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HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR
U.S. President's Emergency Plan for AIDS Relief









Human Resources for Health in 2030
Year 4 Annual Report
(October 1, 2018 – September 31, 2019)

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Cover photo: Montage of photos from HRH2030 activities around the globe.

Contents

Acronyms

AAAH	Asia-Pacific Action Alliance for Human Resources for Health
AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer's Representative
ART	Antiretroviral Therapy
BPPSDMK-PI	HRH Development Bureau's Center for Data and Information Unit (Indonesia)
CBM	Capacity Building for Malaria
CHAM	Christian Health Association of Malawi
CHW	Community Health Worker
CLA	Collaboration, Learning, and Adapting
CMR	Community Medication Refill
CMMR	Community Multi-Month Refill
CPD	Continuing Professional Development
DHMT	District Health Management Team
DHO	District Health Office
DOH	Department of Health (Philippines)
DRH	Directorate of Human Resources (Senegal)
DSD	Differentiated Service Delivery
EV4GH	Emerging Voices for Global Health
FMOH	Federal Ministry of Health (Ethiopia)
FP	Family Planning
FP2020	Family Planning 2020
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GGDHMT	Greater Gaborone District Health Management Team
GOB	Government of Botswana
GHWN	Global Health Workforce Network
HAF	HRIS Assessment Framework
HEP	Health Extension Program (Ethiopia)
HEW	Health Extension Worker (Ethiopia)
HHC	High Health Council (Jordan)
HIV	Human Immunodeficiency Virus

HLMA	Health Labor Market Assessment
HNQIS	Health Network Quality Improvement System
HOT4ART	HRH Optimization Tool for Antiretroviral Therapy
HOT4FP	HRH Optimization Tool for Family Planning
HOT4PHC	HRH Optimization Tool for Primary Health Care
HPAI	Highly Pathogenic Avian Influenza
HRD	Human Resources Development
HRH	Human Resources for Health
HRH2030	Human Resources for Health in 2030
HRIS	Human Resources Information System
HRM	Human Resources Management
HRMS	Human Resources Management System
HSS	Health System Strengthening
ICBF	Colombian Family Welfare Institute
iHRIS	Senegal's HRIS
LLMA	Local Leadership and Management Approach
LLTA	Long Term Technical Assistants
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MESH-QI	Mentorship and Enhanced Supervision for Health Care and Quality Improvement
MOH	Ministry of Health
MOPS	Ministry of Health and Public Service (Eswatini)
MOHW	Ministry of Health and Wellness (Botswana)
MSAS	Ministry of Health and Social Action (Senegal)
mCPR	Modern Contraceptive Prevalence Rate
MNCH	Maternal, Newborn, and Child Health
NHWA	National Health Workforce Accounts
NMCP	National Malaria Control Program
NOHP	National One Health Platform
OHA	Office of HIV/AIDS
OHS	Office of Health Systems
OPRH	Office of Population and Reproductive Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHO	Provincial Health Office

PMI	U.S. President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PtD	People that Deliver
QI	Quality Improvement
ROI	Return on Investment
SI-SDMK	Indonesia's Human Resources Information System
SROI	Social Return on Investment
TA	Technical Assistance
TB	Tuberculosis
TRP	Training Resource Package for Family Planning
TVET	Technical and Vocational Education and Training
TWG	Technical Working Group
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

A strong health workforce—one with the right skills, in the right places, at the right times—is an essential component of high performing health systems and achieving universal health coverage (UHC). The Human Resources for Health in 2030 (HRH2030) program supports countries to develop the workforce needed to protect communities from infectious disease, meet their broader global health goals, and make strides toward UHC. This report summarizes HRH2030's Year 4 activities, covering the period of October 1, 2018-September 30, 2019.

Achieving UHC means people can get the care they need and in ways they trust, within a reasonable distance, at an affordable cost. To that end USAID's Office of Health Systems developed a framework this year to help articulate what is needed to deliver on the goal of UHC: high-performing health systems that are accessible, accountable, affordable, and reliable (see box at right).

USAID'S FRAMEWORK FOR HIGH-PERFORMING HEALTH SYSTEMS

Accessible: Care is available when and where people need it, people use it, and it meets quality standards

***Accountable*:** Society as a whole works together to ensure care meets people's needs

Affordable: Money spent on care provides the best value possible

Reliable: Care is delivered in a timely manner that promotes dignity and respect for all patients and providers

HRH2030 activities contribute to high-performing health systems across this framework. For example, HRH2030 has furthered ***accessible*** care by extending the reach of services into rural communities in Cameroon and Mali. In Mali, HRH2030 works through women's groups to help foster care-seeking behavior and ensure that local residents understand when, how, and why to get the care they need. As a result, the number of women accessing antenatal care and family planning information and services increased by more than 200 percent in three regions.

To support efforts to make healthcare more ***accountable,*** HRH2030 has worked with Ministries/ Departments of Health in Ethiopia, Indonesia, the Philippines, and Senegal to strengthen data for improved HRH decision-making, which is critical to make evidence-based decisions on the number, distribution, and budget allocation of the health workforce all countries.

Health systems are more ***affordable*** when countries allocate adequate resources to meet priority needs. Furthering the evidence base on the return on investments in health workers, HRH2030 completed a study of Ethiopia's Health Extension Program (HEP), analyzing its health, social, employment, and equity impact. The study found the social return on investment is between $1.54 and $3.26 for every dollar invested, and that the HEP produces substantial economic benefits.

Reliable healthcare requires skilled health workers. To that end, HRH2030 improves health workforce competencies through several activities. For example, in the Philippines, HRH2030 has been supporting the development of the national DOH Academy e-Learning portal that allows health workers to access flexible, practical skills building exercises so they can deliver

services according to national standards of care, including for family planning (FP), tuberculosis (TB), and UHC. Delivering continuing professional development (CPD) through paced e-Learning modules allows more health workers, including women and those with caregiving responsibilities, to advance their careers and leadership in health.

Accelerating program momentum in Year 4. During Year 4, HRH2030 advanced 20 core activities funded by USAID's Office of Health Systems, Office of HIV/AIDS, and Office of Reproductive Health. Five core activities were completed during the reporting period resulting key documents and approaches to advance high performing health systems. For example, a technical brief titled, "Local Leaders: Untapped Resources for Family Planning" summarizes a pilot program in Cameroon to test the hypothesis that engaging community leaders to support local health staff improves community awareness, acceptance, and interest in family planning information and services. In photo at right, local leader Elisabeth Tchoulegoum meets with a neighbor to talk about family planning.

Another example: Two briefs on retention and transition enablers of donor-supported health workers, based on a case study in Uganda, were published to inform policymakers and facility leaders on HIV workforce sustainability planning.

HRH2030 continued to implement field support programs in Colombia, Indonesia, Mali, Malawi, the Philippines, Senegal, South Africa, and Tanzania, and through the PMI-funded Capacity Building for Malaria (CBM) program in Burundi, Côte d'Ivoire, the Gambia, Guinea, Sierra Leone, and Togo. During Year 4, HRH2030 expanded CBM activities into Chad, and launched new activities in Timor-Leste and, through seconded One Health Advisors, in Ethiopia, Côte d'Ivoire, and Tanzania. During the reporting period, HRH2030 closed country offices in Jordan and Botswana, and wrapped up CBM country presence in Burundi, Cameroon, Niger, and Sierra Leone.

Annual Report Structure. The following sections—organized by the USAID accountable, accessible, affordable, reliable framework—includes highlights of progress, crosscutting components, and challenges across HRH2030's core and field support programs. Detailed information on each core and field support activities are included in a table in Annex A and B respectively. Followed by a performance indicator tables (Annex C), a budget summary (Annex D), cost share report (Annex E) and Success Stories (Annex F).

Highlights of Progress

Accessible: Healthcare is available when and where people need it

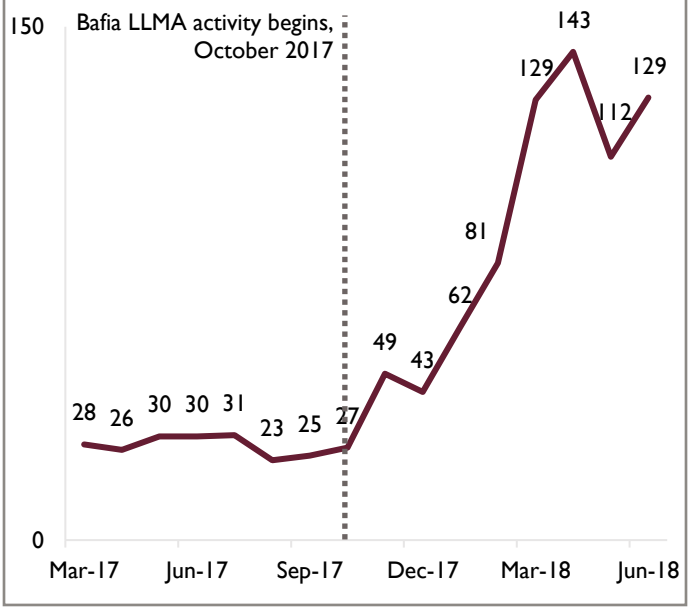
"We are the ones who are the pillar of the family, supporting the whole foundation of it so we need stay alive and safe. Thank you for helping us to better play this role."

- Women's group member in Pimperna village, in Sikasso, Mali

Accessible healthcare means that facilities are open and staffed to meet local needs; that services are provided through alternative care options that extend the reach of traditional service providers; that people understand when, how, and why to get the care they need; and that providers deliver care in a manner that ensures equitable health outcomes. The examples below illustrate how HRH2030's work in Year 4 contributed to accessible healthcare.

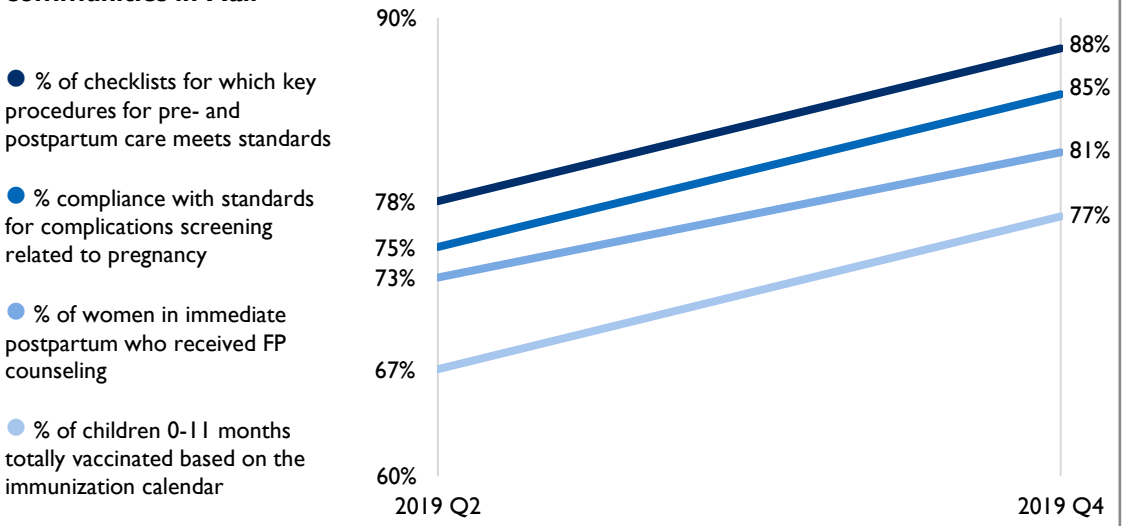
Extending the reach of services into rural communities: Examples from Cameroon and Mali
In Year 3, HRH2030 piloted and evaluated a local leadership and management approach (LLMA) in Cameroon's Bafia district. The goal of the LLMA was to strengthen family planning services by engaging community leaders to build awareness, acceptance, and interest in these services. Local leaders tapped to participate included shop owners, hairdressers, carpenters, teachers, and religious figures. In Year 4 Quarter 4, HRH2030 published the final evaluation as well as the implementation guidance for applying the LLMA approach. The final evaluation—synthesizing qualitative and quantitative information—showed that this approach can succeed with proper support. As one local leader noted, "word of mouth is helping family planning adoption and [a] surge in users." Client interviews corroborated the local leaders' observations. Of 120 clients surveyed who said they were aware of the local leaders' family planning advocacy efforts, the vast majority (84%) stated that they were motivated to visit the clinic for services because of the leaders' activities. See Figure 1 for an illustration of the increase in family planning acceptors. At a time where new and different partnerships and strategies are needed to improve the acceptability and accessibility of family planning services, the LLMA approach shows how engaging community leaders beyond those working in health—such as farmers, educators, micro-entrepreneurs—has the potential to sensitize and mobilize acceptance and use of these services.

Figure 1. In Bafia, the moving average of new clients that accepted a family planning method rose following the LLMA activity



In Mali, HRH2030 engaged community leadership in a different way, working with women's groups to help foster care-seeking behavior and ensure that local residents understand when, how, and why to get the care they need. HRH2030 Mali's approach links women's groups to the national level health system to increase access to essential family planning, reproductive health, and maternal/child health services. Women's groups are critical sources of information in their communities and thus a good way to disseminate health messages. HRH2030 trains community health workers (CHWs) on family planning/reproductive health topics that the CHWs then use to train the women's groups. Villagers are now regularly receiving accurate messages on the importance of the services offered at maternities and/or community health centers—messages from their neighbors as well as the CHWs. As a result, the number of women accessing antenatal care and family planning information and services availability increased by more than 200 percent—to 9,625 women in three regions. See Figure 2 for indicators related to increased usage of health services. In Year 5, the HRH2030 Mali will expand the community approach to the regions of Segou and Mopti.

Figure 2. By improving provider engagement at community health centers and referral health centers, HRH2030 has made quality MNCH and FP care more accessible to rural communities in Mali

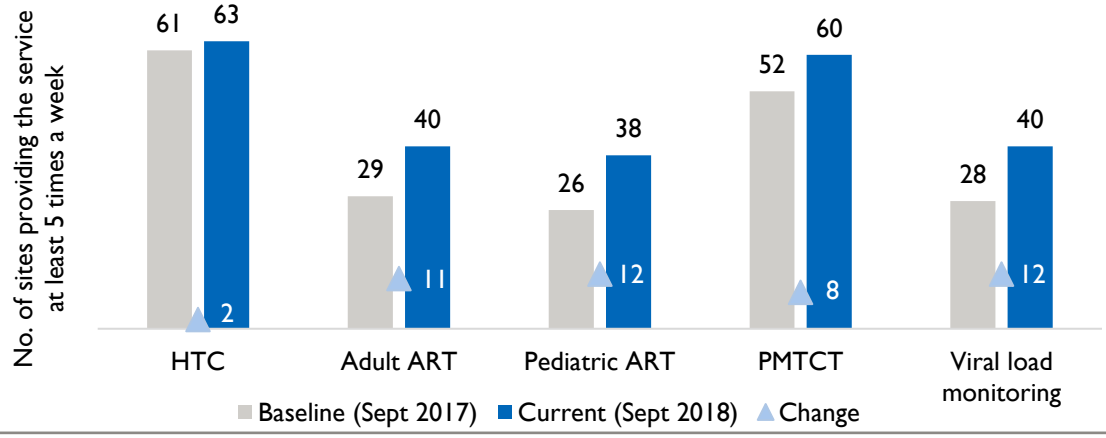


Source: From top to bottom, Mali indicators 23, 20, 24, 27. Additional indicators from the Mali activity are presented in Exhibit 7 of the Indicator Tables Annex.

Meeting local needs with PEPFAR-supported health workers in Malawi
With PEPFAR funding and in collaboration with MOH and district health teams, HRH2030 expanded the hiring and deployment of more than 300 health workers to PEPFAR-supported facilities in two districts with the highest HIV/AIDS burden, Lilongwe and Zomba. As part of the program, HRH2030 collaborates with stakeholders and the local government to ensure these health workers are at the sites and working; are trained in provision of HIV/AIDS services; are having their performance monitored and are regularly receiving feedback, using government HR management systems. This surge in trained health workers—as well as new treatment policies and other interventions—allowed the number of facilities providing adult antiretroviral therapy and viral load monitoring to grow from 29 to 40 sites, an increase of nearly 40 percent. Other benefits below illustrate some key improvements in accessibility:

- Improved service coverage, meaning services are available for those who need them.
- Improved frequency of services (at least 5 times/week): adult ART from 29 to 40 sites, pediatric ART from 26 to 38 sites, PMTCT from 52 to 60 sites. See Figure 3, below.
- Services are provided in a timelier manner. Facilities open earlier than 7:30 am and most clients are served by noon (reported in 29/63 sites). This was not the case previously, when fewer health workers meant long waiting times, with many patients waiting until late in the day or, even worse, leaving without treatment.
- The number of clients testing positive who are then initiated on ART services increased 10-fold in PEPFAR-supported districts (Lilongwe and Zomba) compared to six-fold increase in two comparison districts; this is an important contribution to pushing Malawi closer to its 90-90-90 targets.

Figure 3. PEPFAR-supported facilities in Malawi provide HIV services more frequently following the deployment of HRH2030 health workers



Ensuring equitable health outcomes with a suite of HRH optimization tools
In a significant number of low- and middle-income countries, the number of health workers available and accessible to clients seeking HIV/AIDS and/or family planning services remains inadequate. How can health system leaders and health facility managers address this challenge despite limited resources? HRH2030 is supporting the development of tools to enable facility managers and program planners to estimate their health workforce needs and ensure optimal staffing to deliver these services, in order to deliver more equitable health outcomes.

Developed under core Activity 1.6, the HRH Optimization Tool for Antiretroviral Treatment ("HOT4ART") helps facility and program managers to identify and address staffing gaps by showing the impact of reorganizing service delivery on the workforce. The tool, English and French language user guides, video tutorials, webinar recording, case study, reference guide, and one-pager were finalized during Year 4 and made available on the HRH2030 website. HRH2030 also hosted a webinar with USAID and other counterparts from around the world, engaging 64 attendees, and developed cases on "Using HOT4ART to Address HRH Efficiency Challenges in Differentiated ART Service Delivery Settings." In photo at right, an ART manager and physician at Katakwi Hospital in Uganda familiarize themselves with the HOT4ART tool.

One of USAID's family planning investment priorities in countries with stagnant or slow-growing mCPR is developing interventions to increase/optimize human and institutional resources. Understanding which cadres and service modalities are needed for expanding method mix through more efficient utilization of health workers is essential for increasing access to voluntary family planning in priority countries. Building on the lessons learned and the structure of the HOT4ART tool, HRH2030 began the development of the HRH Optimization Tool for Family Planning (HOT4FP). During the course of Year 4, HRH2030 completed the requirements analysis and tool design; developed the algorithms for estimating available and required staff to positively impact the changes in client volume; assessed client contact times for ensuring critical FP tasks; and developed the excel-based tool, presenting this work twice to PRH staff to review process and obtain their input. A HOT4FP prototype will be available for field testing in 10 health facilities in Mali in the coming quarter.

Strengthening community health worker programs

Health for all—access to health services for everyone—will only be achieved when the role of communities within the health system is fully harnessed. Late in Year 3, HRH2030 hosted the inaugural convening of USAID global flagships investing in CHW-focused programs, which provided a collaborative forum for this community to share updates on their activities and to discuss emerging opportunities to support global efforts related to the role of CHWs. This convening was timely, falling less than two months before the October 2018 release of the WHO Guideline on health policy and system support to optimize community health worker programs ("CHW Guideline"), which outlines recommendations for professionalizing CHWs across their career life cycle.

As USAID's flagship global health workforce program, HRH2030 continued to provide strategic thought leadership, communication, and implementation support relating to optimizing the community health workforce in Year 4. Following the launch of the CHW Guideline, HRH2030 supported their further dissemination, first by facilitating a Core Group/WHO-hosted webinar, and then by leading a session at the May 2019 Global Health Practitioner Conference to advocate for and reflect on the guidelines. As part of this session, HRH2030 developed a new infographic, an adaptation of our health worker lifecycle, that provides a graphic representation of the guidelines. The infographic has been well-received in the extended community, and HRH2030 is working with the WHO to have the infographic translated into five additional languages in Year 5. HRH2030 will also hold a second convening of the USAID global flagship programs as well as advocate further for the guidelines at the CHW Symposium in Dhaka in Quarter 1, and plan for additional activities taking place in Quarter 2.

Planning for the future: Best practices for increasing youth employment in health
There are 71 million unemployed youth in the world and an estimated 40 million new health jobs to be created by 2030. Ensuring that these jobs are filled will help to ensure continued access to health services. Developed in Year 3, the HRH2030 Optimal Partnerships and Opportunities for Positive Youth Development and Health for All Framework, envisions how to foster connections between technical and vocational education and training institutions and health employers to support youth and build the future health workforce. In Year 4, HRH2030 began drafting a technical brief to compile global best practices, lessons learned, and opportunities. To accompany the global technical brief, HRH2030 began working in Indonesia to develop a case study to document how this framework could be applied in a country context to address youth employment needs and fill skill gaps in the health sector. HRH2030 hired a consultant, developed a case study implementation plan which was shared with USAID for feedback, and began interviewing some of the technical workforce training institutes. Work will continue in Year 5 to complete the technical brief and Indonesia case study.

Accountable: Society as a whole works together to ensure healthcare meets people's needs

> *"The National Health Workforce Account is a basic tool to strengthen HRH data to feed cost effective decision-making. The SI-SDMK will summarize HRH information from students prior to their entry into a health school until graduation, and then their continuing professional development education and training. This improvement in data collection will also be the basis for more cost-effective policies."*
>
> – BPPSDMK Secretary Dr. Trisa Wahjuni Puti, Indonesia

Oversight and collaboration are two essential ingredients to ensure that health workers are accountable and contributing to a high-performing health system. This section highlights HRH2030 country-based and core-funded activities that are contributing to health workforce accountability.

Strengthening data for improved HRH decision-making

Engaging and aligning efforts with many stakeholders is critical to obtain complete, accurate data on the number, distribution, and budget allocation of the health workforce in any given country. HRH2030 is playing a key role in facilitating stakeholder engagement in Ethiopia, Indonesia, and the Philippines, to advance National Health Workforce Accounts (NHWA), and in Senegal, where the program is working with the Ministry of Health to build capacity at national and regional levels to use the country's human resource information system (HRIS).

In Ethiopia, stakeholders including the Federal Ministry of Health (FMOH) are adhering to the country's national Information Revolution Roadmap (2016), which creates an enabling environment for NHWA as it promotes information standardization and sharing between stakeholders, as well as interoperability and information systems strengthening. This year, through a series of targeted workshops, HRH2030 supported the development of requirements for a standards-based, NHWA-ready HRIS that will be integrated into the overall health information system architecture. HRH2030 trained the FMOH on NHWA and subsequently worked with the HRH Development Directorate to initiate the first NHWA technical working group (TWG), finalize the NHWA implementation plan, and conduct a full mapping of data sources for all NHWA modules, identify the initial indicators for NHWA reporting, identify a potential flow of data for future data sharing between stakeholders, and discuss data standardization.

In Indonesia, building on HRH2030 Year 2 and Year 3 activities, efforts this year have focused on supporting the development of a new business intelligence platform using data from the HRIS, SI-SDMK, as well as building capacity of the HRH Directorate staff in data visualization and dashboard development through practical, hands-on trainings. Another key accomplishment: HRH2030 supported the BPPSDMK-PI Unit to develop a critical component of the NHWA architecture, the HRH Data Warehouse, using DHIS2. The data warehouse now contains aggregate HRH data per facilities, districts, and cadres; aggregate HRH data by employment status; and metadata including list of facilities, district health offices (DHOs), and provincial health offices (PHOs); this information can now be used by the PHO and DHO in creating dashboards that can be easily understood by policy makers. HRH2030 played a facilitation role at the NHWA TWG's meetings during this year to further NHWA implementation.

