
Progress Report

July 1, 2006 – December 31, 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 six-month period from July 2006 through December 2006 in each of the Project's core-funded technical leadership areas and field-supported country programs. 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 3 Workplan and is divided into the same sections:

- Technical Leadership Results Areas (IR1: Workforce Planning and Leadership; IR2: Workforce Development; IR3: Performance Support)
- Results and Knowledge Management
- Technical Leadership Cross-Cutting Initiatives (Gender Equity and Equality; Integrating FBOs and NGOs; Global Partnerships)

- Country-Level Programming (Kenya, Liberia, Mali, Namibia, Regional HIV/AIDS Program Southern Africa [Lesotho and Swaziland], Rwanda, South Africa, Southern Sudan, Tanzania and Zanzibar, Uganda, Ukraine, USAID/Africa Bureau, USAID/Central America Regional Program [G-CAP], Assistance to Countries Implementing Global Fund Programs).

Highlights of Progress

During this reporting period, the Capacity Project made substantial progress on the activities planned for Year 3 and continued to see significant progress toward our targeted life-of-project performance monitoring plan (PMP) results. The Project is increasingly playing a key technical leadership role among global HRH actors, leading a number of innovative technical areas such as global, regional and national human resources for health (HRH) stakeholder collaboration and strengthening human resources information systems and related data-based HRH decision making. The synergy developed during Year 2 between our core technical agenda and field support activities continues to grow as we

develop, test and document new interventions in important technical areas such as workforce realignment, professional association strengthening, productivity and workforce retention.

Significant accomplishments during this reporting period include:

- Playing a key leadership role in the achievements of the HRH Steering Group, such as completing the HRH Action Framework website (core)
- Completing the Zanzibar productivity study providing evidence for stakeholders to consider new productivity interventions to be tested during Years 3 and 4 (core, field support)
- Growing and supporting the increased use of the HRH Global Resource Center, a searchable knowledge base of HRH information and resources with librarian support (core)
- Completing the ambitious Emergency Hiring Plan in Kenya, with 830

providers hired and 742 trained and deployed (field support)

- Completing the Uganda retention study and applying the findings to workforce planning activities (field support)
- Continuing to develop and disseminate a range of technical briefs and other resources to support the HRH field (core)
- Producing significant progress in professional association strengthening activities in Uganda and Ukraine (core)
- Providing technical assistance support to faltering grants from the Global Fund to Fight AIDS, TB and Malaria in 11 countries and conducting a planning and preparation meeting to prepare 19 experts to provide this technical assistance (core).

During this period, the Project worked in 25 countries with buy-ins from the following missions: the Regional HIV/AIDS Program (RHAP) for work in Lesotho and Swaziland, the USAID/Central America Regional Program (G-CAP) for work in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama, USAID/Kenya, USAID/Mali, USAID/Namibia, USAID/Rwanda, USAID/South Africa, USAID/Southern Sudan, USAID/Tanzania, USAID/Uganda and USAID/Africa Bureau (for regional initiatives).

Special Issues and Challenges

A few activities proposed for Year 3 have been delayed because the demands on the attention and time of USAID mission staff and country Ministry of Health (MOH) staff are very high, and therefore nurturing mission and MOH interest in new HRH activities has taken longer in some areas than expected. In some cases the delay is partly due to our own success in building stakeholder groups that meet to share the responsibility of prioritizing and planning HRH activities in the country, which also extends approval time. Such delays are expected (in some cases encouraged) and we will continue to work with missions, MOHs and key stakeholder groups to find mutually acceptable activities and timelines.

We continue to adjust our travel forecasting process to make it as simple and efficient as possible within a somewhat unpredictable environment. However, balancing the demands and uncertainties of field work with a regular, standardized submission process takes time and effort, and is likely to be a challenge for the life of the Project. Of course, this is a minor issue, and we will continue to remain as responsive to the field and as flexible as possible while maintaining a rational, low-burden approval process.

Part One: Technical Leadership Results Areas

IRI: Workforce Planning and Leadership: Year 3 Activity Table

Highlights

Human Resources Information Systems (HRIS). The Capacity Project co-hosted the Africa Health Workforce Observatory (AHWO) meeting in Arusha, Tanzania, on September 26-29 with participants from 14 African countries and international organizations, including the World Health Organization (WHO), East, Central and Southern Africa (ECSA) Health Community and World Bank. AHWO is a collaborative network created to share information, form partnerships and promote human resources for health (HRH) policy development in Africa. HRIS team members presented on stakeholder leadership, data quality and the importance of accurate HRIS and software solutions. Participants took significant steps toward developing a sustainable HRIS strengthening center in the region. A report of the meeting will be released in the next quarter.

The HRIS team created the HRIS Strengthening website (<http://www.capacityproject.org/hris/>) to share information about our HRIS products and related technical assistance, and continued to develop the HRIS software products (renamed the Capacity Project iHRIS Software Suite). In November, iHRIS Qualify version 1.0 was released to the Uganda Nursing and Midwives

Council; data entry is underway and user feedback has been incorporated into the core system. Demonstrations of iHRIS Qualify version 1.5 and iHRIS Manage 2.0 will soon be available on the website, which will officially be launched to the open source community in the next quarter. The HRIS team created detailed system use instructions for the first field customization of iHRIS Qualify, to be used by the Uganda Allied Health Professionals Council. Core documentation for iHRIS Manage has been written (including a vision statement, detailed system use instructions, business rules and requirements) and version 2.0 is near completion. In Rwanda, the HRIS team worked with MOH staff and other partners to review and standardize key data fields and clean and verify data. Data from 28 out of 30 districts is now being imported into the iHRIS Manage software.

The Project hosted an HRIS stakeholder workshop in Zanzibar to review and prioritize goals. Ministry leaders were identified for stakeholder support and infrastructure and software development, and an infrastructure plan was created. The HRIS assessment questionnaire was standardized and initiated in Namibia. An HRIS proposal was submitted to Liberia. We made a preliminary visit to Kenya to determine HRIS needs and a multisectoral stakeholder leadership group has been

initiated. The HR department in the MOH asked for support to conduct an HRIS assessment and develop a step solution for the Emergency Hiring Plan. The HRIS team developed an Access database step solution for Swaziland to capture data on all of the health workers in the public and private sectors. Data from this database has been used to inform the Ministry of Health and Social Welfare's HRH Strategic Plan, request new posts from the Ministry of Public Service and clean ghost workers from the Public Service HR database.

Revised Virtual Leadership Development Program (VLDP). Based on lessons learned from the first VLDP for HRH professionals, we modified the program and inserted new resources from the Project's HRH Global Resource Center. The announcement for the second VLDP was met with enthusiasm and 68 individuals from eight countries have enrolled in the second course (which began on January 29).

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Develop in-country capacity to use information for better planning and policymaking	<ul style="list-style-type: none"> Develop and refine HRIS leadership and sustainability approaches that can be shared among countries 	X	X	X	X	2
Improved workforce planning	<ul style="list-style-type: none"> Adapt or develop core set of data-driven decision-making modules Deliver through course and/or consultation process aligned to needs of busy HRH managers and policymakers 			X	X	5 5
Improved human resources management and leadership capacity	<ul style="list-style-type: none"> Refine HRH VLDP based on evaluation of first course Design next HRH VLDP Identify and recruit organizations or networks for collaboration in HRH leadership Design and implement HRH leadership strategy development workshop Ongoing post-workshop TA and support 	X				1
			X			1
		X	X			2
				X		5
				X	X	5
Improved in-country capacity to rationalize use of available human resources	<ul style="list-style-type: none"> Develop competency model/task-shifting approaches Apply competency/task-shifting approach in one to two countries 	X	X	X	X	2 5
Improved human resources management systems	<ul style="list-style-type: none"> Conduct study to identify effective HRM practices of non-traditional cadres Organize knowledge-sharing meeting among organizations promoting or using non-traditional or new cadres 			X	X	3
					X	5

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Explanation of Status

Postponed and dropped activities. The Year 3 activity to conduct a study to identify effective human resources management (HRM) practices of non-traditional cadres has been postponed because of difficulty finding

countries willing and able to collaborate on this study. We are continuing to work to find willing partners for this activity. One product, Workforce Assessment Guidelines, was delayed from Year 2. The draft document that has been produced is sufficient for our needs given the demands of the Project, and will

therefore not be published for external distribution.

