the CapacityProject
Planning, Developing & Supporting the Health Workforce

Progress Report

April 1, 2006 – June 30, 2006

Overview

This report provides a summary of the progress made by the USAID-funded Capacity Project (agreement number GPO-A-00-04-00026-00) over the three-month period from April 2006 through June 2006, and also offers a status report on progress during Year 2 (July 2005 – June 2006) in each of the Project's core-funded technical leadership areas. This progress contributes to the Project's objective of strengthening human capacity to implement quality health programming in developing countries. Progress is reported against the activities listed in the approved Year 2 Workplan and is divided into the same sections:

- Technical Leadership Results Areas (IR1: Workforce Policy and Planning, IR2: Workforce Development, IR3: Performance Support)
- Results and Knowledge Management
- Technical Leadership Cross-Cutting Initiatives (Gender Equity and Equality, Integrating Faith-Based Organizations and NGOs, Global Partnering)
- Country-Level Programming: Central America Regional Program, Kenya, Mali, Namibia, Regional HIV Program Southern Africa (Lesotho and Swaziland), Rwanda, South Africa, Southern Sudan, Tanzania and Zanzibar, Uganda, USAID/Africa Bureau, Assistance to Global Fund Projects.

Highlights of Progress

During this reporting period, the Capacity Project completed nearly all of the activities planned for Year 2. In addition, we are beginning to see significant progress toward our targeted life-of-project performance monitoring plan (PMP) results.

Over this year, the Project has grown considerably, leading a number of innovative technical areas such as work on stakeholder collaboration, strengthening human resources information systems (HRIS) and workforce retention as well as starting up many country-level (field support-funded) projects. An indicator of this growth is that in the first quarter of the year (July-September 2005) the Project spent an average of $220,000 per month in core funds and $216,000 in field support funds. By the last quarter of the year (April-June 2006) the Project spent an average of $617,000 per month in core funds and $761,000 in field support funds. Another indicator is that this year we started implementation of activities in nine countries (Central America Regional Program in Guatemala, Kenya, Mali, Namibia, Rwanda, South Africa, Southern Sudan, Tanzania and Uganda) and hired over 60 new field staff.

The strong synergy developed during the first half of Year 2 between core- and field support-funded work continued during the year's final quarter, with the Project's core technical agenda influencing new field support ideas and field support activities strengthening core leadership areas. During this quarter field support programs continued to develop, test and document new interventions in important areas such as HRIS, productivity and workforce retention.

Significant accomplishments during this reporting period include:

- Conducting the first HRH Virtual Leadership Development Program, in collaboration with the LMS Project, for 75 participants from eight countries (core)
- Launching the HRH Global Resource Center, a searchable knowledge base of HRH information and resources with reference services for users (core)
- Contributing to World Health Day events in Washington, DC, Uganda and Zambia that focused on HRH challenges (core, FS)
- Completing the first round of the Kenya Workforce Mobilization Plan (120 providers hired, trained and deployed by May 31) (FS)
- Implementing the Zanzibar Productivity Study to provide evidence for new productivity interventions during Year 3 (FS, core)
- Finalizing the first sample unit for the HRH E-Learning Course (core)
- Continuing to develop and disseminate a range of technical briefs, resource papers, references and tool collections to support the HRH field (core).

In the last quarter of Year 2, the Project worked in ten countries with field support from the following missions: the Regional HIV/AIDS Program (RHAP) for work in Lesotho and Swaziland, USAID/Kenya, USAID/Mali, USAID/Namibia, USAID/Rwanda, USAID/South Africa, USAID/Southern Sudan, USAID/Tanzania, USAID/Uganda and the USAID Africa Bureau (for regional initiatives). We also began work with the Central America Regional Program managed from Guatemala (G-CAP), with work expected in El Salvador, Guatemala, Nicaragua and Panama.

In addition, the Project made significant progress in our work offering technical assistance (TA) to Global Fund to Fight AIDS, TB and Malaria grants. We provided TA to Global Fund projects in Indonesia and Romania, and prepared for a "planning and preparation meeting" to ready 19 experts to provide Global Fund TA work (the meeting was conducted in July).

Additions to Year 2 Workplan: During Year 2, the Capacity Project added some technical leadership activities to those listed in the workplan based on new opportunities and USAID/W requests as well as mission requests. New areas supported by core funds (over the entire year) include the following: 1) developing and implementing the HRH Virtual Leadership Development Program (IR2); 2) at the request of USAID/W, writing a section on training, supervision and HRH issues and lessons learned for a Family Planning Guidelines Manual, an effort led by the Repositioning Family Planning (FP) Task Force; 3) supporting the HRH tools compendium (described in the Progress Report submitted in May 2006); 4) adding a focus on improving health worker productivity as part of performance support (IR3); 5) providing Global Fund technical and management assistance (Assistance to Countries Implementing Global Fund Programs); and 6) participating in consultative meetings and developing an HRH Global Framework (Global Partnering). Progress on these activities is described in sections of the Progress Report as indicated above.

Special Issues and Challenges

The Project's growth during this reporting period posed some challenges. The first challenge was to balance staffing needs. When field support projects are starting up, our headquarters technical staff, who serve as "country point persons," need to spend a larger portion of their time on field support work (as compared to core-funded activities). Project start-up is an intense time as technical staff work with missions and local partners designing country strategies, preparing workplans and finalizing budgets. Once we hire strong local staff, however, the workload for the point person at headquarters decreases. The challenge was not to "over-hire" at the headquarters level just to meet the high demands of this start-up phase. To meet this challenge, we used short-term technical assistance from our partners and consultants as much as possible. This was still a challenging balancing act and stretched the capacity of our technical team.

A second challenge has been finding the HRH field to be a relatively narrow specialty area and, consequently, discovering recruitment of technical staff to be difficult. Although we limited our headquarters-level hiring (as noted above), we still had a few technical positions vacant for longer than we had hoped as we searched for candidates with HRH expertise, USAID experience and international health and development backgrounds. Once we accepted that we would be very limited in our ability to recruit persons with all of these characteristics, we were able to hire a mix of well-qualified technical staff that together offer the expertise and experience the Project needs. By the end of Year 2 we filled all of the technical positions except the Technical Resources Director position.

Another challenge has been meeting the need for quick and timely implementation of country project activities while maintaining full compliance with USAID rules, regulations and requirements. For example, during this reporting period the Project suffered delays in issuing sub-grants according to the mission's expectations in Namibia; this highlighted the need for IntraHealth to continue to strengthen its existing systems in the area of contracting. In June, IntraHealth provided additional continuing education for staff on USAID rules and regulations. Efforts are also underway to recruit additional staff in the Contracts unit, including a senior Contracts Officer. IntraHealth undertook an external review of selected key systems, which led to further systems revisions and improvements.

Overall, these are the sorts of challenges typical to a successful and thriving Project, and we have been able to meet the challenges successfully. We look forward to Year 3 with improved systems, strong staff and a more comfortable balance between start-up field projects and established projects.

Part One: Technical Leadership Results Areas

IR1: Workforce Policy and Planning

During this reporting period, the Project continued to move forward on the major core-funded activities agreed to in the workplan in the area of workforce policy and planning (IR1), with a particular emphasis on HRIS strengthening.

- **Strengthening information systems for decision-making:** The Project continued to make progress in developing and implementing our HRIS strengthening tools. We conducted HRIS assessments and facilitated stakeholder planning in Tanzania and Zanzibar. We continued to refine software systems for 1) tracking health worker training, certification and licensure; 2) managing and deploying personnel; and 3) long-term health workforce modeling and planning. We presented our HRIS work to USAID/W and also met with key stakeholders from WHO (Health Metrics Network), PAHO and the World Bank in Washington to discuss HRIS collaboration, such as developing policy questions and standards for key indicators, indicator criteria, health workforce classification, measurement strategies and data sourcing. We also determined content chapters for the pending WHO HRIS Guidelines. This collaboration was featured as part of the Health Metrics Network meeting in Geneva in July and will continue through a joint WHO/World Bank/Capacity Project Health Workforce Observatory meeting in Arusha, Tanzania, for the East, Central and Southern Africa (ECSA) region in September. The Uganda HRIS work to date, which includes data for all Ugandan student nurses matriculating from 2001-2002, was presented at the national World Health Day Symposium in April.