In the Philippines, HRH2030 supported the Department of Health (DOH) in the development of a roadmap to guide the NHWA implementation, conducting a mapping of data sources. This year, the team also made inroads on the development of a data dictionary to standardize the definition and sources of HRH related terms for use during NHWA data collection and analysis. To further strengthen the overall human resource information system environment of the Philippines, HRH2030 migrated the fragmented data for TB-focused health workers from various data sets into the TB information system, allowing access to more complete data on this workforce for use by decision makers. The process was documented for future application as the Philippines identifies other priority areas for consolidation of health workforce data.

In Senegal, HRH2030 supported the development of an updated iHRIS user guide and the development of a glossary of iHRIS terms and concepts to support the system's users in Year 4. It also supported the Directorate of Human Resources (DRH) in conducting a training and refresher training on ae new version of iHRIS for 152 managers, including 128 human resources focal points. As a result of the trainings, HR managers and focal points from the four focus regions are now able to do iHRIS data entry, operationalize routine HRH data updates, and capture accurate HR information. This led to complete (or near complete) records for 18,000 health workers in iHRIS, and the development of a new job description to highlight key experience and knowledge needed to manage an iHRIS. Figure 4, below, illustrates the types of HRH2030 Senegal activities that are advancing HRH data use for decision-making.

Figure 4. The HRH2030 Senegal activity has supported HRH data for decision-making through...

6 HRH documents that reference current iHRIS data

24 capacity building activities on iHRIS data collection and/or use

26 activities to strengthen multi-sectoral collaboration for moving the HRH agenda forward

Building leadership and management capacity for health system leaders

In addition to building Senegal's health system leaders' capacity in HRIS, HRH2030 is strengthening their leadership capabilities to ensure better management, coordination, and accountability. Working with Senegal's Bureau of Organization and Methods and other implementing partners, the team harmonized existing leadership and management training materials and adapted them with specific health sector examples, later rolling out the leadership and management training in four focus regions. The program trained 78 national-level officers in leadership in Year 4; participants included health division chiefs, regional health directors, and hospital directors. These leaders are committed to new ways of collaborating for accountability. One example: HRH2030 has observed streamlined coordination for drug approvals between three governmental agencies.

Launching the National Human Resources for Health Strategy in Jordan

In Jordan, the absence of explicit policies to strengthen HRH had been identified as the main reason behind failed efforts at health system reform. Over the life of the HRH2030 Jordan activity, HRH2030 worked with the High Health Council (HHC) to develop the National Human

Resources for Health Strategy 2018-2022. Specifically, HRH2030 first participated in the National HRH Strategy Advisory Committee, along with key stakeholders including the HHC, WHO, and USAID, to manage the strategy's roadmap and timeline, and then to assist with the development of a two-year implementation and M&E plan. On October 15, 2018, the national strategy was launched, a key step in strengthening the health system and enhancing the government's leadership position in the provision of accessible, acceptable, efficient, and equitable healthcare services. The plan includes a detailed M&E framework, 61 national HRH strategy indicators, roles and responsibilities for the key M&E players, and critical HRH success factors, which will help keep stakeholders accountable throughout the strategy implementation.

Strengthening Colombia's social services workforce

Colombia's cross-institutional social and health framework, *Ni Uno Mas*, or Not One More, aims to provide better services to reduce the high child mortality rates associated with all types of violence. HRH2030 has been working with the Colombian Family Welfare Institute (ICBF), MOH, and the National Learning Service to provide training for social workers, psychologists, lawyers, nutritionists, and health personnel to improve those services. In collaboration with the ICBF's regional teams in La Guajira and Huila, HRH2030 reviewed 28 training courses offered by SENA and the National Learning Service this year to determine the relevance of their content to the training needs identified by HRH2030 in the two regions; and supported training in those two regions for 459 participants who are responsible for delivering social services for the protection of children and adolescents. By the end of the year, HRH2030 and ICBF had worked together to define the parameters, timelines, and responsibilities for new virtual and in-person courses focusing on building social work skills and knowledge.

Planning for the health workforce of tomorrow

Global estimates reveal a growing disparity between the supply of and the demand for health workers in the coming decade, especially in low-and middle-income countries. What can country leaders do to prepare for or even offset this imbalance? How can they prepare their workforce to best respond to factors like ageing populations, a mounting burden of chronic diseases, and tight constraints on health budgets? HRH2030 created a new econometric model, the Comprehensive HRH Assessment, Modeling, and Planning Solution (CHAMPS), to measure the impact of economic, epidemiological, and demographic (EED) transitions on the health labor market, including physicians, nurses/midwives, and community health workers. By exploring the forces influencing health worker supply and demand, this model allows us to provide HRH projections and offer insight to what government decision-makers and planners must do to prepare for health labor market changes that lie ahead. At the country-level, the model can be tailored based on locally available data to incorporate additional factors and/or disaggregate the results to the sub-national level, which greatly enhances the responsiveness of the model to the national context, which was not possible at a global level due to data limitations. HRH2030 published the full technical report, Health Workforce Skills Mix and EED Transitions in LMICs: Analysis and Econometric Modeling in September. In Year 5, the report will be fully disseminated along with the two accompanying briefs currently pending USAID approval.

Affordable: Money spent on healthcare provides the best possible value

"The energy and enthusiasm of the [Philippine Department of Health] team has been encouraging as all of them want to know how to use the tool… HRH2030 acted as a catalyst in rethinking the HRH position in the implementation of the Universal Health Care law. WISN will help plan for the right numbers of health workers who will ensure the realization of universal health care."

--Dr. Mollent Okech, HRH Health Professional and WISN expert

In an affordable healthcare system, countries allocate adequate resources to meet their priority needs, and they partner with both government and private entities to increase the resources that are available for health. This includes human resources for health, where ensuring that the right health workers are deployed in the right facilities at the right time is critical. HRH2030 activities in several countries, as well as core-funded activities, are contributing to increasing the affordability of healthcare. Below are some examples from Year 4.

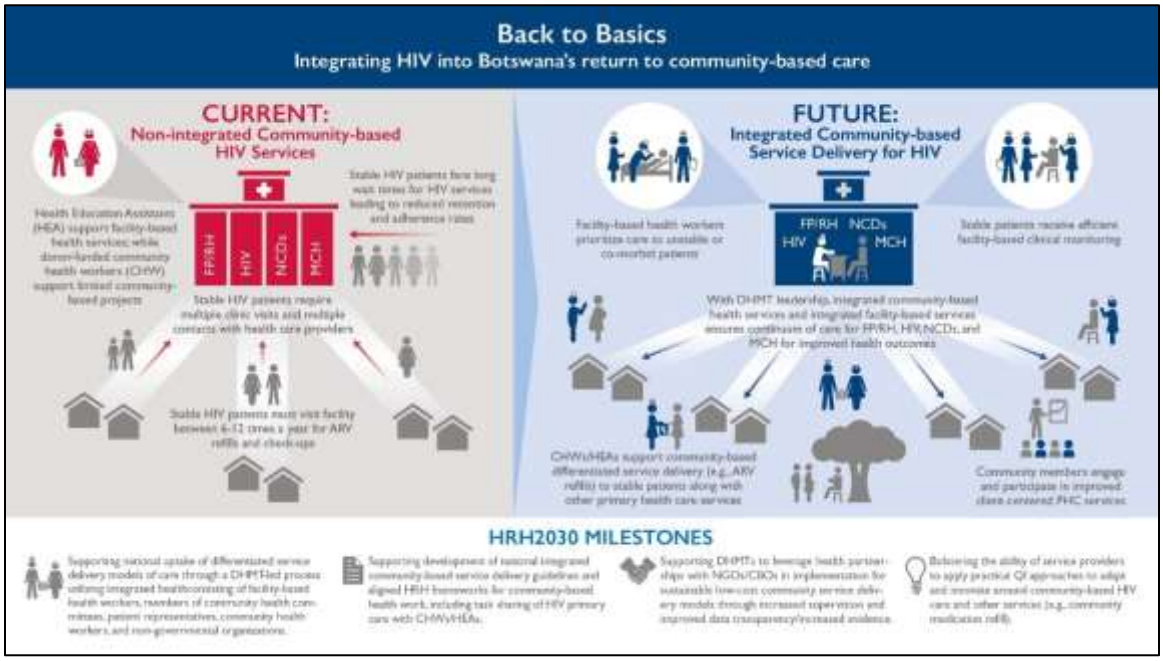
Philippines: Addressing health workforce challenges to advance UHC

In February 2019, the Philippines signed its Universal Health Care Act into law; this legislation formalizes the country's commitment to improving access to high quality services at the least cost to families. In March, HRH2030 introduced the WHO Workload Indicators of Staffing Need (WISN) to support the development of national staffing standards for primary health care. This tool was particularly necessary to determine the health workers required to deliver accessible, affordable, and high-quality TB and family planning services in geographically isolated and disadvantaged areas. HRH2030 facilitated a series of activities to build buy-in and understanding of the WISN tool and methodology with central, regional, and provincial health leaders for its planned application in the field. After pilot testing and finalizing data collection tools, HRH2030 and its local partner, Alliance for Improving Health Outcomes (AIHO), initiated data collection at 18 service delivery networks throughout nine regions in the Philippines. In Quarter 3, 14 data coordinators worked with the Department of Health and local government staff to gather the required data from more than 170 health facilities; and in Quarter 4, the results of this data collection were presented to the DOH and HRH Network (see photo, right); they are being used to develop new staffing standards and WISN will be the methodology for the Philippine government moving forward. Activities to capacitate the regional technical task force members on the WISN methodology begin in Year 5, Quarter 1.

Botswana: Integrating low-cost community health services, especially for HIV primary care

The Botswana Ministry of Health and Wellness (MOHW) recognized an urgent need to effectively integrate and coordinate low-cost community-based health services, especially for HIV primary care service provision, into its long-term strategic plans. HRH2030 supported the Health Improvement Team at Old Naledi Clinic to develop and implement Community Medication Refill (CMR)—the first and only differentiated service delivery model of care in Botswana—to enroll 95 percent (21/22) of eligible clients in CMR at the clinic. Specific activities included developing SOPs and monitoring and accountability tools as well as supporting an on-site orientation for the service delivery providers, including CHWs, pharmacy personnel, and others. Figure 5 below illustrates the current and future state of community-based care in Botswana, depicting the move from siloed to integrated care. HRH2030 Botswana also developed a cost analysis concept note for analyzing resources associated with implementing CMR for USAID mission input and approval by the MOHW.

Figure 5. Integrating HIV services into Botswana's community-based care



HRH2030 supported the Greater Gaborone District Health Management Team (GGDHMT) as they launched a Stakeholders and Partners Forum on March 21, 2019. This event provided a platform to inaugurate the GGDHMT as a convening group for ensuring well-coordinated partnerships, and share tools intended to guide and facilitate future interaction in the district under the oversight of the GGDHMT. By enhancing coordination, the GGDHMT envisioned reduced duplication of efforts in the future, greater optimization of resources, consolidated data for monitoring, and shared best practices for improved service delivery and health for all. More effective coordination and management of stakeholders and partners is also essential for health worker performance and achieving and sustaining HIV/AIDS epidemic control. HRH2030's field support program in Botswana closed in August 2019 according to the PEPFAR COP funding schedule.

Building evidence for the social returns on HRH investments

There has been an increased focus on the role of community health workers in countries' health systems since the WHO released the CHW Guideline on optimizing community health worker programs in October 2018. While the health benefits of such investments are increasingly known, there has been little analysis about their impact on inclusive economic growth. To fill this gap with a country case example, in Year 3, HRH2030 conducted a study of the health, social, employment, and equity impact to estimate the return-on-investment (ROI) of Ethiopia's health extension workers (community nurses) and the country's Health Extension Worker (HEW) Program, which deployed 2,737 HEWs throughout the country in 2005.

The HRH2030 study focused on four regions—Tigray, Oromia, SNNP, and Amhara—where 1,289 HEWs were initially deployed. By 2017, that number had grown to 37,949 HEWs. The HRH2030 study team developed six different interview tools to collect data at all levels in Ethiopia to estimate the initial cost and implementation cost of the HEW Program. Personnel, recurrent, and capital costs were estimated for the HEW Program's initial investment as well as over a 10-year span from 2008-2017. Twenty-three (23) clinical activities and six non-clinical activities were identified as part of the HEW package of services, including the prevention of mother-to-child transmission (PMTCT) of HIV. The contribution for delivering these services was estimated for HEW as well as non-HEW service providers. Maternal, child, and newborn lives saved for the 23 clinical and six non-clinical services were estimated at the regional level for the period 2008-2017. Benefits from the program were estimated across the following domains: equity, empowerment, employment, and productivity. All costing and benefit components were utilized to calculate a ROI for each region.

The study found the social return on investment in HEP was between $1.54 and $3.26 for every dollar invested and greater than one in all four regions, indicating that the HEP's economic benefits exceed Ethiopia's investment in the program: in Tigray ($1.87-$4.64); in Oromia ($1.35-$2.35); in SNNP ($1.43-$3.82); in Amhara ($1.88-$3.86). HEP produces substantial economic benefits of almost $7,000 to $14,500 per HEW per year. The study also showed that across all categories of clinical and non-clinical services, 50,699 maternal and child lives were saved by HEP between 2008 and 2017. This included 2,500 lives saved through PMTCT. These results show that the HEW Program is having important impact on maternal and child health in Ethiopia. In Year 4, the report was finalized and shared with USAID/Washington. In Quarter 1, Year 5, the results will be further disseminated.

Preparing to transition HRH investments for sustainable epidemic control

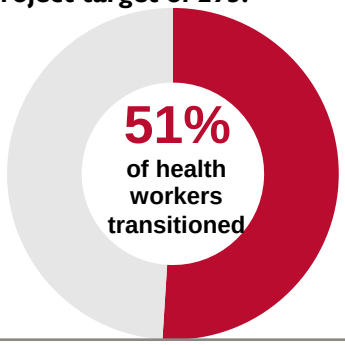
PEPFAR countries at all different stages of addressing the HIV epidemic require performance monitoring and program planning that fully account for investments in HRH support, especially as countries begin to share responsibility for the financing of this workforce. Given the role that these workers play in sustaining the epidemic control, it is vital that policymakers understand the factors and motivations that enable successful transition and retention of donor-supported health workers. Since Year 2, HRH2030 has been working to support Tanzania, Eswatini, Lesotho, Kenya and Malawi, with these efforts.

This year, in Tanzania, HRH2030 updated the HRH database with 2018 data gathered through the application of the HRH Inventory Tool, and then analyzed this new information in comparison to 2016 data, for a better understanding of workforce coverage provided and needed for supporting HIV service delivery. HRH2030's work in Tanzania was completed during Year 4. In Lesotho and Eswatini, HRH2030 finalized work that was initiated in Year 3 to support

both countries to understand the scope and nature of donor-supported investments in HRH to support long-term sustainability planning. During Year 4, the project team finalized reports, HRH inventory briefers, slide decks of analysis, and held dissemination meetings. Following this work in Lesotho, HRH2030 seconded a long-term advisor to provide embedded support for Lesotho's Ministry of Health to develop in-country capacity to support long-term transition planning. HRH2030 is continuing transition support efforts under a new scope of work in Eswatini, and in Year 4 facilitated the hiring of an HRH transition advisor, who will work with the Ministry of Public Service (MOPS) and the MOH to assist in the development and implementation of an HRH Transition Plan for PEPFAR-funded workers. The transition advisor was onboarded and oriented in Quarter 4. In Quarter 2, HRH2030 turned over the HRH Inventory Tool to PEPFAR, where it is now hosted on the PEPFAR Solutions Platform so that countries may use it to take stock of their HRH investment.

In Malawi, HRH2030 is working with the MOH to strengthen the health system by increasing the supply and distribution of health workers for the provision of HIV/AIDS services. In addition to supporting the supply of health workers with PEPFAR funding, the project is also strengthening the capacity of the MOH's Human Resources Directorate and HR structures in the Lilongwe and Zomba districts for strategic planning and management of HRH to support the transition of health workers to the government of Malawi. This will address key HRH systems barriers that impede effective HRH planning and management, particularly recruitment and retention. This year, the program reached a key milestone, hitting the 2019 target of transitioning 50 percent of the PEPFAR-supported health care workers onto the Malawi government payroll (see Figure 6). In Year 5, HRH2030 will support the transition of the remaining PEPFAR-supported workers to the government.

Figure 6. Through extensive coordination with the Government of Malawi, the Malawi activity completed the first major transition of PEPFAR-supported health workers to government payroll this year, transitioning 150 health workers out of a life-of-project target of 293.



Ensuring value for country investments in South Africa and Mozambique

Many countries face the challenge of how to optimize their staff for better outcomes. The Prioritization and Optimization Analysis (POA) can help health system leaders determine which cadres are in higher need vis-à-vis the actual budget available. In Year 4 in South Africa, HRH2030 engaged the Touch Foundation to apply the POA approach. Touch Foundation presented an analysis of the need and priorities for six cadres across 1,293 facilities and 27 districts. A POA report was developed for each district including recommendations on how many health workers and the appropriate skill mix should be assigned to each facility based on the budget assigned by the district. In Mozambique, a similar analysis is now underway to determine the optimal mix and number of HRH staffing for PEPFAR health facilities. The Mozambique study will be completed in Year 5.

Reliable: Quality healthcare is delivered in a timely manner that promotes dignity and respect for all patients and providers.

"Having a qualified and trained health workforce is a key factor for building an optimal health care system."
— Bryn Sakagawa, USAID/Philippines Office of Health Director, during pilot testing of DOH Academy

HRH2030 ensures that healthcare is reliable through activities that promote the delivery of high-quality, trusted services by health worker teams who have the supplies, skills, and working conditions they need to respond to their communities' healthcare needs. In Year 4, HRH2030 supported stronger platforms for supervision and continued professional development; research to understand best practices for health worker performance and retention; and efforts to promote leadership and coordination for more resilient and responsive health systems.

Improved health workforce competencies

Reliable healthcare requires skilled health workers. CPD is essential across the health worker life cycle to improve the quality of care, while also serving to retain high-performing employees. In the Philippines, HRH2030 has been supporting the development of the national DOH Academy e-Learning portal that allows public and private sector health workers to access free-of-charge flexible, practical skills-building exercises so they can deliver services according to national standards of care, including for family planning, TB, and UHC. Delivering CPD through self-paced, blended e-Learning modules allows more health workers, including women and those with caregiving responsibilities, to advance their careers and leadership in health. It will also reduce the duplication of training, as all courses must now be offered through this platform (and thus can't be developed independently by implementing partners or others). The launch is planned for October (Year 5). Moving forward, HRH2030 Philippines is developing an approach to monitor health workforce learning and competencies, with the goal of ensuring that health services are reliably and consistently provided for all.

In Year 4, HRH2030 also launched and disseminated its resource, Gender Competency Framework for Family Planning Providers at global fora. The team then conducted a highly successful trip in the Philippines to explore how local educational and service institutions alike could contextualize and operationalize the competencies so that health workers counsel on and provide family planning in ways that dignify individuals, families, and communities. The HRH2030 team validated the resource with 17 stakeholder organizations and 43 family planning providers, including nurses, midwives, doctors, and youth volunteers (see photo above of FP providers reviewing the framework). The validation sought to obtain feedback on each of

the six domains and 39 competencies and examples of demonstrating gender competence in service delivery. To gather diverse perspectives, in coordination with USAID, the team selected three locations in the Philippines: Manila, Butuan, and Cotabato City. Overall, the competency framework was well-received as an approach to improve quality and client-centered services. As a way to further nuance the validation, HRH2030 also made progress in planning for a second validation in Ethiopia in coordination with the Federal Ministry of Health, expected in Y5.

In addition to supporting NHWA implementation in Indonesia to make the health workforce more accountable (described on page 10), HRH2030's efforts to improve health workforce data also improve reliability. For example, working with the health workforce information directorate, BPPSDMK, and its contributing national health workforce information systems, provides decision makers with a platform to review health worker competencies and performance. By strengthening central, provincial, and district data managers' competencies in data visualization, they can create dashboards to review HRH data per facilities, districts, cadres, and by employment status, as well as other indicators—such as those from DHIS2 and service delivery—to monitor the reliability of services and respond in a more timely manner in case of gaps or weaknesses. At right, an HRH2030 team member leads a data visualization and dashboard development workshop in Quarter 3.

Evaluating most effective health workforce supervision and retention strategies

Reliable health care requires effective routine support to health workers, as well as efforts to reduce turnover and retain staff where they are most needed. In Year 4, HRH2030 completed a global landscape analysis that identified and categorized approaches known to enhance the effectiveness of health worker supervision; the landscape analysis highlights key strategies to standardize and integrate quality improvement, digital data availability, and multi-level performance feedback loops—as well as involving communities and a "whole-of-system" approach—to promote more reliable health services. In Year 4, HRH2030 also confirmed that it will conduct quasi-experimental and experimental research in Mali and the Philippines to assess supervision enhancements (i.e., digital supervision support and distance supervision approaches) and initiated research protocol development, which will be implemented in Year 5.

In Indonesia, HRH2030 helped to evaluate the effects of the country's *Nusantara Sehat* program, with endline surveys completed in Year 4 to measure population-level health improvements in areas where specially trained interprofessional teams were deployed. The results will help the government, including provincial and local government stakeholders, consider how they could adapt the *Nusantara Sehat* program model and make more evidence-informed decisions to improve health worker retention in rural and remote parts of the archipelago.

On a more global scale, to understand and improve factors affecting health worker attrition and to ensure reliable access to HIV services in PEPFAR-supported countries, in Year 4 HRH2030 published policy briefs on health worker retention enablers and transition enablers, highlighting the Uganda experience.

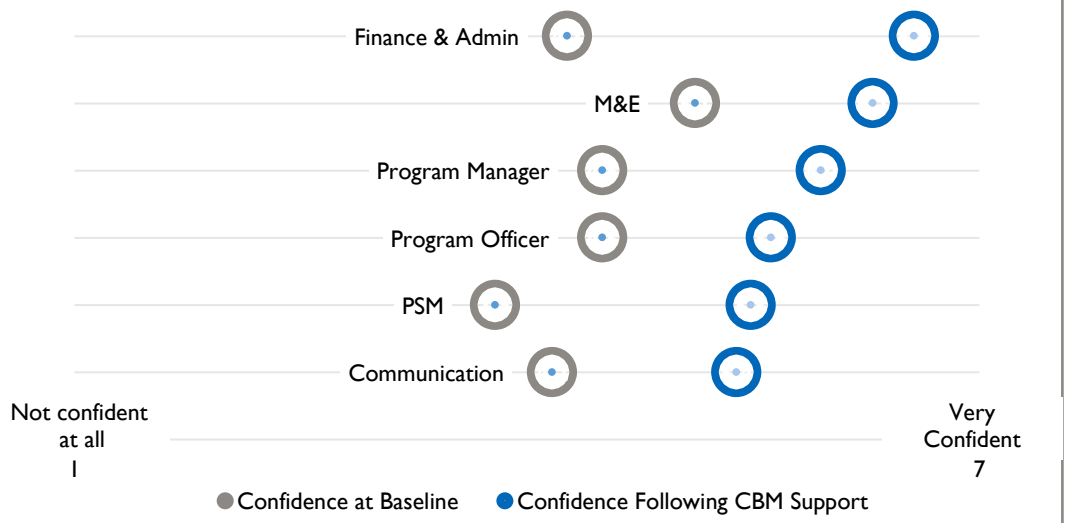
Strengthening health system leadership to increase service reliability and quality
HRH2030's support to the National One Health Platforms (NOHP) in Côte d'Ivoire, Ethiopia, and Tanzania contributes to building more reliable, resilient health systems that can sustain routine primary health care services while surveilling, preparing for, and responding to emergent health security issues. For example, by participating in Ebola simulation exercises in Tanzania, national and district level stakeholders built practical skills to ensure a strategic coordination and response (see photo below from the August Ebola Preparedness Simulation). In Ethiopia, HRH2030 facilitated technical working group workshops to collaborate on emerging pandemic threats such as Highly Pathogenic Avian Influenza (HPAI), develop control strategies, and to prioritize other zoonotic diseases within their national platform and preparations. In Côte d'Ivoire, organizational development and support to the NOHP has streamlined oversight and standardized procedures for zoonotic disease response.

