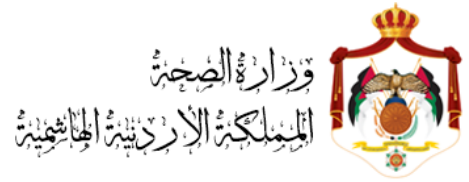




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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



Ministry of Health Administrative Affairs Administration: Operational Strategic Plan (2018-2020)

HRH2030: Human Resources for Health in 2030

November 22, 2017

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Ministry of Health Administrative Affairs Administration: Operational Strategic Plan (2018-2020)

HRH2030: Human Resources for Health in 2030

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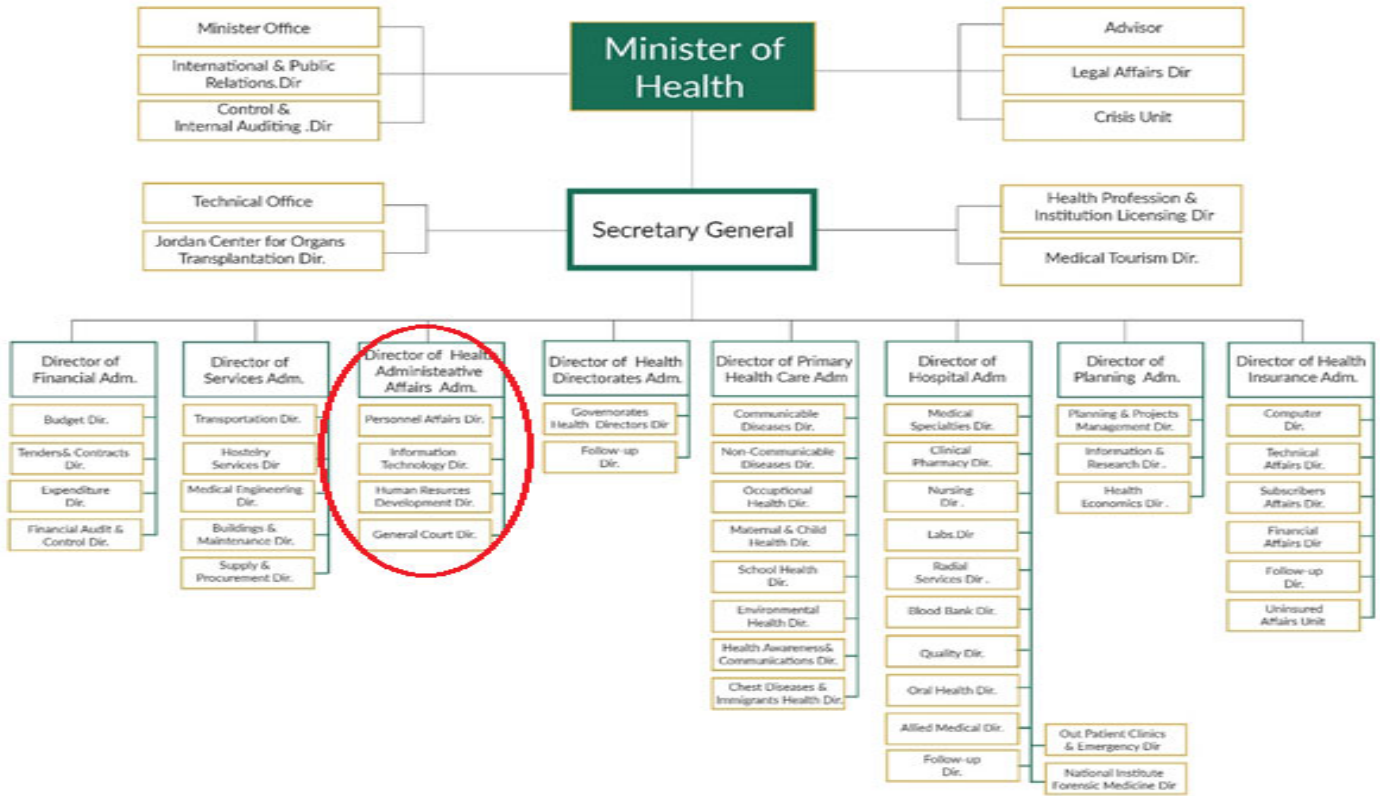
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Message from the Minister of Health

Acronyms

AAA	Administrative Affairs Administration
CPD	Continuing Professional Development
CSB	Civil Service Bureau
CSF	Critical Success Factors
GC	General Court
GOJ	Government of Jordan
HD	Health Directorate
HHC	High Health Council
HRD	Human Resources Development
HRH	Human Resources for Health
HRH2030	Human Resources for Health 2030 Project
HRM	Human Resources Management
HRMS	Human Resources Management System
IT	Information Technology
M&E	Monitoring & Evaluation
MOH	Ministry of Health
MOH SP	Ministry of Health Strategic Plan 2013-2017
NHWA	National Health Workforce Accounts
OSP	Operational Strategic Plan
SWOT	Strengths, Weaknesses, Opportunities, and Threats
PA	Personnel Affairs
USAID	United States Agency for International Development
WHO	World Health Organization
WISN	Workforce Indicator for Staffing Need

Ministry of Health Organizational Chart 2017



I. Introduction

This operational strategic plan (OSP) is the first plan developed by the Administrative Affairs Administration (AAA) at the Ministry of Health (MOH). Previously, the AAA directorate goals and objectives were part of the MOH Strategic Plan (2015-2017), which concluded in September 2017. The follow-on MOH Strategic Plan 2018-2020 is planned to be developed late in 2017 with the assistance of the World Health Organization (WHO).

