the CapacityProject
Planning, Developing & Supporting the Health Workforce

Progress Report

October 2005 – March 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 October 2005 to March 2006. This progress moves the Project toward its 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 FBOs, Global Partnering)
- Country-Level Programming (Kenya, Lesotho and Swaziland, Rwanda, South Africa, Southern Sudan, Namibia, Tanzania and Zanzibar, Uganda, USAID/Africa Bureau, Assistance to Global Fund Projects).

The Project made significant progress toward the deliverables outlined in the Year 2 Workplan over the six months covered by this report.

Highlights of Progress

The Capacity Project experienced extraordinary growth and progress from October 2005 through March 2006, implementing complex and responsive programs in nine countries while moving the innovative core-funded agenda forward expeditiously. During this period (the beginning of Year 2), the Capacity Project solidified its technical leadership agenda.

We have experienced significant growth as illustrated by increased field support buy-ins, the number of completed and approved country strategies and increased overall spending, field hiring and travel. A strong synergy has developed between core- and field support-funded work, with the Project's core technical agenda influencing new field support ideas and field support activities strengthening important core leadership areas.

Many field support programs are testing and documenting new interventions in important areas such as workforce planning, human resources information systems (HRIS) and workforce retention.

Significant accomplishments during this reporting period include:

- Responding to high demand for the Project's HRIS strengthening assistance by developing the core strategy rapidly and applying it in five countries (plus Zanzibar), with more countries expressing interest for Year 3
- Designing and beginning to implement a data-driven approach to improve health care worker retention in Uganda and Tanzania
- Helping to move the global HRH agenda forward (in close collaboration with WHO) by serving as a key resource for various aspects of the HRH Framework consultation and development process
- Contributing to the growth of an HRH leadership cadre by working with UNDP to design and implement an HRH Action Workshop for 38 HR leaders from 11 countries in sub-Saharan Africa, and continuing to actively support and build this network
- Creating the HRH Global Resource Center, a searchable knowledge base of HRH information and resources with helpdesk support
- Developing the foundation for innovative approaches in the areas of productivity and supervision that will be taken to the field, tested and expanded in Year 3
- Developing our approach to professional association strengthening and working in partnership to apply it in the Ukraine and Uganda
- Developing a broad range of technical briefs, resource papers, references and tool collections to support the HRH field.

In Year 2, the Project worked in nine countries with buy-ins from the following missions: the Regional HIV/AIDS Program Southern Africa (RHAP) for work in Lesotho and Swaziland, USAID/Kenya, USAID/Namibia, USAID/Rwanda, USAID/South Africa, USAID/Southern Sudan, USAID/Tanzania, USAID/Uganda and the USAID Africa Bureau (for regional initiatives).

In addition, the Project was selected to offer technical assistance to Global Fund to Fight AIDS, TB and Malaria (GFATM) grants. In Year 2, the Project has provided TA to the GFATM projects in Ecuador and Mozambique.

Special Issues and Challenges

As mentioned above, the Project grew dramatically over this reporting period. Our expenditures increased from $4,144,675 at the beginning of October 2005 to $9,121,049 in March 2006, with most of our field support programs moved into full

implementation during this period. This led to a number of challenges for the Project, which are discussed below.

Many field support programs began simultaneously during this period, which posed special staffing challenges. The work involved in designing and starting up field programs (e.g., Kenya, Namibia, Uganda, Tanzania) put significant pressure on headquarters staff. We worked to maintain the right number of technical staff and the right balance of headquarters and field staff, realizing that as the initial country strategies, workplans and budgets are finalized and the Project hires field staff, the pressure on headquarters technical staff should reduce. Meanwhile, this situation led to some competition between core- and field support-funded activities for the same staff and contributed to some under-spending of core funds.

Several technical staff vacancies at headquarters also increased the pressure on the headquarters staff. Because international HRH is a relatively small and specialized field, hiring staff experienced with both USAID global projects and in HRH is quite challenging. However, during this reporting period the Project hired two technical staff members for the headquarters team (Bruno Benavides and Tom Milroy) and 16 field staff in Kenya, Namibia, Rwanda, Southern Sudan and Uganda, which will help balance the workload. We have also formed a strong operations team to support the technical staff in areas such as finance, procurement, setting up local offices, local staff hiring and other general management areas.

This period of growth put pressure on other Project systems such as travel planning and approvals and new staff orientation. We have responded by ensuring these systems are strong and clear to all staff. In addition, the Project addressed special issues such as orienting and working with partners who are new to USAID work and meeting our cost-share requirement. These issues were documented and discussed in the April 2006 Management Review.

Part One: Technical Leadership Results Areas

IR1: Workforce Policy and Planning

During this reporting period, the Project moved forward on the major core-funded products agreed to in the workplan in the area of workforce policy and planning (IR1).