IR2: Workforce Development: Year 3 Activity Table

Highlights

Professional Associations. The Project's draft technical brief on strengthening professional associations has been used in Uganda as the foundation for developing standards for continuing education and designing communications and advocacy strategies to strengthen professional associations. (The technical brief has since been finalized and published.)

The Project is organizing trainings in advocacy and media communications to help health leaders improve their skills in these areas. A communications consultant conducted an assessment of 15 health professional organizations in Uganda identifying the current communications strategies used by the professional associations and their needs to improve their communications and advocacy skills. Based on this assessment,

communications strategies have been developed that could be implemented in Uganda by a local communications consultant with Project support. (In January, communications experts and Kenyan and Ugandan point persons began working together to refine communications strategies that can be implemented in these two countries this fiscal year with core funding.)

In Ukraine the Project and its partners, led by PATH, continued work to strengthen the Ukrainian Association of Obstetricians and Gynecologists (UAOG). The Project supported UAOG staff, office management, communications and membership, presented the ALARM International Program (AIP) at the National UAOG Congress, supported UAOG to develop links with ob/gyn associations in the European region, conducted workshops to develop trainers with AIP Plus skills in the Donetsk and Vinnytsya regions (20 trainers

total) and conducted AIP training in the Donetsk region (22 midwives and 31 ob/gyns).

Learning for Performance. The Learning for Performance Guide and Toolkit offers guidelines and tools for focusing curricula on the priority desired performance outcomes. The Project tested the prototype at a curriculum development workshop at the *Ecole des Infirmiers de Gao* nursing school in Mali in September. The Learning for Performance approach was very well received; faculty of the school, regional health leaders and representatives of the Malian MOH suggested that the finalized approach should be adopted at national-level health training institutions. The authors incorporated lessons learned into edits to the Guide and Toolkit, which is now scheduled to be published in Quarter 4.

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Professional associations contribute to skills updating of priority providers (e.g., continuing medical education updates needed for licensing)	▪ Train 240 Ukrainian physicians and nurses; build capacity of UAOG to assume leadership of continuing education program			X	X	5
	▪ Assist UAOG to develop national FP guidelines	X				1
	▪ Support and facilitate development of midwifery association in Ukraine	X	X	X	X	5
	▪ Complete standards for continuing education in Uganda		X			2
	▪ Develop skills of professional association leaders to work for improved health service quality (Uganda)			X		5
	▪ Conduct special study to assess professional association strengthening in Ukraine, Uganda, other countries			X		5
Strengthened pre-service and in-service systems that employ proven learning approaches	▪ Revise and finalize Learning for Performance guide and tools	X				2
	▪ Apply Learning for Performance in countries needing curriculum development/revision and/or faster education and training processes			X	X	5
In-service training contributes to building needed new skills as jobs are realigned to meet new national health pressures and priorities	▪ Document and analyze current FP use of ART clients in Project-supported sites in Rwanda		X			2
	▪ Strengthen Rwanda project activities to allow better documentation and provide resources for innovation			X	X	5

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Explanation of Status

Postponed or dropped activities. One activity from Year 2 continues to be postponed: assisting a professional association to initiate or strengthen a licensing and/or update (CME) system for one cadre in one country. After discussions with the

professional midwives association in Uganda, this is still a priority activity in our professional association strengthening plans, and we continue to work to obtain country commitment for this work.

IR3: Performance Support: Year 3 Activity Table

Highlights

Zanzibar Productivity Study. The Ministry of Health and Social Welfare in Zanzibar, Tanzania, and the Capacity Project completed a baseline productivity study in the summer of 2006. The study observed 65 health care providers across 30 facilities representing all cadre and facility types. Project staff analyzed and shared findings with stakeholders, who reached consensus on the key problems, identified opportunities for improving efficiency and discussed ideas for short- and long-term interventions. The Project will support productivity intervention implementation during the second half of Year 3, and will evaluate intervention effects on

worker productivity over time extending into Year 4.

Retention Studies. In collaboration with the Ugandan MOH, Aga Khan University, Makerere University and the University of Washington, the Project completed most of the data collection and analyses for the “Uganda Health Workforce Retention Study.” The study surveyed 654 “stayers,” 38 “leavers” and 62 managers in nine randomly selected districts and 18 public- and private-sector facilities across the country, and summarized worker satisfaction and intent to stay among current health workers. Draft findings were disseminated to Uganda’s key HRH stakeholders, including HRH working group members, HRH strategic planning consultative

workshop participants and the Director of Planning and Development. The draft study findings are being incorporated into the Uganda HRH Strategic Plan for FY 2007 and will guide development of strategies to improve retention of health workers to be implemented and monitored during the second half of Year 3.

During this reporting period the Project also trained approximately 30 researchers to use the recently developed HRIS to analyze country-level workforce retention data. This training was designed to strengthen Uganda’s HR capacity to sustain evidence-based planning to improve worker retention beyond the life of the Project.

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Health care worker retention significantly improved	▪ Support Uganda MOH to implement provider job satisfaction and retention survey	X				2
	▪ Evaluate Ghana ADHA scheme	X				3
	▪ Conduct study on nurses’ reasons for leaving in Uganda and Kenya		X	X	X	2
Performance management systems in place	▪ Collect baseline data in one or two countries on provider performance, provider turnover	X				3
	▪ Introduce innovative supervision model in districts selected on basis of baseline data analysis		X			3
	▪ Repeat data collection exercise to compare changes in provider performance and turnover				X	5

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Develop in-country capacity to maximize use of available human resources	▪ Collect productivity data on representative sample of health workers in Zanzibar/Tanzania	X			X	1
	▪ Convene key stakeholder meeting on productivity		X		X	1
	▪ Implement selected productivity interventions			X		5
	▪ Repeat data collection to compare changes in productivity (as compared with control area)				X	5
Health care worker retention significantly improved (maybe others depending on practice chosen)	▪ Select two promising practices for replication or scale-up		X			1
	▪ Develop replication guidelines		X			2
	▪ Assist two countries in replicating or scaling-up promising practices			X	X	5
Develop in-country capacity to support existing workforce	▪ Develop and administer anonymous survey on HIV impact on health workers in at least one country		X	X		2
	▪ Implement interventions based on survey results				X	5

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Explanation of Status

Postponed or dropped activities. Three Performance Support-related activities were postponed during this reporting period. We were unable to evaluate the Ghana ADHA scheme because of in-country considerations (e.g., the key government supporter—the Director of the Human Resources Division for Ghana Health Services—was on leave and out of the country for several months). We continue to work with Ghana to obtain approval, and expect that the evaluation will be completed in the next quarter. We also

continued our discussions with countries to implement the two performance support/ supervision system activities scheduled for the second quarter of Year 3, and we expect to obtain final commitment and approval in the next quarter and to begin activities later in Year 3.

Part Two: Results and Knowledge Management

Results and Knowledge Management: Year 3 Activity Table

Highlights

HRH Global Resource Center (GRC).

The number of visits to the GRC grew 297% across the first two quarters of Year 3 with an average of 10,466 visits each month during Quarter 2. Requests for help increased, as did librarian technical assistance provided to users on such topics as assessing medical education staff, training policies and developing health sector leadership. We created a CD of GRC HR policy and planning resources to assist the Southern Sudan national HR working group in its nascent HR policy and planning process; we also shared this CD with national HR planners in Liberia. We incorporated GRC resources into other Project activities such as the Virtual Leadership Development Program curriculum. According to an analysis comparing the GRC and eight other primary sites offering HRH

resources, the GRC has the largest HRH collection (over 1,000 resources), the most extensive subject taxonomy (283 topics) and is the only site to provide personalized librarian support.

Monitoring PMP Indicators. We created baseline country profiles for Southern Sudan and Kenya that will be used to track progress on core PMP indicators over the life of the Project. Monitoring plans for Rwanda, Southern Sudan, Central America Regional Program (G-CAP) and Kenya were revised according to changes in the country strategies. Plans are underway to collect baseline data country profiles for Namibia and Mali during the next two quarters and final assessments for the Project's work in South Africa, Lesotho and Swaziland.

Voices from the Capacity Project.

