beyond knowledge sharing)	4	<ul style="list-style-type: none"> ▪ “The workshop helps supervisors be awakened of their job descriptions” ▪ “Awareness raising”

Suggestions to improve future workshops. The most common suggestion to improve future workshops was to increase the amount of time overall (n=9) or for certain activities (action planning, n=2; country team meetings, n=2) or to limit the number of topics (n=2). According to participants’ comments many important HRH challenges were raised but not solved. For example one participant suggested that “each workshop could just identify very few topical issues and discuss them exhaustively to come out with very close to practical solutions instead of touching on many and leaving them unfinished,” and another suggested including “more problem solving.” Although it was clear that participants valued sharing country experiences, there was also a sense from some that they desired more concrete answers to, or guidance on, their HRH problems (“more guidance from the facilitators on what has worked and what has not worked;” “guidelines or plenaries to be even more specific;” “time for interaction with you about potential TA, capacity building, interventions to help us get direction and take action”). Three participants suggested more formal presentations from country participants on successful HRH strategies.

Feedback on workshop methodology. The methodology appeared to be successful in creating the type of participatory and open environment desired. Overwhelmingly, participants were very pleased with the methodology, which they described as “stimulating,” “lively” and “interactive.” One person said, “I found the participatory group approach very productive in learning.” Another liked the methodology because “it was not too formal, and it allowed everyone to be free.” According to another participant, the methodology was “perfect because ideas were driven from the participants.”

Key Participant Interview Methods

A purposive sample of participants was identified for follow-up interviews to determine the extent to which the workshop stimulated subsequent country-level HRH action. We chose key participants who were the highest-level public sector HRH representative attending the Johannesburg workshop and still working in that position during the

follow-up period (over a year after the workshop). Key participant interviews (KPIs) were ultimately conducted with HR leaders from seven countries: Kenya, Namibia, Rwanda, Southern Sudan, Swaziland, Tanzania and Uganda (see Annex B for list of key informants)¹.

The field guide for the KPIs covered the following primary topics:

- How did the workshop influence participants' approaches to key HRH issues?
- What action did participants take to incorporate workshop learning?
- What networks did participants develop or use differently as a result of the workshop?
- How far did participants come in implementing country action plans?

Key Participant Interview Findings

How Did the Workshop Influence Participants' Approaches to Key HRH Issues?

Using participatory method. Participants mentioned that the workshop increased their awareness of the importance of including key stakeholders in planning for HRH activities, and the importance of hearing all voices. One country representative reported success in implementing the method. The respondent felt that from the workshop the country team gained an ability to “manage workshops and HRH for other people, other districts because the way we used to handle it is not the way this one is organized. Before you would have questions that you wanted to ask, but you may not be picked. With this one we sat at small tables where you are a part of it. I think this is the best way to plan for yourself and others and your problems.”

Approaching HRH mission with confidence. Another common finding was that hearing the common themes across countries, both HRH challenges and related interventions and successes, clarified HRH issues and made participants feel more confident in their own actions: “These workshops have helped us to appreciate that we are all facing the same problems. You may fear maybe something is wrong with your country and your managers, but you find it is happening all over. This decreases your fear and frustration. Then you hear that people have overcome problems you have not overcome, and then you say ‘if they can do it, I can do it.’” In one respondent's words, “if you know what you want, you will know who to talk to and what to ask for.”

Moving forward with common purpose. Having members of country teams together working on common issues was also cited by all respondents as very useful in developing a common purpose and unified approach to the country's HRH agenda. Opportunities to come together in-country are rare, and at the workshop this helped

¹ Additional interviews were also completed with Capacity Project country staff who attended the workshop and workshop facilitators to provide background and contextual information.

build a common vision across diverse players and advanced progress on HRH issues when participants returned home. Respondents also reported that the participation of the Capacity Project country directors significantly enhanced progress on common HRH efforts: “It helps because you go back with a shared vision.” One participant noted the efficiency of the method: “When you come back together as a country group you find the amount of knowledge and experience in the short amount of time you have gained is so much. It is so time saving because as one person you cannot absorb everything, but when you split up each one can bring back a lot of information for the country group.”

What Action Did Participants Take to Incorporate Workshop Learning?

Replicating the HRH workshop locally. In one country, the HRH Action Workshop itself was replicated at both the national and district level. The national workshop had the intended consequence of convening high-level country players to share information and raise awareness about HRH issues, gather information to form a systems analysis and develop an HRH national agenda and prioritize HRH issues. The workshop proceedings led the development of the nation’s HRH strategic plan, and the respondent said that “although we now have a strategic plan, but we still refer to the record of the symposium very much.”