The AAA consists of four directorates: a) the Personnel Affairs (PA) Directorate responsible for human resource management (HRM), b) the Human Resource Development (HRD) Directorate, c) the Information Technology (IT) Directorate, and; d) the General Court (GC) Directorate responsible for managing the correspondence to and from the MOH. To facilitate the work of the AAA, this OSP has been developed to ensure that the management and development of human resources for health is given the priority envisioned by the MOH and the Government of Jordan (GOJ).

The OSP was developed with the support of the USAID-funded Human Resources for Health in 2030 (HRH2030) activity. The development of the plan was done at a four-day workshop facilitated by HRH2030 and attended by the staff of the AAA four directorates (PA/HRM, HRD, IT, and GC) and representatives from the fourteen Health Directorates in Jordan. A participatory approach was followed to ensure engaging the AAA employees, discussing and brainstorming each part of the OSP, and reaching a consensus regarding its content. The outcomes of the four-day workshop include reaching a consensus on a) the definition of the AAA and its directorates, b) the vision, c) the mission, d) the guiding principles that will guide decision-making, e) the Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis of the AAA, f) areas of focus for the next three years, g) goals, h) objectives, i) strategies, and j) critical success factors and barriers to implementing the strategies. Following the approval of the strategy, a three-year action plan with defined deliverables and responsibilities as well as an associated monitoring and evaluation plan will be developed.

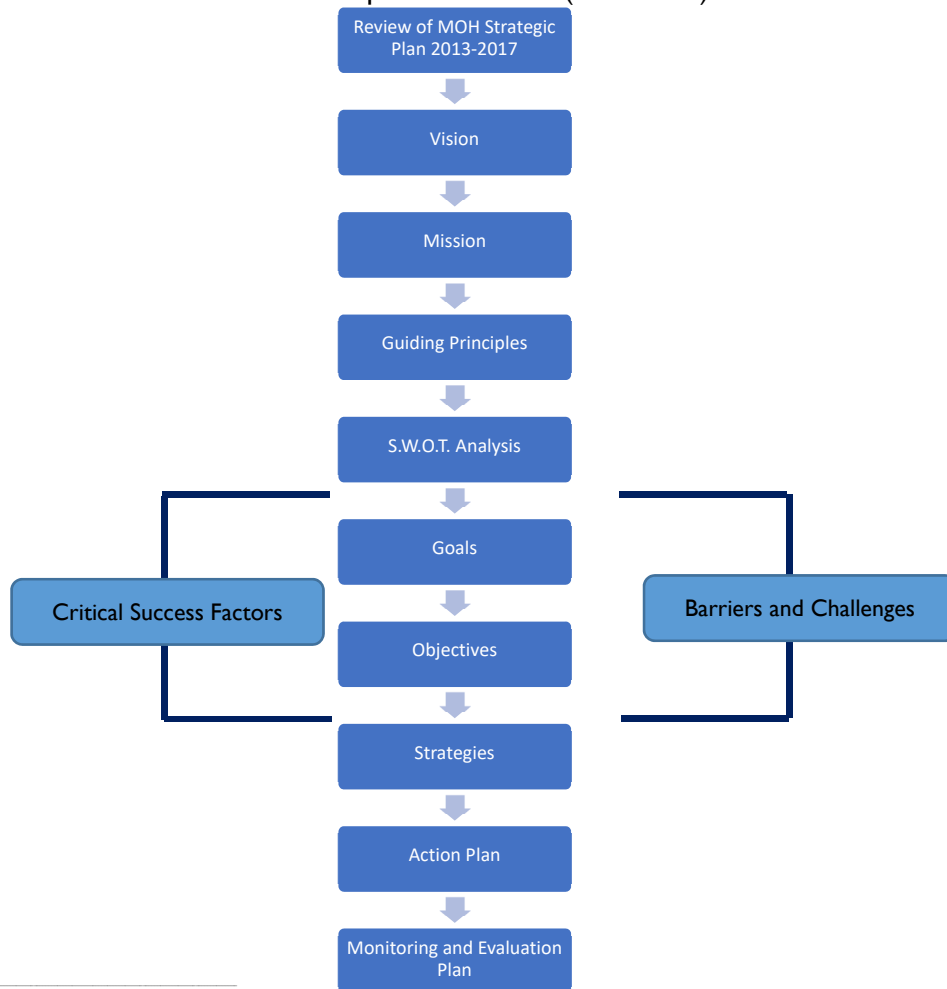
The AAA will work with partners including the USAID-funded HRH2030 and the Health Service Delivery (HSD) activities to achieve its goals, objectives, and strategies. Also, the AAA will work with the Civil Service Bureau (CSB) to ensure that all job descriptions are competency-based and specify a clear career path for key clinical and administrative staff. The AAA will work with the High Health Council (HHC) and its stakeholders who are responsible for developing a national Human Resources for Health (HRH) national policy and strategy to ensure its alignment and work with the national HRH Observatory to ensure that accurate and complete HR data is collected and used for decision-making.

The GOJ has initiated a review of the entire health care system in August 2017. The Prime Minister appointed a high-level Steering Committee comprised of several ministers to oversee the process. Twelve sub-committees were formed to look at various aspects of health care system reform. One committee was in charge of assessing and making recommendations regarding human resources for health (HRH). At the time when this AAA OSP was being developed the recommendations had not been made public. The OSP will be reviewed and updated based on the outcomes and recommendations of the HRH committee after its first monitoring and evaluation review in 2018 and following the same participatory approach used to develop this OSP.