Designed to highlight the Project's successes through the perspectives of individuals affected by the work, this monthly series is distributed via an e-mail listserv that reaches almost 700 USAID/W, USAID mission, partner and Project staff as well as HRH leaders and others interested in the Project. Released on November 29, the first story in the *Voices* series described the Emergency Hiring Plan initiative in Kenya from the points of view of newly-hired health workers, program administrators and the Ministry of Health's HR director. A story on the initiative to return 15 Sudanese-born doctors to help rebuild the health sector in Southern Sudan was released in December. The *Voices* are also featured on the Project website, www.capacityproject.org.

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Improved global HRH knowledge access and use	<ul style="list-style-type: none"> ▪ Develop and maintain HRH Global Resource Center 	X	X	X	X	2
Body of HRH knowledge expanded and accessible in key technical areas	Document and distribute lessons learned:	X	X			4
	<ul style="list-style-type: none"> ▪ Lesotho National HR Strategy 			X	X	2
	<ul style="list-style-type: none"> ▪ FBO successful practices in retention, productivity ▪ Lesotho rural posting incentive 			X	X	5

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Improved global HRH knowledge access and use	<ul style="list-style-type: none"> Design and implement technical development and sharing workshop 		X			2
Body of HRH knowledge expanded and accessible in key technical areas	<ul style="list-style-type: none"> Implement Kenya Emergency Hiring Plan evaluation Disseminate results 			X	X X	2 5
Demonstrate evidence of improvement in key technical areas	<ul style="list-style-type: none"> Complete baseline assessments for new country programs as needed Complete annual monitoring of core indicators in designated countries 	X	X	X X	X X	2 5

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Explanation of Status

Postponed or dropped activities. The activity documenting lessons learned from the Lesotho National HR Strategy has been dropped because the Capacity Project resource “Collection and Analysis of HRH Strategic Plans” drafted during Year 2 and published in December provides an in-depth analysis of the Lesotho National HR strategy development and implementation process in relation to those of six other countries in sub-Saharan Africa, making the proposed document no longer necessary.

The technical brief on the role of in-service training in maximizing the effectiveness and impact of community health workers, carried over from Year 2, has been dropped. In the process of doing the research, we discovered there were a sufficient number of publications that already addressed the issues.

Part Three: Technical Leadership Cross-Cutting Initiatives

Gender Equity and Equality: Year 3 Activity Table

Highlights

Workplace Violence Study in Rwanda.

Design of the study has been delayed for three reasons: 1) An added activity (formative research) in order to focus the data collection tools; 2) The need to identify a committed institutional sponsor to ensure use of results and institutionalization of the assessment approach; and 3) The need to identify a competent local research implementer. In addition, the Rwandan government has established an Institutional Review Board that approves all research proposals; this step will slow down implementation. We estimate that actual implementation (training data collectors, pre-testing tools, data collection and analysis) will now take place between May and September 2007 and dissemination in December 2007 or January 2008.

During this reporting period, the Project laid the foundation for conducting this study through meetings with the Rwanda Health

Workers Union and the Ministries of Labor and Health to gain sponsorship and support for implementation in health workplaces.

We conducted formative research with key Rwandan informants to identify the local forms and variations of, and the French and Kinyarwanda terms for, five forms of workplace violence identified by WHO, the International Labour Organization and the International Council of Nurses (physical violence, bullying, sexual harassment/assault, racial harassment and verbal abuse).

We identified a local research implementer, developed a scope of work and hired a Capacity Project/Rwanda Gender Coordinator (funded by field support) to coordinate study activities. We developed and translated into French and Kinyarwanda six measurement tools. (A January 2007 design trip included an orientation and planning meeting for stakeholders.)

Men as HIV Providers in Lesotho. Design of this study has been delayed until March 2007 to ensure that planning was coordinated with the start-up of the Southern Africa Human Capacity Development Coalition project. In-country elections also contributed to the delay, which will push back the baseline data collection and dissemination scheduled for Quarter 3.

During this reporting period, the Project conducted a literature review on gender segregation of health occupations to better understand the potential barriers to men's involvement in HIV/AIDS care. We also finalized a scope of work for a study design visit to Lesotho and communicated to national stakeholders in Lesotho and RHAP. A local stakeholders' orientation workshop is in design and a formative research tool is being drafted.

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Strengthened policy and planning environments to promote gender equity and equality	Design assessment of workplace violence and sexual harassment at health worksites in Rwanda		X			2
	Implement assessment			X		5
	Disseminate assessment results at stakeholders' meeting				X	5

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
Improved gender sensitivity and balance in education, training and health management leadership	▪ Collect and disseminate baseline data on attracting men into HIV community health worker cadre in Lesotho			X		5
	▪ Design and implement new recruitment, training and deployment strategies				X	5

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Integrating FBOs and NGOs: Year 3 Activity Table

Highlights

The Project gathered over 200 faith-based organization (FBO) documents from the HRH Technical Working Group (TWG) and placed them on a web portal with links to the Capacity Project.

We sent out 18 weekly e-mail *Hotline* newsletters to the HRH TWG and their networks from August-December 2006. We held one teleconference with the HRH TWG and planned and designed an HRH TWG meeting (held in Dar es Salaam, Tanzania, on January 15, 2007).

In addition, we solicited interest among church health associations (CHAs) for an IT assessment in two countries and an HR policy impact study in one country.

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Capacity of FBO networks developed to integrate health asset data and best practices into HRH planning, policy making and support of the workforce	<ul style="list-style-type: none"> Work with the HRH Technical Working Group to document and share existing partnership models between CHAs and governments that support the FBOs, especially in relation to human resources needs. Analyze these experiences to make recommendations on improved public-FBO partnerships at the national level 		X	X		2
	<ul style="list-style-type: none"> Assist selected CHAs and NGOs to contribute to national HRIS strengthening efforts and, in the process, improve their own HRIS. Improve communication and information exchange and compatibility among FBO networks, NGOs and the government/MOH 		X	X		2
	<ul style="list-style-type: none"> Examine the impact of specific HRH strategies being implemented by the government/donors, including any resulting movement of workers between public and FBO/NGO sectors and impact on health service delivery, in at least one country 			X	X	5
	<ul style="list-style-type: none"> Build the capacity of the CHA HRH Technical Working Group to document and share lessons, become an HRH resource and source of technical assistance and serve as an advocate for FBO HRH issues in Africa 	X	X	X	X	2

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Explanation of Status

The HRIS mapping activity described in the Year 2 workplan has now moved forward in Tanzania. By December 31, 2006, data had been gathered for 90% of the FBO health facilities in the country and 55% of the FBO staff. The original data in Excel files have been converted into Access files and GIS data. (A briefing for the HRH TWG, the CHA general meeting and USAID/Tanzania took place in Dar es Salaam from January 15-19, 2007).

Additional Activities

We provided input into the Project's field-supported activities related to the repatriation and retraining of 15 Sudanese doctors in Kenya, from July-October 2006.

We identified and helped brief an Interchurch Medical Assistance consultant to participate in a Capacity Project Global Fund technical assistance activity in the DR Congo, from November-December 2006.

Global Partnerships: Year 3 Activity Table

Highlights

The Capacity Project played a key role in helping the HRH Steering Group (SG) to achieve major accomplishments during this reporting period.

The HRH Action Framework (HAF) website 2006 version was completed and made available for use. The Global Health Workforce Alliance accepted the Framework and publicized it at all WHO Observatory meetings. The SG was invited to serve as the

core of the Alliance Working Group on Tools and Guidelines. USAID committed money for country application. Substantial plans were made to apply the HAF at the country level (possible countries: Uganda, Tanzania/Zanzibar, Rwanda, Vietnam).

This major global initiative—aimed at bringing a shared approach and series of resources to deal with HRH issues at the country level—has the potential to be a major legacy of the Capacity Project.

The working relationships established through this HAF SG work and broader consultations have significantly contributed to collaborative work in other areas with WHO and the World Bank (e.g., the Africa Health Workforce Observatory meeting in Tanzania, the WHO Observatory meetings in Thailand and Peru and joint planning for products in the HRIS strengthening area).