HRH2030's Capacity Building for Malaria (CBM) activity contributes to reliable health systems by seconding long-term technical advisors (LTTAs) to countries' National Malaria Control Programs (NMCPs) to build their organizational skills for improved malaria program delivery, including community- and household-level activities, and the delivery of medicines and supplies. In Côte d'Ivoire, for example, the LTTAs are helping the NMCP to move toward ensuring a reliable supply of stocks for Artemisinin Combined Therapy (ACT), a problem the NMCP has struggled with since 2016. This year, in order to optimize forecasts, the LTTA (seen in photo at right, reviewing a stock list) recommended that the NMCP plan and host a

pre-quantification workshop. Bringing together specialists from multiple stakeholder groups, this workshop enabled the collection, organization, cleaning, and analysis of logistical and epidemiological data from January 2015 to May 2019, as well as all the necessary data to quantify medicines and other antimalarial commodity stocks for 2020. This marked the first time a pre-quantification workshop was closed out with the report and the supply plan finalized.

Year 4 began with CBM supporting NMCPs in eight countries: Burundi, Cameroon, Côte d'Ivoire, The Gambia, Guinea, Niger, Sierra Leone, and Togo. During the year, the Burundi, Cameroon, Niger, and Sierra Leone programs closed-out, and the program launched activities in Chad. Surveys of NMCP staff to assess the impact of the LTTA model in countries that were closing out, showed that NMCP staff had gained confidence in performing their jobs as a result of LTTA support (see Figure 7 below). In Year 5, CBM will continue to support the NMCP's capacity to ensure high-quality malaria control interventions in Chad, Côte d'Ivoire, The Gambia, Guinea, and Togo.

Figure 7. NMCP staff in Burundi, Cameroon, Niger, and Sierra Leone reported higher confidence to perform their work task following CBM support



Looking Ahead to Year 5

As the global HRH2030 program moves into its fifth year, the team will focus on completing ongoing activities and working with local partners where applicable to transition tools, approaches, and other project deliverables. The leadership and technical team will also continue to reinforce the important contributions this work makes to advancing UHC and creating high-quality health care that is accessible, accountable, affordable, and reliable.

Crosscutting Components

Gender

HRH2030 continues to prioritize gender integration and gender transformative approaches in all activities through specific activities and thought leadership with key stakeholders.

A major milestone in HRH2030's gender programming was publishing, disseminating, and validating the "Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief." The framework and technical brief will improve health workers' understanding and awareness of gender and the power dynamics which can influence the provision of services, particularly for family planning where access to a full range of care and information can be affected, often unintentionally, by provider biases. Highlights of dissemination activities include presentation at the International Conference on Family Planning; listed as a featured resource in FP2020's pre-International Conference on Family Planning newsletter; included in the Compass, which is a hub for Social and Behavior Change (SBC) resources; added to the K4H website; and spotlighted by Population Reference Bureau in 2018's commemoration of 16 Days of Activism Against Gender-Based Violence.

Continuing to advance knowledge around the critical juncture between gender and health workforce employment and leadership, HRH2030 convened a discussion in collaboration with USAID and PEPFAR to highlight the growing evidence that health sector employment empowers female health workers, their families, and communities. "The Health Sector: A Key Contributor to Women's Economic and Social Empowerment and Prospering Families and Communities" brought together representatives from the Office of Health Systems, the Bureau for Economic Growth, Education, and Environment, the WHO, and Women in Global Health, and included a "lighting round" of development practitioners sharing their stories of how the health sector is empowering women. HRH2030 shared examples from Malawi, where more than 50 percent of the 300+ PEPFAR-supported health workers providing HIV/AIDS services are female.

HRH2030 continued to actively engage with the Gender Equity Hub, a thematic hub of the WHO's Global Health Workforce Network (GHWN), in collaboration with the Women in Global Health movement to promote gender integration in HRH thought leadership. Most notably, HRH2030 contributed to the publication "Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce," which was launched at the UN Commission on the Status of Women. The report is the first to look at issues of leadership; decent work free from all forms of discrimination and harassment; gender pay gap; and occupational segregation. HRH2030 also collaborated with the Gender Equity Hub and Women in Global Health to host a side session during the Fifth Global Symposium on Health Systems Research called "Deconstructing Gender Bias in the Health Workforce: why few women attain leadership positions." The session included research conducted in Kenya, Cambodia, and Jordan on women's leadership within the health system, exploring barriers and enablers to women's career progression, methodological challenges to conducting research on women's leadership, and future research needs and questions. Following the session, the presenters partnered again to summarize the discussion on women in leadership and publish a blog featured by Research in Gender & Ethics (RinGs): Building Stronger Health Systems.

Communications and Knowledge Management

In Year 4, the communications and knowledge management team focused on raising HRH2030's global profile through both in-person events and digital communications. It was a year of increases for the program—increases in the number of conference presentations, increases in the number of outreach efforts, and large increases in the number of followers on our social media platforms. Table 1 below summarizes these efforts, followed by a detailed narrative.

Table 1. Highlights of Communications and Knowledge Management Activities in Year 4

	Highlights
Conferences	▪ Fifth Global Symposium on Health Systems Research (October 2018) ▪ Fifth International Conference on Family Planning (November 2018) ▪ Asia-Pacific Alliance on Human Resources for Health Workshop (November 2018) ▪ Africa Christian Health Associations Platform Biennial Conference (February 2019) ▪ Core Group Global Health Practitioner Conference (May 2019)
Collaboration & Global Leadership	▪ DC Event: "Voices from the Field: National Malaria Control Programs' Journey to Self-Reliance" (December 2018) ▪ DC Event: "The Health Sector: A Key Contributor to Women's Economic and Social Empowerment and Prospering Families and Communities" (April 2019) ▪ DC/VA events: "Optimizing Health Worker Performance for Improved Health Care Quality in Low- and Middle-Income Countries" (April 2019) ▪ DC event: "Voices from the Field 2019: The Role of Human Resources for Health in Optimizing Health Systems" (June 2019)
Website & Social Media	▪ Co-hosted social media campaign with Frontline Health Workers Coalition during International Health Workers Week (April 2019) ▪ Eleven monthly newsletters disseminated ▪ Continual dissemination of technical resources, thematic content for international health days, and success stories ▪ Increased visibility and engagement on Twitter (number of followers increased by 71 percent since Year 3) ▪ Increased visibility and engagement on Facebook (number of followers increased by 82 percent since Year 3)
Internal Communications & Knowledge Management	▪ Partners Meeting (February 2019) ▪ Semi-Annual Review Meeting (June 2019) ▪ Country Directors' Meeting (June 2019) ▪ Thirteen monthly internal updates disseminated

Conferences and convenings

In Year 4, HRH2030 leadership and technical staff presented at five international convenings, as seen in Table 1. Topics included health worker remuneration, the ROI on investing in health workers, the gender competency framework, ending AIDS in Botswana, adapting the training resource package for family planning, working with faith-based organizations, professionalizing

community health workers, and strategies and lessons learned in increasing health workforce efficiencies for progress on the global HRH strategy.

HRH2030 also held three webinars this year to share knowledge and tools with a global audience: "Voices from the Field: National Malaria Control Programs' Journey to Self-Reliance" and "Insights for Supporting Differentiated Service Delivery: A New Tool for Optimizing Human Resources for Health," both in Quarter 2, and "Optimizing Health Worker Performance for Improved Health Care Quality in Low- and Middle-Income Countries," in Quarter 3.

Collaboration and global leadership

HRH2030 hosted five public events this year that were organized in collaboration with many stakeholders. "Voices from the Field: National Malaria Control Programs' Journey to Self-Reliance" was an in-person event (with a webinar component) that kicked off Year 4. Hosted with USAID's Maternal and Child Survival (MCSP) Program, the event took place in Crystal City and brought together both programs' malaria LTTAs and their NMCP counterparts to discuss the progress of malaria prevention and treatment activities and share best practices.

In April, HRH2030 hosted three public events in collaboration with other U.S. implementing partners. The first, "The Health Sector: A Key Contributor to Women's Economic and Social Empowerment and Prospering Families and Communities," (mentioned on page 20) included participating implementing partners Abt Associates, Global Communities, Last Mile Health, Living Goods, Population Council, and HRH2030 consortium partners, the American International Health Alliance and Amref. See photo at right.

The second and third events were two offerings of "Optimizing Health Worker Performance for Improved Health Care Quality in Low- and Middle-Income Countries." Highlighting HRH2030's enhanced supervision work, both events featured the CDC's Alex Rowe reviewing the results of the Health Care Provider Performance Review, followed by panel discussions. Implementing partners participating included Broadreach, Jhpiego, People That Deliver, the Primary Health Care Performance Initiative, PSI, Save the Children, and The World Bank Group.

In June, HRH2030 held its final in-person event of Year 4, "Voices from the Field 2019: The Role of Human Resources for Health in Optimizing Health Systems." USAID Director of the Office of Health Systems Kelly Saldaña opened the event with a presentation on accessible, accountable, affordable, and reliable health systems. Seven field based HRH2030 activity leads then highlighted how their work is contributing to optimal health systems within their countries. Combined, these Year 4 events were attended by nearly 600 people.

Website and social media

This year was a year of growth for HRH2030's digital platforms, including the website and social media channels. The number of website users grew from 8,885 to 12,907, a 45 percent increase. The number of website page views in that same time period grew from 28,426 to 42,140, a 48 percent increase. By the end of Year 4, nearly 60 percent of website users were from outside the United States, with the highest numbers from the Philippines, Indonesia, and Colombia.

This year's growth in website users can be partly accounted for by (1) increased content development— the team posted 88 new pieces of content, compared to 57 last year; (2) daily engagement on social media channels to push content and link readers to the website; and (3) the shift from quarterly to monthly dissemination of the HRH2030 Highlights, our e-newsletter, whose subscription list grew from 753 subscribers to 951 (a 26 percent increase).

As part of the website content plan, the communications team developed and shared themed content in conjunction with international observances such as World AIDS Day, World TB Day, and International Women's Day. Success stories were developed throughout Year 4 by country buy-ins, including the Philippines and Malawi, and when approved by the mission, shared on the website. Success stories are included in Annex F of this report.

Monitoring and Evaluation

Overview of HRH2030 Monitoring and Evaluation Plans

Throughout the year, the core monitoring and evaluation (M&E) team supported all HRH2030 activities in implementing the core M&E plan. Each activity reports relevant indicators under the core HRH2030 Results Framework, enabling the program to capture the varied contributions of the unique HRH2030 activities to the overall program goal and objectives as displayed in Table 2. Further, many activities were supported in developing, updating, and implementing M&E plans based on their specific results frameworks; the table also displays these activities, their activity-specific goals, and a brief summary of support provided by the core M&E team during Year 4. Indicator results by results framework/M&E plan are presented in Annex D.

Table 2. Overview of Core and Activity-Specific Results Frameworks

Program Objective: Availability, Accessibility, Acceptability, and Quality of Human Resources for Health Improved			
Objective 1 Performance and productivity of the health workforce increased	**Objective 2** Number, skill mix, and competency of the health workforce increased	**Objective 3** HRH/HSS leadership and governance capacity strengthened	**Objective 4** Sustainability of investment in health workforce increased

Activity-Specific Results Frameworks	
Botswana	**Purpose:** Contribute to PEPFAR and GOB goals to achieve and sustain epidemic control of HIV/AIDS through the improved availability, accessibility, acceptability, and quality of HRH and the alignment of CHWs with differentiated service delivery models of integrated HIV care.
	Status: M&E plan finalized early in Year 4. Supported final data review and reporting in preparation for activity closeout in early Q4.
CBM	**Purpose:** Improve country GFATM grant performance through change in policy or guidelines, improvement in monitoring and evaluation systems, or reduced stockouts.

	Status: M&E plan approved Year 3, Q1. Supported activity in using the maturity model framework to assess NMCP maturity over time. As CBM countries close, conducting assessment to analyze LTTA influence on changes in NMCP staff confidence.
Colombia	**Purpose:** In coordination with ICBF, strengthen the social services workforce in Colombia, thereby increasing national and local human resource capacity for child welfare and protection.
	Status: M&E plan finalized early Year 4. Conducted baseline assessments for case management at protection team level, organizational maturity at regional level, and relational coordination at national level to inform activity approach.
Jordan	**Purpose:** Strengthen health workforce to improve health services.
	Status: Provided ad hoc assistance to evaluations and research, including data quality reviews and submission of two datasets to the Development Data Library. Supported final data review and reporting in preparation for activity closeout.
Malawi	**Purpose:** Strengthen Malawi MOH's Human Resources Department capacity for strategic planning and management of HRH.
	Status: M&E plan revised to reflect shifts in objective in Year 4, Q1. Finalized first report on assessing the impact of health workers on HIV service delivery, and currently supporting further assessment based on a revised approach.
Mali	**Purpose:** Improve MNCH, FP, and nutrition health outcomes with decreases in associated morbidity and mortality.
	Status: M&E plan updated in Year 4, Q1 to reflect new community activities. Provided ongoing support to routine M&E as well as assistance to research questions.
One Health	**Purpose:** Strengthen capacity of NOHP to adopt measured behaviors, policies, and/or practices that minimize the spillover of zoonotic diseases from lower animals to human populations.
	Status: M&E plan drafted in Q2 and resubmitted per USAID feedback in Q3. Pending USAID feedback, the activity has proceeded to report indicators according to the resubmitted version.
Philippines	**Purpose:** Strengthen health workforce to improve FP, MCH, and TB services.
	Status: M&E plan finalized in Q2. Provided support to initiate indicator reporting, though major revisions to the plan have been discussed during work planning to align with scope.
Senegal	**Purpose:** Support the creation and implementation of human resources policies and guidelines that govern an effective and functional human resources system through improving the quality of recruitment, rural-urban distribution, retention, and motivation of health workers in Senegal.
	Status: Updated M&E plan finalized in Q2. Assisted team with indicator methods and calculations.
All Activities:	**Status**: Organized quarterly data submissions, reviewed and cleaned data, and incorporated data in reporting documents. As necessary, supported development of indicator data collection methods. Built and maintained sites for each activity in the DevResults data management system. Supported research and assessments for each activity as necessary.

Learning and Collaboration

HRH2030 contributes to the global HRH evidence base through a range of research and analysis activities. For example, HRH2030 has conducted an array of learning activities to address the MEL plan learning question, "What is the required number, distribution, mix, and competency of health workers to maximize health, social, and economic outcomes?" Community-based worker assessments in South Africa and Kenya, HRH inventories in Lesotho and Namibia, health labor market analysis in Malawi, and prioritization and optimization analysis in Mozambique and South Africa produce country-specific evidence on health worker number and distribution. On a more global level, the health workforce skills mix and economic, epidemiological, and demographic transition modeling resulted in a tool to explore the forces that influence health workers supply and demand on a global or country-level scale. In terms of competency, HRH2030 is conducting in-country reviews to validate the family planning gender competency framework in the field.

Through these efforts, HRH2030 produces evidence that addresses the learning question from multiple angles and can speak to an array of needs and audiences.

To support internal learning and collaboration, the M&E team has leveraged the annual country representatives meeting as an opportunity to review data and trends, identify promising MEL approaches, and collaborate with HRH2030 staff, USAID representatives, and other stakeholders to establish priorities prior to work planning. For example, this year the Colombia activity implemented robust formative evaluation in partnership with the Colombian Family Welfare Institute (ICBF), utilizing evidence-based assessment approaches to understand ICBF's processes, coordination, and case management quality. A case study on the approach was named as one of the winners of the USAID Learning Lab CLA Case Competition this fall. The Colombia activity shared this approach during the country representatives meeting, and it resonated with CBM advisors who were interested in how the approach could be applied within National Malaria Control Programs. The CBM activity is now incorporating these approaches in its Organizational Capacity Assessments of NMCPs. In Year 5, the M&E team will continue to use a cross-cutting view of HRH2030 activities to identify opportunities for cross-activity learning and share MEL-related best practices and lessons learned across the program.

Discussion of Implementation Challenges

Though HRH2030 has made progress on both core and field support activities during the reporting period (detailed in tables in annexes A and B), the program experienced some delays and challenges. Below we provide examples of challenges faced during Year 4 and the extra effort and actions taken to resolve them.

Government shut down. Due to a lapse in appropriations, the U.S. government shut down from December 21, 2018 to January 25, 2019. During this time, HRH2030's alternate Agreement Officer's Representative was furloughed, and the Agreement Officer was only able to process requests that were either HIV-funded or fell under specific exempt criteria. This led to delays in receiving approvals from USAID including work plan approvals and processing incremental funding. In addition, several field support activities experienced delays due to the unavailability of mission staff. During this period, HRH2030 worked closely with the project's point of contact in USAID/OHS to consider each request on a case-by case basis. HRH2030 created tables of pending requests for approval and funding levels to aid USAID's understanding of the full picture and triage actions for expedited movement once the government re-opened in late January.

Delay in core funds. With the delayed agency budget approval process, both OPRH and OHS core funds were delayed in being obligated to HRH2030. HRH2030 received core funding in the final quarter of the year. The USAID management team and HRH2030's leadership team remained in constant communication regarding potential Year 4 activities and the timeline for budget approvals.

Field support – Jordan. HRH2030 Jordan closed during the reporting period, and sooner than previously planned due to increased spending rates and the availability of additional funds. As part of the Year 4 work planning process and based on feedback from the mission, HRH2030 reduced its scope of work focusing on two technical activities, CPD and Women in Leadership. HRH2030 worked with USAID Jordan and Washington to develop a closeout plan, handover technical documents, and closed the activity in Quarter 2.

Field support – CBM-Burundi. Since March 2018, HRH2030 supported the NMCP in Burundi through a long-term technical advisor. In July, HRH2030 closed Burundi activities as the country was listed as a Tier 3 country, "whose governments do not fully meet the minimum standards [to fight human trafficking] and are not making significant efforts to do so." To prepare for this unexpected closeout, HRH2030 communicated regularly and proactively with USAID Burundi and Washington and developed a closeout plan for both administrative and technical activities.

Core activity 1.8 – Enhancing Supervision. Although the concept note for Phase I was approved in March 2018, the landscape analysis itself took time to complete due to some additional work to finalize the taxonomy classification terms, and then to review and update the inventory of supervision enhancements for language consistent with these terms. Competing core activity priorities delayed the completion of the remaining work. To ensure timely implementation of Phase II, at the end of Quarter 2 HRH2030, identified additional staff who were available to drive activity implementation. The Phase I report was completed in June, and two countries were identified to conduct research of supervision enhancements for Phase II, Mali and the Philippines. With additional team members in place, by the end of the year, HRH2030 had developed concept notes for research in both Mali and the Philippines, conducted scoping trips

in both countries, and developed research protocols to be finalized early in Quarter 1 of Year 5. Research implementation in both countries will begin in Quarter 2 of Year 5.

Annex A. Status of Core-Funded Activities During Year 4

The table below includes progress and achievements for core-funded activities in Year 4.

Activity	Year 4 Progress and Achievements
1.5 Medical Eligibility Criteria for Family Planning	▪ Completed update and/or review of Training Resource Package for Family Planning (TRP) modules (implant, intrauterine device, combined oral contraceptive pill, lactational amenorrhea, standard days method, vasectomy, female sterilization, emergency contraceptive pills, progestin vaginal ring, male condoms, female condoms, FP/HIV), including updated facilitators guides; final updates uploaded to TRP. ▪ Participated in monthly check-in call with USAID and WHO representatives. ▪ Presented at the International Conference on Family Planning in Kigali, Rwanda in November as part of a pre-formed panel put together by E2A on the Training Resource Package ▪ Provided an open orientation session to the TRP at the Implementing Best Practices (IBP) booth.
1.6+ Task shifting/sharing tool for optimizing human resources for ART	▪ Significantly enhanced HOT4ART based on feedback from the four HOT4ART tool workshops in Year 3 to increase its user-friendliness this year. All enhancements were implemented in English and French. ▪ Developed 11 video tutorials covering each of the sheets in the tool to facilitate tool use. ▪ Promoted the use of HOT4ART, by holding a webinar jointly with USAID, PEPFAR, and implementing partners from the countries where training workshops were held. ▪ Developed four case studies of HRH inefficiencies to aid HOT4ART users in understanding common scenarios where the tool can provide critical information and by providing step-by-step instructions for using the tool. ▪ HOT4ART tool was posted as a "Featured Tool" on the PEPFAR Solutions Platform and made available to HIV program implementers. ▪ In Q4, developed an infographic and accompanying narrative to illustrate the benefits of using data to inform HRH planning when increasing ART adherence and retention through expanding multi-month dispensing. The infographic will be completed in Year 5, Q1, after which, this activity will be completed.
1.8 Enhancing Supervision	▪ Completed Phase I: a landscape analysis and taxonomy to identify and categorize enhanced supervision approaches. Related deliverables included the inventory of supervision approaches reviewed; highlights from the findings report; and two case studies describing enhanced supervision approaches: MESH-QI and HNQIS. ▪ Disseminated Phase and key findings at a two-day event series and webinar focused on optimizing health worker performance in Q3. ▪ Defined Phase II activities in Mali and the Philippines, with scoping trips taking place in both countries in Q4. Research protocols for quasi-experimental and experimental studies are in development, to be finalized in Year 5, Q1.