- **Strengthening information systems for decision-making:** We made significant progress in developing our HRIS strengthening tools. We conducted HRIS assessments and facilitated stakeholder planning in Lesotho, Swaziland, Tanzania, Zanzibar, Uganda and Rwanda. We initiated development of three 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 launched "phase one" HR tracking systems in Rwanda and Uganda. We also prepared overview materials and

conducted HRIS presentations for USAID/W; the East, Central and Southern African (ECSA) Health Ministers meeting in Mombasa, Kenya; and other stakeholders.

- **Assistance to Rwanda MOH:** We provided mentoring and support to a HR Advisor seconded to the MOH in Rwanda. At the request of the MOH we used our HRIS modeling and planning tool to create HR projections for several health cadres to be included in the National HR Strategic Plan.
- **Technical Briefs:** The technical brief *Human Resources Management (HRM) in the Health Sector* has been published and posted to the Project website and three others in the IR1 area will be published by the end of Year 2 on the topics of Workforce Assessment and Planning, Practical Approaches to Building HRH Alliances (with accompanying tools) and HRH Issues in Fragile Countries.
- **Tools and references:** A collection and analysis of country-level HRH national strategic plans will be completed during the fourth quarter of Year 2.
- **HRM tools:** We propose removing the activity of collecting HRM tools after reviewing the CD from MSH that provides a valuable set of tools for the same purpose. This set will be available through the HRH Global Resource Center.

IR2: Workforce Development

Planned activities under IR2 focused on working with professional associations, producing technical briefs in key areas of education and training systems, collecting useful tools and references, working with the LMS project to adapt and implement the virtual leadership training program (VLDP) curriculum for HRH leaders and working on an HRH e-learning course.

- **Technical Briefs:** The technical brief *Building Stronger Human Resources for Health through Licensure, Certification and Accreditation* was finalized (and published in April). Technical briefs on 1) task shifting and linkages to pre-service education and in-service training and 2) strengthening professional associations' role in HRH are on track to be published during the fourth quarter. Work also began on a technical brief describing the role of in-service training in maximizing the effectiveness and impact of community-level health workers and is expected to be completed by the end of Year 2.
- **Strengthening professional associations:** We made significant progress during this reporting period in professional association strengthening in the Ukraine. Subcontracts were implemented and the Ukrainian ALARM International Program established an implementation committee of seven physicians and a midwife. Emergency obstetric care and family planning training modules were translated into Russian and are being edited, and the committee began work to compare and align the Society of Obstetricians and Gynecologists' training modules with national protocols. A Ukrainian Association

of Obstetricians and Gynecologists (UAOG) Project Coordinator and an Assistant were hired and they developed a website to connect OB/GYN's throughout the country with the ALARM International program. In-country coordinators presented the ALARM International Program at the International Federation of Gynecology and Obstetrics (FIGO) Saving Mothers and Newborns meeting in London. As a result, future collaborations are planned between other European OB/GYN associations, UNICEF is interested in conducting ALARM International Program training in other Russian-speaking countries and the International Confederation of Midwives will help establish a midwifery association in the Ukraine.

- **HRH e-learning course:** Preparation of the HRH e-learning course for USAID HPN officers and other staff is well underway. Actions through March included drafting objectives, preparing an outline, developing a draft of the first session for review as a prototype and gathering of content ideas from Project staff that may eventually be used in the course design.
- **Supporting providers to learn new skills:** We collected, grouped and described various tools and approaches for supporting existing health worker cadres to learn new skills, particularly in HIV/AIDS service delivery. The collection and summary paper are in the final editing and production phase.
- **Tools to integrate gender-based violence training:** We collected and analyzed training modules on how to integrate awareness of and response to gender-based violence (GBV) into pre-service education and in-service training. A paper summarizing those modules, which the Capacity Project considers reflective of better practices in GBV training, is in the final editing and production phase. A draft of the collection and paper were shared with the Capacity Project/Rwanda team for reference in planning their GBV interventions.
- **IUD learning package:** In partnership with JHPIEGO, the Capacity Project tested the IUD learning package in Pakistan and incorporated revisions. We made both technical and editing revisions to the reference manual. Relevant and related tools from the IUD package (such as a one-pager on Infection Prevention, the learning guide and performance standards) are now included in the MAQ IUD toolkit for global use. Plans are in place for final reviews, technical revisions, editing and printing by the end of June.

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 made significant progress on the design and development of an improved supervision approach. After Supervision Day last October, we produced a CD containing the speakers'

presentations and an executive summary highlighting the conclusions of the meeting. The improved supervision approach is based on the results of the 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. We are now completing the paper that will guide the implementation and testing of the approach during Year 3.