- **Assistance to Rwanda MOH:** We continued to provide mentoring and support to a HR Advisor seconded to the MOH in Rwanda. The projections we created for the MOH using our HRIS modeling and planning tool were presented to stakeholders for review and approval and are included in the National HR Strategic Plan.

- **Technical Briefs:** Technical Brief no. 4, *Using Collaborative Approaches to Reach HRH Goals,* has been posted on the Project website. The accompanying tools will be finalized in September; the brief will then be revised to include a link to the tools. *Workforce Planning for the Health Sector* (Technical Brief no. 6) has also been posted on the Project website. The technical brief exploring HRH issues in countries experiencing conflict and post-conflict situations is under final revision and expected to be published next quarter.

- **Tools and References:** A collection and analysis of country-level HRH national strategic plans was completed during the fourth quarter of Year 2.

Year End Status Report

All planned activities outlined in the workplan have been completed with the following modifications or exceptions:

- Identify and provide TA to regional resource centers in Africa to build their capacity to support national workforce planning exercises. We did not identify appropriate regional centers for this activity during Year 2; however, we did significant work with national organizations and some country-level work with groups such as African Medical & Research Foundation (AMREF) and the Aga Khan universities.

- Institutionalize stronger policy review processes in at least one country. We did not identify an appropriate country-level opportunity; however, we did build policy review and policy preparation capacity in Rwanda and may be able to institutionalize a review system there in the coming year.

- Incorporate data related to TB providers into workforce planning or other HR information systems in at least one country. Based on discussions with USAID, this scope-of-work changed (HIDN funding).

- Workforce Assessment Guidelines: Due to staff time constraints and abilities, the leadership for this effort was reassigned and it is carried over into Year 3.

In addition to the activities outlined in the workplan, we did considerably more work than planned in these (IR1) areas:

- Assessing and supporting HRIS needs (including RHAP, Rwanda, Southern Sudan, Tanzania, Uganda)
- Stakeholder collaboration and leadership
- Development and improvements to the basic HRIS software.

IR2: Workforce Development

Fourth quarter activities under IR2 focused on implementing the Virtual Leadership Development Program curriculum for HRH leaders, completing the HRH E-Learning Course, strengthening professional associations (in the Ukraine) and developing technical briefs and references in key areas of education and training systems.

- **Leadership training for HRH professionals:** The first HRH Virtual Leadership Development Program (VLDP), facilitated jointly by the LMS Project and the Capacity Project, concluded July 21. The 13-week course was fully subscribed, including 14 teams and 75 participants from eight countries in Anglophone Africa, and a regional team from ECSA. The VLDP seeks to foster HRH leadership and each team chose an HRH challenge to address together. Each day participants posted comments, questions and concerns at a "virtual café" and interacted with the facilitators and other participants. Participants found the internet format effectively linked team members (sometimes across 500 miles) and learners to work closely together on chosen challenges. Participants reported that the content's focus on understanding leadership, leadership challenges, communication skills and management of change was very useful and needed. We will jointly conduct lessons learned discussions to determine what modifications might be needed in future VLDP programs for the HRH leadership context.

- **HRH E-Learning Course:** A Capacity Project team developed, field-tested and submitted for review to USAID/W the first draft unit of the HRH e-learning course. The unit draws on the full breadth of technical expertise in the Project and is designed to meet learning objectives related to the various dimensions of the HRH situation in developing countries and the factors contributing to these dimensions. The information in the unit includes the latest developments in HRH, notably the statement of the Director General of the World Health Organization to the Meeting of the G8 Ministries (April 28, 2006), the launch of the Global Health Workforce Alliance (May 25, 2006) and the launch of the Project's HRH Global Resource Center (May 22, 2006).

- **Strengthening professional associations:** We continued to make significant progress in strengthening the Ukrainian Association of Obstetricians and Gynecologists (UAOG) and assisting to implement the ALARM International Program (AIP) Plus in Ukraine. After approval of the AIP Plus curriculum and training materials, the first AIP Plus trainings were conducted in June for 59 OB/GYNs and 23 midwives in two pilot regions, Donestak and Vinnitsya. Midwives from both regions are very supportive of developing their own professional association and grateful for the Project's capacity

building efforts in this area. For UAOG, the Project continued capacity building in management, finance, operations, hiring of local staff, development of a membership database and development of a new website.

- **Technical Briefs:** *Task Shifting for a Strategic Skill Mix* (Technical Brief no. 5) was finalized this quarter and is available on the Project website (this topic was modified from its original conceptualization as a brief on state-of-the-art information on pre-service education systems strengthening). Technical briefs on strengthening professional associations' role in HRH and on the role of in-service training in maximizing the effectiveness and impact of community-level health workers (CHWs) are under revision and expected to be completed next quarter (the brief on in-service training for CHWs is another instance of a topic that evolved from its description in the workplan, where it is listed as "SOTA information on in-service training systems strengthening).

- **Supporting providers to learn new skills:** We assembled a collection of tools and approaches to support existing health worker cadres to learn new skills, particularly in HIV/AIDS service delivery. The collection and summary paper are posted on the Project website and HRH Global Resource Center.

- **Tools to integrate gender-based violence training:** A paper summarizing and analyzing training modules designed to integrate gender-based violence (GBV) awareness into pre-service education and in-service training has been finalized and is available from the Project website and HRH Global Resource Center.

- **IUD learning package:** The Capacity Project completed final reviews and technical revisions of JHPIEGO's IUD learning package. The learning package, which was pilot tested in Pakistan, is now printed and available for global use.

Year End Status Report

All planned activities outlined in the workplan were completed with the following modifications or exceptions:

- Provide TA to adapt and disseminate existing tools to assist primary and community-level providers with new responsibilities and skills. We did make contributions in this area in Rwanda for HIV/AIDS providers (with FS funds), although we did not identify significant opportunities or interest from other countries in this work.

- Assist a professional organization to initiate or strengthen a licensing and/or update (CME) system for one cadre in one country. Planning began in Uganda and Southern Sudan for this type of work and will be ongoing in Year 3.

- *Essentials of Contraceptive Technology* training curriculum (with INFO Project and WHO). After consultation with USAID, this work was not undertaken as once planned, in large part because the *Essentials* book was delayed and has only recently been finalized.

In addition to the activities listed in the Year 2 workplan under IR2, we undertook additional work, with USAID/W agreement:

- Conducting an HRH Virtual Leadership Development Program (as described above).

IR3: Performance Support

During the reporting period, the Project's activities to support the health care workforce focused particularly in the areas of improving supervision, retention and productivity.

- **Developing an innovative supervision approach:** We completed a paper that outlines an improved supervision approach based on the results of the October 2005 "Supervision Day" meeting and the extensive experience of Project staff. It is a systems approach that combines on-site supervision with off-site technical support made available by use of electronic means appropriate to the country and locality. The paper, which is available on the Project extranet, will guide the implementation and testing of the approach during Year 3.

- **Health care worker retention:** The Project furthered work on retention in May with a focused data collection effort in Uganda aimed at identifying localized causes of turnover as well as job satisfaction factors that contribute to turnover. We trained data collectors and began pilot testing a worker satisfaction survey. The results of the survey will be used to identify data-based promising retention strategies and will ultimately inform retention interventions to be implemented in Uganda during Year 3.