Activity	Year 4 Progress and Achievements
1.9 Task Sharing: Current policies and enabling processes	▪ Launched new activity, through which HRH2030 will document the extent to which select OPRH FP Priority Countries have adopted policies, service delivery guidelines, or work instructions in-line with the WHO guidelines on task sharing of family planning methods. ▪ Conceptualized activity, drafted concept note and OPRH work plan to finalize activity implementation plan. ▪ Introduced activity to Task Sharing Technical Working Group, secured input, and agreed on collaboration. ▪ Conducted literature scan and identified policy documents to include in analysis. ▪ Created policy inventory template, data input template. ▪ Launched detailed task shifting policy analysis, reviewing documents from Kenya, Zambia, Philippines, Côte d'Ivoire, Burkina Faso, Mali, Madagascar, Nepal, Malawi, and Uganda, including country follow-up for clarifying questions. ▪ Draft findings to be documented in a discussion paper in early Year 5 for sharing with Task Sharing TWG for feedback and input on most strategic countries for a deeper dive in phase two.
1.10 HRH Optimization Tool for FP	▪ Launched new activity to develop an Excel-based tool for health management teams at different levels including district health management teams, FP clinic managers and HRH managers at regional and national levels, for assessing and optimizing the HRH needed to expand women's access to modern contraception. ▪ Developed prototype of HOT4FP, with input from USAID and HRH2030 Mali, that will be shared for internal testing early in Year 5. Based on HOT4ART, this new tool includes several changes to improve the user-friendliness, and the addition of a comprehensive set of community and support activities, which were absent from HOT4ART. For establishing service delivery goals, the tools provide FP benchmarks based on DHS utilization and UN demographic data. ▪ The HOT4FPprototype includes all the basic functionality; additional features such as HRH dashboards for users above site at district, regional and national levels, cloud storage of tool data and an HRH costing module will be added jointly with the development of HOT4PHC (see Activity 1.12). The field test of HOT4FP will take place in Year 5 after all features have been implemented.
1.11 Sustaining IST in the long-term	▪ The initial intent of this activity was to conduct a literature scan to identify the enablers for long term sustainability of in-service FP training through a review of donor-supported training programs that transitioned to government. The desk review produced limited information as few programs documented the transition or sustainability of FP in-service training of more than a year post-donor support in white literature. ▪ The team attempted to draft a journal commentary to share finding regarding the dearth of information of institutionalization of FP in-service training but was determined that the article would not provide any new findings of global importance. Thus, USAID and HRH2030 agreed not to pursue submission. ▪ Activity closed in Year 4, Q4.
1.12 HRH Optimization Tool for PHC	▪ Launched a new activity to develop and test the HRH analysis, planning, and costing functions of HOT4PHC that will provide health management teams and health workforce planners at district, regional and national levels with the data for HRH planning, management, advocacy, and policy decisions. Tool functions will include

Activity	Year 4 Progress and Achievements
	an interface and procedures for customizing the tool to a country context and accessing existing data sources (DHIS2, DHS, HRIS) to keep tool use simple and make HOT4PHC applicable at a global level. ▪ Developed the overall structure of HOT4PHC and a list of critical PHC tasks based on international literature and monthly clinic reporting from Mali. The calculations of HRH requirements rely on client contact times for critical PHC tasks. The HRH2030 Mali team first estimated client contact times through PHC provider interviews and then validated these estimates through direct observation. ▪ Most of the HOT4PHC functionality will be implemented during Year 5, Q1 building on the design of HOT4FP and lessons learned from the earlier HOT4ART.
2.1 Skill mix	▪ While the majority of the work to assess the influence of EDD factors on the demand of health care workers took place in Year 3, in Year 4 HRH2030 shared a draft report with USAID for review and feedback and subsequently updated the report accordingly. The full technical report was approved in Q4. ▪ To translate key-findings and messages to a wide audience, HRH2030 developed and submitted two briefs to compliment the full technical report in Q4. The first, "Improving Human Resource Forecasting for Healthcare Services: Global Implications of a Next-generation Planning Solution," summarizes the comprehensive HRH assessment, modeling, and Planning solution (CHAMPS). The second, "Applying a Next-generation Approach to Comprehensive Planning for Human Resources for Health in Ghana," applies the CHAMPS methodology to analysis to a country context. ▪ Both briefs are pending USAID approval. Once finalized, this activity will be completed.
2.3 Defining and advancing a gender- competent FP workforce	▪ Successfully released and disseminated the "Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief" including a presentation at the International Conference on Family Planning and to the Interagency Gender Working Group, cross-posting with FP2020, Population Reference Bureau, and K4H, and social media broadcasting. ▪ Validated the Gender Competency Framework for Family Planning Providers in the Philippines; connecting with 17 stakeholder organizations and 43 providers, resulting in robust feedback and rich examples of demonstrating the competencies. ▪ Continued progress to conduct the validation in Ethiopia, including securing United States International Review Board exemption and submitting to Ethiopian review boards.
2.4 Technical and vocational education and training (TVET) institutional assessment targeting the youth workforce	▪ Early in Year 4, organized and hosted a panel session at the 5th Global Symposium on Health Systems Research, "Targeting Youth for Careers in Health: Identifying Strategies that Address the Youth Bulge and the Global Health Workforce Shortage." ▪ Developed an outline for the global technical brief and shared with USAID for review and feedback. ▪ Focused on advancing deep dives in two countries, Bangladesh and Indonesia: o After rounds of conversations, in May USAID/Bangladesh determined timing was not ideal for this activity. o In Indonesia, HRH2030 recruited and onboarded a local consultant, developed interview guides for employers, educators, and youth, and identified Jakarta and South Sulawesi as the geographic area for the

Activity	Year 4 Progress and Achievements
	case study. An implementation plan for the Indonesia deep dive was shared with USAID at the end of Q4. Key informant interviews will begin in October.
3.2 Collaboration with People that Deliver (PtD)	▪ Held multiple rounds of feedback sessions with GHSC-PSM, PtD, and USAID on course materials. ▪ GHSC-PSM piloted course materials in Kenya. Based on participant evaluations, received excellent response and all feedback has been incorporated into current materials. ▪ Followed up with the Rwanda MOH and GHSC-PSM Rwanda to gain country commitment to offer course. Ultimately the course will not be piloted in Rwanda due to timing and commitment constraints, but HRH2030 liaised with GHSC-PSM to incorporate the course delivery into their FY20 work plan. ▪ Marketing piece for the course created and disseminated.
3.3 National health workforce accounts (NHWA)	▪ To support global learning and dissemination of promising practices for NHWA, support is being provided to the development of global goods to be used as references for donors, partners and countries planning to implement or implementing NHWA. This activity includes multiple areas, including the development of global goods for the broader community, and supporting and documenting advancements on NHWA in two countries, Ethiopia and Indonesia. ▪ *Global Goods* ○ *NHWA HIV Service Delivery Briefer*. Developed a briefer for stakeholders to clearly outline NHWA's potential impact on health service delivery improvements. Draft briefer shared with USAID for review and feedback in Year 4 and will be finalized in Year 5, Q1. ○ *Webinar and Case Studies*. Began planning for a webinar and case studies to disseminate lessons learned, scheduled for Year 5, Q1. Developed a webinar concept note and identified speakers; and developed an outline for the case studies which will include Indonesia, Ethiopia, and the Philippines. ○ *Training.* Participated in the NHWA Advanced Training in Harare, Zimbabwe held by WHO and disseminated notes and resources to all Ministry of Health counterparts, as well as USAID to document potential areas for future dissemination of NHWA capacity building. ○ *GWHN*. Served on GHWN Data and Evidence Hub Secretariat as co-lead on Country Implementation and Support Thematic Working Group, managing the group's operations and development of GHWN book on HRH data use, which will include case study examples of HRH2030 NHWA work. ▪ Ethiopia: Initiated NHWA activities through conducting of a start-up trip, holding a high-level orientation for key stakeholders; conducting initial NHWA TWG meetings which established terms of reference; and preparing for the development of software requirements for an NHWA-ready HRIS. In addition, provided capacity building, mentorship, and coaching to the FMOH to support building of institutionalization for NHWA. Identified joint support activities with WHO to ensure strong alignment and collaboration. Conducted in depth interviews and field visits to understand data flows/use of HRH data, and developed an NHWA work plan and governance structures which were included in the FMOH annual work plan. Completed an NHWA maturity assessment and finalized mapping data sources.

Activity	Year 4 Progress and Achievements
	▪ Indonesia: Continued to support conceptualization and operationalization of NHWA activities through strengthening HRIS, interoperability architecture, and business intelligence products for improved data quality, completeness, and analytics for NHWA. This included the design of an interoperability architecture, preliminary development of an HRH data warehouse using DHIS2 for NHWA indicator calculations, and overall mentorship and capacity building to the HRH Development Bureau's Center for Data and Information Unit (BPPSDMK-PI), as well as business intelligence products for NHWA data analysis.
3.4 Leadership and management to advance FP2020	▪ Piloted a local leadership and management approach (LLMA) to test the hypothesis that engaging community leaders to support local health staff improves community awareness, acceptance, and interest in FP information and services. ▪ With most of the activity implementation occurring in Year 3, in Year 4 HRH2030 focused on finalizing documents and preparing pieces for activity dissemination through the following pieces: o In Q1, drafted and published a blog, Untapping the Potential of a 'New' Human Resource for Health: the Local Community Leader and published an Exposure story in English and French. o In Q3, completed a technical brief "Local Leaders: Untapped Resources for Family Planning." ▪ In Q4, formally closed the activity and posted final deliverables to HRH2030 website.
3.5 Emerging Voices for Global Health (EV4GH) support	▪ In Year 3, HRH2030 worked closely with EV4GH to select five young researchers for sponsorship to attend HSR18 and invest in the next generation of HRH researchers. This included co-hosting webinars for prospective applicants (in both English and French), reviewing applications, and participating in a round table discussion to inform final candidate selection. ▪ During Year 4, HRH2030 sponsored five EV4GH participants to attend HSR18 (October 2018) and participated in EV4GH's pre-conference program in Q4, delivering a presentation on HRH as a key component of health system research, attended presentations, and engaging in discussions regarding the research. ▪ Shared the researchers' accomplishments and what they have gained from program participation through an Exposure story. ▪ Activity completed in Year 4, Q1.
3.6 Addressing HRH retention	▪ To inform HIV workforce sustainability planning in PEPFAR-supported countries, HRH2030 examined the effective retention factors in the context of health worker transition to better influence health workers to remain in public service. ▪ Developed two technical briefs: 1) Retention Enablers and 2) Transition Enablers. Both briefs inform HIV workforce sustainability planning through a case study from Uganda. Both briefs were reviewed and approved by USAID/Washington and published on the HRH2030 website. ▪ Activity completed in Year4, Q4.
3.7 Women in Leadership	▪ Began research in Senegal after drafting specific research protocol to examine the initiatives increasing the number of women in leadership and remaining gaps to achieving gender parity in leadership and management positions in the health sector.

Activity	Year 4 Progress and Achievements
	▪ Collaborated with the WHO's GHWN Gender Equity Hub and Women in Global Health to host a side session during the Fifth Global Symposium on Health Systems Research, "Deconstructing Gender Bias in the Health Workforce: why few women attain leadership positions," and later co-authored blog with presenters from Cameroon and Kenya. ▪ Hosted an event on April 3, 2019, to showcase the growing evidence that employment in the health sector empowers female health workers, called "The Health Sector: A Key Contributor to Women's Economic and Social Empowerment and Prospering Families and Communities."
3.8 Strengthening CHW Programs	▪ Launched new activity to support USAID's vision to strengthen community health programs as an integral part of primary health care and high-performing health systems for delivering health for all through global thought leadership and targeted technical assistance. ▪ In response to the WHO CHW Guideline launch in Q3, developed a CHW life cycle infographic, as well as led a CORE Group conference session to promote discussions on recommendations. ▪ Worked closely with USAID's Community Health Advisor to define this activity and developed a concept note which was approved in Q4. ▪ Building on the global momentum around CHWs and to share information on collective best CHW tools/ investments, worked closely with USAID's Community Health Advisor to plan the second CHW convening, which took place in the first month of Year 5.
4.1 HRIS status assessment	▪ Building off Year 3 inputs, finalized the Indonesia HRIS Status Review, using the HAF tool in Indonesia, including a review of HRH data sources, data flow mapping and motivations and barriers to data input and use documented. This finalization included feedback from stakeholders and posting on HRH2030 website. The results demonstrate that the SI-SDMK scores 2.7/5 on functionality and 4/3/5 on capacity. Recommendations to address these scores include strengthening interoperability, data analytics and decentralized use of the system and data. These recommendations were integrated into the HRH2030 Indonesia work plan. ▪ Developed and submitted an abstract to ICT4D conference on the use of HAF to improve information systems and subsequently contribute to better HRH decision-making. The abstract was, unfortunately, not accepted. (Dates: April 30-May 3, 2019; Location: Kampala, Uganda). ▪ Strategy for approaching the HRIS Assessment Framework paper was developed with USAID, and detailed an outline developed using HRH2030 HAF results as the means of analysis as initial first steps. The paper will focus on the experience and outcomes of using the tool in various HRH2030 supported countries. A draft will be shared with USAID in Year 5, Q1.
4.3 Macroeconomic research agenda	▪ Building on the Ethiopia Health Extension Program study in Year 3, HRH2030 finalized the study report following USAID approval in Year 4. ▪ In Year 5, to make the report content easily digestible to a wider audience, HRH2030 will develop a two-page brief with graphics that summarizes the findings of the SROI report.

Activity	Year 4 Progress and Achievements
4.4 Support to USAID missions to develop long-term sustainability plans for PEPFAR-supported health workers (Transition)	▪ Established HRH Inventory for PEPFAR partners in Lesotho and Eswatini and GFATM partners in Lesotho to assess current investments in HRH that would eventually need to be transitioned to the Governments of Lesotho and Eswatini respectively. ▪ Supported Lesotho and Eswatini to understand the scope and nature of donor-supported investments in the health workforce to support long-term sustainability planning. In Lesotho: PEPFAR is currently supporting 2,600 health workers across the HIV/AIDS continuum of care. In Eswatini: Across PEPFAR and GFTAM partners, they are currently supporting 2,300 health care workers (approximately 1,350 are supported by PEPFAR and 850 are supported by GFATM) delivering services related to HIV/AIDS and tuberculosis. ▪ Finalized in-country reports and held dissemination meetings in both countries. Published a blog disseminated in conjunction with World AIDS Day: Understanding the Donor-supported Human Resources Needed to Achieve Sustained Epidemic Control. ▪ Activity completed in Year 4, Q2.

Annex B. Key Highlights of Buy-In and Other Country Activities During Year 4

For countries noted with an asterisk (*), please refer to individual annual reports for more details.

Activity	Objectives	Results and Outcomes
Asia Bureau	▪ Achieve HRH goals in the Asia-Pacific region ▪ Support strategic priorities of the Asia Bureau	▪ See section on Timor-Leste below for report on Asia Bureau's funds
Botswana	▪ Improve models of differentiated care delivering integrated HIV and related health services ▪ Improve alignment of relevant HRH cadres with service delivery innovations through the operationalization of new delivery guidelines and frameworks for community health workers ▪ Improve availability of costing analysis and other evidence to support policy decisions that strengthen service delivery innovation and sustainability ▪ Improve community-based, patient-centered HIV services and their effective coordination at district level	▪ Presented HRH2030 activities at the PEPFAR/UNAIDS/ GOB Stakeholder Meeting at the request of PEPFAR Coordination Office to share progress on community ART distribution and effective ways for engaging the DHMT. ▪ Conducted a national learning session with the MOHW, USAID, and FHI360/APC project to review results and plan follow up actions for scale up and institutionalization of DSD models. Community multi-month refill (CMMR) was implemented at HRH2030-supported sites, and FHI360 will implement CMMR in Ghanzi districts using HRH2030 technical tools. ▪ Carried out client satisfaction survey with the first group to receive CMMR: ○ 71 percent of the clients reported to be in good health ○ Clients reports their scheduled clinic visits were reduced by at least 2 visits ○ Clients reported overall satisfaction with key elements/processes of CMMR; medication arrived sealed, and clients experienced privacy, courtesy, convenient delivery schedules and timeliness ▪ Participated in the joint review of the final draft of the USAID developed/supported Integrated Community-Based Services Delivery Guidelines and Harmonization of Community Health Workers cadre, led by MOHW and supported by HRH2030 and FHI360. ▪ The National AIDS and Health Promotion Agency (former National AIDS Coordinating Agency) has included CMMR in their National HIV/AIDS Strategic Framework operational plan, the culmination of a consultative process

Activity	Objectives	Results and Outcomes
		to integrate a sustainable community-based HIV service delivery option into the national framework. ▪ With the GGDHMT, developed a transition plan for HRH2030-Botswana activities after project closing in Q4.
Capacity Building for Malaria*	▪ Strengthen NMCPs' institutional capacity to ensure effective implementation of high -quality malaria control services at all levels of the health system ▪ Improve NMCPs' leadership, health workforce, and procurement and supply management to support successful implementation of the Global Fund's new funding model ▪ Increase LTTAs and NMCP technical knowledge and experience and M&E management in malaria control	▪ Assisted NMCPs in Burundi, Côte d'Ivoire, Guinea, The Gambia, Togo, Sierra Leone, and Chad to plan and implement bed net mass distribution campaigns. Advisors secured funding, commodities, and conducted macro- and micro-planning for countries' upcoming LLIN campaigns. In Sierra Leone, the LTTA supported a country-wide assessment of existing LLINs and ensured that the NMCP had the necessary stock for the 2020 campaign. In Côte d'Ivoire, the advisor negotiated with the national pharmaceutical procurement office to ensure that 1,750,000 LLINs could be properly imported and made available to pregnant women and children under 5 years of age around the country. Togo and Burundi's 2020 campaign preparations involved working with the Against Malaria Foundation to establish commodity monitoring protocols and finalizing a macro plan for the distribution of the nets, respectively. In Q3, CBM successfully supported LLIN campaign launches in Guinea and The Gambia. Following Guinea's World Malaria Day activities and LLIN campaign kick-off, a delegation from the NMCP including the CBM advisor traveled to The Gambia to witness the country's cross-border LLIN campaign kick-off held in coordination with Senegal. ▪ In Q3, a delegation from the Guinean NMCP and the CBM LTTA engaged in a study tour to exchange knowledge with the Gambian NMCP, then visited a sentinel site in Farfenni to better understand the country's approach to malaria stratification. In Q4, a delegation from the Gambia NMCP and the CBM Gambia LTTA traveled to the MCSP malaria program in Nepal (which is in the elimination stage), to exchange best practices and share knowledge as the Gambian NMCP works towards pre-elimination. These tours allowed for NMCP representatives to observe their

Activity	Objectives	Results and Outcomes
		counterparts' malaria programming and take back lessons learned to their own countries. ▪ Finalized an organizational capacity assessment of the Niger NMCP through partner Open Development. A similar assessment was conducted in Côte d'Ivoire in Q3, and in Chad in Q4. The latter activities mirrored the approach taken in Niger and will help frame additional capacity development support by advisors in the coming year(s). During Q4, CBM began planning the NMCP organizational capacity assessments in Togo.
Colombia*	▪ Increase effective coordination among and between the offices within ICBF engaged in activities to benefit children and families ▪ Develop a more strategic and comprehensive technical capacity review of ICBF programs to strengthen prevention strategies ▪ Improve quality and coverage of service delivery	▪ Diagnosed key areas in ICBF in need of support, built relationships with ICBF representatives, developed action plans with evidence-based justification, and worked alongside the ICBF to implement specific, customized, and targeted trainings, mentorships, and technical assistance. HRH2030 has maximized local buy-in and looks forward to reporting outcomes next year, when end lines will be implemented. ▪ Was named a winner in the CLA Competition. As a result of preparing the entry application, the team gained new insights about the Colombia social services workforce and used this information to tailor interventions and recommendations.
Eswatini	▪ Support Eswatini to understand the donor-supported HRH landscape, in anticipation of HIV epidemic control ▪ Provide targeted data analytic support to inform the Transition Plan	▪ Recruited and onboarded an HRH transition advisor to support the MOPS and MOH in the development and implementation of a strategic plan to transition donor-supported health workers to local resources. ▪ In Q4, the advisor consulted with MOH and Central Agency ministries to prioritize health worker cadres for absorption. ▪ Collected data on MOH vacancies and staff retirement dates, and job descriptions of lay cadres, and updated information and computation of personnel costs of donor-funded posts from 2018 mapping exercise—all to facilitate development of the Transition Plan; standardized guidelines/MOU for recruitment of donor-funded positions.

Activity	Objectives	Results and Outcomes
GFATM/PEPFAR*	▪ Conduct HRH-HIV assessments in four to five countries—assessments can include health labor market, community-based worker mapping, HRH inventory, and site-level HRH-HIV assessments	▪ Conducted HRH inventory and transition planning studies in Namibia, helping prepare national and international stakeholders for future HRH decision-making as the country approaches HIV epidemic control. ▪ Onboarded a long-term advisor to provide embedded support for Lesotho's Ministry of Health. The advisor has successfully reestablished the HRH technical working group with a revised terms of reference, trained MOH human resources staff on the use of the HRH inventory tool and dashboard, and developed a scope of work for the NHWA. ▪ Began work on a prioritization and optimization analysis in Mozambique, to determine the optimal mix and number of HRH staffing for PEPFAR health facilities. The study will be completed in Year 5. ▪ Shared final draft of Malawi Health Labor Market Analysis full report and executive technical brief with USAID for final clearance for dissemination. ▪ Completed scoping trip for upcoming South Africa time and motion analysis to improve health workforce planning. Consulted with and gained buy-in from local and international stakeholders, and key local research firm. A concept note has been finalized and analysis will be conducted in Year 5.
Indonesia	▪ Provide implementation support to Indonesian stakeholders for strategic use of HRH data to plan for, manage, and optimize the health workforce ▪ Support *Nusantara Sehat* evaluation: (i) data collection for follow-up survey and (ii) technical assistance to enhance evaluation methods ▪ Design an HIV-HRH assessment in Jakarta to assist the Ministry of Health in strengthening implementation of their Test and Start strategy (referred to as "SUFA"). The purpose of the assessment is to identify HRH system barriers at the site and regulatory levels that impact on HIV service delivery and quantify the HRH needs and system improvements to	▪ Supported the BPPSDMK-PI Unit in developing a critical component of the NHWA architecture and the HRH Data Warehouse using DHIS2. Data sets imported included aggregate HRH data per facilities, districts, cadres, and by employment status, as well as other indicators that will be used by the PHO and DHO in creating dashboards that can be easily used by policy makers. ▪ Supported MOH to prepare for presentations at AAAH on NHWA and discussions on data analytics requirements to support analysis on NHWA indicators. Submitted an abstract, which was accepted, to Global Digital Health Forum (December 2019) on the HRH2030 experience with NHWA including HRIS, interoperability, and data analytics strengthening, focusing on Indonesia's experience.

Activity	Objectives	Results and Outcomes
	make the HIV continuum-of-care cascade and SUFA successful in the long term.	▪ Facilitated the NHWA TWG's three meetings to engage stakeholders and advance NHWA implementation. ▪ Partnering with TNP2K (National Team for Poverty Reduction), HRH2030 engaged a local survey firm, PT DEFINIT, to conduct quantitative and qualitative data collection at the household- and *Pukesmas* (community health clinic) level. The final *Nusentara Sehat* evaluation, completed in June 2019, produced data from 3,693 households and 18 community health clinics in eight districts across three provinces. ▪ In collaboration with several stakeholders, conducted a launch assignment to finalize the methodology for the Jakarta HIV-HRH assessment data dissemination and Papua assessment data collection. HRH2030 faced security challenges conducting the assessment in areas of Papua affected by violent unrest. HRH2030 proactively worked with our local partners and USAID to decrease implementation delays by identifying new facilities and rescoping activities to build further capacity on the HIV-HRH assessment tools among stakeholders in Jakarta. ▪ In Jakarta, supported implementing partner SOLIDARITAS in conducting a one-day reflection workshop at each of the 10 facilities where the HIV-HRH assessment was conducted in 2018.
Jordan	▪ Improve human resources practices at the Ministry of Health ▪ Improve health workforce competency ▪ Strengthen national HRH governance	▪ Finalized and submitted roadmap for a functional and sustainable continuing professional development system. ▪ Finalized and submitted the 2019-2022 strategy for the Women Leaders in Health Forum. ▪ Finalized and submitted report on the factors influencing CPD effectiveness and practices in Jordan's healthcare sector. ▪ Closed the Amman-based office in February 2019 and submitted the activity's final report, which was approved by the AOR on September 17.
Malawi*	▪ Provide ongoing STTA for critical HRH strategic planning processes to the MOH HR department to strengthen	▪ Retained, managed, and monitored a total of 293 health workers at 63 PEPFAR priority sites in Lilongwe and

Activity	Objectives	Results and Outcomes
	evidence-based planning and management, including enhanced data use for HRH ▪ Support recruitment, deployment, management, including salary payments, and ultimately transition of health workers on behalf of the ministry for USAID- and PEPFAR-supported personnel in selected PEPFAR priority sites	Zomba districts. 90 percent of these health workers were providing HIV/AIDS services. ▪ Achieved on-time salary payments for 97.89 percent of health workers in most recent quarter. ▪ Successfully transitioned 150 health workers to government employment. This transition was the result of several years of advanced planning, advocacy, and collaboration with the Government of Malawi. ▪ In partnership with the Department of Human Resource Management and Development in Lilongwe district, completed data collection for a Lilongwe district functional review to assess the adequacy, effectiveness, and efficiency of the district's staffing for delivery of HIV/AIDS and health services. ▪ Provided financial management capacity building to the Christian Health Association of Malawi (CHAM), and monitored and provided feedback on CHAM's service level agreements with the Ministry of Health.
Mali*	▪ Improve the effectiveness and efficiency of MNCH, FP, and nutrition care and service deliveries at facility level in five targeted regions using quality improvement (QI) approaches ▪ Improve the effectiveness and efficiency of MNCH, FP, and nutrition care and service deliveries at community and household levels through community QI approaches ▪ Strengthen the regulatory environment to promote transparency in HRH decisions and improve HRH management capacity at national and regional levels ▪ Improve the use of data for HRH decision-making and integration of quality improvement best practices into the health system	▪ Supported regional and district coaches in conducting integrated coaching visits to 330 health care providers in 143 health centers, which noted a marked improvement in providers' skills and implementation of antenatal care, family planning, and nutrition counseling, and use of the safe childbirth checklist. 100 percent of providers were compliant with patient centered services. ▪ Initiated a monthly data monitoring meeting in each community health center to reinforce data quality management. ▪ Refreshed coaches prior to visits with CHWs and rural matrons. During visits, coaches found 380 community committees to be functional; and 69,543 households were exposed to key health messages in the targeted villages. In total, 4,379 pregnant women (old and new) and 71,189 children under five (old and new) were enrolled in the project activities. These behaviors changed and communication activities allowed for the screening of children under five at more than 90 percent.