- **Health care worker retention:** The Project made substantial progress in retention work during the reporting period. We published the technical brief *Retention of Health Care Workers in Low-Resource* Settings. The brief has appeared in EQUINET's monthly electronic newsletter, which reaches the development community in East and Southern Africa, and will be reprinted in *IAPAC Monthly*, the magazine of the International Association of Physicians in AIDS Care. We drafted a retention scheme assessment that documents selected lessons learned in Ghana in implementing retention strategies. We also designed a worker satisfaction survey that will be pilot-tested in Uganda beginning late in the fourth quarter. When completed, the results of the survey will be used to identify data-based promising retention strategies, and will ultimately be used to build retention interventions to be implemented in Uganda during Year 3.

- **Productivity:** Based on substantial evidence from the literature on health care provider productivity, we defined a productivity improvement process. We designed a pilot project to be carried out in Zanzibar using a combination of core and field support funding. In collaboration with the National Institute for Medical Research (NIMR) and CDC, we created the study protocol and data collection instruments. The Project plan has been accepted by the Zanzibar MOH and data collectors will be trained in June 2006.

- **Concept paper on PEPFAR impact on HRH:** We drafted a concept paper, "Analysis of the effects of PEPFAR on Human Capacity Development in Selected Focus Countries," which has been reviewed by USAID/W. The concept paper outlines the protocol for a descriptive study aimed at determining where the recruited cadres of HIV health care providers working for PEPFAR-funded programs come from and analyzing how their deployment for HIV/AIDS services may have affected other health services. The proposal currently includes a pilot study in one Capacity Project country that is also a PEPFAR focus country. We hope to initiate the six-month study in the fourth quarter pending USAID/W approval.

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. Progress made during this reporting period is described below.

- **Project website:** We expanded and updated www.capacityproject.org to reflect the Project's growth, adding advanced graphics, photos and sections on priority health areas and publications and resources. We also created and launched an extensive HRH Knowledge Base of over 200 resources, with the Project website serving as an interim location to make this collection available while the HRH Global Resource Center was under development.
- **HRH Global Resource Center:** We designed the HRH Global Resource Center (GRC), a stand-alone website to house the resources currently available in the HRH Knowledge Base. We also gathered additional resources, with a focus on country-level documents, organized resources according to our taxonomy for easy access, incorporated an interview series, *HRH Leaders in Action*, and developed and began to implement an extensive promotional plan. The launch of the HRH GRC has been delayed as a result of the need to bring it into compliance with new stand-alone website requirements of the USAID/W Bureau for Legislative and Public Affairs. The HRH GRC will launch during the fourth quarter of Year 2.
- **Collaborating with other key HRH efforts:** We participated in a global-level HRH knowledge management coordination and planning meeting in Geneva in December, are a core member of THE Connection, began a knowledge mapping exercise for THE Connection and continued to work with our global colleagues throughout the year, including announcing key HRH resources on THE Connection listserv. We also provided technical assistance in the production of the Compendium, a collection of HRH resources.
- **Producing Project materials and deliverables:** We edited, designed and disseminated the technical briefs on retention and HRM and worked to produce the technical brief on credentialing (published in April). We coordinated production of several USAID/W deliverables, including the Results Review (10/14/05), Management Review (10/20/05) and Progress Report (11/14/05). In addition, we documented and disseminated workshop proceedings (Supervision Day CD, HRH Action Workshop CD). We also created a concept paper and announcement flyer for the HRH GRC and edited and finalized a report on Global Fund technical assistance in Ecuador.
- **Project listserv:** We will launch the listserv during the fourth quarter of Year 2 in connection with the launch of the HRH Global Resource Center.
- **Communities of practice:** A community of practice (CoP) was to be launched as part of the HRH GRC during Year 2. However, following internal review and

consultation with USAID and other HRH colleagues, we propose not to launch the CoP this year but to investigate the need for and appropriateness of a CoP for our target audience of HRH planners and decision-makers. We will gather this information as part of our HRH GRC promotion and outreach and as we monitor response to the GRC in Year 3.

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.