- **Productivity:** In collaboration with the National Institute for Medical Research (NIMR) and CDC, we trained data collectors, completed site visits, created data entry forms and began data collection for the Zanzibar Productivity Study using a combination of core and field support funding. The Capacity Project team working in Zanzibar will collaborate with the NIMR team carrying out this activity in Mainland Tanzania to ensure consistency in indicators, data-gathering methods and instruments and training procedures for data collectors. The Zanzibar data will be analyzed during the first quarter of Year 3, shared with in-country stakeholders, and used in conjunction with the Project's recently developed productivity improvement process to design and implement appropriate productivity interventions for Zanzibar.

- **Technical Briefs:** The technical brief *Increasing the Motivation of Health Care Workers* is in final editing and production and will be available from the Project website by the end of August. (This topic evolved from the brief described in the Year 2 workplan as "SOTA information on performance support.")

Year End Status Report

All planned activities outlined in the workplan were completed with the following modifications or exceptions:

- In collaboration with the ACQUIRE Project, create a compendium website and reference guide to state-of-the-art performance support interventions. A prototype was completed; however, the team realized that most of this information is already contained on many websites. Most of the resources and references are also included in the HRH Global Resource Center, so we did not create an additional stand-alone website.

- Build capacity to implement existing policies that support or mandate performance systems (e.g., supervision, clear performance expectations). Initial work was conducted in this area, including preparing a questionnaire for the HRH Action Workshop participants to learn more about the present status of performance management

systems in their health systems. In addition we developed a strategy for a new approach to supervision, which will be piloted in Year 3.

- Use retention interventions to ensure that workers with TB training are retained in high-prevalence areas in Kenya or Uganda (HIDN funds). In consultation with USAID/W this scope-of-work evolved and changed.
- Use retention interventions to ensure that workers with HIV/AIDS training are retained in high-prevalence areas in at least one country. Initial work was conducted in this area, including developing a job satisfaction study to determine reasons for retention problems and the design of interventions in Uganda. Further interventions will be conducted in Year 3.

In addition to the activities listed in the Year 2 workplan under IR3, we undertook the following subsequently approved work:

- Activities related to productivity such as reviewing the state-of-the-art in this area, designing a study and planning for interventions (e.g., in Zanzibar). Additional work in this area is planned for Year 3.
- Brainstorming and preparation of a strategy paper on applying new supervision approaches.

Part Two: Results and Knowledge Management

Knowledge Management

The Capacity Project seeks to make an important contribution to the field of HRH through its knowledge management and sharing efforts. The highlight of progress during this reporting period was the launch of the HRH Global Resource Center. Among other resources, this website houses tools and references collected through Year 2 workplan activities in the following areas:

- (IR1): country-level examples of workforce planning and HRH policies, private-sector contributions to HRH, fostering a positive advocacy environment, improving and assessing human resources management (HRM) systems
- (IR2): scaling-up proven learning approaches and methodologies, tools to assess and strengthen pre-service education and in-service training systems, examples of professional association contributions to HRH
- (IR3): lessons learned and articles on performance management systems, tools for performance support.

- **HRH Global Resource Center:** On May 22, the Project launched the HRH Global Resource Center, a website with over 400 resources organized for easy access according to our taxonomy. The collection has a focus on country-level documents, features an interview series (*HRH Leaders in Action*) and offers reference services for users. Requests responded to in June included locating resources on midwives and job satisfaction in developing countries, identifying PhD programs on supportive supervision

and locating resources on management and strategies for decreasing maternal mortality. We also received suggestions for resources to add and requests to join our mailing list. We developed and are implementing an awareness and sustainability plan to enhance the usefulness of the website, as well as a detailed M&E plan to track use of the site over time. To date several key websites have linked to the Global Resource Center, including the Asia-Pacific Action Alliance on Human Resources for Health; ELDIS, in collaboration with DFID Health Resource Centre; Global Health Workforce Alliance; HIPnet (managed by the INFO Project); World Health Organization, MAKER; Development Gateway—Knowledge Economy Community; Global Health Council; and Health Systems Strengthening in Latin America and the Caribbean (USAID/PAHO). The Global Resource Center is also included in the Project's HRH e-learning course and the VLDP. One VLDP member noted, "I can't say how happy I am about the library. It is a great resource. Now I don't have to search the internet for resources on HRM as much as I used to."

- **Collaborating with other global HRH efforts:** We continued participating as a core member of the WHO-supported e-forum THE Connection, including ongoing work to map HRH knowledge bases and their users and announcing key HRH resources on THE Connection listserv. THE Connection announced the launch of the Capacity Project's HRH Global Resource Center in its weekly listserv on May 25.

- **Producing Project materials and deliverables:** In addition to editing, formatting and disseminating the technical briefs and resources mentioned in other sections of this Progress Report, we coordinated production of several USAID/W deliverables, including the Management Review (April), Progress Report (May) and Year 3 Workplan (April-June). We prepared a brief on the Project's HRIS work (available on the Project website), documented and disseminated workshop proceedings (HRH Action Workshop publication and Workshop Brief on the African Church Health Associations' HRH Mini-Forum) and revised the Project overview brochure and translated it into French. We also edited and finalized reports on Global Fund technical assistance in Romania and Ecuador and, at the request of USAID/W, handled translation of guidance for USG-funded TA to Global Fund grants into French and Spanish.

- **Project listserv:** We sent out the initial "news brief" to the Capacity Project listserv on May 24 to announce the launch of the HRH Global Resource Center. The listserv reaches more than 600 people, including many USAID/W and mission staff. We plan to launch a monthly series of success stories via the listserv this fall and continue to send periodic news briefs and announcements of Project-related events and publications.

- **Participating in global meetings:** The Capacity Project contributed several presentations and a pre-formed panel to the 33rd Annual International Conference on Global Health, May 30-June 2, in Washington, DC. Presentations focused on the Project's experiences with the Workforce Mobilization Plan in Kenya, mentoring a human resources advisor to the MOH in Rwanda, and strengthening HRIS. The panel brought together HRH practitioners from DR Congo, Malawi and Uganda to share innovations in HRH by African faith-based organizations. The Project also contributed two presentations and a poster to the President's Emergency Plan for AIDS Relief 2006 HIV/AIDS Implementers Meeting (Durban, South Africa, June 12-15). Presentations included "A Participatory Approach to Develop and Strengthen Human Resources Information Systems" and "Human Resources for Health: Promising Practices from Sub-Saharan African Countries," which summarized the Africa Bureau-funded work in

Ghana, Malawi and Uganda. The poster "What Works to Keep Uganda's Health Workers on the Job" presented the collaborative research design planned between the Capacity Project, DHHS and the Aga Khan University to study health worker turnover. We also participated in the Commonwealth Fund Workshop for HRH Strategic Planning in Zanzibar (June 20–23), with HR Department representatives from ten countries (Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zambia). The purposes of the meeting were 1) to work with country representatives to develop HR strategic frameworks and planning capacity, 2) to exchange information on practices to retain and attract health professionals to the health sector and 3) to share experiences in policy interventions and managing migration of health professionals. The Capacity Project shared general project information and introduced the HRH Global Resource Center to participants.

Year End Status Report

All planned activities outlined in the workplan were completed with the following modifications or exceptions:

- Launch, manage and support a community of practice. The participants from the HRH Action Workshop have become a support group and HRH network, meeting this workplan objective, but in a somewhat different way than originally envisioned. This approach to a community of practice is responsive to field demand, and this group is now working with Project staff to consider ways to create an online space to share ideas and lessons. The Project is fostering this network and will continue this work into Year 3.

- Create expertise directory and promote use among Project staff. Due to other priorities and the small size of the technical team, this database/directory was not completed. Other mechanisms were used to ensure that technical staff communicated and shared their expertise, such as the use of country teams, technical team meetings, staff meetings and consultation facilitated by the Technical Resources Director and other leaders to ensure appropriate expertise is shared with country programs.