2. The Model Used to Develop the Operational Strategic Plan

The model used to develop the AAA OSP was taken from The Executive Guide to Facilitating Strategy by Michael Wilkinson (2011) that features the Drivers Model published by Leadership Strategies Publishing. During the first two days of the workshop, the 55 participants representing the four AAA Directorates (PA/HRM, HRD, IT and GC) from the central MOH and the fourteen health directorates evaluated the previous MOH strategic plan. Also, the participants developed a vision, mission, guiding principles, and conducted a SWOT analysis for the AAA. During the other two days of the workshop, the participants developed specific goal statements, objectives, strategies, critical success factors, barriers, and challenges. The participants agreed for the monitoring and evaluation of the AAA OSP to be carried out quarterly by the Administrative Affairs Administrator and the four AAA Directors (PA/HRM, HRD, IT and GC) and to update the plan accordingly. The following figure illustrates the model⁽¹⁾ used to develop the AAA OSP (2018-2020):

Figure (1): Drivers Model used to develop the AAA OSP (2018-2020).



(1)Wilkinson, M. (2011). The Executive Guide to Facilitating Strategy that features the Drivers Model published by Leadership Strategies Publishing

3. Definition of the Administrative Affairs Administration (AAA)

The AAA at MOH reports to the Secretary-General and comprises of four directorates: Personnel Affairs (PA) Directorate, Human Resource Development (HRD) Directorate, Information Technology (IT) Directorate, and General Court (GC) Directorate.

3.1 Definition of the Personnel Affairs (PA) Directorate

The PA Directorate is responsible for recruiting, selecting, transferring, and managing contracts, salary, and benefits of MOH employees.

3.2 Definition of the Human Resource Development (HRD) Directorate

The HRD Directorate is responsible for solving organizational problems by working with line managers to identify training needs, supporting multiple methods of knowledge and skill acquisition, providing training, evaluating training, and learning to enhance quality health care services.

3.3 Definition of the Information Technology (IT) Directorate

The IT Directorate is responsible for managing data including gathering, storing, providing access, and displaying accurate and complete data for better decision-making at the MOH.

3.4 Definition of General Court (GC) Directorate

The GC Directorate is a multifunctional directorate providing general correspondence services for the MOH.

4. Vision of the AAA

In general, vision statements describe the perfect state of the organization and how the future will look if the mission is fulfilled. As such, the participants agreed on the following vision for the AAA:

MOH services will be delivered by the appropriate number of qualified, well-trained, and motivated staff using accurate data for decision-making and projecting a positive image of the MOH through correspondence.

4.1 Vision of the PA Directorate

The MOH has the right number of competent, motivated, and satisfied staff distributed according to need, whose performance is managed effectively and linked with the proper incentives to ensure high-quality services.

4.2 Vision of the HRD Directorate

All staff at the MOH can do their job efficiently, effectively, and safely leading to better performing employee and service-recipient satisfaction.

4.3 Vision of the IT Directorate

All MOH stakeholders have easy access to the right amount and accurate information, at the right time to make decisions to consistently enhance the quality of management and health care services at the MOH.

4.4 Vision of the GC

All correspondence between the MOH and its stakeholders will be correct, complete, and timely to enhance the image of the MOH.

5. Mission of the AAA

Mission statements define the reason for the existence or overall purpose of the organization. In general, the mission statement should state what you do, for whom do you do it, and the benefit. The participants agreed on the following mission for the AAA:

To provide human resource management and development, information technology, and general correspondence services to the MOH to enhance the quality of health care services.

5.1 Mission of the PA Directorate

To ensure that the MOH has the right people, in the right job, with the right competencies, who are motivated and satisfied with work and a working environment to deliver exceptional health care services.

5.2 Mission of the HRD Directorate

To solve organizational problems by providing training and development services to the MOH staff to enhance their capacity to deliver high-quality health care services.

5.3 Mission of the IT Directorate

To provide the right information, in the right amount, at the right time, in the right format to make decisions to improve the management of the MOH and consistently improve the quality of health care services.

5.4 Mission of the GC Directorate

To provide correspondence services for efficient communication between the MOH, partners, stakeholders, and recipients of MOH services.

6. Guiding Principles

It is common for organizations to state the values they expect their employees to abide by when providing services or conducting day-to-day work. Often value statements are not universally understood by all employees. Another way an organization can state its values is to frame them in guiding principles. Guiding principles not only state the value but how it will be demonstrated. The values of a division or department of any organization cannot contradict the values of the organization. However, the values of a division or department can add to or complement the values of the organization.

The participants first reviewed the values stated in the MOH Strategic Plan 2015 to 2017. The participants then identified the values they believed were commonly accepted by the AAA staff and then wrote them as guiding principles. The guiding principles for AAA are:

1. We believe that the rights of service recipients are a priority, so we will apply laws, regulations, and instructions fairly and respect the right of service recipients in all services delivered and procedures applied.
2. We believe in excellence in all that we do so we will build the capacity of staff working for the MOH through training and increasing efficiency to deliver the best health services to recipients.
3. We believe in a commitment to professional ethics so we will behave honestly and respectfully and build credibility in dealing with staff, patients, and the public.
4. We believe in transparency, and we will treat staff and other stakeholders impartially, openly, and reliably.
5. We believe in teamwork, and we will work with other directorates, partners, and stakeholders to achieve the goals and objectives of the MOH.
6. We believe in honesty, and we will tell the truth, not mislead, or give any false information to any of our staff, clients, or stakeholders.
7. We believe in partnership, so we will work with others with similar goals to achieve our shared goals and objectives by sharing information, and working together to improve the quality of health care services in the country.
8. We believe in quality, and we will adhere to quality standards to provide better services.
9. We believe in equality, and we will ensure that employees enjoy their rights and duties fairly and without discrimination
10. We believe in equity and will strive to give everyone the resources he or she needs to be successful even if it is not equal.