- **PMP training:** We held three training workshops for Project staff on the PMP and results reporting; two in Chapel Hill (also attended virtually by field staff from Lesotho and Swaziland, Uganda and Kenya) and a third in Rwanda for technical leaders.
- **PMP tracking:** We created a chart to track how country strategies contribute to PMP indicators and will regularly share it with Project staff to keep it updated as well as to identify possible gaps and develop strategies to address gaps.
- **Special studies:** We developed a data collection review form and process and worked with staff to help complete study concept papers and protocols (e.g., gender/Lesotho, retention/Uganda, productivity/Zanzibar, HRIS evaluations). We designed and created measures for an evaluation of the Kenya Emergency Hiring Plan and trained interviewers in Kenya.
- **Baseline data:** We completed four country baseline data collection visits – Uganda, Rwanda, Lesotho and Swaziland – and plan to collect data in Southern Sudan and Tanzania during the fourth quarter.
- **Country-level M&E plans:** We developed and reviewed country-level M&E plans (part of the country strategy) for Namibia, Mali, Rwanda and Tanzania. (M&E Plans for Southern Sudan, Lesotho, Swaziland, Kenya and Uganda were completed before this reporting period.)
- **M&E manual:** We created a draft M&E manual to accompany the PMP, which will be disseminated to staff in the fourth quarter.

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:** We developed, tested and finalized gender analysis guidelines and gender integration modules and created and tested an additional gender/HRH advocacy skills-building module with Project staff in collaboration with the USAID Interagency Gender Working Group training team. We shifted plans to test these modules in Southern Sudan and instead plan to adapt module elements for orientations to gender and HRH in Rwanda and Lesotho in Year 3 activities, since gender integration opportunities are more advanced in those countries.
- **Gender-sensitive HRIS:** We initiated research into guidelines for gender-sensitive information systems and, having found nothing of relevance to the Capacity Project HRIS initiative, are generating our own recommendations (to be drafted by the end of the first quarter of Year 3).
- **Literature review on sexual harassment:** We completed a comprehensive literature review on workplace violence and sexual harassment and initiated the design of a sensitization and planning module in this area, planned for completion in the first quarter of Year 3.
- **Literature review on gender equitable labor standards:** We created a PowerPoint presentation, "Discrimination in Respect of Employment and Occupation" (including sexual harassment) and "Equality in Remuneration," based on the International Labor Organization's gender-equitable labor standards. We expect to have completed a second presentation on the gender-equitable labor standards, "Workers with Family Responsibilities" and "Maternity Protection," before the end of Year 2. These standards have been shared with Project staff in Southern Sudan, who will seek opportunities to integrate them in employment policies that will be developed as part of the Capacity Project Year 3 country strategy.
- **Gender-based violence modules:** We completed a GBV sensitization and planning module (focusing on intimate partner violence, sexual abuse and sexual assault) and also drafted a paper on better practices in GBV training for use with facility and community health providers.
- **Rwanda nursing curriculum:** We assessed the gender-sensitivity of the national nursing curriculum in Rwanda, made recommendations for improvements and identified gender-sensitivity competencies to be integrated across various curriculum content areas over the course of Year 3.
- **Rwanda HRH policy:** We reviewed and helped to make Rwanda's national HRH policy and strategy gender sensitive. We gained support from the Rwanda MOH and Ministry of Justice to assist with an assessment of workplace violence and sexual harassment at health workplaces in Year 3.

Integrating Faith-Based Organizations (FBOs)

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

- **HRH Mini-Forum:** A highly successful HRH Technical Mini-Forum was held in Nairobi at the end of February for 34 HR representatives and leaders of ten African Christian Health Associations (CHAs). The major achievement of the forum was the creation of the African CHA Technical Working Group for HRH and the drafting and signing of terms of reference for this group. The principal objectives of the technical working group are to 1) strengthen information sharing, partnerships and relationships of the CHAs with each other, government and other collaborators; 2) increase retention of health personnel for facilities within the CHA networks; 3) advance HR management systems of CHA secretariats and their institutions; and 4) improve HR financing and training opportunities and practices.
- **FBO mapping:** FBO-specific HR data collection or "mapping" of health assets (health facilities and personnel) began in Southern Sudan and planning began for mapping in Tanzania (we selected Tanzania rather than Lesotho, as originally proposed, because of stronger field partners). The Project will be disseminating data on health facilities and personnel for Zambia, Uganda and Zimbabwe based on data sent from these countries. In addition, we provided technical assistance to a number of US-based and overseas FBOs in developing, revising and standardizing their health assets data collection instruments and coordinating this mapping work with other organizations.
- **DR Congo Residency Program:** We continued updating a Family Practice Residency Program curriculum with public health management and HRH content. In addition, we began work on a reference paper that looks at FBO-MOH collaboration in DR Congo.
- **Technical Brief:** We continue work on a technical brief (or resource paper) that will examine promising retention strategies in three country contexts (Kenya, Malawi and Zambia).

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:** As a key contribution toward building human capacity in national health systems, the Capacity Project held the first in a series of HRH Action Workshops in Johannesburg, South Africa, from January 17-20. Carried out in partnership with the UNDP/Southern Africa Capacity Initiative and WHO, the workshop focused on the exchange of knowledge and

best practices in planning, developing and supporting the health workforce: what is being done in countries, what is working and what is not. The workshop brought together 38 participants—mostly senior human resources directors or practitioners within ministries of health—from 11 countries: Kenya, Lesotho, Malawi, Namibia, Rwanda, Sudan, South Africa, Swaziland, Tanzania, Uganda and Zambia. The meeting methods and topic were later adopted for the FBO Mini-Forum in Nairobi.

