



IMPLEMENTING HEALTH WORKFORCE STRENGTHENING INTERVENTIONS IN KENYA, UGANDA, AND TANZANIA

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Background

Health workers are the cornerstone of effective and equitable health systems, yet there is a worldwide shortage of more than four million health workers according to the World Health Organization. Global health leaders have increasingly recognized the importance of human resources for health (HRH), resulting in increased attention and funding. Despite this increase, HRH is still a relatively young field. As such, less is known about how to successfully implement health workforce interventions than is known about other types of health interventions (e.g., service delivery) with a longer history of implementation.

In recognition of the need for a more systematic approach to understanding the challenges and success factors in implementing HRH interventions, CapacityPlus undertook a qualitative study with staff from USAID-funded HRH projects in Kenya, Uganda, and Tanzania led by IntraHealth International.

Methods

In-depth interviews were conducted with 32 IntraHealth field- and US-based technical staff who have worked on HRH projects in Kenya, Tanzania, and/or Uganda. Participants were asked about their experience working on the Capacity Project (2004-2009) and/or on an HRH Associate Award country program (Capacity Kenya, Tanzania Human Resource Capacity Project, and Uganda Capacity Program). Each interview was focused on one or more HRH intervention areas, depending upon the expertise and experience of the participant (see **Table 1**). The data from the transcripts and notes were analyzed and emerging themes and patterns were identified.

Table 1: Number of key informant interviews for each HRH area of intervention by staff location

HRH Areas of Intervention	Country-Based Staff			US-Based Staff
	Kenya	Tanzania	Uganda	
Partnerships and advocacy	1	1	1	-
Stakeholder leadership groups and HRH champions	1	1	1	2
HRH policies	2	1	1	1
HRH finance	1	1	1	2
HR management systems	1	1	1	-
HR information systems	1	1	1	3
Preservice education	2	1	1	2
In-service training	1	1	1	2
Continuing professional development	2	1	1	-
Health worker retention	2	1	2	2
Health worker productivity	2	1	2	1
Monitoring and evaluation	1	1	1	2
Knowledge management	1	1	1	1
Gender	1	1	2	2
TOTAL	19	14	17	20

Note: A total of 32 individuals were interviewed; however, some participants were interviewed on more than one HRH area of intervention and/or country, and thus are represented in the table more than once.

Results

Three key themes emerged as critical factors in the successful implementation of HRH interventions:

1. Advocacy: Perception, Champions, Evidence, and Data Use

Many participants described the importance of incorporating advocacy efforts into activities to influence decision-makers' perception of and support for HRH investments. Identifying champions who are able to inspire and engage other stakeholders is critical. Data are needed for developing effective, evidence-based advocacy messages. Yet participants noted the difficulty in identifying staff and partners with adequate skills for data analysis and use.

The views expressed in this poster do not necessarily reflect the views of the US Agency for International Development or the US Government.

Advocacy

Perception: "Human resources investments are long term, and direct relationships with health outcomes are usually difficult to show in the short term. So many development partners are more focused on diseases and service improvements and so on...[and] find it hard to invest in human resources...."

—Uganda-based participant

2. Partnerships: Identification, Representation, Coordination, and Government

Identifying the "right" partners and ensuring representation from various levels and sectors were described as key factors in successful HRH program implementation. Given the multitude of stakeholders, attentive coordination is needed, especially when working with multiple ministries of the government.

Partnership

Representation: "I think figuring out how to get private-sector representation is very tricky...there are so many different private health care providers that as private sectors grow and grow, [determining] how to represent them is very difficult."

—Kenya-based participant

3. Technical Expertise: Recruitment, Capacity-Building, and Retention

Participants stated that recruiting staff and identifying partners with the right set of skills are key challenges. To compensate, participants discussed the importance of building the capacity of staff, partners, and ministries. For a variety of reasons, retaining staff with specialized skills in HRH can be difficult, slowing implementation and limiting programs' ability to be effective.

Technical Expertise

Recruitment: "[W]e don't have the staff with the skills to push a particular activity. This [HRH] is a tough area, a new area, technically speaking. So getting staff with the kind of exposure, skills, and confidence you want is a bit of a challenge."

—Kenya-based participant

Recommendations

Advocacy

- Allocate time and resources to influence the perception of the impact of HRH investments.
- Identify, generate, and use data and evidence to strengthen advocacy messages.
- Identify and support HRH advocacy champions on an ongoing basis.

Partnerships

- Conduct an initial environmental analysis to identify potential stakeholders.
- Ensure comprehensive representation of stakeholder groups.
- Develop systematic and efficient coordination mechanisms.
- Build strong relationships with government stakeholders.

Expertise

- Recruit staff with skills in HRH and related areas such as advocacy, IT, monitoring and evaluation, and gender.
- Incorporate capacity-building activities for stakeholders into implementation plans.
- Develop a strategy to improve retention of staff.