Activity	Objectives	Results and Outcomes
		▪ The National Strategy for HRH Development was adopted by the GOM during the Ministry Council under the leadership of the PM and President. This political validation was the culmination of HRH2030 support to the DRH technical staff in building their capacity to finalize the strategy document, technical notes, and presentation. ▪ Disseminated the National HRH Strategy to HRH managers and decision-makers in Mopti region. 52 HRH managers from five regions participated in learning sessions where they identified best practices from HRH management activities and shared lessons learned across regions. ▪ Facilitated meeting in Bamako to review HRH data from SI-GRH per district and six national hospitals, resulting in corrections and updates to 1,579 files in SI-GRH. This data analysis allowed for the updating of the ratio of health providers and informed decision-making for staff deployment. ▪ Trained 23 HRH managers from Sikasso and Koulikoro to generate dashboards from SI-GRH for HRH data analysis and reporting.
One Health	▪ Provide technical assistance to the National One Health Platform to ensure effective and efficient coordination of national One Health strategies, policy, and advocacy efforts ▪ Provide technical assistance to the One Health Technical Working Group to develop multisectoral prevention and control strategies, preparedness and response plans, and protocols for priority emerging and reemerging zoonotic diseases ▪ Strengthen coordinated integrated surveillance, preparedness, and response system for priority zoonotic diseases ▪ Contribute continuously to the Global Health Security Agenda effort	▪ Tanzania: o Supported the Prime Minister's Office through the One Health Coordination Desk to coordinate the Phase I Ebola Virus Disease simulation exercises, which took place Q4 in Kigoma and Kagera with 494 participants, including representatives from all districts assessed. o Supported an after-action review of a rabies outbreak in Morogoro and conducted an awareness campaign in primary schools and within the communities. o Supported the Prime Minister's Office through the One Health Coordination Desk to convene the Training Advocacy and Communication TWG and developed an advocacy plan. ▪ Ethiopia: o Supported the Emerging Pandemic Threat technical working group to hold the first ever HPAI and

Activity	Objectives	Results and Outcomes
		response Plan Tabletop Simulation Exercise resulting in recommendations on next steps to strengthen HPAI preparedness and response plans. ○ Supported the Brucellosis Technical Working Group to organize a two-day workshop for the review of the national Multisectoral Brucellosis Prevention and Control Strategy, resulting in recommendations on next steps to finalize the Brucellosis control strategy. ○ Collaborated with the CDC to support the National One Health Steering Committee to organize the One Health Zoonotic Disease Prioritization Scoping Workshop, which resulted in a preliminary list of zoonotic diseases of greatest concern to consider during the One Health Zoonotic Disease Prioritization Workshop held in Q4. ▪ Côte d'Ivoire ○ Provided technical assistance to the NOHP to establish the TWGs for Surveillance and Notification to help address challenges such as the interoperability of the current surveillance systems across different sectors. ○ Continued to assist in the development, implementation, and institutionalization of national OH policies, guidelines, and procedures.
Philippines*	▪ Bolster effective skill mix, competency, and distribution of the health workforce at the primary care level ▪ Strengthen human resource for health leadership, governance, and performance management ▪ Improve the use of data for human resource for health decision-making at central and regional levels	▪ Applied the WISN process in selected sites and presented results to the DOH and HRH Network. In addition, conducted a Health Labor Market Analysis (HLMA) to understand the dynamics of the health labor market, which was used to inform initial discussions on development of staffing standards for UHC. Trained a Core Technical Task Force to cascade WISN to all levels of the health system and developed a Sustainability Action Plan. ▪ Conducted an inventory and analysis of the GFATM TB HRH investments. ▪ Made progress on developing health worker competencies through online training by creating the DOH Academy e-Learning portal and platform at learn.doh.gov.ph. To

Activity	Objectives	Results and Outcomes
		complement this, developed a competency assessment tool and explored post-training evaluation (PTE) strengthening. Currently developing a system to monitor the learning and development of health workers. ▪ Completed a comprehensive situational analysis for the HRH Masterplan, which was presented to and approved by USAID. The team crafted a strategy paper has just completed consultation with different regions in the three major island groups.
Senegal*	▪ Support targeted policy and guidelines review, creation, and implementation for sustainable equitable distribution of HRH ▪ Strengthen structural and organizational leadership within the DRH for effective HRM ▪ Improve the use of data for human resources for health decision-making at national and regional levels	▪ Provided technical, logistical, and financial support to the DRH to conduct a final evaluation of the National Plan for Development of Human Resources for Health (PNDRHS), which will inform the development of the PNDRHSS (the key document that governs HRH in Senegal from 2020-2029). ▪ Provided technical and financial assistance to the DRH to train all HR managers at the central and regional levels in job description development. 221 job description card models were produced in Tambacounda, Kédougou, Sédhiou, and Kolda regions. HR managers in these regions are now able to orient their staff to their roles and responsibilities in using these job description cards. ▪ Continued to support the efforts to upgrade the integrated HRIS through the iHRIS platform. An international IHRIS expert has been recruited, and as a result, there is now an updated IHRIS user guide, glossary of HR terms, updated identification forms, and revised labor category lists that have been adapted to the local IHRIS platform. In conjunction with updating the IHRIS platform, supported the DRH to train 152 managers and focal points in the four focus regions on IHRIS. It is expected that all the data for health workers within the four focus regions will be completely entered into IHRIS by the end of the calendar year.
South Africa	▪ Conduct analysis for public/private sector health labor market	▪ Through Touch Foundation, finalized the POA to identify the optimal quantity and mix of cadres to be assigned based

Activity	Objectives	Results and Outcomes
	▪ Support Touch Foundation to develop a data-driven allocation of HRH for HIV/AIDS service delivery	on actual workload and budget available. Touch Foundation presented results in South Africa including an analysis of the need and priorities for six cadres across 1,293 facilities and 27 districts. In addition, a POA report was developed for each district including recommendations on how many health workers and the appropriate skill mix should be assigned to each facility based on the budget assigned by the district. ▪ Activity completed in Year 4; any pipeline will be applied to the Time and Motion Study, under the GFTAM activity.
Tanzania	▪ Review HRH data from across the U.S. government to identify opportunities to increase shared ownership of personnel with the Government of Tanzania ▪ Identify short-, medium-, and long-term strategies for sharing/shifting costs to government	▪ Updated and analyzed the HRH database with 2018 data to aid PEPFAR Tanzania in understanding the level, type, and focus of support provided to cover HRH gaps for HIV service delivery. With this information, HRH2030 was able to examine trends of the previously collected 2016 data vis-à-vis the new 2018 data. This information was presented to the mission to show and validate key trends and investments in HRH across the country. ▪ This activity was completed in Year 4.
Timor-Leste	▪ Establish and implement a dynamic human resource information system (HRIS) ▪ Work with the Government of Timor-Leste to enhance mid-level management capacity to use multisectoral HRH data for evidence-informed decision-making	▪ Completed a scoping trip conducted with USAID/Asia Bureau's Health Systems Advisor to provide direction for USAID's HRH investment in Timor-Leste. Subsequently developed and submitted a work plan. Onboarded the senior technical lead and HRIS manager in late July. ▪ Full implementation of HRH2030's work plan has been delayed due to confusion and further discussion around the scope of work and support to the MOH. The discussions of roles and responsibilities has culminated in the development of a Partnership Agreement between MOH, USAID, and HRH2030 which outlines the roles of each participant. ▪ HRH2030 signed the partnership agreement on September 30, 2019 and is awaiting signature by the MOH. Should signature not be obtained in Year 5, Q1, HRH2030 will work with USAID to revise the work plan accordingly. With the Partnership Agreement pending, HRH2030:

Activity	Objectives	Results and Outcomes
		▪ Submitted a review of National Strategic Plan for Health Sector Human Resources (NHSWSP): 2019-2023 which has been a resource in discussions between USAID and WHO. ▪ Submitted a guidance document of roles and responsibilities for USAID, WHO, and HRH2030. The document illustrates the alignment between NHSWSP and proposed work plan objectives. ▪ Finalizing a desk review of key documents on the status of the health workforce in Timor-Leste to submit to USAID.

Annex C. Performance Indicator Tables

Introduction. This annex includes indicator tables that present HRH2030 indicator results as of the end of Year 4. All HRH2030 activities report to the core set of indicators established in the global HRH2030 Monitoring and Evaluation Plan. Those results are presented in Exhibit 1. As core indicators frequently capture the same activity as it progresses over time, the table below shows the unique count of results as of the end of Year 4 (for example, countries are only counted once for this result, even if they have been supported over multiple years).

In addition, several activities also track indicators from activity-specific monitoring and evaluation plans. Those indicator results are presented in exhibits 2 through 11 and are presented as a total result as of the end of Year 4 plus an annual breakdown (when relevant, based on the duration of the activity).

Annex Contents:

Exhibit 1. Core Indicators

The baseline is 0 for all core indicators listed below.

Indicator	Result	Countries	Highlights
Program Goal: Availability, accessibility, acceptability, and quality of human resources for health improved			
A-03. Number of staff trained	**16,420**	Botswana, Burundi, Cameroon, Colombia, Côte d'Ivoire, Ethiopia, Gambia, Guinea, Indonesia, Jordan, Malawi, Mali, Niger, Nigeria, Philippines, Senegal, Sierra Leone, South Africa, Tanzania, Togo, Zambia, Global	▪ 6.022 participants trained in **Mali**, including community health workers who have been trained on family planning and reproductive health modules that can be shared with communities via women's groups. As a result of this community approach, demand for FP, maternal, and child health services has increased. ▪ 3,987 participants trained in **Jordan**, including a cumulative 23,712 person hours of training provided through certification courses like the HRM/HRD course, HML course, and WISN course. ▪ 1,426 participants trained in **Colombia**, where HRH2030 conducts a range of trainings in coordination with ICBF, from trainings on preventing violence against children and adolescents to trainings on organizational leadership and management practices. ▪ 1,080 participants in **Niger** trained on malaria case management with support and coordination of HRH2030 CBM. ▪ 910 global participants who have taken the **Human Resources for Health: Principles and Practices Global Health e-Learning Course.** ▪ 842 participants trained in **Senegal** on iHRIS data for HRH decision-making and leadership, management, and governance. ▪ And additional participants trained through targeted technical assistance to achieve HRH goals and workshops to promote the use of HRH resources and tools. HRH2030 trainings have spanned technical areas including HIV, MNCH, FP, One Health, health information systems and data use, leadership, and management.
A-04. Number of training activities conducted	**259**		
A-05. Number of countries where HRH interventions focus on improving **access to and coverage of services** related to global health goals in underserved and priority areas	**12**	Cameroon, Côte d'Ivoire, Indonesia, Kenya, Madagascar, Malawi, Mali, Philippines, Senegal, South Africa, Uganda, Zambia	▪ Development of e-Learning app in **the Philippines** expands education to health workers in hard to reach areas; WISN implementation has also provided an opportunity to reassess deployment of health workers. ▪ Optimization tools like HOT4FP in **Mali** and HOT4ART in **Uganda**, **Côte d'Ivoire, South Africa, and Zambia** provide data to help facilities plan for differentiated service delivery models that could provide services when and where clients can utilize them. ▪ Rapid task analysis of FP providers in **Madagascar** and HIV service providers in **Indonesia** ensures that the right health workers are in the right places to improve availability of services. ▪ Assessments of community-based health workers and the health labor market in **Kenya, Malawi, and South Africa** help provide evidence on HRH quantity and availability, particularly in underserved areas.

Indicator	Result	Countries	Highlights
			▪ Efforts to re-examine deployment and retention strategies in **Senegal** are specifically aimed at improving health worker distribution in priority areas.
A-07. Number of tools and approaches developed and/or applied and/or evaluated by objective and type	**144**	Botswana, Cameroon, Colombia, Côte d'Ivoire, Ethiopia, Ghana, Indonesia, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Philippines, South Africa, Swaziland, Tanzania, Uganda, Zambia, Global	HRH2030 developed, applied, and/or evaluated a range of tools specific to the needs of each separate scope of work, many of which are available on the HRH2030 website. A selection of tools includes: ▪ HRH Optimization Tools for ART, PHC, and FP ▪ Modules for the Training Resource Package for Family Planning ▪ Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets ▪ SROI methodology and calculation workbooks ▪ Analysis and econometric models for health workforce skills mix and EED transitions ▪ Quality improvement coaching reports, community committee training guides, and other community health tools implemented in Mali ▪ The Philippines tablet-based e-Learning platform ▪ Applications of WISN and its adaptation for the Prioritization and Optimization Analysis (POA) approach ▪ One Health preparedness plans and control strategies ▪ Assessment tools like the relational coordination survey, maturity model assessment, and case management assessment in Colombia, the HIV-HRH assessment package in Indonesia, Health Labor Market Assessment tools, the HRIS Assessment Framework, and the LLM evaluation approach in Cameroon
A-08 and A-09. Proportion of activities/countries that have either documented change following any type of HRH intervention or have had processes instituted (i.e., in work plans) for measuring change following any type of HRH intervention	**60%**	Botswana, CBM countries, Colombia, Eswatini, Indonesia, Jordan, Malawi, Mali, One Health countries, Philippines, Senegal, and additional countries through core activities	Approximately 60 percent of HRH2030 activities (25 out of 41 activities that have reported indicator results thus far) have either: ▪ Instituted processes for HRH2030 activity stakeholders to measure change following HRH interventions, like plans for Ministries of Health to assess NHWA and HRIS implementation after HRH2030 support, commitment from Ministries of Health to integrate assessment methodologies in their HRH evaluation practices, or use HRH2030 assessment tools at the site or district level in the future (like HIV assessment tools in Indonesia) ▪ Initiated processes to measure change after interventions (like HRH2030 Colombia's plans to conduct endline assessments of the case management, maturity model, and relational coordination tools) ▪ Or have already documented some type of change, including evidence that PEPFAR-supported health workers contribute to increased staffing levels and improved HIV services in Malawi, that the local leadership and management approach in Cameroon resulted in higher demand for family planning services, that community multi-month refills in Botswana contributed to higher proportions of clients honoring appointment times, and that sites in Tanzania

Indicator	Result	Countries	Highlights
			demonstrated improved HRH planning actions following implementation of the 1.1 Productivity and Performance Toolkit. HRH2030 will continue to update these indicators in Year 5 as more countries conduct or plan for assessments following HRH interventions.
Objective 1: Performance and productivity of the health workforce increased			
A-10. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated at least one **performance and productivity tool or approach**	**11**	Cameroon, Côte d'Ivoire, Indonesia, Kenya, Mali, Nigeria, Philippines, South Africa, Tanzania, Uganda, Zambia	▪ The productivity and performance toolkit to achieve the 95-95-95 targets was provided to stakeholders in **Nigeria, Indonesia, and Tanzania**, boosting participants' skills to address HIV performance and productivity challenges. ▪ HOT4ART has been implemented in **Uganda, Cameroon, Côte d'Ivoire, Zambia, and South Africa** as an innovative way to optimize productivity of existing health workers. The tool was translated into Bahasa Indonesia and implemented in **Indonesia**. ▪ The Philippines activity is assessing a variety of competency, labor market, and training factors to inform decisions related to HRH performance and productivity. ▪ Community-based worker assessments in **South Africa and Kenya**, priority and optimization analysis in **South Africa**, and HRH private sector review in **South Africa** are intended to provide necessary evidence to inform HRH productivity strategies. ▪ The study of supervision enhancements in **Mali** will provide evidence to utilize supportive supervision approaches to promote health worker performance and productivity.
Result 1.1: Improved service delivery frameworks at all levels of the health systems			
A-11. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated their **service delivery frameworks** based on HRH data to address current or future health needs	**4**	Botswana, Indonesia, South Africa, Uganda	▪ In **Botswana**, HRH2030 supported the implementation and testing of community service delivery frameworks (specifically, community multi-month refill). CMMR is becoming institutionalized in USAID implementing partner sites and in national-level HIV strategies to address the growing number of people on ART. ▪ Similarly in **Indonesia,** HRH2030 supported facilities to prepare for scale-up of ART services by reviewing service delivery frameworks based on the results of the Jakarta HIV-HRH assessment. ▪ In **South Africa**, data collection on public/private service delivery partners has been conducted to provide HRH data for service delivery framework review. ▪ Through the **Uganda** HRH investment case analysis, HRH2030 produced an estimation of the impact of improving efficiency in ART service delivery models.
Result 1.2: Improved effectiveness of in-service training and continuous professional development programs			
A-12. Number of countries that have reviewed, developed, tested, institutionalized, or	**4**	Jordan, Philippines, Tanzania, Uganda	▪ In **the Philippines,** the e-Learning platform with FP and TB modules provides access to continuing professional development anytime, anywhere to quickly train health workers to support better health outcomes.

Indicator	Result	Countries	Highlights
evaluated in-service training or **continuous professional development programs** to improve their effectiveness			▪ In **Jordan,** HRH2030 supported the High Health Council in the development of a historic bylaw that mandates relicensure of health workers and includes CPD requirements. HRH2030 also supported CPD model and implementation. ▪ The Training Resource Package for Family Planning status review gauged the experiences of stakeholders from **Tanzania and Uganda.**
A-13. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **supportive supervision** of frontline health workers to improve its effectiveness	**3**	Cameroon, Mali, Philippines	▪ HRH2030 is currently developing research studies in **the Philippines and Mali** to analyze the effectiveness of health worker supervision enhancements. ▪ Previously, HRH2030 provided technical assistance in **Cameroon** to support local leaders to implement the local leadership and management approach to promote awareness of family planning services.
Result 1.3: Improved HRH management at service delivery level			
A-14. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **HRH management** at the site level to improve its effectiveness	**7**	Botswana, Cameroon, Indonesia, Jordan, Mali, Philippines, Uganda	▪ Activities in **Uganda, Cameroon, and Indonesia** supported managers at the site level to utilize HOT4ART and other HIV resources to use evidence for site-level HRH planning. ▪ The **Jordan** activity provided extensive support to MOH training agendas, operational plans, and policies on topics like job descriptions, recruitment, performance management, and HR planning to improve the effectiveness of HRH management at all levels of the MOH. ▪ Capacity building of national and regional WISN task forces in **the Philippines** prepared stakeholders to use data for HRH management. ▪ In **Botswana**, HRH2030 adopted a management mentorship approach with clinic heads in order to improve their capacity to manage DSD models and QI approaches.
Objective 2: Number, skill mix, and competency of the health workforce increased			
A-15. Number of countries that have assessed, developed, tested, institutionalized, or evaluated interventions aiming at increasing the **number, skill mix, and competency** of the health workforce	**6**	Botswana, Eswatini, Indonesia, Madagascar, Malawi, Philippines	▪ In **Malawi**, HRH2030 supported the National HRH Strategy, PEPFAR recruitment and deployment plans, and district recruitment and deployment plans to ensure that the number and skill mix of the health workforce is aligned with HIV needs based on HRH data. ▪ A case study is in development in **Indonesia** to identify opportunities and partnerships among educators and employers to support youth to secure careers in health. ▪ Interventions in **Madagascar and the Philippines** aim to align HRH competencies with health needs. ▪ Community health worker mapping in **Eswatini** offers an opportunity to incorporate community health care workers when assessing and addressing health worker number and skill mix.
Result 2.1: Increased production of new health workers competent to respond to current and future population health needs			

Indicator	Result	Countries	Highlights
A-16. Number of countries that reviewed their current HRH inventory, conducted HRH forecasting studies, revised policies, **aligned production with country needs/priorities**, or evaluated their impact	**10**	Eswatini, Jordan, Lesotho, Malawi, Mozambique, Philippines, Senegal, South Africa, Tanzania, Uganda	HRH2030 conducted a number of assessments intended to provide important data to inform countries' HRH planning to align production with needs, including: ▪ HRH inventories in **Lesotho, Eswatini, and Tanzania** ▪ Health labor market assessments in **Malawi and the Philippines** ▪ Prioritization and optimization analysis in **Mozambique and South Africa** ▪ Community health worker mapping in **Eswatini** ▪ Forecast of the needs for HRH/HIV under different investment, recruitment, and efficiency scenarios in **Uganda** ▪ Supported WISN in **Jordan and The Philippines**
A-17. Number of countries that include the development of **nontraditional HRH** workers in HRH plans	**2**	Botswana, Uganda	▪ Due to HRH2030's successful piloting of community multi-month refill CCMR as a DSD strategy, **Botswana's** National AIDS and Health Promotion Agency included CCMR into their National HIV/AIDS Strategic Framework operational plan. CCMR involves non-traditional workers such as community health workers and health education assistants. ▪ In **Uganda**, HRH2030 fiscal space analysis estimates included community health workers (lay cadres).
Result 2.4: Improved distribution of health workers			
A-22. Number of countries that implement activities aiming to improve the **distribution of health workers** based on need	**11**	Cameroon, Jordan, Kenya, Madagascar, Malawi, Mozambique, Philippines, Senegal, South Africa, Tanzania, Uganda	▪ In **Senegal**, HRH2030 promoted the use of iHRIS and advocated for the *Guide de Mobilité* to ensure that data is used to achieve equitable distribution of health workers. ▪ HRH2030 supported **Jordan and the Philippines** to use data to inform health worker distribution through WISN implementation. ▪ Assessments like the community-based workers assessments in **South Africa and Kenya**, prioritization and optimization analysis in **Mozambique and South Africa**, the health worker mobility study in **South Africa**, assessment of existing PEPFAR HRH in **Tanzania**, and review of array and funding for HRH in **Uganda** equip countries with evidence to make informed decisions and strategies related to health worker distribution. ▪ In preparation of the HOT4ART tool, HRH2030 reviewed investments in **Uganda and Cameroon** to determine how staff are arrayed and what costs are likely to be incurred or finances required in coming year. ▪ With HRH2030 support, deployment of health workers in **Malawi** is based on district recruitment plans that have been developed based on need of health workers.
Objective 3: HRH/HSS leadership and governance capacity strengthened			
A-23. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **leadership and**	**2**	Cameroon, Senegal	▪ In **Cameroon**, HRH2030 supported multi-sectoral participation by working with local leaders to develop and assess action plans for FP service strengthening.