- **HRH Framework:** With assistance from the Capacity Project, WHO and USAID co-sponsored an important consultation on a global HRH framework in Washington, DC, in December. This consultation, attended by over 35 donor and developing country leaders in the HRH field from around the world, resulted in a draft framework, which appeared in the World Health Report. When finalized, this will likely become the dominant framework for HRH. The goal is to provide a simple but comprehensive technical framework 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 framework can also: 1) foster agreement and understanding of the definition and scope of HRH and its major components; 2) provide common language and definitions to improve communication; 3) serve as an organizing principle for categorizing documents and facilitating information sharing; and, most importantly, 4) provide guidance on what issues and factors to consider and how to approach HRH challenges. The Capacity Project is working closely with WHO to finalize the framework, which includes defining the six major HRH components and the elements of each, as well as designing a process to align guidelines and tools and other useful documents within each major component of the framework.
- **Knowledge sharing:** We continued to coordinate with WHO on knowledge sharing and technical collaboration (especially discussing opportunities for collaboration on our HRH Global Resource Center).

Part Four: Country-Level Programming

Kenya

The Capacity Project is implementing a country strategy with four main components: 1) managing an Emergency Hiring Plan (EHP); 2) managing three seconded staff for various government ministries (long-term local advisors); 3) strengthening HRH for tuberculosis activities (core-funded); and 4) supporting a national HR Plan for health. The EHP is by far the largest piece of work and has taken much time and effort.

During this reporting period, the Project made progress in the following areas:

- After a series of negotiations with the MOH, the EHP entered a promising implementation phase. The MOH provided 374 recent job applications, applications were screened and entered into a database and 101 of these providers were selected and deployed to public and FBO facilities using a deployment plan generated jointly by the MOH and Project staff; 729 health workers will be recruited by November 2006 for a total of 830 new providers.
- African Medical and Research Foundation (AMREF) received a sub-agreement to plan and administer new health worker training using an existing MOH-approved curriculum on HIV skills. A training of trainers' course for 15 MOH/FBO trainers took place during this reporting period. Two-week training courses will be offered to deserving new hires after a rapid skills assessment.
- Working closely with stakeholders, the advisor at the Ministry of Planning and National Development created plans and negotiated agreements on substantive strategic work that will mainstream the planning for HIV/AIDS across the public sector. Significant progress was made to ensure that HIV planning is firmly grounded in the government's overall budgetary and development process.
- We recruited Dr. Nancy Kidula, the new advisor to the Division of Reproductive Health (DRH). She started work on April 4 and, in conjunction with DRH staff, developed a 12-month workplan.
- We completed the scope-of-work and budget for TB activities; collected, reviewed and analyzed documents relevant to HR issues in TB programming; identified consultants and held discussions with the National Leprosy and TB Program of the MOH.
- We reached an agreement that the Project will support and participate as a key stakeholder in taking forward priority activities in the draft HR strategy, including HRIS. Project staff was actively involved in the HRH stakeholder meetings coordinated through the sector-wide approach (SWAp) process under the guidance of the Reform Secretariat at MOH. The Project is building partnerships and bridges with key stakeholders and other donors with a view to forming a strong country-led process that is participatory and all inclusive.

Regional HIV/AIDS 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 by 1) improving workforce planning and policy, 2) developing a better educated and trained workforce and 3) strengthening human resources management and information systems to support and sustain health worker performance. Activities in these two countries will likely continue through an Associate Award beginning in Year 3.

Lesotho

During this reporting period, the Project provided TA to support a series of initiatives in the country strategy. A Senior Program Officer (SPO) was hired and an office established within the Ministry of Health and Social Welfare (MOHSW) on the same floor as the HR Directorate. The SPO works closely with the staff in the HR Directorate and the MOHSW to coordinate all HRH-related activities.

The Project made progress in the following areas:

- We held a meeting to review the progress of the small working groups implementing the HR Strategic Plan. Most groups had started implementation of their workplans with limited support from the HR Directorate. The HR Directorate made progress in recommending monetary incentives, developing job descriptions and redeploying skilled staff to some underserved hospitals. Essential needs highlighted for implementation of the HR Strategic Plan include the need for additional information and TA on factors influencing attrition; improved recruitment; rational deployment of skilled personnel; and improved HR management.