At the district level, the purpose of the HRH Action Workshop replication was also to share experiences and information and raise awareness about HRH issues, because “each district manages its own HRH. Each district brings their own experience and people from each area with various categories, like from the head of HR and Personnel in charge of recruitment and salaries, someone in charge of nurses. They come together as a team, each one with their own interests.... Then they each develop a plan, their own proposed work plan and they bring this back to their district heads and managers for funding and they were very happy.” According to the respondent, at the district level the workshop raised district planners’ awareness of current HRH issues, and allowed them to develop district-specific action plans for local implementation. The hope is that through this type of awareness-raising, eventually district managers are able to advocate more effectively for their local HRH needs. At the time of the interview it was not clear that district managers received more HRH funds as a result of the workshop, but the HR director had heard anecdotal evidence that the process had substantially improved: “The feedback I got is that everything worked out and they know how to fix their problems and how to look for solutions.”

Tackling policy work. For several participants issues discussed by other countries raised awareness in themselves and their country colleagues about what they could do and how they could do it. For example, one participant mentioned that after hearing from others about important HRH policy development work, the participant was able to come back and address health workplace policies to protect workers’ health: “I think we all started working on our policy because we heard someone else had started.... We were able to hear people talk about developing policies and then we came back and started the work care plans that protect the health care workers in the workplace.” A participant from another country said that “we learned a lot from the meeting at

Johannesburg. It helped us to complete our policies on HR.... We organized workshop seminars and we met with the partners concerning HRH and we developed the draft for HR policies.”

Initiating HRIS work. Several respondents mentioned that the HRIS discussions during the workshop raised their awareness of the importance of the work, planting a seed for future work. One participant said that “as a result of that meeting we were able to initiate the HRIS, and that was key for us.”

Focusing on strategic planning. Participants mentioned that the workshop helped them understand the importance of strategic planning to support HRH work. For example, for one HRH director who was very new at her job, the national HRH strategic plan became a guiding document for her work. After the workshop the director consulted the strategic plan regularly to be certain that her own and her colleagues’ efforts were focused on those priorities listed in the strategic plan: “I remember that we started talking about the strategic plans. When I came back to the Ministry I was keen to know “does the Ministry have a strategic plan in process? It helped me in the sense that I can focus my energies or all my thinking on how I can relate my activities to that strategic plan.... The key message I took home was I must, therefore, direct all my plans and activities to the strategic plan.” Another participant, in response to both the combination of information about the importance of HRH strategic plans and others sharing their experiences about HRH strategic planning, was able to identify a good model strategic plan, obtain that model from another participant and use it to create a national plan. Before the workshop “I did not know what to do. I did not know how to do a strategic plan. I asked the doctor from Zambia who had a strategic plan and they helped us start. We learned from Zambia.” A participant in another country said “we learned from one another. We met other countries that had developed a strategic plan. The facilitators helped us a lot in polishing the strategic plan [which they had already drafted].”

What Networks Did Participants Develop or Use Differently as a Result of the Workshop?

Respondents reported that their own networks for solving HRH problems had been expanded by attending the Johannesburg workshop but for the most part could not provide concrete examples of how this expanded network had influenced their HRH work. For example one participant said that “we continue to go to various workshops, you keep meeting each other and you become a family in HR. When you come to a workshop like this one you know a number of people at the various workshops, you know what you were doing the last time you met them. So you talk about it. You talk about the challenges and how far they have moved. Going to a series of workshops helps your acquaintances grow and each time you go you are being enriched.” For another participant the workshop expanded her technical assistance network: “We came to know some real HRH experts.”

As mentioned above, in-country networks were also strengthened. For example one participant said that “we went back home and started planning together and pushed the agenda together. We discussed and we came to a compromise, we budgeted and implemented them together.”

In general the networking opportunities provide by the workshop were highly valued and participants agreed that such opportunities should be supported and extended. For example, one participant said “it is very important because you have a lot of experience from different countries. I think we have to be together and communicate regularly and hold these meetings once or twice a year to see if what we have discussed we are putting into action. You might be finding that some countries have problems with implementation.”

Several participants mentioned the desire for electronic networking opportunities, either through e-mail or listservs. One participant suggested “I could post my information and not have to be there and someone else could post their information and not have to be there for me to read it. I think it would be a very good thing. One participant suggested that we “consolidate the formation of an HRH managers technical group in the region, which can meet periodically and in between keep exchanging information electronically. Several participants mentioned possible study tours to continue to support their HRH networking.

How Far Did Participants Come in Implementing Country Action Plans?

Each of the ten countries with country teams created an action plan to outline key HRH action priorities, expected results for those priority actions and key steps to obtain the desired result.