- Technical Briefs: Based on staffing, opportunities, field demands, analysis of existing publications and consultation with USAID, we revised plans and priorities for Technical Briefs. We published six during Year 2, in the areas of retention; HRM in the health sector; licensure, certification and accreditation; using collaborative approaches to reach HRH goals; task shifting; and workforce planning. Four others are expected to be published during the first quarter of Year 3, on the topics of health worker motivation; strengthening professional associations' role in HRH; in-service training for community health workers; and HRH issues in countries experiencing conflict and post-conflict situations.

In addition to the activities listed in the Year 2 workplan under Results and Knowledge Management, we undertook the following subsequently approved work:

- Providing support to ensure access to the HRH Tools Compendium (linked with the Global Resource Center) and assistance for its maintenance and expansion.

Monitoring & Evaluation

The Project is committed to collecting data to show which interventions are the most successful and to use data to make needed changes to achieve Project results.

- **Special studies:** The Project's Workforce Mobilization Study, which will document the effectiveness of the innovative short-term Workforce Mobilization Plan in Kenya for use in other countries, began the week of May 8–12 with a one-day training of 20 data collectors. Data collectors covered ten sites and completed one facility assessment form, one facility statistics form and 20 client satisfaction exit interviews for each of the sites. Teams also interviewed 79 of 101 new hires during their induction and orientation pre-service training (May 16–19). The Project will collect peer assessment data as well as follow-up on the monthly facility statistics in the ten sites. We also supported other Project data collection activities such as designing and implementing the Zanzibar Productivity Study (see IR3) and designing the Workplace Violence and Sexual Harassment Study for Rwanda (see Gender Equity and Equality).

- **Country-level M&E plans:** We reviewed and revised country-level M&E plans for Mali, Rwanda and Tanzania to reflect recent program changes.

- **Baseline data:** We completed country baseline data collection visits to Tanzania (Mainland and Zanzibar). Project staff and consultants conducted interviews with MOH officials in the HR divisions, National Institute of Medical Research representatives supporting HR work in Tanzania and FBO representatives and completed a review of recent Tanzania-specific HR documents and assessments to create baseline country HR profiles for the Mainland and Zanzibar. These will be used to assess ongoing Project work in Tanzania.

- **Review of PMP indicators:** The Project Leadership Team and Technical Resources Team reviewed the adequacy of the PMP to reflect current core program activities and field TA requests. Although the Project has added technical activities since the PMP was created and approved, we agreed that the PMP indicators fairly reflect the technical focus of the Project as a whole. However, some key areas—notably productivity and Global Fund technical assistance—fall outside of the current indicators. Therefore, productivity results will be evaluated through the use of targeted special studies where productivity initiatives are implemented (e.g., Zanzibar), and results will be reported to USAID annually. Because Global Fund technical assistance requests to date have varied dramatically according to country needs, we have not created an overall monitoring plan for this activity area. During the first half of Year 3 we will review the current Global Fund program portfolio and design an appropriate monitoring plan.

Year End Status Report

All planned activities outlined in the workplan were completed with the following modifications or exceptions:

- Technical Brief: Linking HRH interventions and health outcomes. Project staff reviewed the available literature first and felt that the Joint Learning Initiative paper, *Human Resources for Health: Overcoming the Crisis,* and *Working Together for Health: The World Health Report 2006* had already met this need. Therefore, the PLT determined this was not a priority activity. However, we will seek to document the connections between systems interventions and health service delivery outcomes in our M&E efforts throughout the Project to contribute to the evidence base on this topic.

- Continue database development, automation and maintenance. A database proved unnecessary for our approach to M&E so this activity was discontinued.
- Incorporate the use of Geographic Information Systems (GIS) and spatial analysis in HRH program evaluation, as appropriate. Appropriate opportunities for using GIS have not been identified at this stage in our M&E work; however, we will be open to this in Year 3.
- Pilot-test personal digital assistant (PDA) data collection in one country for quicker conversion of monitoring & evaluation data to usable project management information. This activity is on hold until a suitable application can be identified.

Part Three: Technical Leadership Cross-Cutting Initiatives

Gender Equity and Equality

During the reporting period, Project staff made progress on planned activities to promote gender equity and equality and responded as needs arose in this area.

- **Gender analysis guidelines and integration modules:** These materials are now ready in a PDF document and posted on the Project website and HRH Global Resource Center.
- **Gender-sensitive HRIS:** With the aim that the Project's HRIS work reflects and results in gender equity and equality and that gender-sensitive information will lead to informed HR policy decisions, we wrote a research brief on guidelines for gender-sensitive information systems and presented it to a Project review committee during this reporting period. The review committee concurred with the brief's findings and recommendations—for example, that several products could be developed to address the gaps identified in the literature. Staff resources will be made available to develop these products in the next two quarters.
- **Workplace violence and sexual harassment:** We completed the first draft of a two-day sensitization and planning module in this area, planned for finalization during the second quarter of Year 3. A US-based research design team met to discuss the methodology of a Workplace Violence and Sexual Harassment Study that will be conducted in Rwanda in 2006 and 2007. The purposes of the study are 1) to determine the nature, extent, context and consequences of workplace violence in the health sector in Rwanda and to determine what—beyond sexual harassment—are its gender dimensions; 2) to develop a sound workplace violence and sexual harassment risk assessment and management methodology that can be used by Rwandan institutions to measure workplace violence; and 3) to assist the MOH in developing a policy and/or program response to workplace violence and sexual harassment. We also oriented Capacity Project/Rwanda staff to workplace violence and the study and initiated contacts with the Ministry of Labor, the first of four Rwandan ministries that will be users of study results. Finally, we drafted assessment tools and, because of the innovative nature of the study, will conduct formative research related to these tools starting in September.

- **Literature review on gender equitable labor standards:** We created two PowerPoint presentations with summary information on "Discrimination in Respect of Employment and Occupation" (including sexual harassment), "Equality in Remuneration," "Workers with Family Responsibilities" and "Maternity Protection." These presentations are based on the International Labor Organization's gender-equitable labor standards and principles of decent work. We disseminated these slides through several channels, including via email for Capacity Project staff working on employment policies in Southern Sudan and by conducting two three-hour staff orientations to the content in May.
- **Gender-Based Violence Sensitization and Planning Module:** We completed this module (focusing on intimate partner violence, childhood sexual abuse and sexual assault) designed for HRH policymakers and planners.

Year End Status Report

All planned activities outlined in the workplan were completed.

Integrating Faith-Based Organizations (FBOs) and NGOs

The Capacity Project remains committed to integrating the work of faith-based organizations into the activities of the Project and into national HRH initiatives.

Progress in this area during the reporting period included the following:

- **Retention studies:** IMA undertook Church Health Association (CHA) retention studies in Malawi, Kenya and Zambia in April/May, and reports have been submitted.
- **FBO panels:** The panel on innovations in HRH by African FBOs moderated by the Capacity Project's FBO coordinator at the 33rd Annual International Conference on Global Health (see RKM section) was also presented at the Christian Connections for International Health (CCIH) annual meeting in Maryland.
- **FBO mapping:** The FBO HRIS mapping activity in Southern Sudan is almost complete with the database now containing information on 285 facilities and seven programs. In Tanzania, over 50% of the HRIS mapping activity has been completed.
- **HRH Mini-Forum follow-up:** A summary brief on the African CHAs' HRH Mini-Forum, held in Nairobi in February 2006, was published and the full report submitted to the RKM team for editing. Due to the departure of the FBO Coordinator and recruitment of her replacement, little follow-up has taken place to date with the African CHAs' Technical Working Group for HRH formed during the Nairobi meeting; conference calls and other follow-up are scheduled to begin in early September.
- **Resources:** A reference paper on successful models of public/private/FBO partnerships was completed and is available on the Extranet.