7. Strength, Weaknesses, Opportunities, and Threats (SWOT) Analysis

An exercise was carried out to conduct a SWOT analysis for each of the AAA directorates (PA/HRM, HRD, IT and GC). The outcomes were discussed and addressed. As a result, the AAA SWOT analysis was derived and summarized as shown in Figure (2) below. Based on the SWOT analysis, the AAA staff discussed setting goals for the AAA to enhance the strengths, address some of the weaknesses, take advantage of the opportunities, and to mitigate the threats. The participants agreed that all issues arising from the SWOT analysis could not be addressed in the upcoming three-year OSP. Therefore, the participants prepared a list of 30 potential goal areas, then prioritized the top ten, and lastly selected the six final goal areas to focus on during the life of the plan from 2018 to 2020 as detailed in section 8 below.

Figure (2): The AAA SWOT Analysis

Strength	Weaknesses
<p>Supportive management of the AAA and its four Directors to the development and implementation of the AAA OSP.</p> <p>The AAA management supports capacity building programs for of its staff.</p> <p>Having a specialized directorate for HRD.</p> <p>The MOH abides by the CSB Job Classification System and currently is working on developing competency-based job descriptions including a clear career path.</p> <p>Having clear instructions regarding compensations, benefits, and incentives.</p> <p>Implementing accreditation and quality programs in MOH hospitals and Health Care Centers including HR accreditation standards.</p> <p>A sufficient number of employees at GC Directorate and good technical infrastructure at the IT Directorate.</p>	<p>Lack of sufficient qualified cadre in the areas of HRM and HRD.</p> <p>The name of the Personnel Affairs directorate does not reflect current terminology for the function.</p> <p>A limited budget is available to support the HRD and HRM activities.</p> <p>Doesn't have an evidence-based/ systematic approach to determine staffing needs/ HR planning.</p> <p>Low motivation and limited incentives for the administrative staff.</p> <p>Insufficient continuing professional development programs for clinical staff.</p> <p>Lack of consistent and integrated HR Policies and Procedure Manual governing all functions of the HRM and HRD.</p> <p>Lack of a comprehensive training plan linked to performance management, competencies, and career path.</p> <p>Lack of Electronic Archiving System.</p>
Opportunities	Threats
<p>Streamlining of the AAA and revising its Organizational Structure in line with the HRH National Strategy.</p> <p>Decentralization.</p> <p>King Abdullah II Award for Excellence promoting best practices and continuous improvement in organizational and HR practices.</p> <p>Donor programs supporting HRH capacity building (USAID, European Union, WHO, etc.).</p> <p>The Human Resources Management System (HRMS) data harmonization activity.</p> <p>Jordan Vision 2025, HRH National Strategy, and the HRH Observatory.</p> <p>Providing community health support services.</p> <p>E-government.</p> <p>The existence of regulations and governing bodies to regulate health professions and promote continuing professional development (accreditation bodies, Jordan Medical Council, and Jordan Nursing Council).</p>	<p>The retirement of senior staff without proper succession planning.</p> <p>Change in types of diseases and emergence of epidemic diseases that need trained workers to deal with such diseases.</p> <p>Migration of local expertise that are recruited by external entities (brain drain).</p> <p>The rapid development of medical technology.</p> <p>Social pressures (favoritism) affecting recruitment and staff development.</p> <p>Lack of HR programs in Jordanian universities (Bachelor's degree) limits having qualified HR staff.</p>

8. Focus Areas for the AAA (2018-2020)

After reviewing the progress of the previous MOH Strategic Plan 2015-2017, and conducting an SWOT analysis, the participants agreed upon the following six priority goal areas to focus on in the upcoming OSP from January 2018 to December 2020.

8.1 Data

The AAA focus over the next three years will be to implement strategies that improve human resource management and human resource development directorates at MOH and their staff by enhancing data. The focus will be to ensure that accurate, comprehensive, and reliable data regarding human resources are appropriately and timely gathered, and easily used by management to make human resources decisions at different levels of the MOH center, the health directorates, and at the health facilities.

The MOH will implement the Workload Indicators of Staffing Need (WISN) tool over the next three years. The purpose of the WISN tool is to provide data that can be used to determine the surplus and the deficit of the health workers at each health facility, work task balance, and appropriate staffing levels needed based on actual services provided at the facility. Building on work done at Balqa Health Directorate in the past, the MOH will implement WISN country-wide.

The PA Directorate, working closely with the CSB, will continue to audit the data gathered on each employee at the MOH and systematically transfer the data to the CSB HRMS system. Training will be done at all MOH levels to ensure data accuracy and the proper use of data by MOH managers for human resources decision-making.

8.2 Capacity building of HRM and HRD staff at MOH

In general, the capacity building is to improve the systems and processes (policies and procedures) of an organization and the knowledge and the skills of the individuals responsible for implementing the systems and processes.

The focus of this OSP is to improve the human resource functions at the MOH by building the capacity of the HRM and HRD staff at the MOH center and the health directorates, so they have the knowledge and the skills to perform their jobs. In turn, this will ensure the systems, policies, and procedures are in place to manage human resources efficiently and effectively.

8.3 Decentralization

The GOJ is in the process of implementing a decentralized system in the country by giving more autonomy to the 12 governorates, which are covered by 14 health directorates. To prepare health directorates for human resource management and development in a decentralized system, the AAA will focus on preparing the health directorate staff to have the knowledge, skills, systems, and processes in place. As a result, the staff will be ready when changing from the centralized management of HRM and HRD to decentralization at the governorates.