Progress on action plans. We obtained information from seven countries on action plan progress (Kenya, Namibia, Rwanda, Southern Sudan, Swaziland, Tanzania and Uganda). All countries but one had identified two HRH action priorities (Southern Sudan identified only one action) and countries identified on average 7.2 steps per priority action. Respondents reported that in the year and a half since the workshop, 64% of the steps originally identified in action plans had been completed, 29% were ongoing and 7% had not yet begun (the status of one activity was unknown). Progress on proposed activities was highest in Southern Sudan (90% completed) and Kenya and Uganda (each with 86% completed).

Types of actions taken. Another indication of how far countries came in addressing their action plans is in respondents’ descriptions of the type of in-country HRH activities that were addressed. Action priorities included: creating or finalizing strategic plans (3); developing HRIS (2); implementing a workforce assessment (2); improving recruitment and hiring practices; strengthening pre-service and in-service training for nurses and tutors; establishing workload-based staffing norms; implementing a performance management system; developing and implementing an emergency hiring plan; and implementing retention interventions. In one country participants used the action plan

they created to write a GFATM proposal to fund an emergency hiring plan; the proposal was subsequently funded. In one country the retention intervention direction created in Johannesburg was still leading the country's retention work two and a half years later.

Summary

The HRH Action Workshop held in Johannesburg in January 2006 was just one three-day workshop, in some ways just like many others. However, features of the methodology and the carefully selected participants combined to produce real HRH action at the country level. Some actions were modest, others quite impressive. But for the 70% of country teams we were able to follow, substantial progress was made on action plans over the course of the one and a half years after the workshop. In order to remain active, networks required more tending, but a solid network foundation exists.

References

Capacity Project. Planning, developing and supporting the health workforce: HRH Action Workshop: methodology and highlights. Chapel Hill, NC: Capacity Project, 2007. Available at:

<http://www.capacityproject.org/images/stories/files/hrh%20actionworkshop2.pdf>

Annex A: Course Evaluation Form

HRH Action Workshop Evaluation

January 18-20, 2006

Your evaluation of this workshop is important to us. The feedback you provide will help us to refine HRH Action workshops in the future. We appreciate your spending time to complete this questionnaire.

WORKSHOP OBJECTIVES: Four objectives were stated at the beginning of the workshop. Using a scale from one to five, please rate the degree to which the workshop met each of these outcomes: 1 = the outcome was not achieved; 5 = the outcome was achieved very successfully.

The four principle objectives were as follows:

1. Promote a shared HRH vision across countries in order to facilitate collaboration and provide an inspirational future toward which we are all working

outcome not met	1	2	3	4	5	outcome successfully met
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

2. Expand the HRH knowledge base by creating the opportunity for you to share knowledge about HRH issues and their potential solutions

outcome not met	1	2	3	4	5	outcome successfully met
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

3. Help develop a critical mass of HRH advocates and problem solvers that will help accelerate the appropriate application of HRH practices and tools in your respective countries

outcome not met	1	2	3	4	5	outcome successfully met
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Comments:

4. Generate action plans for the implementation of new or refined HRH practices and tools after the workshops.

outcome not met	1	2	3	4	5	outcome successfully met

Comments:

5. What did you find most valuable about the workshop?
6. What suggestions do you have to improve future HRH Action Workshops?
7. What are two or three examples of things you learned from your colleagues from other countries that will help your HRH actions in your country?
8. What kind of support would help you maintain the inter-country networks as you implement your action plans?
9. ADDITIONAL COMMENTS: Please give us feedback on (be specific):
 - a. Workshop methodology
 - b. Workshop materials
 - c. The workshop staff
 - d. Logistic support and facilities
 - e. Other comments?

Annex B: List of Key Informants

- 1) Margaret Ito, Country Director, AMREF, Southern Sudan
- 2) Khamis Khamis, Director, Human Resources for Health Division, Ministry of Health, Zanzibar
- 3) Naome Kyobutungi, Assistant Commissioner, Human Resources Division, Ministry of Health, Uganda
- 4) Thembisile Mavuso, Chief Nursing Officer, Ministry of Health, Swaziland
- 5) Mary Murebwayire, Director of Nursing, Ministry of Health, Rwanda
- 6) Kautoo Mutirua, Undersecretary, Policy Development and Resource Management, Ministry of Health, Namibia
- 7) Elihuruma Mwakalukwa, Deputy Director, Human Resources Planning, Ministry of Health, Tanzania
- 8) Ann Rono, Deputy Director, Human Resources Management, Ministry of Health, Kenya

The Capacity Project is an innovative global initiative funded by the United States Agency for International Development (USAID). The Capacity Project applies proven and promising approaches to improve the quality and use of priority health care services in developing countries by:

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

The Capacity Project Partnership



The Capacity Project
IntraHealth International, Inc.
6340 Quadrangle Drive
Suite 200
Chapel Hill, NC 27517
Tel. (919) 313-9100
Fax (919) 313-9108
info@capacityproject.org
www.capacityproject.org