- In response to a request from the Minister of Health to explore the potential of using community health workers (CHWs) for HIV/AIDS service delivery, the Project coordinated a CHW assessment in three districts in and around Maseru. Data collection teams included the directorates of HIV/AIDS, Family Health Division, Christian Health Association of Lesotho and district AIDS coordinators and members of the district AIDS coordinating committees. Informants included community providers, supervisors and trainers for HIV/AIDS services from the public, NGO and FBO sectors; and community leaders, traditional healers, CHWs and male and female members of the community.

- We began TA to strengthen HRIS during this reporting period with an HRIS assessment and a stakeholder meeting to present findings, proposed activities, timelines and next steps. Negotiated agreements included formation of an HRIS Leadership Group and small working committee to identify needs for additional features to strengthen the current system, ensure links with other public-sector HR information systems and report periodically to the larger stakeholder group. The small working committee met to develop its terms of reference.

Swaziland

During this period, the Project provided technical assistance to support a series of initiatives in the country strategy.

- We began TA in HRIS strengthening with an HRIS assessment and stakeholder meeting to present findings and recommendations, proposed activities, timelines and next steps. A small technical working group led by the MOHSW was formed to move the HRIS work forward. The HRIS will track a health worker from entry through training, registration, recruitment and deployment until they leave the health sector, and will link to the main civil service HR system. The small

technical working group has developed its terms of reference and a workplan with timelines and has reviewed the new public service HR database.

- The Project team also provided TA to the Chief Nursing Officer to design a data collection form to create a database of the nursing workforce currently employed by the MOHSW. Once these data are in place we intend to use the information to assist the MOHSW to develop an HR Strategic Plan that will initially focus on the nursing workforce but later cover other cadres as well.
- We completed a community health worker (CHW) capacity assessment for HIV/AIDS implementation in collaboration with the African Palliative Care Association. Informants included community health services program managers, supervisors, trainers, CHWs, community leaders, community members and hospital and clinic staff from the public, NGO and FBO sectors in the country's four regions. The findings and the full report were shared with the Principal Secretary in MOHSW, senior MOHSW staff, program managers from NGOs and FBOs and NERCHA (the national AIDS coordinating body).
- In response to a request from the Principal Secretary, the Project planned and conducted a retreat for senior nurse managers, MOHSW staff and program managers to mobilize them around a common vision of the ministry and begin to address teamwork, coordination, communication and accountability. Thirty-eight senior nurse managers from all regions and the three health training institutions attended the first three days of the retreat; the second part of the retreat focused on senior managers and heads of programs from MOHSW headquarters, the hospitals and the two main FBO teaching hospitals. Small working groups were formed to develop and lead strategies to address some of the issues identified during the retreat. Most groups have met at least once since the retreat to refine their strategies, develop workplans and share them with the Principal Secretary for her support and resource mobilization. This is the first instance of such close collaboration between central MOHSW, the training institutions and FBO hospitals in addressing issues that are traditionally under the purview of the public sector.

Activities to Support the Global Fund

In both Lesotho and Swaziland, the Project arranged and supported follow-on TA to finalize activities started in the previous reporting period to support GFATM. The TA resulted in formulation of specific recommendations and plans to strengthen coordination, management and efficiency in implementing Global Fund activities.

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.

Highlights of progress during the reporting period include:

- We pre-tested and revised the HR database prototype for use at the district, provincial and central levels to input and manage MOH HR data. We contributed to the HRH Strategic Plan by 1) assisting with MOH staff projections for 2020 and 2) integrating gender into the HRH policy that was approved in March. In collaboration with WHO and the Belgium Technical Cooperation, we also facilitated scholarships for 38 Rwandan physicians and nurses accepted into South African graduate programs.

- The Project collaborated with the MOH and key stakeholders 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 trained 23 nursing school teachers in HIV/AIDS skills updates to increase their ability to teach HIV/AIDS-related competencies for A2 (enrolled) nurses at the five national nursing schools. We helped develop a draft national Nursing Strategic Plan and procure materials and equipment to strengthen the capacity of the five nursing schools in HIV training. In addition, we assisted Kigali Health Institute (KHI) in strategic planning and purchased computer equipment and technical reference documents for the bachelors of science university degree (A0) program launched in February.

- We launched HIV/AIDS preventive services (PMTCT/C&T) at six of the 11 planned new service outlets and supported services at 22 facilities, including community outreach services and integration of family planning and safe motherhood counseling. Through these facilities, 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 three health centers where the district hospital worked with the health center to supervise and evaluate ART need among 650 HIV-positive clients; staff prescribed ART for 140 HIV-positive clients in need and worked with community groups to promote adherence.

- At the request of the MOH, the Project hired and seconded six staff members to the newly-formed Maternal and Child Health and Nursing and Midwifery Task Force Teams as well as an IT specialist at the MOH. We facilitated internet connectivity for the MCH Task Force Team Leader and carried out office renovations and purchased equipment needed for seconded staff.