Life of Project Objectives	Proposed Year 3 Activities	Proposed Quarter				Current Status*
		1	2	3	4	
Foster HRH-related collaboration, knowledge-sharing and engagement	▪ Support the Global Health Workforce Alliance by participating in HRH Framework steering group, assisting in product development and mapping and assessing HRH knowledge bases	X	X	X	X	2
	▪ Support participants from January 2006 HRH Action Workshop to facilitate knowledge exchange	X	X	X	X	2
	▪ Design and implement second HRH Action Workshop			X		5
	▪ Contribute best practices in HRH to be considered by IBP		X		X	3
	▪ Serve as informal secretariat for HRH Consultative Group	X	X	X	X	2

*Key: 1=completed; 2=ongoing; 3=postponed; 4=dropped; 5=activity planned to be implemented in Quarter 3 or 4.

Part Four: Country-Level Programming

Kenya

The goal of the Capacity Project's work in Kenya is to increase the capacity of the public health sector to rapidly mobilize additional qualified health workers and to strengthen long-term HRH planning and management to expand access to HIV/AIDS services, meet PEPFAR targets and deliver quality health programs in priority posts in selected geographic regions.

The Project aims to achieve this goal through four main streams of work: 1) an Emergency Hiring Plan (EHP); 2) managing seconded staff (long-term local advisors); 3) TB-related activities (core-funded and led by PATH); and 4) strengthening long-term HRH systems, policies and practices. The EHP, with several interrelated activities, is by far the largest piece of work and has taken much time and great effort to negotiate, set up and implement.

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

- The Capacity Project-assisted EHP reached its goal of recruiting 830 health workers to expand access to HIV/AIDS and general health care, primarily in rural areas. A total of 742 new hires have reported to their assigned facilities, and the Project is working with the MOH to reconcile postings for the remaining 88 employees in line with the EHP deployment plan. Once this process is complete, all 830 EHP hires will be deployed to the 198 MOH/FBO

facilities targeted by the plan. Next steps include recruiting replacements for any unfilled positions and continuing to assist the MOH in providing supportive supervision to the new hires.

- The Project hired two local communications consultants to interview new hires, MOH officials and members of local communities to generate stories that capture the experiences of all those involved in the EHP. The source material was used for an article in the *Voices from the Capacity Project* series, and will also be used in the EHP evaluation report and for country-level reporting.
- Project staff in Chapel Hill completed a review of recent Kenya-specific HR documents and assessments, interviewed several health care workers recently hired under the EHP, observed orientation and training of new hires and interviewed Capacity Project/Kenya staff to create a baseline country profile for Kenya. Project staff in Chapel Hill and Kenya developed a revised core PMP indicator monitoring plan for Kenya to reflect the expanded country portfolio and objectives. The Project will use the baseline country profile to assess the ongoing progress on core PMP indicators.
- Work on the long-term HRH planning has begun to take shape. An HRH technical working group led by the MOH HR Directorate is in place and coordinating activities for the newly started work on HRIS. Two other technical working groups focusing on migration of health workers and HIV/TB staffing needs have been formed. The long-awaited National HRH Steering Committee has been established and will be inaugurated soon after approval by the Permanent Secretary.
- The HRIS Technical Working Group met frequently and the Project's HRIS team negotiated a tentative workplan with the following elements: 1) working from the EHP database to develop a mini-HRIS as a step solution in developing the model HRIS for the health sector; and 2) supporting the HR Directorate in developing an information system for the recently launched performance appraisal for all MOH staff (about 40,000 in total).
- The Project continued to provide support to activities that strengthen grants from the Global Fund as requested by USAID/Kenya. During this reporting period, the Project supported the highly participatory nationwide election process to select Civil Society Organization representatives to Kenya's Country Coordinating Mechanism. This was an extremely sensitive affair, as many previous attempts had been largely unsuccessful, but the Project worked closely with a wide range of

actors, including the Electoral Commission of Kenya to ensure that the elections were free, fair and accountable and that all parties were satisfied with the final results. Both the MOH and USAID/Kenya have been openly appreciative of the role that the Project played in coordinating the series of events that took place over a one-month period.

- PATH completed the work that has provided tools and standards for outlining TB/HIV HRH-related capacity needs. The Project worked to ensure that the stakeholders under this workstream formed a technical working group to work alongside the National Leprosy and TB Program, National AIDS Control Council (NACC), National AIDS and STD Control Programme (NASCOP) and MOH in responding to HR needs specific to these diseases.
- The advisor seconded by the Project to the Ministry of Planning and National Development worked with senior planners in the ministry to enhance the partnership and collaborative efforts required to sustain the presence of HIV/AIDS in planning and budgeting for national development. New activities were initiated and inter-linkages developed, including integrating mainstreaming of HIV/AIDS into the long-term *Kenya Vision 2030* and the new poverty eradication strategy (key long-term strategic blueprints for economic recovery in Kenya). The advisor also provided significant technical assistance to the NACC and

other decentralized entities of government. Similarly, the advisor provided support to the Central Planning and Monitoring Units and the District Planning and Monitoring Units.

- The advisor seconded to the Division of Reproductive Health continued to support the development of training on family planning and reproductive health (FP/RH) and the rollout of a supportive supervision plan. Accomplishments for this reporting period include: a draft national RH curriculum for in-service training; and supporting the ongoing process of continuing medical education on FP/RH, as well as review of related core policy documents.
- The advisor to NASCOP focused her work on supporting the development of critical documents that assist in the rollout of the ART Program in Kenya. These documents include the ARV Provider's Manual, IMAI Manual, OI Manual and DTC Training Manual. All these documents are in the final stages of development.

Liberia

Capacity Project staff traveled to Liberia to work with BASICS staff, the MOH and others to further develop the HRH component of the National Health Plan draft, including an exploration of how most effectively to integrate gender aspects into the proposed health policy planning. The Project submitted concept papers for developing a competent health workforce in Liberia and on the workforce competencies needed to deliver

the basic package of health services, and recommended an assessment to identify appropriate HRIS needs for the country.

Achievements to date are as follows:

- The Project participated in in-country stakeholder meetings to complete the National Health Plan draft.
- The Project led the working group tasked with drafting the next iteration of the HR component of the National Health Policy and Plan.
- We collaborated with BASICS, the World Bank and others to plan for a donors' meeting in February 2007 to share information.
- We participated in a working group meeting in December at the office of BASICS in Washington, DC, to share information.

Mali

Following an initial request from USAID/Mali in March 2006, the Capacity Project sent a team to Mali to assess the needs of a private-sector nursing school in Gao (*Ecole des Infirmiers de Gao*), and to identify ways in which the Project can support the Prevention of Postpartum Hemorrhage Initiative (POPHI) to demonstrate an expanded role for *matrones* in active management of the third stage of labor (AMTSL). Based on the findings of this visit, objectives for the Project's initial activities in Mali are to: 1) strengthen the *Ecole des Infirmiers de Gao* (EIG) and identify and describe promising practices at the school; 2) strengthen the Alumni Association of EIG and

link the association with national professional associations; and 3) demonstrate, in collaboration with POPPHI and the MOH, an expanded role for *matrones* in AMTSL to prevent postpartum hemorrhage.

Achievements to date are as follows:

- A five-day training workshop was held for 12 participants (a mix of clinical staff, faculty members and local policy makers) at the EIG in August 2006 with the aim of modeling the competence and performance-based approach to curriculum development. All participants indicated that the approach used to facilitate the training workshop helped them to understand the principles and the process of the competence- and performance-based approach to curriculum development. This understanding was shown in subsequent decisions taken by the participants concerning both the content and teaching of courses.
- The Project appointed a country coordinator and opened an office.
- The Project assisted in the reorganization of the EIG board of directors. The board had previously been comprised solely of teachers and school administrators. With the Project's assistance, the board currently includes political and administrative representatives from the region of Gao, e.g., the governor, the mayor, the hospital director and the regional health director.