Indicator	Result	Countries	Highlights
management best practices in at least one of the following areas: accountability, transparency, multisectoral participation, and anticorruption mechanisms			▪ In **Senegal**, HRH2030 supported multi-sectoral participation, accountability, and transparency through capacity building in leadership and management to MSAS and HR focal points to make deployment and performance management decisions based on data.
Result 3.1: Improved transparency of HRH decision-making at national and subnational levels			
A-24. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated policies to improve the **transparency of HRH decision-making**	**2**	Ethiopia, Indonesia	▪ HRH2030 supported development of the NHWA governance structure in **Ethiopia** and integration of NHWA into the annual work plan of the FMOH. ▪ In **Indonesia**, HRH2030 is supporting the MOH to develop HRH dashboards based on NHWA indicators.
Result 3.2: Strengthened regulatory environment for health professional practice			
A-25. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated the **regulatory practices** for the health professional practice	**1**	Jordan	▪ With HRH2030 support, **Jordan** passed the Health Professional License Renewal Bylaw and developed CPD instructions to improve regulatory practices surrounding CPD and relicensure.
Result 3.3: Improved HRH management capacity at national and subnational levels			
A-26. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **HRH leadership and management improvement programs**	**4**	Cameroon, Jordan, Philippines, Senegal	▪ HRH2030 in **Senegal** conducted leadership and management trainings, workshops, and coaching to MSAS executives and managers to improve HRH management at national and subnational levels. ▪ In **the Philippines**, HRH2030 collaborates with a joint mission to improve leadership and management through improved use of data for HRH decision-making, including HLMA, WISN, and NHWA. ▪ HRH2030 **Jordan** implemented a training program to develop leadership and management practices at the MOH. ▪ The **Cameroon** local leadership and management approach improved management capacity of local leaders and the support systems with which they interact.
Result 3.4: Reduced HRH gender disparities at national and sub-national levels			

Indicator	Result	Countries	Highlights
A-27. Number of laws, policies or procedures drafted, proposed or adopted to **promote gender equality** at the regional, national or local level	**4**	Philippines, Global	▪ At a **global** level: The Definition of a Gender Competent FP Provider, Gender Competency Framework, and Conversation Guide for Framework Reviews promote gender equitable FP services. ▪ HRH2030 prepared the Gender Competency Framework for FP Providers for review and validation in **the Philippines.**
A-29. *revised* Number of countries that have been supported to improve **women's access to leadership and management opportunities** in the health sector	**2**	Jordan, Senegal	▪ HRH2030 conducted research in Jordan and plans to conduct research in Senegal on women in leadership positions in the health sector. The Jordan study focused on identify barriers and enablers to women's progression to leadership positions in the Jordan MOH; the Senegal protocol is still under review.
Result 3.5: Improved multi-sectoral collaboration for moving forward the HRH agenda among global, regional, and in-country stakeholders			
A-30. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated policies to strengthen **multisectoral collaboration** for moving the HRH agenda forward	**6**	Cameroon, Ethiopia, Indonesia, Jordan, Senegal, Tanzania	▪ Recent simulation exercises and risk assessments in **Tanzania and Ethiopia** brought together multiple sectors to prepare for One Health risks like anthrax, Rift Valley Fever, Highly Pathogenic Avian Influenza, and Ebola Virus Disease. ▪ Policy review of HIV and HRH regulations in **Indonesia** included the Ministry of Manpower and the Ministry of Home Affairs, engaging them in dialogue related to multisectoral policies that strengthen or hinder HIV service delivery. ▪ HRH2030 in **Senegal** regularly involves multisectoral stakeholders when providing technical support to the National Plan for Development of Human Resources (PNDRHS).
A-31. Number of HRH policy documents, strategies, and/or briefs developed that include a **multisectoral approach**	**66**	Cameroon, Ethiopia, Jordan, Malawi, Senegal, Tanzania, Uganda, Zambia, Global	HRH2030 regularly considers multisectoral approaches to addressing complex HRH issues. There are several resources that include a multisectoral approach on the HRH2030 website. A selection of recent documents includes: ▪ Health Workforce Skills Mix and EED transitions in LMIC: Analysis and Econometric Modeling ▪ Returns on Investments in the Health Extension Worker Program in Ethiopia ▪ Technical Brief: Building the Future Health Workforce ▪ Transition Enablers: Informing HIV Workforce Sustainability Planning ▪ Retention Enablers: Informing HIV Workforce Sustainability Planning ▪ Senegal iHRIS user guide ▪ Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets ▪ Control strategies, risk assessments, and preparedness and response plans developed through the One Health activity

Indicator	Result	Countries	Highlights
A-32. Number of **HRH major events** that include multisectoral collaborations conducted or participated at global, regional, and country levels	**87**	Cameroon, Ethiopia, Indonesia, Jordan, Madagascar, Mozambique, Philippines, Senegal, Global	HRH2030 engaged in several multisectoral collaborations and events as a technical though leader in human resources for health. A selection of recent events includes: ▪ A side session at the Global Youth Economic Opportunities Summit titled, "Identifying Win-win Partnerships for Youth Employment in Health: Experiences linking the future health workforce, educators, and employers" ▪ NHWA stakeholder meetings and TWGs in Indonesia and Ethiopia ▪ National TB Program Review and Planning Workshop in the Philippines ▪ Senegal event on the PNDRHS evaluation Additional knowledge dissemination/sharing events are reported below under indicator A-41.
A-33. Number of **special studies** developed and implemented to increase the HRH evidence base to inform policy and decision-making of multisectoral stakeholders	**43**	Ethiopia, Indonesia, Jordan, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Philippines, Senegal, South Africa, Tanzania, Uganda, Zambia, Global	Recent research studies, assessments, and case studies developed or finalized to contribute to the HRH evidence base include: ▪ Skills Mix and Economic/Epidemiological/Demographic (EED) Transition ▪ Case Study: Building the Future Health Workforce ▪ Mozambique Prioritization and Optimization Analysis ▪ Enhanced Supervision research study in Mali and in Leyte province, the Philippines ▪ HRH2030 Gender Competency Framework for Family Planning Service Providers In-Country Review: The Philippines ▪ Retention Enablers and Transition Enablers: Informing HIV Workforce Sustainability Planning Uganda ▪ Nusentara Sehat (Health Archipelago) Evaluation in Indonesia ▪ HRH Inventories in Lesotho and Namibia ▪ HRH South Africa Health Worker Time and Motion Study ▪ Women in Leadership protocol for Senegal ▪ Return on Investments in the Health Extension Worker Program in Ethiopia ▪ Malawi: Increasing Site Level Staffing Levels – Does it Improve Site Performance? ▪ Indonesia HIV and HRH Assessment: Recommendations for implementing and scaling up the Test and Treat policy (results published in the Jurnal Ekonomi Kesehatan Indonesia)
Objective 4: Sustainability of investment in health workforce increased			
A-34. Number of countries that have assessed, developed, tested, institutionalized, or evaluated policies, mechanisms and models to **increase or optimize domestic resources** based on health	**3**	Malawi, Tanzania, Uganda	▪ HRH2030 supported the government of **Malawi** to plan for transition of PEPFAR-supported health workers to government payroll. ▪ Activities in **Uganda and Tanzania** were also intended to facilitate the transition of jobs supported by PEPFAR to the government's budget.

Indicator	Result	Countries	Highlights
workforce planning and forecasting			
Result 4.1: Increased utilization of HRH data for decision-making at national and sub-national levels			
A-35. Number of countries that have assessed, developed, tested, institutionalized, or evaluated their capacity for **using HRH data for decision-making**	**12**	Cameroon, Côte d'Ivoire, Ethiopia, Indonesia, Jordan, Madagascar, Malawi, Philippines, Senegal, South Africa, Uganda, Zambia	▪ In **Indonesia and Ethiopia**, HRH2030 supports the MOH to use HRH data for decision-making in the context of NHWA. ▪ The HRIS Assessment Framework and other HRIS technical assistance has been applied in **Madagascar, Indonesia, Senegal, and the Philippines.** ▪ The HRH2030 **Jordan** activity supported WISN, the HHC Observatory, and the national Human Resource Management Information System. ▪ HOT4ART implementation developed data use capacity at the site level in **Uganda, Cameroon, Côte d'Ivoire, Zambia, and South Africa.** ▪ The **Malawi** activity provides technical support to Zomba and Lilongwe districts to use data for HRH planning and to align with the National HRH Strategic Plan.
A-36. Number of countries supported to advance the implementation of **national health workforce accounts**	**4**	Ethiopia, Indonesia, Jordan, Philippines	▪ HRH2030 in **the Philippines** is working with the WHO to conduct a joint mission for NHWA and WISN. ▪ HRH2030 provided support to **Ethiopia** to establish NHWA and to **Indonesia** in the implementation of the NHWA Joint Implementation Plan. ▪ HRH2030 in **Jordan** took part in the NHWA working group, mapped NHWA into the current observatory and other data systems, and supported WISN.
A-37. Number of countries supported to improve **HRIS**	**5**	Ethiopia, Indonesia, Madagascar, Philippines, Senegal	▪ HRH2030 conducted HRIS status assessments in **Indonesia, Ethiopia, Madagascar, and Senegal.** ▪ Through ongoing trainings, technical working groups, and technical assistance, HRH2030 continues to provide support to HRIS implementation in **Indonesia, Senegal, and the Philippines.**
Result 4.2: Improved funding for HRH education, employment, and management			
A-38. Number of countries that have assessed, developed, tested, institutionalized, or evaluated processes and procedures to **transition HRH positions previously funded by foreign sources to domestic funding**	**7**	Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania	▪ In **Malawi**, HRH2030 supported development and implementation of the Health Worker Transition Plan and National HRH Strategic Plan, which paved the way for the first successful cohort of PEPFAR-supported health workers transitioned to government payroll this year. ▪ HRH inventories in **Lesotho, Namibia, Tanzania, and Eswatini** provide data on HRH that can be used for transition planning. Similarly, evidence from community-based workers assessments in South Africa and Kenya provide data on the community health workforce for HRH planning. ▪ Further, HRH2030 supported the Ministry of Health of **Eswatini** to review feedback and recommendations on the draft HRH transition model and facilitated analysis of the standardized guidelines/MOU for the recruitment of donor-funded positions.

Indicator	Result	Countries	Highlights
A-40. Number of countries supported to analyze the **HRH political economy**	**2**	Malawi, Uganda	▪ HRH2030 conducted an analysis of enablers and barriers that may affect the decision-making process of the Government of **Uganda** to increase recruitment and improve efficiency to meet the HIV care needs. ▪ The Health Labor Market Analysis in **Malawi** reflected information on HRH political economy.
A-41. Number of knowledge sharing, dissemination, workshops, and similar **events** implemented	**178**	Botswana, Burundi, Colombia, Côte d'Ivoire, Eswatini, Ethiopia, The Gambia, Guinea, Indonesia, Jordan, Lesotho, Malawi, Niger, Philippines, Senegal, Sierra Leone, South Africa, Tanzania, Togo, Uganda, Vietnam, Global	HRH2030 shares findings, lessons learned, successes, and new resources/tools frequently through external events. A selection of recent events includes: ▪ Presentation of the Gender Competency Framework and Findings in The Philippines ▪ Ethiopian One Health Zoonotic Diseases Prioritization Workshop ▪ Multisectoral Anthrax Prevention and Control Strategy Review and Annual Action Plan Development in Ethiopia ▪ Botswana Community Medication Refill Transition Orientation ▪ Côte d'Ivoire Technical Working Group Meeting on One Health Communications ▪ Tanzania Biosafety Security Meeting ▪ Voices from the Field 2019: The Role of Human Resources for Health in Optimizing Health Systems ▪ Gambia/Guinea Malaria Study Tour ▪ World Malaria Day events in CBM countries ▪ Business Intelligence Webinars in Indonesia ▪ LLN Campaign Stratification Workshops in Côte d'Ivoire ▪ Asia Pacific Action Alliance on HRH ▪ ICFP Presentation on the Gender Competency Framework ▪ Webinar on Insights for Supporting DSD: A New Tool for Optimizing Human Resources for Health

Exhibit 2. Botswana Activity Indicators

Indicator	Baseline	Result*	Highlights
Activity Goal: To contribute to PEPFAR and government goals to achieve and sustain epidemic control of HIV/AIDS in Botswana through the improved availability, accessibility, acceptability, and quality of HRH which includes the effective alignment of CHWs with evolving government policies and service delivery innovations as part of differentiated models of integrated HIV care			
Objective 1: Support the institutionalization of client-centered integrated HIV primary care service provision at community level through technical assistance for service delivery strengthening			
B-01. Number of clients enrolled in community differentiated service delivery model at site	0	**63**	HRH2030 supported the Government of Botswana to implement the **first ever delivery of HIV services outside of a facility setting**, reaching clients in their communities through a community multi-month refill (CMMR) model. This differentiated service delivery model has been shown to **strengthen service delivery, promote client-centered care, and have positive results on client experience and health outcomes**, such as increased adherence to treatment for clients who no longer require monthly trips to the clinic to receive their ART, as well as improved experiences for both health care providers and clients at the clinic due to reduced congestion of clients at facilities on a regular basis. CMMR continues to be implemented at HRH2030 supported sites to date and will be implemented in Ghanzi districts by other USAID projects using HRH2030 technical tools. Further, because the National AIDS and Health Promotion Agency has included CMMR in the National HIV/AIDS Strategic Framework, CMMR is now on its way to being **institutionalized in Botswana**.
B-02. Number of adults and children currently receiving antiretroviral therapy (ART) at site	2,043	**4,542**	
B-03. Number of community differentiated service delivery models	0	**1**	
B-04. Proportion of clients enrolled in community differentiated service delivery model at site, with a suppressed viral load (<400 copies/ml) result documented in the medical record and/or laboratory information systems at 6 monthly intervals	n/a	**100%**	
B-05. Proportion of clients enrolled in community differentiated service delivery models with no clinical contact since their last expected contact at 6 and 12 months of DSD implementation*	-	**-**	
B-06. A successful Differentiated Service Delivery Model or its components scaled-up and institutionalized by District Management Team in collaboration with community partners.	-	**1**	
Objective 2: Support the institutionalization of relevant and aligned policy frameworks for HRH with integrated service delivery in communities			
B-07. Agreement on the coordination process for review and approval of integrated community-based service delivery frameworks*	-	**-**	The activity closed before results were reported under this objective.
B-08. Number of health cadre practice competencies and standards reviewed with project support*	-	**-**	

Indicator	Baseline	Result*	Highlights
Objective 3: Support the institutionalization and sustainability of low-cost community models of differentiated care through an inclusive process that can inform long-term policy and sustainable health system transformation			
B-09. Number of technical resources developed with the support of HRH2030 to leverage health partnership in implementation of low-cost community models	0	**2**	Terms of Reference and a Quick Reference Guide were produced for the Greater Gaborone District Health Management Team (GGDHMT) on the policies and processes of coordinating all partners and stakeholders within the district, **supporting partnerships to implement community models of care.** All three facilities supported by HRH2030 have adopted new practices based on the results of their **innovative 'change ideas' for HIV service delivery** – differentiated service delivery models on community ART distribution in Old Naledi and Nkoyaphiri Clinic, and a booking system for HIV-positive clients attending clinic reviews at the IDCC.
B-10. Number of adopted best practices and resolution by the DHMT partners forum to support the implementation of sustainable low-cost models of care*	-	-	
B-11. Number of technical resources generated to increase evidence on costs associated with community models*	-	-	
B-12. Number/proportion of HRH2030-supported service provider entities applying QI approaches to improve community-based HIV care and other services	0	**3**	
Objective 4: Institutionalized application of practical improvement approaches across service providers to continuously optimize and sustain achievements in epidemic control and broader health outcomes			
Bc-01a. Number of facility-based health workers supported by the HRH2030 program	0	**57**	In just under two years, HRH2030 Botswana worked with 165 health workers and managers to institutionalize the QI approach to **deliver HIV services differently to achieve improved health outcomes.** The approach resulted in positive **client satisfaction**: ▪ 71 percent of the clients reported to be in good health ▪ Clients reports their scheduled clinic visits were reduced by at least 2 visits ▪ Clients reported overall satisfaction with key elements/processes of CMMR especially in regard to privacy, courtesy, convenient delivery schedules and timeliness, and that medication arrived sealed. HRH2030 Botswana presented its innovative community-led strategies for achieving HIV epidemic control at the **Fifth Global Symposium on Health Systems Research in Q1FY19.**
Bc-01b. Number of community-based health workers supported by the HRH2030 program	0	**26**	
Bc-01c. Number of sub-national and national managers supported by the HRH2030 program	0	**82**	
Bc-02. Number of health workers earning Continuing Professional Development points through HRH2030 program*	-	-	
Bc-03. Number of contributions to HRH leadership/knowledge base through participation in key initiatives or engagement regionally/globally with industry experts or through publications and conferences	0	**2**	
Bc-04. Experience/Satisfaction with DSD models by PLHIV, community health workers, and facility health workers*	Qualitative Indicator: see highlights		

**The activity closed before results were reported for these indicators. An annual breakdown is not necessary for this table as the Botswana activity began implementing these indicators in 2019.*

Exhibit 3. Capacity Building for Malaria Indicators

Indicator	Country	Baseline	2018	2019	Result	Highlights
Activity Purpose: Improve country GF grant performance through change in policy or guidelines, improvement in monitoring and evaluation systems, or reduced stockouts						
01e. Global Fund Grant Performance Rating	Burundi	**B2**	B1	A2	**A2**	CBM contributed to strengthening Global Fund grant performance by strengthening institutional capacity; improving NMCP leadership, the health workforce, procurement, and supply management; and increasing LTTA and NMCP technical knowledge and expertise. There are many factors related to changes in Global Fund grant performance; grant performance cannot be attributed to HRH2030 capacity building alone. However, HRH2030 support does aim to contribute to improved grant performance.
	Cameroon	**B2**	B2	B2	**B2**	
	Chad	**A2**	N/A	A2	**A2**	
	Côte d'Ivoire	**B1**	A2	-	**A2**	
	Gambia	**A2**	TBD	A2	**A2**	
	Guinea	**B1**	TBD	A2	**A2**	
	Niger	**B1**	A2	B1	**B1**	
	Sierra Leone	**A1**	A2	A1	**A1**	
	Togo	**B1**	B1	-	**-**	
Objective 1: NMCP's institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system strengthened						
02. NMCP Maturity Level (average of each maturity model dimension; maximum maturity level is 5)	Burundi	**3.1**	3.1	3.7	**3.7**	HRH2030 countries regularly assess organizational maturity of NMCPs through maturity model assessments, which include assessment criteria on M&E, HRH, leadership and management, supply chain, and strategic planning. Several countries **identified improvements in NMCP organizational capacity** through the maturity model this year, particularly Cameroon and The Gambia. Results are utilized to adapt and tailor technical assistance activities. In an assessment of NMCP staff confidence to perform work tasks before and after LTTA support in closed out CBM countries, **NMCP staff reported improved confidence to perform tasks** like articulating the NMCP's mission and strategy, coordinating with co-
	Cameroon	**2.9**	2.9	4.0	**4.0**	
	Chad	**-**	-	2.9	**2.9**	
	Côte d'Ivoire	**3.6**	3.6	4.0	**4.0**	
	Gambia	**3.9**	3.9	4.1	**4.1**	
	Guinea	**3.6**	3.6	3.7	**3.7**	
	Niger	**2.6**	2.6	-	**2.6**	
	Sierra Leone	**2.8**	2.8	4.0	**4.0**	
	Togo	**2.6**	2.6	2.7	**2.7**	
03. NMCP staff confidence score	Average scores from closed CBM countries	**4.4**	-	5.8	**5.8**	

Indicator	Country	Baseline	2018	2019	Result	Highlights
04. LTTA influence score *(as a percentage of responses noted that the LTTA had either some or significant influence on confidence)*	Average scores from closed CBM countries	**N/A**	-	84%	**84%**	workers, performing advocacy and communications tasks, using data for decision-making, and contributing to strategic planning and prioritization. NMCP staff reported that LTTA support had either some or significant influence on change in confidence in 83 percent of responses.
Outcome 1.1. Implementation of country NMCP work plans outlining NMCP structure and function areas for capacity building strengthened and sustained						
05. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP work plans	**Total**	**0**	8	6	**9**	In 2019, all LTTAs in collaboration with their NCMP colleagues were actively involved in the development or review of work plans, which will lead to **more succinct activities and effective implementation of LLIN campaigns and other NMCP objectives.**
	Burundi	**0**	1	1	**1**	
	Cameroon	**0**	1	-	**1**	
	Chad	**0**	-	1	**1**	
	Côte d'Ivoire	**0**	1	1	**1**	
	Gambia	**0**	1	1	**1**	
	Guinea	**0**	1	1	**1**	
	Niger	**0**	1	-	**1**	
	Sierra Leone	**0**	1	-	**1**	
	Togo	**0**	1	1	**1**	
06. Percent of NMCP work plan activities supported by LTTA	Burundi	**0**	63% (avg)	54% (avg)	**58% (avg)**	
	Cameroon	**0**	49% (avg)	-	**49% (avg)**	
	Chad	**0**	-	61 %	**61%**	
	Côte d'Ivoire	**0**	83% (avg)	88% (avg)	**86% (avg)**	
	Gambia	**0**	52% (avg)	67% (avg)	**63% (avg)**	
	Guinea	**0**	55% (avg)	63% (avg)	**59% (avg)**	
	Niger	**0**	58% (avg)	60% (avg)	**58% (avg)**	
	Sierra Leone	**0**	74% (avg)	56% (avg)	**68% (avg)**	
	Togo	**0**	33% (avg)	41% (avg)	**40% (avg)**	
Outcome 1.2. Capacity of NMCPs to implement strategic plans to effectively guide its long-term vision for malaria control strengthened						
	Total	**0**	7	6	**8**	

Indicator	Country	Baseline	2018	2019	Result	Highlights
07. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP strategic plans to guide long-term vision for malaria control	Burundi	0	1	1	1	In Chad, the LTTA supports the development of the National Strategic Plan 2019-2023 especially regarding procurement and supply chain. The **LTTA's involvement will help quantify the malaria control commodities necessary to implement the strategic plan** and develop the plan's monitoring and evaluation performance framework.
	Cameroon	0	1	-	1	
	Chad	0	-	1	1	
	Côte d'Ivoire	0	1	1	1	
	Gambia	0	1	1	1	
	Guinea	0	1	1	1	
	Sierra Leone	0	1	-	1	
	Togo	0	1	1	1	
Objective 2: NMCP's leadership, health workforce, and procurement and supply management to support successful implementation of the Global Fund's new funding model strengthened						
Outcome 2.1 NMCP's human resources management systems and processes improved to address its health workforce needs						
09. Number of countries where LTTAs were actively involved in improving HRH management of health workers delivering or supporting malaria services	**Total**	0	8	6	9	CBM LTTAs continuously coach and mentor NMCP colleagues to increase to leadership and self-confidence. In Togo and The Gambia, the LTTAs worked closely with M&E specialists to **strengthen data quality management skills.** Strengthening these skills will lead to more efficient data management during SMC, LLIN campaigns, and post-distribution campaigns.
	Burundi	0	1	1	1	
	Cameroon	0	1	-	1	
	Chad	0	-	1	1	
	Côte d'Ivoire	0	1	1	1	
	Gambia	0	1	-	1	
	Guinea	0	1	1	1	
	Niger	0	1	-	1	
	Sierra Leone	0	1	1	1	
	Togo	0	1	1	1	
Outcome 2.2 NMCP's PSM pillars for malaria strengthened to improve malaria control						
10. Number of countries where LTTAs were actively involved in improving PSM pillars for malaria	**Total**	0	7	6	8	In Guinea, the LTTA worked with the drug management unit in planning its activities and **determining priority actions to strengthen drug management.** In Chad, the LTTA supported the PSM Unit in the **quantification of antimalarial drugs for seasonal chemoprophylaxis of malaria** (SMC) for children under age 5 for the 2020 year.
	Burundi	0	1	1	1	
	Cameroon	0	1	-	1	
	Chad	0	-	1	1	
	Côte d'Ivoire	0	1	1	1	
	Guinea	0	1	1	1	
	Niger	0	1	-	1	
	Sierra Leone	0	1	1	1	