- We integrated family planning and gender components into the HIV/AIDS A1 curricula in collaboration with the MOH and other stakeholders. At the request of USAID, and in collaboration with other USAID implementing partners (Twubakane Health and Decentralization Project, PSI, Awareness/Georgetown),

we developed an integrated FP workplan that will be launched jointly in July. We also hired a Family Planning Technical Team Leader.

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) improving 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 the reporting period we made the following progress:

- At the National Department of Health (NDOH), the Project is offering technical assistance to the TB Control Cluster. During this reporting period, a consultant provided one-on-one training and support to the TB Unit staff on TIMS software.
- We assisted the NDOH to develop and finalize an orientation package for National ART Guidelines. In November 2005, we used this orientation package as a foundation for three national workshops held in Gauteng (for program managers from Gauteng, Mpumalanga and Limpopo), in Free State (for facilitators from Free State, KwaZulu Natal and Northwest provinces) and in Eastern Cape (for the provinces of Eastern Cape, Western Cape and Northern Cape). These two-day workshops brought together a diverse group of medical professionals involved in ART services, including medical doctors, medical practitioners, medical managers, Provincial Department of Health staff, hospital directors, home-based care co-coordinators, pharmacists, dieticians, social workers, nutritionists, project managers, professional nurses and people living with HIV/AIDS (PLWHA). The course included sessions on ART in Adults, Adherence, Diagnosis and Management of Adverse Events, Post-Exposure Prophylaxis (PEP), Management of HIV-Infected Children, ART for Children and Worksite Action Plan Guidelines.
- Each provincial team is expected to organize ART Guidelines orientation workshops in their respective provinces, and we will provide support to cascade dissemination of these guidelines to additional service providers. Northern Cape organized the first orientation workshops in March. Three workshops, for a total of 84 participants, were conducted in that province.

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. The Project will accomplish this by: 1) completing a baseline assessment of current HR capacity, 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.

We made the following progress since the last reporting period:

- In partnership with WHO we completed baseline data collection on HRH. Activities included completing the indicator list, helping to create the data collection tool, participating in data collection and collaborating on data analysis and reporting writing. The final report is available.
- We obtained final approval from the MOH to hold a workshop to formulate HRH employment policy across three ministries: MOH, Ministry of Finance and Ministry of Public Service. The workshop will take place in Juba on June 7-9.
- We conducted policy formulation workshops between the MOH and representatives of the NGO and FBO health care provision community. We also planned South-to-South learning programs for MOH officials to DR Congo to take place during the next reporting period.
- We reached final agreement for foreign study for MOH HIV/AIDS commission staff. Training is scheduled beginning in May.
- We facilitated a "change and transition" retreat for the Southern Sudan USAID health team in preparation for the departure of the current Team Leader.

Namibia

The goal of Capacity Project work 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) faith-based organization strengthening/capacity building; and 3) sub-grant management.

Progress in Namibia since the last reporting period includes the following:

- In January, a team conducted an assessment to prepare a one-year workplan. The assessment included work with USAID/Namibia, intensive site visits to FBO sub-grantees and preliminary activities for setting up a Capacity Project country office.
- USAID/Namibia approved a workplan.
- We hired a Chief of Party, who is now working on programmatic and administrative start-up activities, and identified candidates for three other positions.
- We located office space.

- The sub-grant process is underway for all five FBOs/NGOs.
- We put plans in place for a second trip in May to open the office, hire remaining staff and finalize the sub-grant process.

Tanzania

The goal of Capacity Project technical assistance in Tanzania is to increase MOH capacity for long-term human resources planning and to recruit, retain and effectively utilize health workers to achieve national health goals. Activities on Zanzibar, which has its own MOH, are reported separately from mainland Tanzania.

Over the reporting period, we made the following progress on the mainland:

- We helped prepare a Tanzania-specific HR Action Plan as a product of the Capacity Project HRH Action Workshop in Johannesburg, which was attended by five Tanzania MOH HR leaders and HR partners. The MOH is already taking steps to plan for implementing priority recruitment and retention activities indicated in the action plan.
- We achieved substantial progress in assisting to strengthen the country's HRIS. First, 20 HR stakeholders drawn from MOH/NACP, CDC and USAID, achieved better understanding of the features and use of a JHPIEGO-initiated TIMS. Stakeholders have access to the TIMS manual and CD for reference. Next, we completed an HRIS assessment in which 14 stakeholders from the public and faith-based sectors provided input through interviews and as part of a follow-up dissemination activity.
- We completed an HRH research synthesis, which will guide strategic planning.
- We provided TA to assist 1) MOH and USG partners in achieving improved understanding about priority HRH emergency activities for which the MOH seeks technical and funding support; 2) the MOH-HRD to identify practical interventions to strengthen the role of the HRH task force; 3) the MOH to develop a proposal for seeking funds to implement other emergency HRH activities (in partnership with NIMR and UCSF); and 4) the MOH to raise awareness of the HRH situation via an advocacy brief.