- The EIG is now connected to the internet to facilitate distance support from the Capacity Project/Mali and other partners. As a result of the Project's March 2006 assessment of EIG, a potential donor who has an interest in supporting EIG's infrastructure needs has been identified by USAID/Mali. (The foundation representative visited EIG in January 2007 and had a work session with the Capacity Project/Mali in order to have an overview of the school.)
- The Prevention of Postpartum Hemorrhage Technical Advisory Group has been created with Capacity Project/Mali assistance. This committee consists of the national director of health/regional health director, MOH pharmaceutical departments (PPM and DPM), ob/gyn and midwifery associations and stakeholders. The committee has the role of assisting and reviewing the pilot study protocol and discussing issues and other aspects. Training strategy, materials and schedule of activities for the pilot study have been finalized. A baseline study has been completed at the three districts chosen for the pilot project (Koulikoro, Sikasso and Gao), and the report is in progress.
- A total of 84 midwives and doctors/skilled birth attendants have been trained in AMTSL and training of trainers (TOT); they trained 60 drug managers and 57 *matrones* in selected districts.

Namibia

The goal of the Capacity Project's work in Namibia is to fund and strengthen five 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 includes the following:

- The Project commenced HRIS strengthening activities for the MOH through dissemination and completion of a comprehensive HRIS assessment questionnaire.
- We are strengthening the financial and administrative capabilities of the sub-grantee organizations through targeted training from regional experts and local Capacity Project staff.
- We automated several sub-grantee processes through the development and implementation of software programs and licenses.
- We continued strengthening the staff's clinical skills through e-mail forums, dissemination of information and updates of HIV management and prevention of mother-to-child transmission of HIV (PMTCT) and other program areas.
- We provided technical assistance to the MOH and its TWG in drafting and

updating the new ARV and PMTCT guidelines.

- We are working with the MOH to create its monitoring and evaluation (M&E) software.

Failure to receive exemption from the Ministry of Finance for the Namibian VAT has caused delays in a range of equipment purchases for both the Capacity Project and sub-grantee organizations, undermining progress in a number of program areas.

Regional HIV Program Southern Africa (Lesotho and Swaziland)

Capacity Project technical assistance in Lesotho and Swaziland evolved into an Associate Award in Year 3. The two-year cooperative agreement (Southern Africa Human Capacity Development Coalition [SA-HCD]) was awarded to IntraHealth International on October 1, 2006. The remaining Capacity Project field support funds (through June 2007) will be programmed for HR-strengthening activities that complement SA-HCD's scope of work.

Lesotho

Progress in Lesotho during this reporting period includes the following:

- Project staff provided technical assistance to the Ministry of Health and Social Welfare (MOHSW) to develop a plan for restructuring and moving toward becoming a decentralized organization, in consultation with stakeholders from MOHSW and the Ministries of Public Service and Local

Government. The process included a situational analysis of the MOHSW with resulting recommendations to address issues that could potentially affect implementation of the restructuring plan and a report prepared with the HR Directorate for the Ministry of Public Service on creation of new HR structures.

- In coordination with the Family Health Division of the MOHSW, the Project convened a national meeting of all organizations working at the community level to obtain input in developing a national community health worker training manual. Organizations included CARE, Peace Corps, Catholic Relief Services, UNICEF, PSI, Lesotho Red Cross, local NGOs and the Christian Health Association of Lesotho (CHAL) and its hospital network. The workshop resulted in a draft training manual that has been circulated among partners for review.
- We provided support to the National Health Training College (NHTC), a Directorate within the MOHSW, for review of the pre-service nursing curriculum to more fully integrate HIV/AIDS content and ensure compliance with HIV/AIDS national standards. Also involved were the Directorate of HIV/AIDS and CHAL. A draft curriculum was developed and circulated for review.
- Lesotho is one of the first countries to initiate the Know Your Status campaign. The Project assisted in developing the capacity of community-based caregivers

(CBC) by training 35 trainers from organizations working at the community level who then trained 60 CBCs in the district of Quthing in HIV prevention, treatment, care and support.

- Mohato Qhobela, the Capacity Project's Senior Program Officer in Lesotho, was appointed by the Principal Secretary to the MOHSW Coordinating Task Force responsible for developing the MOHSW's proposal for the Millennium Challenge Account.
- The Project provided ongoing support to revive the nursing assistants program of the NHTC, a strategy for more immediately addressing the critical shortage of health workers. The Project supplied reference and study materials as well as logistical support to ensure that the nursing assistants could carry out their practicum.

Swaziland

Progress in Swaziland during this reporting period includes the following:

- The Capacity Project supported a local consultant to use existing HR records to enter all non-nursing staff into the HRIS database (nursing staff data were added in the previous reporting period). Staffing reports were circulated to the health facilities for update and correction. The HRIS database was then used to identify all vacant posts in the MOHSW and justify requests to the Ministry of Public Service for filling current posts and establishing new

posts. The database is also being used to inform a long-term health workforce planning process undertaken by the MOHSW with support from WHO.

- The Project provided technical assistance to the MOHSW Nursing Department, in collaboration with WHO, to review and finalize job descriptions for all nursing cadres. As a result of this capacity-building experience and with the Project's logistical support, the MOHSW team went on to update the job descriptions for hospital and support staff and the regional health managers.
- Two training workshops for a total of 87 professional nurses and senior managers on HIV/AIDS management were conducted in coordination with the Foundation for Professional Development, a South African private training organization.
- Through a Global Fund technical assistance support intervention, Jawara Lumumba of TRG conducted a preliminary assessment for identification and prioritization of bottlenecks to successful performance and identification of short-term action strategies for overcoming those bottlenecks. Subsequently, Jawara facilitated a Strategic Planning and Teambuilding session for 30 staff members of NERCHA, primary recipient of the Global Fund grant, and helped them define their coordination role and begin to develop a coordination strategy.

- The Project supported the Training Champion Group to review and disseminate the MOHSW training plan and strategy in order to make training more effective and responsive to service delivery needs and improve coordination of training events.
- The Project supported a workshop to develop a community health worker (CHW) coordination strategy, streamline the job functions of CHWs and make proposals for strengthening the supervision and referral systems of CHWs. Participants included representatives from NGOs and FBOs providing community services, MOH National AIDS Program, Rural Health Motivator Program, PACT sub-grantees and NERCHA.

Rwanda

The Capacity Project worked closely with the Rwanda MOH and districts to plan for and implement the Project's four technical components: 1) strengthening HRH workforce policies and planning, including the launch of an HRIS; 2) strengthening nursing and midwifery pre-service education; 3) developing the district workforce to support PMTCT, counseling and testing (CT) and ARV services; and 4) strengthening family planning and the Maternal and Child Health (MCH) Task Force Team.

We partnered with all stakeholders at the national and district levels and participated in nine national technical working groups: HRH, ICT, Nursing Education, Family Planning, MCH, PMTCT, HIV/AIDS Care and Treatment,

Nutrition and Integration. We seconded and supported eight professionals who support the MCH and Nursing and Midwifery Task Force Teams, including leaders of the National Nursing Association and Council, a senior West African family planning expert (Dr. Andre Koalaga) and HRH technicians based at the Policy and ICT Units of the central MOH office, including the HRH Advisor, Bonita Baingana.

Highlights of the progress during this reporting period include:

HRH Initiatives

- The Project continued to support HRH initiatives in partnership with the MOH, including the pre-testing and refining of an HRIS database prototype for use at the district and central levels for human resources management needs. In partnership with the MOH and the HRH Working Group, the Project participated in the private provider data collection and assisted with data input into a standardized database in English, French and Kinyarwanda. The Project's MOH-seconded database manager, Gilbert Uwayezu, reviewed and confirmed with district managers HR record information for up to 6,000 records for MOH public sector employees. He also worked to standardize HRIS key fields (such as cadre and qualifications) as well as to convert all software pull-down menus from English into French and Kinyarwanda.
- The HR advisor seconded to the MOH collaborated with the Belgian Technical

Cooperation (BTC) and Kigali Health Institute (KHI) to provide scholarships, navigate the admissions process and facilitate visa applications for 38 Rwandan physicians and nurses attending higher education programs in Kenya and South Africa funded by donors such as WHO and the BTC.

Nursing Education

- The Project provided operational support to the five nursing schools through sub-contracts at all five schools, and continued to help the schools prepare for the launch of the Registered Nursing and Nurse Midwifery A1 Program (which occurred in January), including the renovation of classrooms, purchase of training and office equipment and establishment of computer labs.
- In partnership with the MOH-led nursing curriculum development team, the Project completed all components of the integrated HIV/AIDS, gender and family planning modules for the A1 nursing curriculum. We also worked closely with the Nursing and Midwifery Task Force to provide general support to the five nursing school directors for the January 2007 launch of both A1 Programs.
- In collaboration with the five nursing schools and KHI, the Project selected and distributed to each nursing school library a package of 75 reference books in English and French. In November, we organized library management training by a KHI librarian expert for two to

three representatives of each of the nursing schools. This workshop included guidance on how to organize and catalogue reference materials, as well as how best to remove and donate A2 reference materials to other A2 schools in preparation for the A1 Nursing and Midwifery programs.