Year End Status Report

All planned activities outlined in the workplan were completed with the following modifications or exceptions:

- Document lessons learned/best practices in DR Congo. This activity is underway.
- Evaluate impact of HRH content introduction in new HRH modules for Family Practice Residency Program. The curriculum changes were not completed until June 2006, and the curriculum will not be used until September 2006 at the earliest; therefore, the planned evaluation had to be postponed.

Global Partnering

The Capacity Project is mandated to cooperate with other major players in the HRH field and to foster collaboration among the many stakeholders involved in improving human capacity at both the country and global levels. Below are some highlights from our efforts to foster global partnerships over this reporting period:

- **HRH Action Workshop publication:** We published *HRH Action Workshop: Methodology and Highlights: Planning, Developing and Supporting the Health Workforce*, a follow-up publication to the very successful HRH Action Workshop in Johannesburg, South Africa. This publication documents the methodology used for the workshop, which is highly participatory and focuses on information sharing and problem solving. The paper is available in PDF form from the Project website, and printed copies are available for limited distribution or upon request.
- **HRH Observatory meeting plans:** In collaboration with the World Bank, the Commonwealth Regional Health Community Secretariat for ECSA and WHO, the Capacity Project contributed to the design and timeline of the HRH Observatory meeting scheduled for late September in Arusha, Tanzania. This meeting coordinates and replaces similar, independently planned activities of global partners targeting the same HRH practitioners.
- **World Health Day events:** In April, the Project participated in several World Health Day events. The Technical Resources Director presented and discussed the HRH Framework and supporting materials at a PAHO panel, "Addressing the HR Crisis through a Systems Approach," in Washington, DC. As described under IR1, Capacity Project staff, consultants and counterparts presented the HRIS at the national World Health Day Symposium in Uganda. In Lusaka, Zambia, a primary site for World Health Day events, Bishop Enock Shamapani, Presiding Bishop of the Brethren in Christ Church in Zambia, and Dr. Godfrey Biemba, Executive Director of the Christian Health Association of Zambia, launched the African CHAs Technical Working Group for HRH. The Project also sent 500 informational packets to ten WHO country offices in sub-Saharan Africa and to WHO headquarters in Geneva. These packets, which WHO distributed along with its own World Health Day materials, included information on the Capacity Project's HRH Global Resource Center, the HRH Action Workshop CD and other Project materials.
- **Global HRH Framework development:** The Project continues its work with WHO, USAID and other partners on a global HRH Framework. The framework, which was released on World Health Day in *Working Together for Health: The World Health Report 2006*, provides a simple but comprehensive technical structure to enable countries to move forward to develop concrete national HRH strategies that can be supported by donors and implemented in a planned and systematic manner. The

Capacity Project worked closely with WHO this quarter to continue defining the six major HRH components and the elements of each and to design a process to align guidelines and tools and other useful documents within each major component of the framework.

Year End Status Report

All planned activities outlined in the workplan were completed. We also undertook additional work, including leadership for the December 2005 consultation on the HRH Framework and significant follow-up work to further develop the global HRH Framework (some of this work is described above). We also are included as a partner in developing HRIS with ECSA, WHO and the World Bank and we are partnering with WHO and others in supporting the HRH Observatory meeting in Africa.

Part Four: Country-Level Programming

Central America Regional Program (G-CAP)

The Capacity Project point person for this work, Dr. Bruno Benavides, traveled to Guatemala in June to learn more about G-CAP's goals and discuss expectations for a scope-of-work to improve human resources capacity for delivering comprehensive HIV treatment and care. During the first quarter of Year 3, a Project technical team will travel to the four priority G-CAP countries—El Salvador, Guatemala, Nicaragua and Panama—to define deliverables, select feasible and pertinent interventions, design a detailed workplan and identify local partners.

Kenya

The Capacity Project's program in Kenya has four main components: 1) managing a Workforce Mobilization Plan, 2) managing seconded staff (long-term local advisors), 3) strengthening HRH for tuberculosis activities (core-funded and led by PATH) and 4) strengthening long-term HRH systems, policies and practices. The Workforce Mobilization Plan, with several inter-related activities, is by far the largest piece of work and has taken much time and effort to negotiate, set up and implement.

Progress in Kenya since the last reporting period has been significant and includes the following:

- The Project worked with the HR Directorate and health sector leaders in the provinces and districts to hire, train and deploy 120 new providers (34 Clinical Officers, 75 Enrolled Nurses and 11 Lab Technologists) to public-sector facilities as well as some FBO sites across the country. Most of the receiving sites are in the rural areas of Nyanza, Eastern, Western, Rift Valley and remote North-Eastern provinces. In sites that are located in regions with high HIV/AIDS prevalence, the new providers are assigned to work primarily in HIV/AIDS clinics, while in other places they provide general health services. A two-day orientation program was developed and offered to all new hires as part of the two-week training course in HIV/AIDS prevention, treatment, care and support. HR database and payroll management procedures were set up for all new hires and their salaries were paid on time.

- A model deployment plan was finalized and approved by the MOH. The plan is now being used not only to guide deployment of the Workforce Mobilization Plan hires but also other providers who are hired through the Clinton Foundation.

- For the second round of recruitment, the MOH advertised in one of the leading dailies in the country for nearly 1,600 positions in the health sector that will be funded through the Capacity Project, Clinton Foundation and the Global Fund. Thousands of applications were received. The Project assisted the HR Directorate to establish a simple, user-friendly database to enter and manage all applications. Project staff also assisted the MOH to "short-list" and work out interview schedules for 4,166 qualified candidates. In this round, the Workforce Mobilization Plan aims to hire 400 providers, mainly nurses, clinical officers and laboratory technologists.

- A member of the HRIS team from Chapel Hill made presentations and held discussions with both Mission staff and health sector leaders and stakeholders to obtain their buy-in and support, and also agree on an initial plan for providing future TA in this important area of need.

- DFID co-funded capacity building targeting the main units at Ministry of Finance and Ministry of Planning and focusing on explicating the concept of "mainstreaming" HIV-related activities. A similar capacity building exercise has been ongoing at the regional and district levels aimed at strengthening their planning and budgeting processes to include HIV/AIDS activities. The MPNP Advisor provided TA to the Ministry of National Development and Planning that enabled the ministry to accelerate the agenda of mainstreaming HIV and AIDS in the Poverty Eradication Strategy. Under the leadership of the Permanent Secretary-MPNP, the Advisor prepared and presented a paper on mainstreaming HIV/AIDS in national development plans at the recent Annual PEPFAR Implementers Meeting in Durban, South Africa.

- The Advisor at the Division of Reproductive Health developed a workplan and established a database of all providers that have received training in RH/FP. This database will provide a basis for a skills audit for the required RH/FP services that exist and indicate where gaps exist.

- Because key HR staff has been occupied by the Workforce Mobilization Plan recruitment process, the MOH requested a delay in most of the activities planned under the long-term HRH strengthening component, including a planned HRH stakeholder workshop to disseminate the new three-year HR strategic plan. The Project supported essay writing competitions by secondary and college students on the theme of HRH advocacy as part of the World Health Day celebrations. MOH, USAID and Capacity Project staff attended the prize-awarding event for the winners, which was presided over by the Minister for Health. Essay topics ranged from why health workers were leaving to what the Kenyan society could do to value and give more recognition to health workers.

- The TB component of work got off to a slow start due to the delayed identification and acquisition of suitable short-term TA. Following the successful acquisition of the TA, review of existing documentation on the HR needs for TB work in Kenya was completed and draft recommendations were made for specific action areas. The

outcome of the review process is a draft concept paper that was discussed with the National Leprosy and TB Program in July.

