At the midpoint of the five-year Capacity Project, team members gathered in Washington, DC for a technical review and workshop on the Project’s efforts to strengthen human resources for health (HRH) to support key services in family planning, reproductive health and HIV/AIDS treatment and care. Held April 16-19, the workshop provided staff with an actively shared knowledge base in order to optimize effectiveness during the second half of the project. Technical staff from Kenya, Lesotho, Mali, Namibia, Rwanda, Tanzania, South Africa, Southern Sudan, Uganda and the Central America Regional Program joined US-based staff.

In one of the working group sessions, participants discussed the Project’s most exciting accomplishments so far. Several groups cited achievements in strengthening human resources information systems, which provides overarching support for all HRH services.

Stembile Mugore from the South Africa (RHAP) office made reference to the participatory approach “that empowers ministries of health to take ownership, utilize data themselves, be able to set the agenda for moving forward and to recognize that they need additional data.”

Along these lines, Vincent Oketcho from Uganda pointed to “strengthening information systems for generating evidence for planning and management.” As an example, “The Capacity Project looked at the greatest pressure point in our country, the Nursing Council, where there’s so much data passing through and there was so much confusion.” Through the Project’s involvement, the Council’s data now “provides a major source for human resource tracking, planning and management.” By asking “where is the shoe pressing the most,” he said, the Project made a significant impact.

Reporting for his discussion group, Kimani Mungai from the Kenya office cited the emergency hiring plan in Kenya as a key achievement. In this effort to rapidly recruit, train and deploy 830 health workers to serve in rural posts, the Project rolled out “a very innovative in-country initiative using local-level partners” while “pushing forward a critical way of looking at things from a very new perspective.”

Participants noted the Project’s work to improve family planning in Rwanda as another country-specific accomplishment. The Project’s innovative approaches focus on policy development, leadership at the national level, building capacity for family planning activities and integrating family planning into programs for HIV and prevention of mother-to-child transmission (PMTCT).
Participants also highlighted knowledge sharing. Paul Kiwanuka-Mukiibi from Uganda said his group emphasized the “focused and deliberate effort and investment of time and resources in the act of knowledge sharing, [which] we thought has made a tremendous difference.” Examples cited included the Project’s HRH Global Resource Center and series of technical briefs. Barbara Stilwell, who is based in the US, said her group thought the Project succeeded in “the way it brought together HRH practitioners through the Global Resource Center and through the quick dissemination of practices like [the Rwanda example] at the country level.”

Finally, William Kiarie of the Southern Sudan team pointed to “the fact that we have strengthened the capacity of the Ministry of Health itself to manage HRH […], so this is building capacity in terms of training the key staff, developing policies and so on.”

Over the next few days the participants went on to expand the Project’s HRH knowledge base through country examples and working groups on critical technical leadership areas, and then looked ahead to the work and challenges that remain in strengthening HRH systems to support family planning and related areas. The final day focused on sharing Project tools, lessons and progress with the broader international health community in a Human Resources for Health Mini-University. The Mini-U featured such topics as the HRH Action Framework, HRH promising practices, HRIS strengthening, faith-based health networks, retention and productivity, which brought the gathering to a fruitful close.