HIV/AIDS

- We launched, implemented and monitored HIV services in collaboration with the Treatment and Research AIDS Center (TRAC), Commission Nationale de Lutte Contre le Sida (CNLS), district hospital staff and other key stakeholders in two regions and six districts: North Region (Rulindo and Gicumbi Districts); and East Region (Kayonza, Rwamagana, Gatsibo and Nyagatare Districts).
- We carried out intensive planning with all 31 COP 06 Capacity Project service facilities, district leaders and the Integration Task Force to launch a grants management system in January 2007 for 25 public service facilities, five faith-based service facilities and a package in Gicumbi District to support HIV/AIDS clinical services by the District Hospital in Byumba and the MOH Health, Family, Promotion and Child Protection Unit.
- A growing challenge in rolling out HIV/AIDS services in Rwanda and in other PEPFAR countries in sub-Saharan Africa is providing ART for clients in rural areas where there is a critical shortage of physicians. In Rwanda, there

are fewer than 300 physicians working for the public sector. The Project launched an innovative approach providing critical ARV services supported by district physicians who travel to rural health centers two to three times a week to deliver ARV treatment. During these visits, the mobile district physicians see newly referred clients being evaluated to start ART, provide initial follow-up of clients and review clients with complications. We also initiated a physician-nurse mentoring program so that the ART nurse is trained to provide support to clients during their treatment regimens.

- In partnership with the MOH, TRAC and district partners, the Project launched and/or continued support for eight ART service sites (one hospital and seven health centers) in the North and East Regions. In the North Region, Rulindo District, Kinyira Health Center and Muzanza Health Center successfully transferred to the Capacity Project from Family Health International (FHI) in October; in Gicumbi District, Rutare, Mukono and Rwesero Health Centers (Rwesero ART services began in November) and Byumba Hospital ART services successfully transferred to the Project from FHI in October. Sites in the East Region include Rugarama Health Center in Gatsibo District and Rukomo Health Center in Nyagatare District. During the last quarter (October-December 2006), 3,296 HIV+ clients were screened for ART eligibility at these eight treatment sites and 1,228 eligible clients (1,125 eligible adults and

103 pediatric patients) were provided with ART. In addition, 1,528 HIV+ clients were provided with OI prophylaxis.

- We assisted TRAC to develop a strategic plan for research as it becomes TRAC+ in charge of TB, malaria and HIV. This plan includes clarifying the Rwanda national research policy, working with the National Ethics Committee, holding a TRAC+ strategic planning workshop, forming a joint HIV research agenda with the CNLS, proposing a HR staffing organigram and addressing specific research questions.
- We continued to support 24 PMTCT sites, where from October through December, 4,471 pregnant women received comprehensive PMTCT services. Male involvement rates also continued to be high in PMTCT sites with 3,353 male partners (75%) tested. In addition, 192 couples received pre-nuptial counseling and testing services at Project-supported PMTCT sites; of these 192 couples, eight couples were discordant. Additionally, 7,802 individuals were tested through voluntary CT services at the 23 Project-supported CT service outlets.
- In collaboration with the World Food Program (WFP), eight PMTCT/CT Capacity Project service sites were provided with food and nutritional support to pregnant and/or breastfeeding women and their children. Partnering with community-health provider teams and other district stakeholders, we supported HIV/AIDS

community prevention services for 41,678 individuals.

Family Planning

- As requested by the MINISANTE and USAID/Rwanda, the Project began developing the capacity of hospital and health center clinical staff to provide a full range of family planning methods and services, including long-term and permanent methods, and expanding access to clients seeking services in ten Project-supported districts.
- The Project is developing the capacity of the district health network in ten districts to plan, develop, implement and evaluate family planning programs for repositioning family planning in Rwanda in partnership with the MOH, UNFPA, PSI and the USAID Rwanda Health and Decentralization bilateral project.
- From October-December 2006, the Project trained 116 participants (health center and hospital nurses) representing 108 health facilities in seven out of ten Project-supported districts (25% of facilities nationwide) who have inserted 300 Jadelles and seven IUDs. (In January, due to the high demand for long-term methods, and Jadelles in particular, and stimulated by increased and rapid provider family planning in-service training, UNFPA initiated an emergency procurement.)

South Africa

The Capacity Project is working in partnership with South African National and Provincial Departments of Health (NDOH) to ensure the quality of HIV/AIDS services. The Project's efforts are targeted at: 1) dissemination of National ART and Palliative Care Guidelines; 2) support for high-level technical expertise in HIV/AIDS at the NDOH; 3) revision of National Home-Based Care Guidelines; 4) development of health care worker guidelines; and 5) Training Information Monitoring Systems (TIMS).

Progress during this reporting period includes the following:

- The Project worked with the NDOH to disseminate National Palliative Care guidelines to the provincial level and facilitated three workshops for representatives from all nine provinces. In total, approximately 90 district HIV/AIDS service team (HAST) managers and provincial district HIV/AIDS trainers were oriented to the National Palliative Care Guidelines. In 2007, the Project will assist selected provinces to support dissemination to the service delivery level.
- To support HIV/AIDS technical expertise at South Africa's NDOH, the Project supported the secondment of two national technical advisors at the NDOH. These advisors are Dr. Mandla Duma, a physician who works closely with the NDOH in accrediting sites for integration of ART services, and Vuyisile Phephetheni, a People Living With HIV (PLHIV) specialist who will

support the NDOH with interventions (such as creation of a database of community-based paralegals who are available to assist PLHIV) and will also provide support to provinces for use of PLHIV guidelines and development of other synergies between the NDOH and PLHIV.

- In December 2006, a Capacity Project consultant worked with the NDOH to update the National Home-Based Care guidelines. At the end of the reporting period, the first updated draft had been completed and returned to the NDOH for comments.
- At the end of the reporting period, the health care worker guidelines orientation package had not yet been finalized and made available by the NDOH. The Project-supported technical advisor at the NDOH, Dr. Mandla Duma, continually tracks progress of these guidelines and anticipates that they will be available in March 2007.
- The Project continued to support TIMS at the National TB Unit to improve tracking of training data. TIMS has been quite functional at the TB Unit and staff is now able to generate TIMS reports. Early in 2007, the Project will support installation of TIMS at four district health offices and the regional training center in Mpumalanga.

Southern Sudan

More than one year after the signing of the historic Comprehensive Peace Agreement, the health situation in Southern Sudan remains dire. However, after more than two decades of civil war, peace has afforded a welcome opportunity to the MOH to work closely with the Capacity Project and other partners to rebuild the health sector's capacity to deliver quality health services to the people of Southern Sudan. During this reporting period, we made significant progress in the implementation of our workplan and successfully carried out nearly all the activities planned.

Specific achievements during this period include:

- In August 2006, the Capacity Project conducted the first multisectoral HRH forum in Southern Sudan. The forum was attended by over 40 representatives of the Central MOH, State MOH, key health sector NGOs, WHO, development partners, including the World Bank, and representatives of other relevant ministries such as the Ministry of Public Service. During the meeting, the findings of the HRH baseline assessment conducted by the Project, WHO and African Medical and Research Foundation (AMREF) were disseminated and discussed. Participants were also introduced to basic HRH concepts and approaches, including the Global HRH Framework. The forum also identified a roadmap and taskforce to develop the inaugural HRH policy for Southern Sudan. The Capacity Project

was chosen as one of the members of this taskforce. A CD containing the proceedings of the workshop and other HRH resource materials from the Project's HRH Global Resource Center was produced by the Project and distributed to the participants of the workshop and other stakeholders.