8.4 Succession planning

To ensure that MOH staff have a career path to follow, the AAA will continue to work with the CSB to develop competency-based job descriptions for all positions. The job descriptions will include at least three levels, so with continuing development, education, or experience,

staff can be promoted to higher professional levels, increase their pay, and get incentives without having to be promoted to management levels. The AAA will work over the three years of the OSP to prepare successors, among MOH staff at the center and health directorate levels, to take over senior management positions

8.5 Clinical competencies

The AAA will focus on building the capacity of the MOH clinical staff to deliver better services based on evidence-based practices. The HRD staff will work with line managers at the health facilities to identify training and development needs of the clinical staff based on the gaps in their competencies (knowledge and skills) and develop and implement training plans to overcome those gaps and enhance their competencies.

8.6 Human resources planning for staffing and development

The AAA will focus on developing systems to achieve more accurate human resources planning to determine the appropriate number, type, skill level, and distribution of staff in clinical and non-clinical positions. Also, the AAA will work to ensure that there is a human resource development plan to addresses the training and development needs of all staff at the MOH.

9. Goals

Goals are broad statements that are usually long-term (the life of the OSP) and define the fulfillment of the mission. Based on the six priority areas identified for the AAA as detailed in section 4 above, the goals identified for this AAA OSP are as follow:

9.1 Data

Maximize the collection and use of data for decision-making.

9.2 Capacity building of MOH HRM and HRD staff

All MOH HRM and HRD staff will have the capacity to manage their functions.

9.3 Decentralization

HRM and HRD staff at the governorate level can independently manage the HRM/HRD functions independent of the central MOH.

9.4 Succession planning

There will be a succession plan for department heads and facility leaders.

9.5 Clinical competence

Maximize clinical competence of health service providers at the MOH.

9.6 Human resources planning and development

An HR staffing and an HR development plan are developed and being implemented.

10. Objectives, Strategies, Critical Success Factors, and Barriers

Objectives are specific, measurable (quantifiable), achievable, realistic, and time-bound statements that lead to the accomplishment of a goal. Critical success factors are conditions that, if they do not exist, must be created to achieve one or more objectives. Barriers are existing or potential challenges that will hinder achieving one or more objectives. Strategies are activities used to achieve an objective, create a critical success factor, or overcome or mitigate a barrier.

The participants stated three to five objectives for each of the six goals. Also, they identified critical success factors and barriers for each of the six major goal areas. The participants also developed strategies for each of the objectives.

Goal 1 Data: Maximize the collection and use of data for decision-making.

Objectives and Strategies:

- I.1 Introduce the WISN at the 14 HDs by the end of 2018, and implement the WISN in all primary health care facilities in seven HDs by the end of 2019 and the seven remaining HD by 2020.
 - I.1a Develop and implement a WISN Implementation Plan.
 - I.1b Hold an awareness workshop for key decision makers at the MOH.
 - I.1c Train data entry staff on the WISN and HRMS to accurately enter data.
 - I.1d Train trainers who can help other health facilities implement the WISN system.

- I.2 Implement WISN in 15 hospitals by the end of 2020.
 - I.2a Conduct an inventory of available equipment and connectivity at each hospital and identify the hospitals for implementation.
 - I.2b Develop and implement a training plan to prepare data entry staff at hospitals on the WISN.
 - I.2c Train trainers at hospitals to be able to train others in hospitals on the WISN.

- I.3 Transfer all data in the Legacy system at the MOH to the CSB HRMS system by the end of 2018, and train all key users to access the data for decision-making by the end of 2020.
 - I.3a Train staff at the MOH to clean files and enter data into the HRMS at the CSB.
 - I.3b Train senior directors at the MOH and Health Directorates on the value and use of HRMS data retrieval and analysis.
 - I.3c Develop a monitoring and evaluation strategy to ensure correct data is available and entered and management is using the data for decision-making.

- I.4 Electronically archive 10% of all General Court documents by the end of 2018 and 40% by the end of 2020.
 - I.4a Prepare a plan identifying what documents will be archived, who will be responsible, and the time frame for the percentage of documents over the life of the OSP.

- I.4b Test the system to determine if documents can be accessed easily.
- I.5 Implement a system to collect accurate HRD data that is easily accessible for HRM staff for performance management and the maintenance of CPD records.
 - I.5a Identify how the present system for gathering HRD data can be modified to ensure complete, accurate, and specific data on the training of staff.
 - I.5b Train staff at the MOH to enter training data accurately and on a timely basis to have up-to-date information for decision-makers.
 - I.5c Monitor the system by preparing and validating monthly hard copies for accuracy.

Critical Success Factors

- The importance that the right data is being entered correctly and completely in both the WISN and HRMS systems.
- Management and employees see the value of entering the correct data and the value of using the data for decision-making.
- The health facilities have the right equipment and tools to enter and retrieve data.
- There is a quality checking system to ensure the accuracy of the data.
- Senior management supports the WISN and HRMS and uses the data to make decisions.

Barriers

- Limited awareness of the WISN and HRMS and support of senior management at the MOH.
- Lack of experienced and trained staff to enter, analyze, or use data.
- Work environment not conducive to collecting, entering, or analyzing data.

Goal 2 Capacity building of MOH HRM and HRD staff: All MOH HRM and HRD staff will have the capacity to manage their functions.