Mali

Based on the findings of the March 2006 introductory visit to Mali, Phase One of the Capacity Project country strategy for Mali was drafted during this reporting period. In-country activities are scheduled to begin this month. The objectives of these initial activities will be:

- To strengthen the *Ecole Des Infirmiers de Gao* (EIG) and to identify and describe promising practices at this private-sector nurse training school
- To strengthen the Alumni Association of EIG and link the association with national professional associations
- To demonstrate, in collaboration with the POPPHI Project and the MOH, an expanded role for *matrones* in active management of the third stage of labor to prevent postpartum hemorrhage.

Namibia

The goal of the Capacity Project's work in Namibia is to fund and strengthen six FBOs/NGOs to provide clinical training and support services in the treatment of HIV/AIDS. We plan to achieve this goal by addressing the following objectives: 1) clinical technical assistance to review and improve the model of HIV treatment, care and support; 2) FBO strengthening/capacity building; and 3) sub-grant management.

Progress during this reporting period included:

- Registration of IntraHealth in Namibia has been completed and we are in the final phases of leasing office space
- Recruitment for the Grants and Capacity Building Specialist and Financial Officer positions has been completed
- The scope-of-work for the three FBO/NGO sub-grants was finalized and, despite some delays, the three sub-grants were issued (see Special Issues and Challenges section)
- USAID/W is in the process of approving sub-recipient agreements; technical assistance to sub-recipients has begun.

Regional HIV Program Southern Africa (Lesotho and Swaziland)

Capacity Project activities in Lesotho and Swaziland are designed to build human capacity to implement quality HIV/AIDS programs through improving workforce planning and policy, developing a better educated and trained workforce and strengthening human resource management and information systems to support and sustain health worker performance. Activities in these two countries are continuing through an Associate Award in Year 3.

Lesotho

Progress in Lesotho during this reporting period includes the following;

- The Project's Senior Program Officer based in the HR Directorate continued to support the activities of the HRIS Leadership Group. The workplan and budget were finalized.

- The Capacity Project initiated and facilitated formal consultations with USG partners and other organizations such as CARE, GTZ and Catholic Relief Services that work with community health workers (CHWs) in Lesotho and agreed on a coordinated approach to train, supervise and support CHWs under the strategic stewardship of the MOHSW.

- We provided TA to include a detailed HRH planning and development section in the MOHSW proposal to the USG-funded Millennium Challenge Corporation (MCC). Lesotho is one of the few African countries that have met the criteria for receiving funding from MCC, and they have applied for $300 million to rehabilitate, expand and equip the national health infrastructure.

- A Project team used the HRM Rapid Assessment Tool for HIV/AIDS Environments to conduct a rapid HRM assessment and organizational climate survey, including employee job satisfaction, with teams at three sites: central-level MOH, Maseru; Mafeteng District Hospital; and Beria District Hospital. The team worked with participants to use the assessment findings, results of the survey and the work already in progress to prioritize activities and develop an action plan for each site with modest but carefully targeted activities that will address their HRM demands and areas of performance weakness.

- We developed a scope-of-work, obtained mission concurrence and made preliminary arrangements for a study that will assist the MOHSW to develop, implement and evaluate strategies to attract and recruit men into the HIV community health worker cadre in order to reduce the gender segmentation of the occupation and address the shortage of health workers in Lesotho.

Swaziland

Progress in Swaziland during this reporting period includes the following:

- We continued to provide TA to support the activities of the HRIS Leadership Group to help them develop and refine their list of HR policy and planning questions for which they will require workforce-related data to answer.

- The Project worked with the office of the Chief Nursing Officer to set up a simple database for all nurses in the country. This was later expanded to include all health workers working for the MOHSW.

- We fielded our Nairobi-based HRIS consultant to assess data quality and collection procedures in order to develop "use cases" that will form the basis for automating the procedures. One of the key recommendations is to develop a special database for the ministry's HR Department to enable them to share accurate workforce data with the Ministry of Public Service in a timely fashion.

- We engaged a Swazi consultant to assist the small working groups to implement their workplans that were developed during the senior staff leadership and team building retreat held in the previous quarter.

- Recruitment for the Swazi Senior HR Planning and Management Advisor began. Six candidates were short-listed and interviewed. Two final candidates will soon be interviewed in collaboration with USAID/RHAP and the Permanent Secretary, MOHSW.

- The Capacity Project's Regional Coordinator for South Africa visited the US to make a joint presentation with the RHAP Activity Manager to USAID and OGAC staff on the work of the Project in the region.

During this quarter the Regional Coordinator devoted some time to respond to the request for proposal for the Associate Award and later traveled to the US to attend the IntraHealth USAID Compliance Workshop, hence some activities such as HR strategic planning work had to be delayed.

Rwanda

During this reporting period, we worked closely with the MOH and districts to plan for and implement the Project's four technical interventions: 1) strengthening HRH planning, 2) strengthening nursing education, 3) supporting PMTCT, counseling and testing (C&T) and ARV services and 4) strengthening family planning and supporting the Maternal and Child Health (MCH) Task Force Team. In addition to the activities listed in the workplan, we have been asked by the MOH to take on additional activities such as the seconding of team members to the MCH Task Force.

Highlights of progress during the reporting period include:

- We launched the HR database prototype server at the MOH and hired and oriented an IT Database Manager seconded to the central MOH office who will manage the HRH data. The Capacity Project HRH Advisor helped the Permanent Secretary of the MOH organize and participate in the senior stakeholder forum that finalized the HRH 2005-2009 Strategic Plan and the National Policy documents. A Project consultant, Geoff King, incorporated MOH 2009 staff projections in the HRH Strategic Plan. In collaboration with WHO, DFID and the Belgium Technical Cooperation, the Project helped the MOH coordinate scholarships for 15 to 20 Rwandan physicians and nurses accepted into graduate programs in Kenya.

- The Project collaborated with the MOH and key stakeholders (e.g., Belgium Technical Cooperation) to develop a competency-based HIV/AIDS curriculum for A1 (registered) nurses to be integrated into the three-year pre-service nursing curriculum to be launched at the five national nursing schools in January 2007. We also initiated reference guides with the Nursing and Midwifery Task Force for an A1 midwifery program to be launched at the five nursing schools. Five subcontracts were launched during this reporting period between each of the five schools for operational costs, computer laboratories, school libraries and teacher training support. In addition, we hired international nursing school lecturers from the East and Southern Africa region to help

Kigali Health Institute (KHI) train 20 students attending the bachelors of sciences university degree (A0) program launched in February.

- We launched HIV/AIDS preventive services (PMTCT/C&T) at nine of the 11 planned new service outlets and supported services at 24 facilities, including community outreach services and integration of family planning and safe motherhood counseling. Through these facilities, over 11,000 pregnant women received PMTCT services. Staff encouraged male involvement and promoted C&T services with community outreach, resulting in 58% of male partners of PMTCT clients being tested for HIV and 10,000 individuals attending voluntary C&T services. We launched ART services at four (out of five planned) health centers where the district hospital worked with the health center to supervise and evaluate ART need among 668 HIV-positive clients (including 13 pediatric patients); staff prescribed ART for 259 HIV-positive clients in need and worked with community groups to promote adherence. Screened patients that are not yet eligible for ART receive regular follow-up and evaluation.