- In November and December, the Project sponsored the Director General, Human Resource Development, to participate in a one-month customized HRH course at the University of New South Wales (UNSW), School of Public Health. UNSW was selected due to its considerable experience in post-conflict HRH gained in countries such as East Timor, Cambodia and Afghanistan. The course covered areas such as workforce planning, pre-service and in-service training, curriculum development, human resources management and health workforce financing.
- As part of a national HRH taskforce, the Project helped develop a comprehensive HRH policy for Southern Sudan that will guide all HRH programs in the country. Other members of the taskforce include WHO and AMREF. A draft policy has been finalized for presentation to a stakeholders' workshop in February.
- The Project, in partnership with Samaritan's Purse, assisted in the repatriation and training of 15 Southern Sudanese doctors living in Canada. Samaritan's Purse supported a nine-

month medical retraining at the University of Calgary. The Project paid the airfares from Canada to Kenya and is meeting living expenses for the doctors, who are going through a one-year internship program in Kenya. They will then be deployed to Southern Sudan to work in the NGO and public sectors. The government of Southern Sudan has shown great interest in this innovative health care worker repatriation program. Fifteen doctors is not a large number for many countries, but in Southern Sudan these doctors will increase the number of practicing doctors by more than 10%.

- The Project rolled out an innovative leadership development program targeting key health managers in the public and NGO sectors. The HRH baseline assessment identified lack of leadership skills among health managers as one of the key obstacles to scaling up provision of health services in Southern Sudan. This is not surprising given the protracted civil war. Many of the current health managers in Southern Sudan served in the liberation army. To date the Project has taken over 30 health managers through the leadership program, and we plan to have trained about 100 managers by September 2007.
- We began work on the refurbishment of the Capacity Project office in Juba. The office will be ready for occupation in February 2007.
- Other planned activities are due to be implemented on schedule early in 2007.

These include the development of a personnel manual for the MOH, development of HRIS and development of an M&E framework for Southern Sudan.

Tanzania

In Tanzania the Capacity Project seeks to increase the MOHSW's capacity for long-term HR planning to recruit, retain and effectively utilize health workers to achieve health goals. As Tanzania has two ministries of health (Mainland and Zanzibar), the Zanzibar component is a stand-alone and has its own activities covering the same implementation areas.

Progress for the Mainland in this reporting period includes the following:

- The Human Resources Directorate (HRD) is comprised of four sections (continuing education and training, allied health, nursing and human resource planning). Coordination and effective communication among the different functions of the HRD had proved to be a major impediment in the operations of the directorate. In order to initiate a team-centered leadership approach for MOHSW-HRD, the Project assisted by providing technical support for a human resources management (HRM) assessment, followed by a team-building activity to help the HRD build on strengths and address common and new challenges.
- The Project assisted the MOHSW to perform a labor market analysis to

establish the current *working* stock of health professionals, the total pool of *available* health professionals (those working and those not known to be working in Tanzania) and the flow of health workers out of training institutions. The labor market analysis confirmed that there is a pool of unemployed trained health workers coexisting with high vacancy rates in rural areas. For example, between 1996 and 2001, three out of every five clinical officers were not appointed to either government or private-sector posts on completion of their training, and for assistant medical officers, the chance of appointment is probably less than one in four.

- A Capacity Project senior management specialist shared the experience of the Emergency Hiring Plan in Kenya in order to assist MOHSW health sector leaders and other primary stakeholders to understand the purpose, design, challenges and results of the plan and use the experience to initiate dialogue for the future management of the program in Tanzania.
- With Project assistance, the MOHSW brought together stakeholders in August to reassess the current health workforce and to come up with a plan to ensure access for every family to a motivated and skilled health worker.
- The Project provided technical support to the MOHSW to complete the analysis of bottlenecks slowing down the hiring process in the public health sector. The findings will be used by the

MOHSW-HRD, the MOHSW-HRH working group, other ministries, policy makers and stakeholders to prioritize proposed solutions, assign accountability and establish a timeframe for taking specific action to help remedy hiring bottlenecks and support the implementation of the Emergency Hiring Plan. The report will set short- and long-term recommendations for action by the MOHSW and its partners in health.

- The Project co-funded the data management component of a health worker productivity assessment led by the National Institute for Medical Research (NIMR). The in-depth assessment provides evidence-based recommendations to the MOHSW to improve the output, utilization and efficiency of the health workforce.
- Another collaborative study done by the Project and NIMR is the retention analysis. As the first step in a two-step process, the Project began a desk review of available literature to understand the magnitude and scope of the retention problem. The review will also include research into practices tried in Tanzania and elsewhere to keep workers satisfied, engaged and ultimately retained at rural work sites where the majority of the people live. The findings will be crucial in informing the major stage-two study to be done by NIMR in 2007.

Progress for Zanzibar in this reporting period includes the following:

- A workshop was conducted for key MOHSW officials and partners to disseminate the findings of a worker productivity study. Participants engaged in a process to reach consensus about the key problems and opportunities for improvement, root cause analysis and short- and long-term intervention ideas.
- A senior HRM expert from the Project shared the experience of the Kenya Emergency Hiring Plan. The purpose was to assist MOHSW health sector leaders and other primary stakeholders to understand the purpose, design, challenges and results of the plan in Kenya in order to assess whether a similar plan should be developed for Zanzibar. The Zanzibar HRH situation is different from that of the Mainland and faces unique challenges. Long-term and alternate solutions were explored and discussed with senior MOHSW officials.
- The Project hosted a Pfizer Global Health Fellow who led the development of a strategic plan for Mnazi Mmoja Hospital, the main referral hospital for Zanzibar. The development process was consultative and participatory, involving a wide range of stakeholders. The plan was endorsed and approved by the executive committee of the MOHSW and signed by the minister of health and social welfare. The next step is for the plan to be presented at the House of Representatives for endorsement and acceptance for implementation.

- Results of the HRIS needs assessment were discussed at a workshop with key MOHSW officials and partners, along with a plan of action and strategies for implementation of a strengthening program. Four main activities were approved and point persons were selected to lead the activities.

Uganda

To help build the health workforce in Uganda, the Capacity Project is assisting the MOH to strengthen its human resources management and its ability to gather and use accurate data for strategic planning.

Progress during the reporting period includes the following:

- The Project is strengthening HRIS for the country's four health professional councils, starting with the Uganda Nursing and Midwives Council (UNMC). The UNMC registry set-up is complete and data entry is almost finished. Work has started on the Medical and Dental, Allied Health and Pharmacy Councils. The Health Workforce Advisory Board (HWAB) formed by the Project is participating in the Project's Virtual Leadership Development Program for HRH managers, representing the MOH's HRH management, development and planning capacity.
- The HRDD participated in the Project's nationally representative study on health worker satisfaction and retention. The findings are being used

to guide the formation of national strategies to improve working conditions and encourage health workers to remain in their posts. During the first phase of the study, data were not available on the number of health workers who left their posts over the past year. In collaboration with the MOH and the Permanent Secretary's office (Ministry of Public Service), the Project will establish the number of leavers (national denominator) as well as the location of their original postings. We will interview a sample of the leavers in the next quarter and identify their reasons for leaving and what could have encouraged them to stay in their positions. The MOH has asked us to collect additional data from facilities affiliated with the Uganda Protestant and Uganda Muslim Medical Bureaus; this is important to the MOH for sector planning.

- The Project is developing a workplace safety policy to protect Uganda's health workforce against HIV and other related risks. The Uganda Workplace Safety Taskforce was re-constituted with assistance from the Project and met in December. It is a multisectoral taskforce working within the framework of the National Policy on HIV/AIDS and the World of Work, developed by the Ministry of Gender, Labour and Social Development. The taskforce began the consultative process of developing the MOH/Health Sector Workplace Safety Working Document, which will act as the Draft

Consultative Workplace Policy. During the next quarter a consultant from the Capacity Project will assist the taskforce to finalize the workplace safety policy and share it with district leaders at five regional meetings to obtain input and finalize the policy.