Objectives and Strategies:

- 2.1 Forty HRM and HRD staff at the center and HD will have completed the HRM and HRD training and have been certified by May 2019.
 - 2.1a Develop an M&E plan to track the progress of MOH staff attending the HRM/HRD certification course including assignment completion to determine if the right people are attending and meeting the course expectations.
 - 2.1b Provide support for participants who are not achieving the objectives of HRM/HRD course to determine the cause of lack of achievement.
 - 2.1c Provide support to the course by senior management attending the sessions.
- 2.2 Four hundred job descriptions for the MOH will have three levels for a career path by December 2019.

- 2.2a Assess job descriptions to determine the number that require three levels.
 - 2.2b Work with the CSB to determine how the levels can be developed, by when, and who will be responsible for developing the job descriptions.
 - 2.2c Prepare a plan to complete 25 jobs per month from June 2018 to December 2019.
- 2.3 The policy and procedure for employee general and workplace orientation will be approved and implemented, and the tools are developed and used by HRD and HD staff to provide a general and job-specific orientation to all new, transferred, or promoted employees at the MOH by July 2020.
- 2.3a Prepare a general orientation checklist for all new MOH staff.
 - 2.3b Prepare job-specific orientation checklist for 25 jobs by August 2018 and for an additional 25 jobs by Feb 2019.
 - 2.3c Prepare a slide presentation and other tools for general orientation of new employees at the MOH.
 - 2.3d Develop an Employee Handbook containing a summation of all HRM/HRD policies and procedures that can be accessed by all MOH employees.
- 2.4 The MOH will have a performance management instrument to appraise all employees, and there are tools developed to be used by appraisers to learn the skills needed to do evaluations by December 2020.
- 2.4a Review and revise the present performance management policy and procedure.
 - 2.4b Form a task force to revise the performance appraisal instrument based on the CSB template.
 - 2.4c Train HR staff at the central and HD to train others to complete the performance appraisal form correctly and do a face-to-face performance appraisal interview.
 - 2.4d Develop an M&E plan to track implementation of the new performance appraisal policy and procedure.

Critical Success Factors

- The title of the PA Directorate is changed to the HRM Directorate to reflect the current and anticipated functions handled by the Directorate following the capacity building programs.
- HRM and HRD have the authority and resources to implement what they have learned in the training courses.
- Senior management wants to tie performance with compensation/incentives.
- The USAID-funded HRH2030 activity continues to support the MOH.

Barriers

- HRM and HRD staff attending training do not meet the requirements for certification.
- HRM and HRD cannot implement the changes at the MOH due to lack of resources, capacity, or interest.

Goal 3 Decentralization: HRM and HRD staff at the governorate level can independently manage the HRM/HRD functions independent of the central MOH.

Objectives and Strategies:

- 3.1 Working with government departments responsible for decentralization, determine what HRM/HRD functions will be decentralized and what policies and procedures need to be changed by July 2019.
 - 3.1a Meet with government departments responsible for decentralization to discuss plans for decentralization related to HRM and HRD by February 2018.
 - 3.1b Assess present policies and procedures to determine which ones need to be changed due to the decentralization of HRM/HRD functions by November 2018.
 - 3.1c Prepare a plan to revise and implement policies and procedures by December 2018.
 - 3.1d Prepare an M&E plan to monitor the implementation of the revised policies and procedures by December 2018.

- 3.2 Based on the knowledge of what HRM/HRD functions will be decentralized, prepare a plan to identify who at the HD levels need to be trained to manage the HRM/HRD functions by January 2019.
 - 3.2a Do a training needs assessment of HD staff to determine what new knowledge and skills are needed when HRM/HRD functions are decentralized to the HD.
 - 3.2b Prepare a plan to train HD staff on decentralized HRM/HRD functions by June 2019.
 - 3.2c Train HD staff on their role and responsibilities in a decentralized system by November 2019.
 - 3.2d Evaluate training to determine if the HD staff have the knowledge and skills needed to perform the decentralized functions of HRM/HRD.
 - 3.2e Prepare an M&E plan to monitor the process of decentralization by December 2019.

- 3.3 Prepare new job descriptions of staff at the HDs that includes the HRM/HRD competencies required at the HD by June 2019.
 - 3.3a Identify HRM/HRD competencies required by HD staff in a decentralized system.
 - 3.3b Determine which job descriptions will need to include the new competencies.
 - 3.3c Prepare a plan to revise job descriptions at the HD.
 - 3.3d Prepare an M&E plan to monitor the progress of developing new job descriptions.

Critical Success Factors

- There is a national decentralization strategy that states the HRM/HRD role and responsibilities of governorates.
- There is a willingness of all stakeholders to decentralize HRM/HRD functions at the MOH.

- The staff at the HD have taken the HRM/HRD certification course and have the knowledge and skills to manage the HRM/HRD functions at the governorate level.

Barriers

- No decentralization plan stating the HRM/HRD functions that will be decentralized.
- Resistance from the central MOH to delegating HRM/HRD functions to the HD.
- Lack of willingness, resources, knowledge, or skills of HD staff to carry out HRM/HRD functions.

Goal 4 Succession planning: There will be a succession plan for department heads and facility leaders.

Objectives and Strategies:

- 4.1 A Succession Planning policy and procedure will be developed by July 2018.
 - 4.1a Form a task force to develop a policy and procedure on succession planning by January 2018.
 - 4.1b Develop a plan to implement the new succession planning policy and procedure.
 - 4.1c Monitor the implementation of the new policy and procedure.
 - 4.1d Assess the effectiveness of the new policy and procedure to determine if succession plans have been developed for nurses and doctors.