Indicator	Country	Baseline	2018	2019	Result	Highlights
	Togo	**0**	1	1	**1**	In Togo, the LTTA facilitated a training regarding the management of out-of-date commodities, the **improvement of commodities traceability,** and commodities data management via DHIS2.
11. Number of NMCP and regulatory body staff trained on PSM pillars for malaria	**Total**	**0**	20	145	**165**	
	Côte d'Ivoire	**0**	20	-	**20**	
	Togo	**0**	0	145	**145**	
12. Number of tools reviewed, developed, or implemented to strengthen PSM pillars	**Total**	**0**	7	15	**22**	
	Burundi	**0**	1	1	**2**	
	Chad	**0**	-	2	**2**	
	Côte d'Ivoire	**0**	1	3	**4**	
	Guinea	**0**	-	1	**1**	
	Niger	**0**	2	-	**2**	
	Togo	**0**	3	8	**11**	
Objective 3: LTTAs and NMCP technical knowledge and experience, and M&E management in malaria control strengthened						
13. NMCP staff confidence score for technical knowledge and M&E	Average scores from closed CBM countries	**5.1**	-	6.3	**6.3**	In an assessment of NMCP staff confidence to perform work tasks before and after LTTA support in closed-out CBM countries, **NMCP staff reported improved confidence to perform tasks** like analyzing challenges, ensuring monitoring systems effectively support the National Strategic Plan, using data to make decisions, and reviewing data for trends. NMCP staff reported that LTTA support had either some or significant influence on change in confidence in 83 percent of responses.
14. LTTA influence and competency score for technical knowledge and M&E (*as a percentage of responses noted that the LTTA had either some or significant influence on confidence)*	Average scores from closed CBM countries	**N/A**	-	83%	**83%**	
Outcome 3.1 COP platform for NMCPs and LTTAs to support knowledge sharing practices developed and sustained						
15. Number of documents and/or posts shared through the COP platform	**Total**	**0**	45	64	**109**	HRH2030 advisors will train NMCP staff to use the community of practice in FY2020 to promote active engagement and discussions on the platform.
	Burundi	**0**	3	1	**4**	
	Chad	**0**	-	7	**7**	
	Côte d'Ivoire	**0**	3	2	**5**	
	Gambia	**0**	-	2	**2**	
	Guinea	**0**	2	1	**3**	

Indicator	Country	Baseline	2018	2019	Result	Highlights
	Nepal	**0**	-	1	**1**	
	Niger	**0**	4	4	**8**	
	Sierra Leone	**0**	1	0	**1**	
	Togo	**0**	14	31	**45**	
	United States	**0**	18	15	**33**	
16. Number of users on the COP platform	**Total**	**0**	32.7 (avg)	20 (avg)	**29 (avg)**	
Outcome 3.2 Capacity of NMCPs to effectively monitor and evaluate progress through country M&E plans improved						
17. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP M&E plans	**Total**	**0**	6	5	**7**	In Guinea, the LTTA prepared the annual report, working with all coordination units of the PNLP, and particularly with the M&E unit, to describe activities and identify major challenges. In the Gambia, the LTTA provided partners and regional-level implementers an in-depth overview of the NMCP's M&E plan to **increase transparency and build the capacity of the M&E specialist** to continue implementing the presented plan.
	Burundi	**0**	1	1	**1**	
	Cameroon	**0**	1	-	**1**	
	Chad	**0**	-	1	**1**	
	Côte d'Ivoire	**0**	1	1	**1**	
	Guinea	**0**	1	1	**1**	
	Sierra Leone	**0**	1	-	**1**	
	Togo	**0**	1	1	**1**	
18. Proportion of NMCP positions occupied by women by role/position	Burundi	37%	37%	37%	**37%**	
	Cameroon	39%	39%	-	**39%**	
	Chad	20%	-	20%	**20%**	
	Côte d'Ivoire	41%	41%	45%	**42%**	
	Gambia	21%	21%	21%	**21%**	
	Guinea	31%	31%	55%	**43%**	
	Niger	54%	54%	-	**54%**	
	Sierra Leone	36%	36%	-	**36%**	
	Togo	24%	24%	26%	**26%**	

Exhibit 4. Colombia Activity Indicators

Indicator	Baseline	2018	2019	Result	Highlights
Activity Purpose: In coordination with ICBF, strengthen the social services workforce in Colombia, thereby increasing national and local human resource capacity for child welfare and protection					
01. ES.4-3 Number of organizations and/or service delivery systems that serve vulnerable persons strengthened	**0**	7	13	**14 unique organizations**	HRH2030 **strengthened several directorates within ICBF** (including regional directorates) as well as organizations that partner with ICBF to improve the social services workforce in Colombia, such as the Ministry of Health and the SENA (National Learning Service). The activity also collaborated with the Wayuu Community of Manaure to increase access to health and social services.
02. Maturity level of the Colombia social services workforce	**Guajira: 57.3 Huila: 59.8**	-	Guajira: 57.3 Huila: 59.8	**Average: 58.55**	To measure strengthening of the regional ICBF Directorates of Huila and La Guajira, the activity will use a maturity model assessment to measure the maturity of organizational processes related to coordination, training, and quality. The baseline assessment was conducted this year, **providing data to inform training plans and decisions** related to the management of important processes for improving the welfare of children and adolescents.
03. Percent of recommendations made by the activity that are adopted and institutionalized by ICBF and other stakeholders	**0%**	-	93.3% (14/15)	**93.3% (14/15)**	ICBF adopted and institutionalized HRH2030's recommendation to utilize and scale-up the maturity model approach as well as the case management and relational coordination tools, which have allowed ICBF to **use the resulting data to make decisions for improving performance gaps**.
Objective A: Increase effective coordination among and between the offices within ICBF engaged in activities to benefit children and families ***Result A: Improved guidelines and referral processes implemented to promote integrated prevention and care***					
04. Relational coordination as perceived by ICBF staff	**2.33**	-	2.33	**2.33**	The relational coordination baseline provided insight on the current relationships between and within ICBF directorates. The results have guided HRH2030 Colombia in supporting ICBF to identify and address areas of week coordination so a **more integrated and coordinated system** can be used to benefit children and families.
Objective B: Develop a more strategic and comprehensive approach to content and delivery of training ***Result B: Training that adequately prepares ICBF social workers with the practical skills for community engagement and case management***					

Indicator	Baseline	2018	2019	Result	Highlights
05. ES.4-2 Number of service providers trained who serve vulnerable populations	**0**	261	1,165	**1,426**	The trainings directly provided by and facilitated by the HRH2030 Colombia activity have provided additional resources to ICBF staff and partners in priority areas identified through the baseline assessments implemented this year, which contributed to accomplishing trainings goals from ICBF's institutional training plan. For example, **trainings included physical abuse and sexual abuse prevention for children and adolescents, protection mechanisms for human rights with a differential approach, adherence to protocols, and results management**. This structure also served as an example for ICBF to follow in the future as they continue to implement trainings based on their needs.
06. Number of workshops, training programs, training plans, and curricula supported	**0**	3	35	**38**	
Objective C: Improve quality and coverage of service delivery ***Result C: Increased quality of preventive services and expanded coverage of service delivery***					
07. Reported use of USAID Case Management Toolkit micro case management indicators around referral and follow processes related to child abuse*	**3.6**	-	3.6	**3.6**	This baseline assessment measured the current practices for managing cases against indicators of good case management practices, including practices at both the system (macro) and individual (micro) levels. The results have allowed HRH2030 to incorporate these training needs prioritized by the protection teams into regional training plans. HRH2030 will continue to support ICBF in strengthening the areas with performance gaps to **improve the quality of protection teams' case management services.**

Exhibit 5. Jordan Activity Indicators

Indicator	Baseline	2016	2017	2018	2019*	Result	Highlights
Activity Purpose: Strengthened Health Workforce for Better Health Services							
I. Percentage of management units with improved HRH management best practices as a result of USG assistance (PMP 3.1.2.a)	**0%**	N/A	N/A	6% (1/16)	N/A	**6%**	HRH2030 worked to address HRH constraints that inhibited the provision of high-quality patient care by providing tailored technical assistance and capacity building interventions, **including support to management units to adopt HRH management best practices**. Support included practices in the areas of HRM/HRD capacity, personnel policy and practice, HRM and HRD data, and performance management and training. While only one unit adopted two best practices per the indicator 1 definition, a higher percentage (38 percent) documented at least one best practice.
II. Density of health professionals per 10,000 population (context indicator)	**51.8**	54.7	75.4	-	-	**75.4**	
III. Workforce loss ratio at the MOH (context indicator)	**4%**	4%	3.8%	2.8%	-	**2.8%**	
Result 1: Improved HR Practices at the MOH							
1.1 Score in HRM/HRD Assessment Matrix	**51.32%**	N/A	N/A	60.53%	N/A	**60.53%**	HRH2030 built the capacity of MOH staff to equip them with the skills and knowledge to develop and implement improved HR systems that impact service-level HR functions. The HRM/HRD assessment identified **progress in the areas of HR staff, orientation programs, the policy manual, staff retention strategy, and job descriptions**.
1.2 Percentage of active health workers employed by facility type (context indicator)	**Public: 41% Private: 59%**	Public: 43% Private: 57%	Public: 31% Private: 69%	-	-	**Public: 31% Private: 69%**	
Sub-Result 1.1: Improved MOH HRM and HRD Systems							
1.1.1 Number of operational tools and resources improved	**0**	3	1	25	0	**29**	HRH2030 supported WISN tools, HR policies and procedures, orientation materials, and other resources intended to **promote HR best practices at the MOH**.
Sub-Result 1.2: Increased Capacity of MOH HR Staff							
1.2.1 Number of staff certified on HRM and HRD training	-	-	-	-	-	-	The activity closed before results were reported for this indicator.
Result 2: Improved Health Workforce Competency							
2.1 Percentage of MOH staff completing in-service training courses	**37%**	N/A	19%	-	-	**19%**	While the most recent data for this indicator from the MOH was for 2017, HRH2030 continued to support improved competency of MOH professionals throughout the program.

Indicator	Baseline	2016	2017	2018	2019*	Result	Highlights
Sub-Result 2.1: Increased Capacity of Emerging Health Leaders and Supervisors							
2.1.1 Number of HFML training participants who were promoted	-	-	-	-	-	-	HRH2030 worked with the MOH and national HRH stakeholders to **increase the capacity of emerging health leaders**, with an emphasis on promoting women in leadership. While the activity closed before results were reported for indicators 2.1.1 and 2.1.2, HRH2030 conducted management and leadership training courses for MOH staff. Further, HRH2030 conducted a mixed-methods study on Barriers and Enablers of Women's Career Progression to Management Positions in Jordan's Health Sector, aiming to **provide evidence for policymaking and interventions to improve women's career advancement**.
2.1.2 Number of supportive supervision sessions reported by the SS TOT's participants	-	-	-	-	-	-	
2.1.3 Percentage of leadership positions in the MOH occupied by women	**27%**	N/A	32.5%	35.4%	-	**35.4%**	
Sub-Result 2.2: Supported National CPD System							
2.2.1 Level of CPD system institutionalization (ordinal scale)	**0%**	N/A	N/A	56.25%	N/A	**56.25%**	HRH2030 regularly took part in events and provided technical assistance to support the national CPD system, contributing to a **historic bylaw requiring relicensure of health workers** every five years with a mandatory CPD requirement. A midterm assessment of the CPD system also indicated **improvements in CPD leadership, regulatory framework, and implementation**.
2.2.2 Number of events conducted to support the CPD system	**0**	0	2	25	10	**37**	
Result 3: Strengthened National HRH Governance							
3.1 Level of HRH Governance Strength (ordinal scale)	**0%**	N/A	N/A	56.94%	N/A	**56.94%**	The midterm HRH governance assessment showed **improvements in the areas of HRH strategy, leadership and governance, and data for decision-making**.
Sub-Result 3.1: Improved National HRH Policies and Strategic Plans							
3.1.1 Number of laws, policies, regulations, and administrative procedures in development stages of analysis, drafting and consultation, legislative review,	**0**	0	4	16	0	**16**	HRH2030 supported a **better governed health sector** by reviewing accreditation standards at health facilities, supporting the National Human Resources for Health Strategy 2018-2022, contributing to the bylaw for health professional

Indicator	Baseline	2016	2017	2018	2019*	Result	Highlights
approval, or implementation as a result of USG assistance							license renewal, and other policies and procedures to improve national HRH governance.
Sub-Result 3.2: Improved HRH Data for Decision-Making							
3.2.1 Number of resources developed by the project to support availability of data for decision-making	**0**	0	2	2	1	**5**	Through the development of resources like the WISN Surplus and Shortage action plan, National HRH Observatory Assessment Report, and more, HRH2030 helped **increase and improve the availability and use of HRH data for decision-making**. Harmonized data systems resulted in improved reliability of HR data, lower discrepancies between data sources, and improved and capacity of the human resources management system (HRMS).
3.2.2 Discrepancy ratio between data of the different data sources supported by the project	**Density: 14% MOH: 4.8%**	N/A	Density : 7% MOH: 4%	Density: 1.55% MOH: 5.04%	-	**Density: 1.55% MOH: 5.04%**	
3.2.3 Number of HRH observatory data fields	**720**	0	960	-	-	**960**	
3.2.4 Capacity of the MOH human resources management system (ordinal scale)	**1**	N/A	2	3	-	**3**	
Cross Cutting Indicators							
CC1. Number of training modules developed by the project	**0**	0	7	44	4	**55**	Through certification courses like the HRM/HRD course, HRM/HRD for Hospitals course, HML course, and WISN course, HRH2030 provided extensive **training for MOH staff to support health worker performance and quality of care** through development and implementation of more effective HR systems, practices, and policies. The activity also **contributed to the HRH evidence base** through HR mapping, observatory assessment, HRM/HRD assessment, health facility management and leadership assessment, women's enrollment literature review, research on motivation and retention of health workers, research on barriers and enablers of women's career progression to management positions, and CPD research.
CC2. Person hours of training provided by the project	**0**	1,720.5	3,580.9	17,223.2	1,187.5	**23,712.2**	
CC3. Percentage of training participants who reported improved knowledge and skills	**0**	N/A	89%	90%	75%	**88% (avg)**	
CC4. Number of assessments/ research activities completed with project support	**0**	1	5	2	0	**8**	

**Through closeout in January 2019*

Exhibit 6. Malawi Activity Indicators

Indicator	Baseline	2017	2018	2019	Result	Highlights
Activity Purpose: To address central-level systems bottlenecks that impede effective HRH planning, forecasting, training, recruitment, deployment, retention, data generation, and use; and to enhance the ministry's workforce through development of a mechanism to provide salary support to recruit and deploy additional frontline health workers at PEPFAR high-priority service delivery points.						
Objective 1: Quality ART service delivery, including Dolutegravir transition						
Implementation approach 1: Provision of health workers						
1. Number of health workers recruited for PEPFAR targeted sites	**0**	232	202	6	**440** *total*	In total, HRH2030 has deployed 389 health workers (including surge health workers) to PEPFAR priority sites. The activity has achieved **high retention and low turnover rates** through collaboration with key stakeholders to address key factors affecting health worker motivation and performance as well as timely salary payments. This collaboration has resulted in methods to promote health worker retention that will be sustainable even after health workers have been transitioned to the government payroll. Through health worker monitoring visits and trend analysis, HRH2030 determined that PEPFAR-supported health workers contribute to general **improvements in the type, scope, and frequency of HIV/AIDS and TB services and the utilization of DSD models**. In addition, there were many perceived benefits of PEPFAR-supported health workers including improved quality of HIV/AIDS services, increased number of HIV/AIDS patients seen, reduced patient wait times, and community appreciation of services.
2. Number of health workers deployed to PEPFAR targeted sites	**0**	231	201	6	**438** *total*	
3. Number of health workers who reported for duty at PEPFAR targeted sites	**0**	32	347	10	**389** *Total*	
4. Retention rate of health workers supported by HRH2030	**n/a**	n/a	76%	92%	**92%** *Current*	
5. Turnover rate of health workers supported by HRH2030	**n/a**	n/a	18%	8%	**8%** *Current*	
6. Number of filled FTE positions in PEPFAR-targeted sites currently supported by HRH2030	**0**	32	313	131	**131** *Current*	
7. Total number of FTE positions filled in PEPFAR-targeted sites (including health workers currently supported by HRH2030 and health workers that have been transitioned)	**0**	32	324	308	**308** *current*	
8. Percent of health worker salaries at CHAM and GOM sites supported by U.S. government paid on time	**n/a**	n/a	84%	94%	**89%** *Total*	
Implementation approach 2: Host country institutional development (above site)						

Indicator	Baseline	2017	2018	2019	Result	Highlights
9. Score of the MOH HRH strategic plan on strategy scoring instrument (score out of 5)	**3.1**	3.1	4.0	n/a	**4.0**	In previous years, HRH2030 joined a task force to prepare and implement the Malawi HRH Strategic Plan, which was launched in September 2018. An assessment identified **significant improvements in the HRH Strategic Plan** in comparison to the previous plan, including clear M&E responsibilities, data use, and mechanisms to ensure district plans address national-level goals.
10. Percentage of activities in CHAM capacity strengthening plan implemented	**n/a**	n/a	56%	89%	**73%** *avg*	HRH2030 Malawi continues to make strides in **building the capacity of CHAM to manage and support HRH services** by procuring and deploying a new financial management and accounting package and by improving the timeliness and accuracy of financial reporting.
Objective 2: Retain trained PEPFAR funded health workers in the Malawi health system						
Implementation approach 1: Monitoring and reporting						
11. Operations research to demonstrate the effect/contribution of the increased HRH on the HIV/AIDS outputs in targeted sites conducted	**No**	-	Yes	Yes	**Yes**	Impact assessment results show that deployment of PEPFAR-supported health workers is contributing to **improved staffing levels and improved availability and utilization of HIV/AIDS services**. HRH2030 will conduct further analysis in 2020.
Implementation approach 2: Host country institutional development (site level)						
12. Score of district HRH plans on strategy scoring instrument	**TBD**	-	-	-	**TBD**	HRH2030 has strengthened the capacity of Zomba and Lilongwe districts to use data for HRH planning and align with the national HRH Strategic Plan. These efforts contributed to a **successful transition of the first cohort of PEPFAR-supported health workers to government payroll**, making Malawi among the first PEPFAR countries to systematically transition PEPFAR-supported health workers to government.
13. Number of districts that can demonstrate utilization of HRH data for evidence-based planning and decision-making	**0**	-	2	2	**2** *current*	
14. Percentage of filled FTE positions transitioned to government employment in PEPFAR targeted sites (out of a target of 293*)	**0%**	0%	4% (11/293)	57% (158/293)	**60%** (177/293) *total*	

**In both Zomba and Lilongwe, the number of health workers transitioned to Government of Malawi payroll exceeded project targets due to additional transition through separate government recruitment. Health workers who are "transitioned through government recruitment" will be counted in addition to the 293 already planned for formal transition.*

Exhibit 7. Mali Activity Indicators

Indicators are presented in order of the objectives/results of the Mali activity.

Indicator	Baseline*	2018	2019	Result	Highlights
Activity Goal: To strengthen and implement HR policies, guidelines, and practices that govern an effective and functional workforce to build strong quality maternal, newborn and child health (MNCH), family planning (FP), and nutrition programs from facility to household levels.					
Objective 1: Improve the effectiveness and efficiency of MNCH, FP, and nutrition care and service deliveries at facility level in five target regions using quality improvement approaches					
Result 1.1: Improved service delivery frameworks at facility level (CSREF, CSCom) to reduce maternal, newborn and child morbidities and mortalities					
01. HL.6.2-1 Number of women giving birth who received uterotonic in the third stage of labor (OR immediately after birth) through USG-supported programs	**430,000**	438,070	465,664	**903,734**	HRH2030 support contributed to strengthened skills and performance of health providers; **health workers are now more efficient and offer quality health care and services to the population**. The provision of quality services has led to a **sharp increase in the demand for services** with many women of childbearing age and children under age 5. Access to quality services has resulted in a **reduction in mortality and morbidity of women and newborns** in more than 884 health centers after two years. This includes a decrease in the lethality of eclampsia and an increase in the percentage of newborns surviving 24 hours after resuscitation.
02. HL.7.1-2 Percentage of USG-assisted service delivery sites offering family planning (PF) counseling and/or services	**100% (791/791)**	100% (844/844)	92.08% (884/960)	**92.08% (884/960)**	
03. Number of new users of modern family planning methods among women between 15-49 years age	**398,377**	636,368	659,381	**2,591,498**	
04. HL.9-4 Number of individuals receiving nutrition related professional training through USG supported program	**1,776**	397	5,032	**5,429**	
05. Lethality of eclampsia in health centers	**5%**	2.37%	1.40%	**1.40%**	
06. Percent of newborns surviving 24 hours after resuscitation	**79%**	N/A	95.0%	**95.0%**	
07. Percent of women who received their 4th ANC visit	**59%**	65.0%	69.5%	**69.5%**	
08. Number of staff trained	**0**	535	5,487	**6,022**	
09. Number of training activities conducted	**0**	18	6	**24**	
10. HL.6.3-1 Number of newborns not breathing at birth who were resuscitated in USG-supported programs	**11,238**	12,242	11,745	**23,987**	
11. HL.9-1 Number of children under five reached by USG supported nutrition programs (anemia prevention and management)	**1,900,697**	1,991,567 Boys: 1,005,403 Girls: 986,164	2,134,486 Boys: 1,041,538 Girls: 1,092,948	**4,126,053** **Boys: 2,046,941** **Girls: 2,079,112**	

Indicator	Baseline*	2018	2019	Result	Highlights
12. Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (Prevention and management of anemia)	**115,128**	120,172 Boys: 60,951 Girls: 59,221	129,013 Boys: 63,624 Girls: 65,389	**249,185** **Boys: 124,575** **Girls: 124,610**	
13. HL.9-3 Number of pregnant women reached with nutrition interventions through USG-supported programs	**118,500**	124,226	131,351	**255,577**	
Result 1.2: Improved providers engagement (responsibility and self-confidence) to deliver quality MNCH, FP, and nutrition care and services at CSRéf and CSCom					
20. Percent of compliance with standards for complications screening related to pregnancy	**n/a**	N/A	85%	**85%**	The capacity building and coaching of health providers has had the impact of **motivating health providers to provide quality care** to clients by respecting the standards and procedures that are in force in Mali, resulting in high compliance with quality-related standards for pregnancy complication screening, management, and prevention, pre- and post-partum care, MAM and MAS screening, and practices related to FP offers and vaccinations.
21. Percent of compliance with standards of complications management related to pregnancy	**n/a**	N/A	78%	**78%**	
22. Percent of compliance with standards of pregnancy complication prevention	**n/a**	N/A	87%	**87%**	
23. Percent of checklists for which key procedures for pre- and postpartum care meet standards	**n/a**	N/A	88%	**88%**	
24. Percent of women in immediate postpartum who received FP counseling	**n/a**	N/A	81.2%	**81.2%**	
25. Percent of women in immediate postpartum who leave the health center with a provision of modern FP method	**n/a**	N/A	58%	**58%**	
26a. Percent of compliance with MAM screening and management standards	**n/a**	N/A	59%	**59%**	
26b. Percent of compliance with MAS screening and management standards	**n/a**	N/A	64%	**64%**	
27. Percent of children 0-11 months totally vaccinated based on the immunization calendar	**n/a**	N/A	77%	**77%**	
Objective 2: Improve the effectiveness and efficiency of MNCH, FP, and nutrition care and service deliveries at community and household levels through community quality improvement approach					
Result 2.1: Improved MNCH, FP and nutrition quality of care and services at CHW delivery point, rural maternities and household levels					

