



STRENGTHENING HUMAN RESOURCES FOR HEALTH IN UGANDA

The USAID-funded Strengthening Human Resources for Health (SHRH) Activity works with the government of Uganda and private not-for-profit (PNFP) organizations to improve health care and health outcomes nationally by addressing performance and management problems, low retention, and skills gaps affecting the health workforce. Through the initiative, IntraHealth and the Ministries of Health, Education, and Public Service are working with district governments, PNFPs, and health professional councils and training institutions to:

- **Increase equitable recruitment, deployment and retention of health workers**
- **Improve health worker performance** at all levels
- **Strengthen preservice and in-service training of health workers**, focusing on cadres in scarce supply
- **Increase national health sector staffing levels from 69% to 75% by 2019.**

KEY APPROACHES

INCREASED RECRUITMENT, RETENTION & DEPLOYMENT OF HEALTH WORKERS

SHRH aims to increase staffing and improve health care in all 112 districts in Uganda, focusing especially on districts where less than 60% of health worker positions are filled, as well as high volume sites and high HIV-burden areas. Our approaches include helping districts and PNFPs develop and implement annual recruitment and retention plans; deploying a new e-recruitment system to enhance efficiency and transparency in hiring health workers; and working to increase staffing of priority cadres in hard-to-reach areas and absorption of PEPFAR-funded health workers into district health budgets and by the Ministry of Health and central institutions.

Funder: USAID

Dates: 2014-2019

Core Partners: IntraHealth (lead); Ministries of Health, Public Service, and Education

The SHRH program builds on the achievements of the Uganda Capacity Program, led by IntraHealth 2009-2014, which helped increase the number of filled positions in the health sector from 48% in 2009 to 69% in 2014.

CONTEXT

- HIV, malaria, and other communicable diseases continue to strain the health system.
- Uganda has a rapidly growing population—yet critical shortage of midwives, anesthetic officers, pharmacy technicians, theater assistants, and public health nurses.
- 87% of the population is rural, while most of the health workforce and health training institutions are concentrated in cities.
- Performance problems, low retention, lack of skills, poor motivation, and absenteeism abound within the health workforce.

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IMPROVED PRESERVICE TRAINING TO MEET THE NEEDS OF UGANDA

To develop the future health workforce Uganda needs, we are working to increase production of the cadres in scarce supply: midwives, anesthetic officers, pharmacy technicians, theater assistants, and public health nurses. Our comprehensive strategy includes working with the Ministries of Health and Education to revise health worker scopes of practice and upgrade national curricula standards, and with public and private health training institutions to increase enrolment and graduation of critical cadres, especially in hard-to-reach areas. Our support to schools depends on specific needs and includes training tutors, mentoring administrators in leadership and management, and providing equipment and learning materials to schools and scholarships to needy students in danger of dropping out.

BETTER PERFORMANCE MANAGEMENT & SUPERVISION SYSTEMS

A more productive, motivated health workforce means better care and more health services. SHRH works to improve health worker productivity by strengthening systems for performance management and supportive supervision at national, district, and health facility levels.

We train and advise health managers and supervisors, district health management teams, and individual health workers in performance management—from developing clear job descriptions and individual and institutional performance plans, to monitoring progress, conducting appraisals, and determining appropriate rewards and sanctions that incentivize health worker performance and productivity and improve motivation and retention. And we work to ensure that performance plans are linked at all levels—that national performance targets inform district plan targets and, ultimately, those of health facilities and individual health workers.

We also support the MOH in instituting a coordinated supportive supervision system that addresses district and facility level strengths, gaps, challenges, and needs to better align them with national quality and technical standards.

DATA FOR DECISION-MAKING & HRIS

Using a unified human resources information system (HRIS) helps ministries and districts collect the data they need to make crucial decisions about health workforce funding, deployment, and development priorities. 112 districts are now using the IntraHealth-developed, open source iHRIS software, which makes it easier to recruit new staff, fill open positions, and ensure health workers have proper qualifications. Supporting a functional and sustainable HRIS in all districts and central institutions to improve evidence-based health workforce planning and management is one of our main program objectives. The system should be fully transitioned to the Government of Uganda by the end of 2017.

REDUCING ABSENTEEISM

Health worker absenteeism is a key barrier to accessing health care in many communities. In 2014, we found an absenteeism rate of 52% in public facilities, indicating that health workers were chronically not showing up to work, or were leaving early to collect dual pay at other facilities.

Tracking attendance is the first step in ensuring health workers are present and that staff workloads are equitable. Our monitoring system helps facilities and districts analyze attendance to make evidence-based decisions—including appropriate staff rewards and sanctions—that improve performance, retention, and health service delivery. Facilities and districts are reporting remarkable declines in absenteeism since implementing these simple mechanisms—down from 50 to 13.7 percent, according to data from 51 districts.



COMPREHENSIVE HRH PACKAGE FOR DISTRICT HEALTH TEAMS

To improve the performance of health workers and the quality of services they provide, we work across the country to design appropriate solutions for each district's unique HRH challenges. We provide districts with a comprehensive package of interventions, including human resource information systems, training, supervision support, and gender and management guidelines that make workplaces fairer and safer. The district intervention package also includes technical support for HRIS, guidance on data use, in-service training, and rigorous performance management and supportive supervision standards, guidance, and training.