- 4.2 Individuals will be identified based on written criteria to be prepared for higher level positions by the end of 2018.
 - 4.2a Prepare a template for developing criteria for succession plans.
 - 4.2b Pilot the template to determine if staff can complete it.
 - 4.2c Finalize the template and incorporate it into the succession planning policy and procedure.
 - 4.2d Prepare a plan to monitor the implementation and use of the template.

- 4.3 All managers nearing retirement will have identified an individual to be prepared to take their position two years before their planned retirement age by the end of 2019.
 - 4.3a Based on HRMS data, identify all staff who are nearing retirement age in two years.
 - 4.3b Identify if individuals have been identified to take the positions of the retirees and if not, identify people who have the knowledge and skills to take the position.
 - 4.3c Work with the incumbent to identify the competencies required for the position.
 - 4.3d Prepare development plans for the individuals identified to take the position when the incumbent retires.

Critical Success Factors

- Support of senior management.
- A mentoring program.
- Job descriptions with levels: novice, experienced, expert.
- Clear criteria for selection of successors.

Barriers

- Lack of senior management's understanding of what is succession planning.
- Managers unwilling to train successors for fear of losing their job.
- Prejudice against women in management.
- Earlier retirement of women than men.
- Job descriptions lacking competencies.

Goal 5 Clinical competence: Maximize clinical competence of health service providers at the MOH.

Objectives and Strategies:

- 5.1 Identify three clinical focus areas for training for each year of the OSP by January 2018 (examples: infection prevention, patient safety, risk reduction, interpersonal skills).
 - 5.1a Interview directors who oversee clinical areas at the MOH to determine clinical training needs of MOH staff.
 - 5.1b Appoint a task force of HRD staff to select areas of training focus for years 2018, 2019, and 2020.
 - 5.1b Prepare a training strategy to include the maximum number of clinical staff identified for training.
 - 5.1c Provide the training.
 - 5.1d Prepare a plan to monitor and evaluate the outcome of the training.

- 5.2 Prepare a continuing professional development (CPD) plan for three categories of clinical staff to provide opportunities for each person in the category to obtain 30 CPD units by December 2020.
 - 5.2a Select the three categories of clinical staff by January 2018.
 - 5.2b Prepare a plan based on CPD units to provide 30 units (10 per year) per clinical category of worker by July 2018.
 - 5.2c Announce program in August 2018.
 - 5.2d Monitor and evaluate to determine if each category had access and obtained the 30 CPD units over three years.

- 5.3 Conduct a clinical needs training assessment of general practitioners by July 2018.
 - 5.3a Prepare a needs assessment form.
 - 5.3b Survey doctors overseeing the work of general practitioners and a group of new general practitioners to determine clinical training needs.
 - 5.3c Based on the survey data, prepare a training plan for general practitioners.
 - 5.3d Implement the training plan.

- 5.4 Conduct a clinical needs training assessment of nurses and midwives by December 2018.
 - 5.4a Prepare a needs assessment form to survey nurses and midwives.
 - 5.4b Survey nurses overseeing the work of staff nurses and midwives and a group of new staff nurses and midwives to determine clinical training needs.
 - 5.4c Based on the survey data, prepare a training plan for nurses and midwives.
 - 5.4d Implement the training plan.

- 5.5 Conduct a clinical needs training assessment of pharmacists, laboratory staff, and physiotherapists by July 2019.
 - 5.5a Prepare a needs assessment form to survey pharmacists, laboratory staff, and physiotherapists.
 - 5.5b Survey senior staff overseeing the work of pharmacists, laboratory staff, and physiotherapists and a group of new pharmacists, laboratory staff, and physiotherapists to determine clinical training needs.
 - 5.5c Based on the survey data, prepare a training and development plan for pharmacists, laboratory staff, and physiotherapists.
 - 5.5d Implement the training and development plan.

Critical Success Factors

- Senior management supports the idea of focusing clinical training in broad clinical areas.
- HRD staff want to continue to learn the skills needed to do HRD planning.
- Clinical staff can leave their work for training.
- Clinical staff members have a desire to learn and practice new skills.

Barriers

- HRD staff have not learned the skills of doing training needs assessment or training plan.
- Lack of senior and middle managers support for CPD.
- Use of favoritism to select people rather than based on need.
- Lack of resources (people, tools, transportation funds, etc.) to do training.

Goal 6 Human resources planning and development: An HR staffing and an HR development plan are developed and are being implemented.

Objectives and Strategies:

- 6.1 Train HRM/HRD staff responsible for HR staffing and training planning in the knowledge and skills required to do facility, HD, and ministry-wide HR planning by December 2018.
 - 6.1a Implement the WISN plan to use the tool at health centers and hospitals.
 - 6.1b Train HRM staff at the MOH central, HD, and hospitals to have the knowledge and skills to do human resources staff and development planning.
 - 6.1c Develop a template for HRM and HRD planning.
 - 6.1d Prepare facility-based HRM/HRD planning in one HD.

- 6.2 Train key decision stakeholders to understand and use data from WISN and the HRMS to do HR staffing and development planning by October 2018.
 - 6.2a Conduct an awareness workshop for all key decision makers related to the WISN.
 - 6.2b Once the WISN tool is implemented at one HD, hold another workshop to show key decision makers how to use the data for decision makers.
 - 6.2c Survey key decision makers on use of the WISN data to make staffing decisions.