Progress in Zanzibar during the reporting period included the following:

- We completed and documented findings from an HR needs assessment.
- We reached firm agreements with the MOH on highest priority HR needs to be addressed by the MOH; an 18-month (January 2006 – June 2007) workplan is in place to guide implementation.
- Providing TA at a distance, we teamed with the MOH to prepare for intensive assessment and TA activities during the fourth quarter.

- With the MOH, we identified a large HRIS stakeholder group, scheduled individual interviews with all key stakeholders and gathered information about current DANIDA and HMIS activities for potential collaboration.
- From a distance, and in collaboration with the LMS Project and the MOH, we identified an HRM strengthening work team within the MOH and scheduled the assessment and follow-ups. The assessment will be completed jointly by the MOH, LMS Project and Capacity Project.

Uganda

The overall goal of Capacity Project work 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:

- We developed a participatory process for key stakeholders to lead the implementation of Project activities by forming the Health Workforce Advisory Board (HWAB) with members from the MOH, health councils, European Union, and Aga Khan University. We completed user specifications for the four health professional councils and use case scenarios to guide programming efforts for the Nursing Council. HWAB members took a study trip to Kenya in November 2005 to learn from the Nursing Council of Kenya's experience with their information system.
- We presented data on nurses who applied to have their licenses verified to be licensed in another country during 2000 to 2005 at APHA in December and the ECSA Health Ministers Meeting in February in Mombassa, Kenya.
- HWAB members asked the Capacity Project for support to hold a Human Resources Symposium during World Health Week. The Project and the European Union agreed to support and offer technical assistance to hold this symposium.
- In collaboration with the MOH, Health Resources Services and Administration (HRSA) and Aga Khan University, we helped design a study to determine the number of health workers that have left the labor force, assess why and determine possible incentives to prevent attrition. A survey to assess current health worker satisfaction has also been developed. In collaboration with the MOH, we will use the study results to develop strategies to improve health

worker satisfaction and retention. We developed the protocol and it is undergoing review by the Ugandan research approval agency and the ethics committee at the University of Washington. Training of data collectors and data collection is scheduled for the first quarter of Year 3. PATH hired two consultants who will travel to Uganda to achieve this objective.

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 during Year 2: 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 good progress on both assignments:

- We completed case studies of promising HRH practices in Ghana (February), Uganda (February) and Malawi (March), and presented findings to USAID/W and USAID/Africa Bureau. We will complete a case study visit to Namibia in July to document the practice of outsourcing the MOH HR function.
- We negotiated a scope of work and identified and trained a team to perform an HRH assessment to support OVC services in Tanzania. The team will complete the assessment in June and July.
- We are working in conjunction with USAID/Africa Bureau, USAID/W and WHO/AFRO to review and revise the case studies and expect to create and disseminate a report synthesizing the four HRH promising practices in August and 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 USG-funded Technical Assistance to Global Fund Grants. The purpose of this TA is to improve the functioning of grants financed by the GFATM by providing short-term, rapid assistance to grants that are faltering in their implementation.

Progress made over the reporting period includes:

- In October 2005, a Capacity Project TA team went to Ecuador to conduct an initial assessment of their Global Fund project. A final report containing this assessment and recommendations for improving GFATM project performance

was circulated to high levels within the USG and in Ecuador. As a result, several key changes are being made: the Country Coordinating Mechanism (CCM) selected CARE as a new Principal Recipient (PR) to work along side the current PR (the MOH); a new project director for the National AIDS Program was selected to replace the previous director; a new Administrative Unit within the MOH is being formed in order to streamline the systems and procedures required for implementing the grant successfully; plans are underway for collecting important disease surveillance data; and the CCM is working to extend its membership to include a broader section of stakeholders throughout the country.

- In February 2006, we provided additional TA to the GFATM project in Ecuador, including the following tools: an organizational chart and staffing plan for the National HIV/AIDS Program; an organizational chart for the CCM, including suggested committee structure; streamlined systems and procedures required in the new Administrative Unit; and a suggested annotated agenda for a two-day CCM meeting to assess its operations and agree on needed improvements.
- In December, Bruno Benavides and Wilma Gormley attended an orientation and training workshop for providers of GFATM TA conducted by MSH in Boston.
- The Capacity Project has formed a Technical Assistance Consultant Group, which is being made available to respond to TA requests. The Capacity Project will train all consultants, with the first training planned for July.