

DHSC GLOBAL HEALTH WORKFORCE PROGRAMME QUARTERLY REPORTING TEMPLATE

Background		
Partner	<i>World Health Organization, Kenya Country Office</i>	
Reporting Quarter	Q1, 2023	
Overall project confidence	<p>The overall delivery confidence for the Global Health Workforce program is high. WHO has over the years supported the Ministry of health in successfully addressing various challenges in the implementation of HRH initiatives, such as stakeholder coordination, data collection and analysis, capacity building, and strategic planning. Through partnerships with key stakeholders and technical support from WHO, the HRH program in Kenya has made significant progress in improving the availability, quality, and utilization of health workforce data. Efforts to address HRH management, retention, and training have been undertaken, along with the establishment of committees to ensure effective coordination and institutionalization of HRH efforts. Overall, the WHO HRH program has demonstrated a strong commitment to strengthening the health workforce and has laid the foundation for sustainable impact and positive health outcomes.</p>	RAG
Objectives		
<p>The WHO Health Workforce program, in collaboration with the Ministry of Health (MOH) in Kenya, aims to achieve three key outcomes:</p> <p>Outcome 1: Improved availability of and use of data for health workforce strategic planning and management at the national and county levels. This includes the establishment of a master HRH database and the implementation of various monitoring tools such as the National Health Workforce Accounts (NHWA), Workload Indicators of Staffing Need (WISN), Health Labor Market Analysis (HLMA), and integrated Human Resources Information System (iHRIS). These efforts will enhance the availability, quality, and utilization of health workforce data to support Universal Health Coverage (UHC) and other health priorities.</p> <p>Outcome 2: Improved performance and quality of all health workers in Kenya. The program focuses on developing a Multi-dimensional Productivity Index (MPI) to measure health workforce performance. It also supports the Kenya Health Professionals Oversight Authority in developing regulatory instruments and registries for unregulated health cadres. Furthermore, capacity building of healthcare workers to implement Primary Health Care (PHC) is prioritized to align with the government's commitment to scale up PHC as part of achieving UHC.</p> <p>Outcome 3: Evidence-informed health workforce policies and strategic plans at the national and county levels. The program supports the development of a HRH strategic plan and policy that provide a framework for guiding interventions, investments, and decision-making in HRH planning and development. Additionally,</p>		

It is supported in domesticating the WHO Code of Practice on International Recruitment of Health Personnel and institutionalizing HRH coordination through the HRH Inter-County Committee (ICC) and Technical Thematic Committee (TTC) within the health partnership and inter-governmental framework. By focusing on these outcomes, the Global Health Workforce program aims to strengthen the health workforce in Kenya, improve performance and quality of healthcare workers, and ensure evidence-informed policies and plans for effective HRH management. These efforts align with the goal of achieving UHC and enhancing health service delivery in the country.

Overview

The HRH program in Kenya began with a stakeholder consultative meeting, which involved important participants such as academia, research institutions, development partners, and regulatory bodies. The primary objective of the meeting was to establish collaboration and partnerships between HRH implementing partners and the Ministry of Health's implementing agencies for the program. Additionally, it served as an opportunity to inform the Ministry of Health leadership and HRH implementing agencies about the new program and ensure its alignment with the priorities of the Ministry of Health. This meeting facilitated knowledge sharing, cooperation, and coordination among stakeholders involved in the HRH program implementation in Kenya.

With technical support from WHO, the Kenya Health Human Resources Advisory Council (KHRAC) implemented the third cycle of the National Health Workforce Accounts (NHWA) in Kenya. This implementation aligns with Kenya's adoption of WHA Resolution 63.19 as a member state, aiming to improve the quality, availability, and utilization of health workforce data. The KHRAC has been actively reporting annually on the NHWA platform of the WHO website. A five-day workshop was organized in collaboration with WHO to sensitize the County Human Resource Managers (CHRM) on the updated tool, collect and consolidate data, and build their capacity in in-depth data analytics for the third cycle reporting by July 31st, 2023.

The workshop involved collating health workforce data from various sources, including subnational levels (46 counties), the Ministry of Health, KHRAC, Commission of Education, Ministry of Labor, Kenyatta National Hospital, State Department of Immigration, Council of Governors, Christian Health Association of Kenya, and Kenya Health Federation (Private Sector). The key objectives of the workshop were to review the data gathering, interpretation, and dissemination process of HRH information within the NHWA, assess the successes and challenges of the initial process through a review of the seven steps, introduce the updated NHWA data collection tool, and initiate the next round of data collection based on lessons learned from the previous HRH evaluation and the need for new data sources.

This workshop aimed to strengthen the NHWA implementation in Kenya by ensuring the availability of accurate and comprehensive health workforce data, which will contribute to evidence-based decision-making and policy formulation in the health sector.