- The Project's supportive supervision program has been approved by the MOH. The Project is offering guidance to health care supervisors in the use of a performance improvement methodology. Addressing conflict and non-conflict areas, the methodology aims to improve day-to-day supervision as well as to identify specific supervisory strategies to support staff and improve reproductive health care. The first stakeholders meeting will be held in February in collaboration with the MOH.
- The four Ugandan health councils (Nursing and Midwifery, Medical and Dental, Allied Health and Pharmacy) have formed a work group in collaboration with the HWAB and Project consultants in Uganda and the U.S. to develop the standards for continuous professional development (CPD), reviewing their statutory mandates and the ways in which each of the councils has been implementing CPD. Currently each of the councils require 50 hours per year of CPD, but there is no guidance about what constitutes an hour of CPD, who can offer it, how to get the course approved and what the professional needs to show to indicate that he or she received the education. This is the

first time that the group of four registrars has come together to work for a common goal. The work group is reviewing standards developed in South Africa, the U.S. and Mauritius for CPD to determine what aspects of the standards from these countries can be used in Uganda. By June, the group intends to have Ugandan standards for CPD developed that they can share with the licensed health personnel.

- The consultation phase with the HRDD and other stakeholders was completed for the HRH Action Workshop. Five regional HRH Action Workshops for 150 central and district participants are scheduled for April and will focus on MOH-identified priorities: to increase the level of district responsibility and participation in the national RH development process; and to disseminate resolutions of the World Health Day HRH Symposium and develop district-specific HRH Action Plans.
- *Strengthening professional associations: see IR2.*

Ukraine

In collaboration with the International Federation of Gynecology and Obstetrics and the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Capacity Project is helping Ukrainian health care providers to improve emergency obstetric care and family planning knowledge. The Project and its partners, led by PATH in Ukraine, are working to strengthen the

Ukrainian Association of Obstetricians and Gynecologists (UAOG). To strengthen the knowledge and skills of individual health care providers, the Project is helping to implement the SOGC's continuing education initiative—the ALARM International Program (AIP) Plus—in Ukraine.

Progress during the reporting period includes the following:

- The AIP Plus program continues to support training of trainers and training of providers in the AIP skills in two regions (Donetsk and Vinnytsya). Midwives and ob/gyn and family practice physicians participate in these trainings. The trainings have been well received and the participants have asked for additional trainings in topics such as shoulder dystocia, which have been conducted. The AIP approach has been disseminated at international conferences as well as in publications.
- In addition to improving the reproductive health knowledge and skills of providers, the UAOG has received technical support from PATH and SOGC on financial management, office management and program development. The UAOG has facilitated including midwives as members of the UAOG until a midwifery association can be developed.

USAID/Africa Bureau

USAID/Africa Bureau has partnered with the Capacity Project to: 1) create and disseminate promising HRH practices case studies in four

African countries for use by others searching for innovative workforce strengthening strategies; 2) strengthen public sector HRM skills at decentralized levels; and 3) develop and test a methodology to assess countries' HR capacity to implement National Plans of Action (NPA) for orphans and vulnerable children (OVC).

During the reporting period the Project made the following progress:

- The final promising practices case study was completed in Namibia in July documenting the practice of outsourcing the MOH HR function. All four reports will be sent to stakeholders in Ghana, Uganda, Malawi and Namibia for final approval before dissemination.
- A paper synthesizing findings across the four countries was outlined and is scheduled to be completed in Quarter 3.
- We finalized and circulated a dissemination plan, including: showcasing the case studies at an event in Washington, DC, in Quarter 4 and inviting donors and cooperating agencies (CAs); disseminating the plan at the next Capacity Project HRH Action Workshop; submitting the synthesis report for publication in the online HRH journal; and featuring the case studies on the Project's HRH Global Resource Center and other HRH-related websites.
- Capacity Project consultants created a field guide and completed a workforce

assessment describing the gaps between the human capacity currently providing services to OVC in Tanzania and the human capacity needed to implement Tanzania's National Plan of Action. The final report and companion advocacy paper was approved by USAID/Tanzania and will be disseminated to government stakeholders during Quarter 3.

- We developed a scope of work to refine and test the OVC guide and methodology in Namibia and created a harmonized concept paper with HPI (Constella Futures Group) to outline our in-country collaboration. Although negotiations are ongoing, implementation is expected to occur during Quarter 3.
- We developed activity descriptions for work during Quarters 3 and 4 to include the following: disseminate promising practices case studies and synthesis paper; strengthen HR development activities among FP/RH providers in Uganda; and determine the effects of the January 2006 HRH Action Workshop on workshop participants and on country HRH activity progress.

USAID/Central America Regional Program (G-CAP)

The Capacity Project is providing assistance to USAID's Central America Regional Program (G-CAP) to improve the capacity of the region's health workforce to deliver comprehensive HIV/AIDS treatment and care, including TB co-infection. A major aim is to improve pre-service education on HIV

comprehensive treatment and care, with special attention to reducing stigma and discrimination against HIV patients in health establishments. Another key objective is to improve HRH performance to deliver quality HIV treatment and care through in-service training, distance learning and supportive supervision for local staff. The third major aim is to enhance the integration of treatment and care with community-based support networks, especially community and faith-based organizations.

Progress during this reporting period included:

- In September the Project Director and the Country Point Person for G-CAP took part in a program review meeting in Guatemala, where the USAID/G-CAP team and partners discussed the current situation of HIV in Central America, as well as shared information on the strategy and activity implementation.
- A technical team visited the six countries under the G-CAP umbrella: Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama. During visits team members interacted with government officers, universities and nongovernmental and faith-based organizations to gather information to select feasible and pertinent interventions for the 2007 workplan. After intensive discussion and review, the workplan was completed and submitted to USAID/G-CAP for approval. The plan includes a series of activities for building human capacity to improve HIV instruction at selected universities and nursing schools,

supporting the decentralization of HIV treatment and care through supportive supervision and improved HRH management and facilitating the accessibility to micro-credits and nutrition information for PLHIV.

- During November and December, Project staff and consultants provided technical assistance to the Belizean National AIDS Commission for preparing an adequate response to time-bound actions requested by the Global Fund. During December, the Project supported the participation of delegations from universities and NGOs/FBOs in a regional meeting on human rights of PLHIV.

Assistance to Countries Implementing Global Fund Programs

During this reporting period the Capacity Project provided technical assistance support to faltering grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in 11 countries: Belize, DR Congo, El Salvador, Indonesia, Malawi, Nepal, Pakistan, Senegal, Swaziland, Tanzania and Togo.

Progress made in these countries during the reporting period includes the following:

- The Project's technical assistance team found the situation with Indonesia's HIV/AIDS Round 4 Grant to be critical. Weaknesses in management, monitoring and evaluation and finance hindered performance, which in turn delayed and limited disbursements and impacted performance. Disbursements

had stopped, targets were not being met and approval for Phase Two funding was at risk. All four Project technical assistance specialists spent a total of six weeks in country, staggering their visits from late June through September and engaging in a number of technical support activities focused on getting the program back on track. Performance has improved significantly. As a result, GFATM Geneva has praised the Principal Recipient/Program Management Unit (PR/PMU) for its efforts to make improvements and to strengthen the program's ability to deliver services in an increasingly transparent and accountable manner. Disbursements are now flowing; funding to complete Phase One has been approved and funding for Phase Two has been approved.

- Nepal's HIV/AIDS and Malaria grants from GFATM have had performance problems. The MOH is the PR for both grants but does not have the needed expertise or management systems to implement grants successfully. To keep the grant funds moving, two additional PRs were selected: UNDP for HIV and PSI for malaria. These new PRs are performing well, but the government PRs are struggling. A four-person Capacity Project technical assistance team composed of specialists in management, finance, human resources and clinical training spent three weeks in Nepal to assess performance in each of these areas and to develop a comprehensive plan for technical assistance to the two government PRs

over the following six to nine months (provided by other donors and funding sources). As a result, the Country Coordinating Mechanism in Nepal adopted the technical assistance plan and appointed a technical assistance support group that will champion the implementation of this plan. GFATM Geneva is expecting to see this plan implemented before it approves Phase Two for both the HIV/AIDS and Malaria grants.

- While designated as having performance problems, by many standards Malawi is implementing its GFATM grants fairly well. Malawi has three GFATM grants for a total of US\$227 million and has over 60,000 individuals on ARV therapy. The Capacity Project was asked to perform a diagnostic analysis of operations in procurement and supply management (PSM) and financial management. Both the PSM specialist and the financial management specialist completed their diagnostics and made recommendations. Follow-up technical assistance visits were planned. During these diagnostics, it became apparent that there were serious roadblocks to getting disbursement requests submitted and approved. A professional facilitator from the Project will facilitate a problem solving meeting to help stakeholders work together to plan how to resolve these issues.