- At the request of the MOH and USAID/Rwanda, the Project continued to support the nine seconded staff members to the newly-formed Maternal and Child Health and Nursing and Midwifery Task Force Teams as well as a three-person HRH team at the central MOH office. In June, we connected all MCH Task Force Team members to a shared network, including seconded staff from UNFPA and other USAID seconded project staff from BASICS and JSI/Deliver. We continued with office renovations and equipment upgrades needed for seconded staff. During this reporting period, we hired and seconded a senior West African OB-GYN, Dr. Andre Koalaga, to the MCH Task Force and hired a Capacity Project FP team. With technical assistance, we developed with the MOH and stakeholders a design for in-service FP training and negotiated geographic coverage for FP IST roll-out in 11 out of 30 districts. We assessed the feasibility of using IntraHealth's Performance Learning Methodology with the updated national FP IST curricula. While we were about three months behind the planned schedule for fielding an expatriate FP Advisor (who joined the MCH Task Force in June), we remain on target for all planned activities.

South Africa

The Capacity Project is working with PEPFAR partners and national and provincial Departments of Health to ensure the quality of HIV/AIDS services. The Project's efforts are targeted at 1) improvement of monitoring and evaluation capacity of PMTCT program managers, 2) Training Information Monitoring Systems (TIMS), 3) dissemination of National ART Guidelines and 4) introduction of a standards-based management approach for ART services.

During this reporting period we made the following progress:

- In collaboration with the Eastern Cape Regional Training Center, the Project hosted three two-day workshops to orient clinical staff from Port Elizabeth (24 participants), East London (33) and Umtata (45) to the National ART Guidelines. Participants included doctors, nurses, pharmacists, social workers and people living with HIV/AIDS.

- The Project developed the orientation package for the National Palliative Care Guidelines. The package consists of PowerPoint slides, exercises, pre- and post-test

questionnaires, job-aids and a participant follow-up tool. Workshops on the guidelines are expected to begin during the next quarter.

- We continued to provide support for TIMS at the national Department of Health TB unit, and the TIMS consultant supervised and guided unit staff on data entry and customized the geography of the database.

- The Project is assisting the Foundation for Professional Development (FPD) to assess the training needs of managers in its HIV/AIDS field project. All 200 managers who completed FPD's Certificate in Advanced Management and Advanced Management Programme are participating in the study; 150 had been interviewed as of May. The study will be completed in the first quarter of Year 3, with a final report due in September.

- The Project continues to support a senior technical expert, Dr. Mandla Duma, at the national Department of Health; during this reporting period, Dr. Duma provided technical assistance in such areas as accreditation of service points and improvement of care and treatment. In support of the government's target of accrediting at least one facility per health district during the fiscal year (April 2005 – March 2006), he participated in the accreditation of 12 sites in KwaZulu Natal, NorthWest and Eastern Cape provinces during this reporting period. Dr. Duma has been working to finalize the Community Health Workers framework and national guidelines on continuum of care.

Southern Sudan

The goal of the Capacity Project's work in Southern Sudan is to increase the capacity of the MOH to hire and manage the health workforce, both public and NGO-based. Steps to accomplish this goal include 1) conducting a baseline assessment of current HR capacity (completed during the previous reporting period), 2) providing TA to help develop an effective HRM policy and operational system for the MOH, 3) assisting in the certification of health care workers, 4) strengthening HRIS, 5) assisting in HR policy development for the relationship between the MOH and NGOs and 6) supporting leadership development.

Specific progress made during this reporting period includes:

- The Project organized a four-week training for the Executive Director of the Southern Sudan AIDS Commission, Dr. Angok, at the University of East Anglia in the UK. As a result of this training, Dr. Angok feels much better prepared to coordinate the national response to HIV/AIDS.

- We continued planning for the national HRM workshop (held in August) to bring together diverse HRH actors, including staff from the ministries of heath, finance and public service and representatives of major health sector NGOs.

- We initiated development of the national HIV/AIDS strategic plan in conjunction with the Southern Sudan AIDS Commission, UNAIDS and UNDP. Terms of reference for consultants were prepared and the process of identifying suitable consultants began.

- The Project recruited a Country Coordinator for Southern Sudan and began the process of registering an office in Juba.

During this quarter we faced several challenges, including the following:

- Like all other government institutions in Southern Sudan, the MOH is establishing a civil service from scratch following nearly three decades of civil war. This process has been extremely slow for many reasons, ranging from shortage of qualified staff to lack of a policy and financial framework to support recruitment. The only confirmed positions in the MOH until June were those of the Minister and Under-Secretary. All other appointments were interim voluntary.

- The MOH relocated from its interim offices in Nairobi to Juba during this quarter. This relocation slowed program implementation as the ministry team faced many challenges, including a severe shortage of office space and housing and unreliable telephone communications.

The delays in appointment of key MOH staff are the primary reason that several activities scheduled for Year 2 have not been completed: 1) conducting orientation tours to the Democratic Republic of Congo for MOH and NGO staff to expose them to various MOH/NGO partnership models; 2) holding the national HRM workshop; 3) supporting the development of a national HIV/AIDS strategic plan. The HRM workshop was held August 7-9, and the other activities are expected to be implemented in the coming months.

Tanzania

In Tanzania, the Capacity Project seeks to increase MOH capacity for long-term human resources planning to recruit, retain and effectively utilize health workers to achieve health goals. Activities in Zanzibar, which has its own MOH, are reported separately from those in Mainland Tanzania.

In the Mainland, the Project continued to work with the MOH and NIMR during this reporting period to implement critical interventions that will inform the national HR Strategic Plan and the design of an emergency hiring program. In Zanzibar, the Project has begun work in three areas: conducting a HRIS assessment, conducting an assessment of the HR abilities and needs at the MOH HRH directorate, and carrying out baseline data collection of current provider productivity. In both the Mainland and Zanzibar, we provided mentoring support for two interns participating in the NIMR-Morehouse School of Medicine exchange program. The interns contributed to the labor market analysis activity in the Mainland and productivity assessment in Zanzibar, respectively.

During the reporting period, we made the following progress in Mainland Tanzania:

- We assisted the MOH to prepare a schematic framework linking activities proposed for Global Fund financing with national HR strategic direction. The framework will be a key resource to stakeholders who will meet this month to develop the national HRH Strategic Plan

- We worked with the MOH to upgrade the proposal for funding through re-programmed savings from the Global Fund. The revisions primarily include content about the management aspects for the emergency hiring program.

- We provided technical support to initiate a hiring bottleneck analysis. Preliminary findings from this analysis reveal obstacles with the district staff and budget planning procedures and with filling vacant positions. For example, there is currently no centralized and accessible database of applicants for vacant staff positions. The absence of a centralized application pool creates duplication of effort among districts.

- We have taken steps to help the MOH establish a routine system for a labor market analysis. We provided TA to develop a detailed concept paper, including tools. The initial labor market analysis will examine the stock, pool and flows through training institutions and gather preliminary data about factors influencing workers' decisions about preferred work location.

- We have set up an office and hired an in-country coordinator and a finance and administrative consultant as core staff to manage in-country activities. The team will work from an office shared with NIMR to ensure better coordination of HRH activities. The team will be supported by the country point person, Chapel Hill-based Zanzibar coordinator and Program Associate.

- We hosted a visit from the Director of the Capacity Project and Director, Results and Knowledge Management Team. The directors met with key stakeholders to obtain general perspectives about program implementation and challenges. Additionally, the Director, Results and Knowledge Management Team, gathered baseline data for subsequent assessment of progress.

Progress in Zanzibar during the reporting period includes the following:

- A Project team led a stakeholders' meeting to gain insight into existing data systems, data use and prospective future needs for MOH HR data. Findings included an existing civil service database (with unique identifier) and an existing Social Security System database (also with a unique identifier). This combination provides existing data on all health workers in Zanzibar. An HRIS will be able to take advantage of infrastructure, equipment and connectivity already planned for ongoing implementation of the health management information system.

- We teamed up with the LMS Project to perform a HR Audit for the MOH. Technical partners applied the standard MSH HRM assessment tool for a large Human Resources Department (HRD) stakeholder group. While several areas presented themselves for improvement, the consensus of the group was to start working immediately on job descriptions and a simple performance management system.