Risks to delivery
(Add risk rows as needed)

Mitigation

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change

<p><i>V. of government in 2022 there was reassignment of technical program managers with new leadership in place at the Ministry of Health.</i></p>	<p>A meeting was held with the new Head of Division, Professional Standards, to provide a comprehensive briefing and seek their support for the WHO HRH program. The meeting served as an opportunity to address any questions or concerns, ensuring alignment between the WHO HRH program and the goals and priorities of the Division of Professional Standards</p>		
<p>High turnover of the Human Resources for Health Managers at the subnational level. Some of the HRMs trained for the NHWA have since been reassigned to other ministries.</p>	<p>A training need was identified for the newly appointed County HRMs on the NHWA modules and reporting processes. Further supportive supervision will be provided during implementation. The new HRMs were also paired with trained other trained peers for mentorship.</p>		
<p>With the establishment of new County government leadership, government transitions, and the appointments of Country Directors of Health and Chief Officers of Health, there is indeed a potential risk of disruptions in intergovernmental relations, which could affect the effective implementation of health programs, including HRH initiatives. As health is devolved in Kenya, it becomes even more important to ensure buy-in and alignment of HRH priorities at the sub-national level.</p>	<p>To mitigate this risk and ensure successful implementation, there are efforts to foster strong intergovernmental relations and collaboration through the ICCs and TTCs. This involves establishing regular communication channels and platforms for dialogue between the national and sub-national governments, as well as the key stakeholders involved in the HRH program</p>		

Items for escalation

The Government of Kenya's strategic shift towards prioritizing Primary Health Care (PHC) as a means to achieve Universal Health Coverage (UHC), the HRH program reprioritized activities to include capacity building for the health workforce to establish primary care networks. This initiative involves the development of a comprehensive training guide that encompasses the essential knowledge, skills, and competencies required for establishment of Primary Care networks in the country.

By prioritizing capacity building in PHC, the HRH program aims to strengthen the knowledge and skills of healthcare professionals, enhance the quality of care provided at the primary care level, and contribute to the overall goal of achieving UHC in Kenya. This approach acknowledges the pivotal role of PHC in delivering accessible, equitable, and comprehensive healthcare services to all individuals and communities.

We seek the support of DHSC and FCDO in endorsing this reprioritization to ensure the timely delivery against planned objectives, resolving operational challenges, and maximizing the impact of the Global Health Workforce program.

Finance update

The project is currently on track with budget spending for this quarter. However, there was a repurposing of a portion of the budget to support the capacity building of the Health Workforce for Primary Health Care (HWF for PHC).

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Stakeholder and staffing update

The WHO country office recognizes the importance of Human Resources for Health (HRH) and, as a result, created a new position within the organization structure after conducting a functional review. Subsequently, the country office has successfully onboarded a temporary Technical Officer (TO) for HRH. Additionally, with support from the Global Health Workforce program, the recruitment process for a permanent HRH TO and administrative support for the program has commenced. This highlights the commitment of the WHO country office to prioritize HRH and ensure dedicated personnel and resources are allocated to strengthen the health workforce in the country.

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Progress update

(name outcomes, add funding allocated to each. Add more outcome rows as needed)

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OUTCOME 1: Improved availability of and use of data for health workforce strategic planning and management of health workforce at national and county level.

Key activity over last 3 months

Conducted annual NHTA accounts and generate country and county specific health workforce profiles to increase internal and external use of data

KPI update
Add further rows if required

Baseline/Target KPI

23 indicators reported as of 2021/2022

Progress update/ commentary

Data on 43 indicators was collected in the 3rd cycle of NHTA

RAG rating

Challenges	<p>...ing gap for NHWA was identified for new HRM officers at subnational level. To respond to this, a comprehensive training session was conducted to equip the new HRMs with the necessary knowledge and skills related to NHWA modules and reporting processes. These training sessions covered the key concepts, data collection methods, analysis techniques, and reporting requirements of the NHWA</p> <p>Furthermore, to facilitate the learning and knowledge transfer process, the new HRMs will be paired with previously trained peers for mentorship. This mentorship program will allow the new HRMs to learn from their more experienced counterparts, benefit from their expertise, and receive practical guidance on the NHWA.</p>		
Activity for next 3 months	<p><i>Data Analysis and Report writing on the NHWA</i> <i>Development of National and County HRH profiles</i></p>		
OUTCOME 3: Evidence-informed health workforce policies and strategic plans at national and county level			
Key activity over last 3 months	<p><i>Conducted a HRH consultative workshop to Institutionalize HRH coordination through the HRH ICC and TTC within the health partnership and inter-governmental framework</i></p>		RAG rating
KPI update Add further rows if required	Baseline/Target KPI	Progress update/ commentary	
	Conduct	1HRH stakeholder meeting conducted for the quarter	
Challenges	<p>During the planning stage of the HRH program, there was a change in leadership within the Ministry of Health (MOH), which resulted in delays in obtaining the endorsement of the activity by the new MOH leadership. To address this challenge, a meeting was organized to brief the Director and the Head of the Division of Professional Standards on the HRH program to seek their support.</p> <p>In addition, WHO is advocating for the formation of two committees to further strengthen the coordination and institutionalization of HRH efforts. The first is the HRH Technical Thematic Committee, which would bring together relevant stakeholders and experts to provide technical guidance, expertise, and support for HRH initiatives. The second is the Intergovernmental Committee, which would facilitate coordination and collaboration between different levels of government, ensuring that HRH strategies and activities are aligned and effectively implemented across the country.</p>		
Activity for next 3 months	<p><i>Conduct quarterly HRH ICC and TTC within the health partnership and inter-governmental framework</i></p>		

Other Comments

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Risk Scoring

Timing				
Imminent = within 3 months [Yellow]	Medium Term = within 6 months [Beige]		Long Term = 6 months + [Light Blue]	
Likelihood				
1 = Rare <10%	2 = Unlikely 10%-33%	3 = Possible 34%-67%	4 = Likely 68%-89%	5 = Almost Certain >90%
Impact				
1 = Very Low	2 = Low	3 = Medium	4 = High	5 = Very High

Overall Risk Rating

Impact	5	A	A	R	R	R
	4	A	A	A	R	R
	3	A	A	A	A	A
	2	G	A	A	A	A
	1	G	G	G	G	G
		1	2	3	4	5
		Likelihood				