- 6.3 Develop HD HRM/HRD plans by December 2019.
 - 6.3a Prepare a pilot staffing plan for one HD by September 2018.
 - 6.3b Prepare a pilot HRD plan for one HD by September 2018.
 - 6.3c Assess the pilot HRM/HRD plans to determine if the plan's objectives were met.
 - 6.3d Prepare HRM/HRD plans for the MOH central and HDs by December 2019

Critical Success Factors

- HRM/HRD staff have the knowledge and skills to do HR planning.
- There is a system for HR planning that is simple, reliable, and accessible for a variety of users.
- Competency-based job descriptions accurately reflect the actual work at health facilities.
- Accurate WISN data is gathered and used for decision-making.
- All HR data at the MOH is transferred to the CSB system and accessible to decision makers.
- HRM/HRD planning is supported and taken seriously by senior management at the MOH.
- The USAID-funded HRH2030 activity continues to train MOH HRM/HRD staff.

Barriers

- Lack of senior management support for or use of HRM/HRD planning, such as no changes reflected in budgets of governorates or health care facilities.
- Lack of interest, knowledge, or skills to do HRM/HRD planning by MOH staff.

II. Gender Considerations

In line with the guiding principles of the MOH on equity and equality, the AAA will establish clear gender considerations in this strategy. Although women account for 55% of the whole MOH employees, they only hold 27% of management positions and less than 10% of higher decision-making positions. The AAA will review and revise MOH policies and procedures to ensure there is a focus on providing equal opportunities for men and women. The AAA will incorporate gender in the strategies' action plans and the M&E plan. Below are the gender consideration for developing these plans arranged by the OSP goals.

Goal 1 Maximize the collection and use of data for decision-making:

The AAA will provide data disaggregated by gender and analyze gender-sensitive information to inform decision-makers and improve gender equity at the MOH. The transfer of HR data into the CSB HRMS system will improve the accuracy and ability to disaggregate data by gender. Increased disaggregated data will allow better evidence on how gender affects issues of retention, motivation, remuneration, training access, and diversity within cadres. Implementation of the WISN tool and a gender analysis of the data will shed light on the actual distribution, workload, and task allocation between men and women. Including gender-relevant information in the collection, analysis, and use of HRH data for decision-making will directly affect how MOH stakeholders can target programs to better include men and women and become a more effective workforce.

Goal 2 Capacity building of MOH HRM and HRD staff:

The AAA will integrate gender considerations into the design and delivery of HRM and HRD capacity building activities to inform MOH staff about particular gender implications affecting male and female health workers. MOH HRM and HRD staff will incorporate gender as an essential consideration in selection, retention, and deployment; equitable access to professional opportunities; competency-based career path progression; the ability to take vacation time, maternity leave, and participate in trainings; and safe work environments. This includes reviewing policies, tools, and practices to ensure language used is gender-sensitive and no discrimination is embedded in them. MOH policies will promote practices and tools for selection, performance appraisal, and promotion that are based on clearly defined and gender equitable competencies. As a recommendation from the MOH gender audit, the AAA will develop a gender policy to govern all HR practices at the MOH, and gender awareness training will be delivered to managers and employees to understand gender implications and how to mitigate the impact of gender perceptions. HRH policies and programs that give attention to gender issues more fully achieve their workforce coverage and productivity goals.¹

Goal 3 Decentralization

All AAA action plans for decentralizing HRM and HRD functions will consider gender implications and take into account the resources available for men and women. Decentralization plans for HRM and HRD will provide opportunities for greater equity in gender representation and gender awareness at different levels of decision-making. The devolution of authority will ensure women are involved in the local HR planning and resource allocation.

¹ Newman, Constance, (2009) "Conceptual and Practical Foundations of Gender and Human Resources for Health." IntraHealth International/The Capacity Project

Goal 4 Succession planning

The AAA will review succession planning policies and procedures from a gender-lens to ensure they do not promote any unintended consequences that may disproportionately affect one gender. Obstacles for women's promotion to higher-level positions include negative attitudes toward the leadership of women, few management training and mentorship opportunities, lack of women networks, work/life balance challenges, and reluctance of employees to be headed by women. As stated above, women hold only 27% of all management positions and the MOH will work to increase this percentage. The AAA will add clear activities to the action plan to achieve greater representation of women in decision-making positions, such as proactively targeting women for management and leadership training and establishing a female health leadership network to increase professional exchanges of experiences and promote capacity building. Increasing women's leadership by considering gender in succession planning builds on the MOH's efforts to promote gender equity and is an important step to view health and human resources in more diverse ways, which strengthens health system resilience, health outcomes, and system effectiveness and responsiveness.²

Goal 5 Clinical competence

The AAA will ensure gender representation and consideration while assessing and identifying clinical focus areas and training planning so that the needs of men and women are incorporated. The AAA will increase transparency in the selection process for training courses so preferential treatment or favoritism is not given to one gender for CPD opportunities. The AAA will review policies and practices to ensure they do not inadvertently discriminate against women regarding access, such as delivering training outside of working hours or requiring travel for CPD.

Goal 6 Human resources planning and development

The AAA will incorporate gender considerations and promote equitable representation in capacity building activities for human resources planning and development. The AAA will ensure that both men and women are involved in all levels of HR planning, including staffing and development plans. Data used for HR planning and decision-making will be gender disaggregated and analyzed for gender trends and context. HR planning will consider gender implications and perceptions while reviewing employment barriers, workforce structures, flexible working arrangements, and HR development obstacles to ensure there is not an implicit gender bias in HR planning for men.

12. Action Plan

An action plan will be developed to address each strategy over the life of the OSP and attached as ANNEX A.

13. Monitoring and Evaluation Plan

Monitoring and evaluation of the OSP will be done every quarter by the AAA director and the four directors of the PA, HRD, IT, and GC reporting to the AAA. The monitoring and evaluation plan will be attached as ANNEX B.

² Newman, Constance, (2009) "Conceptual and Practical Foundations of Gender and Human Resources for Health." IntraHealth International/The Capacity Project

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