- We gathered baseline data about productivity. Data collectors recommended by NIMR attended training on how to use new data collection forms. The forms were adapted from instruments used successfully on the Mainland and adapted by the Project and NIMR. Data collectors spent one week each with approximately 35 primary-care providers to determine their productivity and to find blockages that may be preventing optimal productivity. The data collectors used direct observation and in-depth interviews.

- We recruited a Pfizer fellow and a volunteer senior administrator from Rush Medical Center in Chicago to assist the Mnazi Mmoja hospital senior management team to begin a strategic planning process to become a semi-autonomous referral hospital.

Uganda

The overall goal of the Capacity Project work in Uganda is to provide support for strengthening strategic, data-based HR management, leadership and decision-making at the MOH central and district levels. The five objectives are to: 1) strengthen the HRH strategic management and planning capacity through the development of integrated data systems for decision-making; 2) provide support to strengthen the MOH human resources management capacity; 3) develop data-based strategies to improve health worker retention; 4) develop a workplace safety program to reduce HIV and other blood-borne related risks; and 5) strengthen HR capacity for the provision of expanded, coordinated and collaborative TB/HIV services.

The following describes the progress achieved during this reporting period:

- The Health Workforce Advisory Board (HWAB) is meeting regularly and has taken leadership and ownership for the Uganda Capacity Project activities.

- Three competitive bids were received to install a local area network at the Nursing Council of Uganda for entering data into the HRIS. A decision was made to go with RAPS. The work began at the end of July. The computer programming for the "Power-Supply" system has been completed through collaboration between the HRIS team in Chapel Hill and Samwel Wakibi, a new IntraHealth employee in the Nairobi office.

- In collaboration with the European Union, the Project supported the MOH/Human Resources Department to organize a Human Resources Symposium during World Health Week. The meeting was attended by high level officials from various ministries, districts, donors and international organizations. The symposium ended on April 7 with HR demonstrations and information booths. The Capacity Project had a booth to demonstrate the HRIS, and many ministry officials and representatives from international organizations expressed considerable interest in the live demonstration.

- Several HWAB/Capacity Project staff presented a report at the World Health Day Symposium on preliminary Ugandan Nursing Council data on over 900 nurses who started training school during 2001-2002. The data indicate that approximately 50% of those who start nursing school do not complete school, and only one-third of those who start actually pass the national exam and become registered. As a result of these findings, several national meetings have been held to determine the problems associated with completing nursing education and passing the national exam.

- A retention study protocol and instruments have been developed to conduct a nationally representative study of 18 health institutions (public and NGO) in nine districts in both easy and hard-to-reach areas to determine health worker satisfaction with their current jobs and to identify strategies to increase their likelihood of staying in their current positions. Interviews also will be conducted with health workers who have left their positions to identify their reasons for leaving and what strategies could have encouraged them to stay in their posts. The study is being conducted this month. In

collaboration with the MOH, the findings will be used to develop strategies to improve retention during Year 3. The study is being done in collaboration with the MOH, HRSA, Aga Khan University and Makarere University.

- The activities for objectives four and five have been delayed. The workplace safety activity was delayed initially because it was hard to determine which department(s) needed to be involved. Subsequently, there was a mandate by the ILO that all ministries need to have a workplace safety policy. This led to the resurrection of a national committee to address workplace safety. Our activity will be to collaborate with this national committee to develop a workplace safety guideline. During Year 3 we plan to implement the guideline nationally. The activities associated with integrated HIV/TB have been delayed until September 2006 at the request of the MOH. To date, one consultant has been sent to Uganda this quarter to conduct the baseline assessment. The report from his assessment is pending.

Ukraine

Progress in strengthening professional associations in Ukraine (core-funded) is described in the IR2 section.

USAID/Africa Bureau

The USAID/Africa Bureau requested that the Capacity Project identify and document promising HRH practices in Africa. Two assignments are scheduled for completion by October 2006: 1) create promising HRH practices case studies in four African countries to be available for other countries in the region looking for promising and innovative workforce strengthening strategies and 2) provide a workforce assessment describing the gaps between the human capacity currently providing services to orphans and vulnerable children (OVC) in Tanzania and the human capacity needed to implement Tanzania's national OVC strategy.

During the reporting period the Project made progress on both assignments:

- We prepared a team for the final case study visit to Namibia in July to document the practice of outsourcing the MOH HR function.
- We completed a three-week HRH assessment visit to support OVC services in Tanzania. The team will complete and disseminate the report to in-country stakeholders during the next quarter.
- We received input from USAID/W and WHO/AFRO on the three completed case studies (Ghana, Uganda, Malawi), finalized one of the four case studies (Ghana) and are in the final stages of editing the Uganda and Malawi reports. These reports will then be sent to stakeholders in Ghana, Uganda and Malawi for final approval before dissemination.
- We prepared a draft dissemination plan, including: showcasing the case studies at the next Capacity Project Action Workshop, submitting the synthesis report for publication in the online HRH journal, featuring the case studies on the Project's HRH Global Resource Center website and other HRH-related websites and disseminating the case

studies at the Ministerial Conference to be held jointly by the European Commission in collaboration with WHO and the Capacity Project in September.

Assistance to Countries Implementing Global Fund Programs

The Capacity Project has been selected to be one of the USAID projects that will provide technical assistance through the new USG-funded Technical Assistance to Global Fund Grants. The purpose of this TA is to improve the functioning of grants financed by the Global Fund by providing short-term, rapid assistance to grants that are faltering in their implementation.

Progress made over the reporting period includes:

- In June, a Capacity Project TA team traveled to Romania to assess current operations for both their HIV/AIDS and TB grants to identify the most crucial issues requiring attention and resolution and to make recommendations for improvement. The assessment focused on two areas: l) governance, including the operations of the Country Coordinating Mechanism (CCM) and 2) monitoring and evaluation of performance. The CCM wanted the assessment to help clarify the M&E role of the CCM and to recommend how the CCM and the Principal Recipient (PR)/PMU Monitoring and Evaluation Unit should work together to ensure that performance of both grants is reported accurately and in a timely manner. The TA provided to the CCM included an Action Plan outlining key findings, prioritized recommendations for actions, an implementation timeline and suggested responsible parties. The TA team presented the Action Plan to the CCM, and the CCM voted unanimously to adopt the Plan and to begin implementing the recommendations immediately.

- In June, the CCM in Indonesia requested Capacity Project technical assistance to help them strengthen the performance of their GFATM grants. A four-member TA team led by Vikka Molldrem (a former USAID mission director in Indonesia) was formed to provide expertise in program management, human resources systems, financial management and monitoring and evaluation. A planning meeting for this team was held in late June; two team members departed the last week of June and the additional team members traveled to the country in early and mid July. It is planned that each TA team member will be in-country for three weeks; however, their presence is spread out over June, July and August. This first TA visit focuses on assessment and recommendations for improvement. It is expected that a second technical assistance visit will occur in October or early November and will provide additional assistance in implementing high priority recommendations.

- During May and June, final plans were completed to hold a GFATM Planning and Preparation Meeting for the Capacity Project Consultant Group of experts who would be providing requested technical assistance. Eighteen TA experts, from various Project partner organizations, attended the three-day meeting in July. These experts will be able to provide technical assistance in CCM governance and operations; program management; financial management; monitoring and evaluation; procurement and supply management; and HIV/AIDS, TB and malaria disease-specific areas.

- The Capacity Project has received requests for TA from several additional countries: Malawi, Senegal, Togo, Tanzania, DR Congo and Nepal. While these scopes of work are

being approved by the USG Review Panel, the Project is forming TA teams to work in each of these countries. It is expected that TA will begin in Tanzania in August and in Malawi in September. Dates for the other countries are likely to be scheduled later in the fall.