Indicator	Baseline*	2018	2019	Result	Highlights
28. Percent deliveries at rural maternities using the safe childbirth checklist and partograph	**n/a**	N/A	84%	**84%**	The inclusion of rural maternity hospitals in training and coaching activities has allowed the integration of their data in the health system, **increasing the number of pregnant women who benefit from a safe delivery with fewer delays in referrals**.
Result 2.2: Strengthened community health cadres and system to support data completion and reporting of results for improved community-based care and services					
29. Number of pregnant women identified in the first trimester of pregnancy by the committees	**0**	N/A	8,417	**8,417**	HRH2030 trained 427 community health cadres who also trained 380 community committees to promote positive health behaviors, increase families' and households' knowledge of best practices in health, and promote utilization of health services when necessary. The project's community-based approach has involved **women in managing their own health issues with an increase in their level of health information**. We have also seen an increase in community support for health center activities and **more timely use of health services.**
30. Number of pregnant women newly identified by the committees (for inclusion in the pregnancy monitoring target)	**0**	N/A	9,522	**9,522**	
31. Number of pregnant women sensitized on ANC, CPoN, & SPE	**0**	N/A	11,605	**11,605**	
32. Number of pregnant women sensitized on anemia	**0**	N/A	10,780	**10,780**	
33. Number of women in reproductive age aware of FP	**0**	N/A	73,174	**73,174**	
34. Number of children aged 0-23 months identified in households	**0**	N/A	12,641	**12,641**	
36. Number of children aged 24-59 months identified in households	**0**	N/A	22,603	**22,603**	
37. Number of children aged 6-59 months screened for malnutrition and referred	**0**	N/A	4,216	**4,216**	
38. Number of children aged 6-59 months detected anemic and referred	**0**	N/A	723	**723**	
Objective 3: Contribute to improve the regulatory environment to support HRH management capacity at national and regional levels					
Result 3.1: Improved regulatory environment for health professional practice at regional and district levels					
16. Number of tools and approaches developed and/or applied and/or evaluated by objective and type	**0**	13	10	**23**	The support that HR2030 provided to the Directorate of Human Resources (DRH) to disseminate the national HRH strategy through six regions **resulted in the integration of key priorities into regional HRH development plans** shared with the DRH for resource mobilization at
17. A national multisectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs	**0**	1	1	**1**	

Indicator	Baseline*	2018	2019	Result	Highlights
19. HL-2 Strengthening human resources for health (HRH)	**1**	1	1	**1**	the national level. The **Government of Mali also officially adopted the national strategy for HRH development** and is now engaged with providing financial resources to implement the strategy.
Result 3.2: Strengthen HRH management at health facility and district levels					
14. Number of regional quality improvement operational plan developed and implemented	**0**	5	6	**11**	As a result of QI operational plan implementation, **HRH managers are being trained and are undertaking tasks to improve their HRH management**, organization, and use of data for decision-making in facility and at district level.
15. HL-1 Number of Universal Health Coverage (UHC) areas supported by USG investment	**1**	1	1	**1**	
Objective 4: Improve the use of HRH data for HRH decision-making and integration of quality improvement best practices into health system					
Result 4.1: Increased utilization of HRH data for decision-making at national and regional levels					
18. Strengthening integration of health information systems (HIS) data	**1**	1	1	**1**	HRH2030's efforts to integrate data quality validation exercises into routine activities within health centers has resulted in **improved data completion, accuracy, and analysis by HMIS managers** prior to completing data in DHIS2 on a quarterly basis.

This baseline represents annual data from 2017.

Exhibit 8. One Health Activity Indicators

The objectives listed in this table include overarching One Health activity objectives as presented in the activity MEL plan.

Indicator	Country	Baseline	Result	Highlights
Activity Goal: National One Health Platforms have strengthened capacity to adopt measured behaviors, policies, and/or practices that minimize the spillover of zoonotic diseases from lower animals into human populations				
Objective 1: NOHP has identified priority zoonotic diseases and strengthened surveillance systems for priority zoonoses with support of the MHSA				
1. Projected capacity level (on a scale from 1 - 5) according to JEE indicator P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens	Côte d'Ivoire	**3**	**3**	In Côte d'Ivoire, HRH2030 provided technical assistance to the National One Health Platform to establish the Technical Working Group for Surveillance and Notification to **address challenges such as the interoperability of the current surveillance systems.** In Ethiopia, HRH2030 supported the Brucellosis Technical Working Group to organize a two-day workshop in August for the **review of the national Multisectoral Brucellosis Prevention and Control Strategy** in Bishoftu, resulting in participant agreement on an action plan to finalize the strategy.
	Ethiopia	**4**	**4**	
	Tanzania	**2**	**3**	
Result 1.1: NOHP has prioritized zoonotic diseases/ pathogens				
2. Number of zoonotic disease reprioritization efforts completed with support of the MHSA	Ethiopia	**0**	**1**	HRH2030 and the CDC supported the **One Health Zoonotics Diseases Prioritization Scoping Workshop**, using a multi-sectoral, OH approach to prioritize zoonotic diseases of major public health concern that should be jointly addressed by collaboration of all relevant sectors. The scoping workshop produced a preliminary list of zoonotic diseases to be considered during the OH Zoonotic Disease Prioritization Workshop.
Result 1.2: NOHP has produced control strategies, risk assessments, and preparedness and response plans for effective prevention, detection, and response to emerging zoonotic diseases				
3. Number of control strategies, risk assessments, and preparedness & response plans developed with support of the MHSA	Ethiopia	**0**	**6**	In Ethiopia, the National Brucellosis Prevention & Control Strategy, HPAI PRP simulation exercise after action review, Multisectoral Anthrax Strategic Plan Review, and Annual Action Plan Development Workshop were important opportunities to strengthen effective prevention, detection, and response. HRH2030 also actively participated and contributed to the national Joint Risk Assessment process.

Indicator	Country	Baseline	Result	Highlights
4. Number of response/after-action reviews coordinated with support of the MHSA	Ethiopia	**0**	**6**	In Tanzania, the One Health Coordination Desk (OHCD) with support from the USAID-funded HRH2030 program supported the creation of disease specific community of practice groups for priority zoonoses, **convening technical knowledge and resources to respond to public health risks.**
5. Projected capacity level (on a scale from 1 - 5) according to JEE indicator R.1.2: Priority public health risks and resources are mapped and utilized	Côte d'Ivoire	**1**	**1**	
	Ethiopia	**2**	**2**	
	Tanzania	**2**	**2**	
Result 1.3: NOHP has strengthened surveillance data systems				
6. Projected capacity level (on a scale from 1 - 5) according to JEE indicator D.2.3: Analysis of surveillance data	Côte d'Ivoire	**3**	**3**	With support from HRH2030, several activities have been supported in Tanzania to ensure that **local surveillance data is analyzed and shared** both horizontally at the same levels and vertically to the higher and lower levels for effective prevention and control of priority zoonoses.
	Ethiopia	**3**	**3**	
	Tanzania	**4**	**2**	
Objective 2: NOHP has strengthened animal health workforce capacity with the support of the MHSA				
7. Projected capacity level (on a scale from 1 - 5) according to JEE indicator P.4.2: Veterinary or animal health workforce	Côte d'Ivoire	**3**	**3**	The Ethiopia MHSA provided technical contributions to the Ethiopian African Sustainable Livestock 2050 in Addis Ababa and contributed to the Ethiopian One Health Joint Risk Analysis. In Tanzania, HRH2030 supported the PMO-OHCD to organize a coordination meeting to bring together key players to coordinate the action plan for the Ebola simulations. These events are in addition to other capacity building that **strengthens the skills of veterinary or animal health workers through simulations, trainings, and hands-on technical assistance**.
	Ethiopia	**3**	**3**	
	Tanzania	**2**	**2**	
Result 2.1: Animal health workforce has increased to conduct one health activities				
8. Number of animal health workforce staff trained with support of the MHSA	**Total**	**0**	**0**	So far, all One Health activity trainings have involved a variety of OH professionals and are therefore reported under indicator 10.

Indicator	Country	Baseline	Result	Highlights
Objective 3: NOHP has established and/or strengthened zoonoses response mechanisms with support of the MHSA				
9. Projected capacity level (on a scale from 1-5) according to JEE indicator P.4.3: Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional	Côte d'Ivoire	**2**	**2**	In Côte d'Ivoire, HRH2030 continued to assist in the development, implementation, and institutionalization of national OH policies, guidelines, and procedures to ensure an **enabling environment for the country to effectively prevent, detect, and respond to zoonotic disease threats.** In Ethiopia, HRH2030 supported the NOHSC to lead the development of the Ethiopian OH annual Action Plan development workshop and organize the One Health Zoonotic Diseases Prioritization scoping workshop, **strengthening mechanisms and strategies to respond to zoonoses.** HRH2030 collaborated with the USAID-funded Global Health Supply Chain Management program in Tanzania to provide both financial and technical support to phase I of EVD simulation exercises in Kagera and Kigoma regions, **increasing local capacity to prevent, detect, and rapidly respond to epidemic threats**.
	Ethiopia	**2**	**3**	
	Tanzania	**3**	**3**	
Result 3.1: OH workforce has increased knowledge to implement coordinated response				
10. Number of OH workforce staff trained with support of the MHSA *(excluding animal health workforce captured in #9)*	**Total**	**0**	**446**	HRH2030 One Health trainings include a One Health leadership and management training in Côte d'Ivoire and Tanzania, simulation exercises for Ebola and Rift Valley Fever in Tanzania and HPAI in Ethiopia, and workshops/trainings on prioritization processes in Ethiopia and Tanzania. Trainings are provided to a variety of OH professionals to **provide multi-faceted capacity building to promote coordinated preparedness and response**.
	Côte d'Ivoire	**0**	**25**	
	Ethiopia	**0**	**125**	
	Tanzania	**0**	**296**	
Result 3.2: NOHP has strengthened coordination and communication mechanisms				
11. Number of MOUs, TORs, and partner guidelines developed to establish coordinated response mechanisms with support of the MHSA	**Total**	**0**	**17**	HRH2030 provides support in Ethiopia and Tanzania to develop MOUs and TORs to **formalize preparedness and response mechanisms among key players.** In Ethiopia, this support includes TORs of the Somali Regional State One Health Taskforce, National One Health Communication Taskforce, NOHSC Annual Action Plan, and National One Health Communication Taskforce Annual Action Plan. In Tanzania, this support includes the Ebola Virus Disease Preparedness and Response Guidelines and SOPs.
	Ethiopia	**0**	**13**	
	Tanzania	**0**	**4**	
12. Projected capacity level (on a scale from 1-5) according to JEE indicator P.2.1: A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	Côte d'Ivoire	**2**	**2**	Each MHSA has organized meetings and processes to **promote coordination of stakeholders to implement OH approaches**. HRH2030 conducted sensitization sessions in Côte d'Ivoire with the technical services of the relevant ministries of NOHP, involved in the implementation of the IHR. HRH2030 is providing the Ethiopian NOHP to organize its regular meetings and also supports meetings of the different Technical Working Groups (EPT-TWG, Anthrax TWG, Rabies TWG, Brucellosis TWG and NOH Comm. Taskforce) based on requests. In Tanzania, the MHSA supported the One Health Coordination Desk (OHCD) to organize a coordination meeting for key multi-sectoral and multidisciplinary players to prevent and control public health threats.
	Ethiopia	**3**	**3**	
	Tanzania	**3**	**3**	

Indicator	Country	Baseline	Result	Highlights
Result 3.3: NOHP has produced advocacy and communication materials and events				
13. Number of OH events and technical meetings coordinated with support of the MHSA	**Total**	**0**	**95**	In Côte d'Ivoire, 39 events and technical meetings were conducted in Q4 alone with the support of the MHSA. Highlights include the World Rabies Day event, and several meetings with the TWG's for communication and animal health. The MHSA also supported development of a technical note to the Prime Minister on the process of the National One Health Platform operationalization and a poster on the institutionalization of the One Health approach in the country. Important events in Ethiopia supported by the MHSA include the One Health Zoonotic Diseases Prioritization (OHZDP) Scoping workshop and OHZD Prioritization workshop. In Tanzania, the OHCD coordination meeting, meeting to develop disease specific community of practice, and One Health leadership training were all important events intended to promote coordination and advocacy for OH approaches. Tanzania communications efforts have focused on EVD and rabies IEC materials.
	Côte d'Ivoire	**0**	**53**	
	Ethiopia	**0**	**32**	
	Tanzania	**0**	**10**	
14. Number of advocacy and communication materials developed with support of the MHSA	**Total**	**0**	**8**	
	Côte d'Ivoire	**0**	**5**	
	Tanzania	**0**	**3**	

An annual breakdown is not necessary for this table as the One Health activity began implementing these indicators in 2019.

Exhibit 9. The Philippines Activity Indicators

As The Philippines indicators have already been substantially revised for FY2020, the following table displays only indicators that currently have data.

Indicator	Baseline	Result	Highlights
Activity Goal: Strengthen health workforce to improve FP, MCH, and TB services			
Objective 1: Health Human resources development planning and implementation for TB and FP/MCH at the primary care level improved			
Result 1.1: Workforce competencies mapped and aligned with health sector needs			
3. DOH implementation of USAID supported HRH tools and approaches to improve health workers' skills mix, distribution, and competencies	**0**	**2.0**	HRH2030 contributed to c**oncrete actions of the Department of Health to improve health workforce skill mix, distribution, and competencies,** including support to WISN, Health Labor Market Analysis, National Health Workforce Accounts, Return Service Agreement, and the Deployment Program. In 2019 WISN and NHWA both reached stage 3 (tested). HLMA is currently at stage 2 (developed), and the RSA and Deployment Program remain at the initial assessment stage. For WISN, the tools were developed, the study completed, a technical task force mobilized at the national and regional levels, and the policy on the use of WISN for staffing standards is being prepared. For NHWA, an assessment was conducted through a joint mission with WHO, initial indicators were selected based on policy priorities of DOH, the first country profile was generated, and there is on-going development of the data dictionary and standards.
Cross Cutting Indicators			
14. Presence of the mission support to strengthen Human Resources for Health (HRH). HL-2 (USAID)	**1**	**80%**	Over the life of HRH2030, the mission has supported rolling out NHWA for data use for decision-making, advocating for an increase in allocation of funds for HRH, upgrading the skills mix in alignment with health needs and socio-economic development, and improving HRH leadership and governance.
15. Number of new interventions implemented in partnership with another project/external stakeholder per year	**0**	**3**	Key interventions include an assessment of FP e-Learning modules which contribute to the **sustainable learning of health workers,** as well as the validation of the HRH inventory tool for the Global Fund which contributes to the **transition of GF-funded health workers to the Philippines government.**
16. Number of joint missions conducted with another project/ external stakeholders per year	**0**	**4**	Key activities include **two joint missions held with the World Health Organization on the HLMA and NHWA,** providing the foundation for HRH2030 Philippines' work in those areas throughout the rest of year including the development and testing of tools.
17. Number of knowledge products from another USG-supported project or activity utilized	**0**	**5**	HRH2030 regularly uses products from other projects to support activities, including resources from Measure Evaluation, CMSU II, HICD 2020, LuzonHealth, VisayasHealth, MindanaoHealth, and TB platform.
18. Number of synergized approaches for supply chain management, human resources for health, engagement with	**0**	**2**	The **tablet-based e-Learning platform for GIDA areas is a sustainable learning option** which will allow for those health workers in remote areas and with limited internet accessibility to take courses off-line.

Indicator	Baseline	Result	Highlights
local government units and health financial risk protection			The GFATM Sustainability Planning advocates for an increase in allocation of funds for HRH which will help **fill key gaps in the human resources needed to support the country's ambitious TB targets.** This also involves the gradual transition of Global Fund investments to local partners.

Exhibit 10. Senegal Activity Indicators

Indicator	Baseline	2017	2018	2019	Result	Highlights
Activity Goal: To support the creation and implementation of human resources policies and guidelines that govern an effective and functional human resources system through improving the quality of recruitment and rural-urban distribution of health workers in Senegal.						
A. Strengthening Human Resources for Health	**n/a**	100%	100%	100%	**100%**	Through strengthening human resource policies and guidelines, building organizational capacity in leadership and management, optimizing HR management, training and supervising HR focal points, and improving data quality to inform decision-making. HRH2030 aims to strengthen the distribution and productivity of health workers in Senegal.
B. Density of active health workers per 1,000 population in zones difficiles by cadre	**n/a**	0.61	0.68	TBD	**0.68**	
C. Productivity of health facilities in zones difficiles benefitting from new HRH policies, strategies, or guidelines	**837**	832	796	TBD	**796**	
Objective 1: Support the targeted review, creation, and implementation of policies and guidelines for the sustainable and equitable distribution of HRH						
01. Average implementation score for HRH policies, strategies, or guidelines *(Stages: 1: Under Preparation; 2: Drafted; 3: Adopted; 4: Implemented; 5: Effective)*	**0**	2.5	2.7	3.2	**3.2**	HRH2030 provided support to the DRH to conduct a final evaluation of the National Plan for Development of Human Resources for Health (PNDRHS). The evaluation provides a road map for developing the next PNDRHS. Support has also been provided to other policies, like those related to job descriptions of health workers, DRH work plans, iHRIS guidelines, and other documents to **promote sustainable HRH planning in Senegal through development and implementation of transparent, high-quality policies.**
02. Number of HRH policy documents, strategies, guidelines, and/or briefs developed, revised, and/or improved	**0**	5	10	6	**21**	
Result 1.1: Capacity of MSAS HR focal points to implement relevant HRH policy reforms is increased						
03. Number of trainings and/or workshops conducted on implementation of policies, strategies, or guidelines	**0**	6	27	34	**67**	HRH2030's training priorities include leadership and management trainings for MSAS staff, iHRIS trainings in Dakar and in focus regions, trainings related to the elaboration of job descriptions, and trainings related to data use and evaluation of the PNDRHS. One outcome of trainings is that **trained HR managers are now able to develop job description cards that can be utilized to provide higher-quality HR management**, including staff orientation, supporting personnel to understand their roles and responsibilities, and identifying capacity development needs.
04. Number of new health workers posted to facilities in *zones difficiles*	**n/a**	0	128	32	**160**	
Objective 2: Strengthen the organizational leadership & management (L&M) capacity of the MSAS for effective HRM						
Result 2.1: Increased L&M capacity of the MSAS to implement HR policies						

Indicator	Baseline	2017	2018	2019	Result	Highlights
07. Number of actions taken to address identified organizational and leadership challenges	**0**	1	3	6	**10**	To address challenges in structural and organizational leadership in MSAS, HRH2030 conducted trainings for MOH executive officers and various levels of HR managers. The trainings have **strengthened participants' leadership, management, and coaching skills** to lead their teams, optimize performance, and improve health outcomes.
Result 2.2: Capacity of the DRH to manage HRH resources is increased						
08. Number of activities to strengthen multisectoral collaboration for moving the HRH agenda forward	**0**	2	6	16	**24**	HRH2030 has **established multisectoral partnerships to build a favorable environment for HRH strategies.** This includes joint workshops, co-facilitated reviews of resources and data, and identifying opportunities to engage with related stakeholders like the ministries of public services, finance, local government, and labor.
Objective 3: Improve MSAS use of data for HRH decision-making						
09. Number of HRH documents developed that reference current iHRIS data	**0**	1	2	3	**6**	HRH data for decision-making is a priority for the DRH, and HRH2030 has supported these efforts through review of the functionality of the iHRIS system and technical support to iHRIS focal points. Documents like the analysis of Dakar HR data, the iHRIS software user guide and glossary, and the MSAS human resources portfolio offer **opportunities to strengthen capacity while promoting sustainability of iHRIS.**
Result 3.1: iHRIS data demand and use for HRH decision-making are improved						
10. Number of capacity building activities conducted on iHRIS data collection and/or use	**0**	2	3	11	**16**	In addition to providing technical assistance to upgrade the iHRIS platform and produce guidance and analysis documents, HRH2030 has conducted iHRIS trainings for 152 managers, including 128 HR focal points. **These professionals are now able to enter data in iHRIS, operational routine HRH data updates, and capture accurate HR information**. Four focus regions are on a path to completely enter their data into iHRIS by the end of the calendar year.

Exhibit 11. Communications and Knowledge Management Indicators

The baseline is 0 for all communications indicators listed below.

Indicator	2018	2019	Result	Highlights
Social Media				
01. Number of HRH2030 tweets	382	689	**1,071**	HRH2030's social media efforts this year included a social media campaign with Frontline Health Workers Coalition during International Health Workers Week, live-tweeting of conferences events, and continual dissemination of resources and other content. **Social media visibility and engagement increased substantially this year,** with a 71 percent increase in Twitter followers and an 82 percent increase in Facebook followers. Average daily Facebook reach more than doubled.
02. Number of HRH2030 Facebook posts	147	253	**400**	
03. Number of Twitter followers	959	1,642	**1,642**	
04. Number of Facebook followers	537	979	**979**	
05. Number of HRH2030 tweets retweeted by others	803	1,653	**2,456**	
06. Average daily Facebook reach	127	347	**237**	
Website				
07. Number of resources and news items added to HRH2030 website	56	84	**140**	Increased content development, social media promotion, and more frequent dissemination of the e-newsletter drove **increased website engagement** this year. The website frequently showcases a range of HRH2030 resources and updates, ranging from "3 Questions" interviews with HRH2030 specialists to announcement for new tools like the HRH Optimization Tool for ART.
08. Number of HRH2030 website users	8,885	12,907	**21,792**	
09. Number of HRH2030 website pageviews	28,426	42,140	**70,566**	
10. Percentage of visits to the HRH2030 website made by international users	53.5%	56.9%	**55.2%**	
11. Average session duration on HRH2030 website	3.0	3.1	**3.0**	
12. Average number of pages visited per HRH2030 website visit	2.6	2.5	**2.5**	
Publications				
13. Number of internal newsletters distributed	24	13	**37**	HRH2030 **increased external newsletter distribution**, resulting in more frequent opportunities for external audiences to engage with HRH2030 resources. The e-blast with the most opens this year was an announcement for the Supporting DSD in High HIV Burden Settings webinar (305 opens, 69 clickthroughs), followed by the invitation to the event "Voices from the Field: National Malaria Control Programs' Journey to Self-Reliance" (283 opens, 48 clickthroughs). HRH2030 also published its **first journal article** this year: "Health Workforce Assessment in Jakarta for Effective HIV Policy Implementation: Challenges and Opportunities toward Epidemic Control" (*Jurnal Ekonomi Kesehatan Indonesia, 3(2)*).
14. Number of public-facing e-blasts distributed	12	21	**33**	
15. Number of opens for public-facing e-blasts	2,892	4,990	**7,882**	
16. Number of people on public e-mail distribution list	753	951	**951**	
17. Number of journal articles published by HRH2030	0	1	**1**	

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