









Ilyse Stempler HRH2030 | Open Development



www.hrh2030program.org

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.





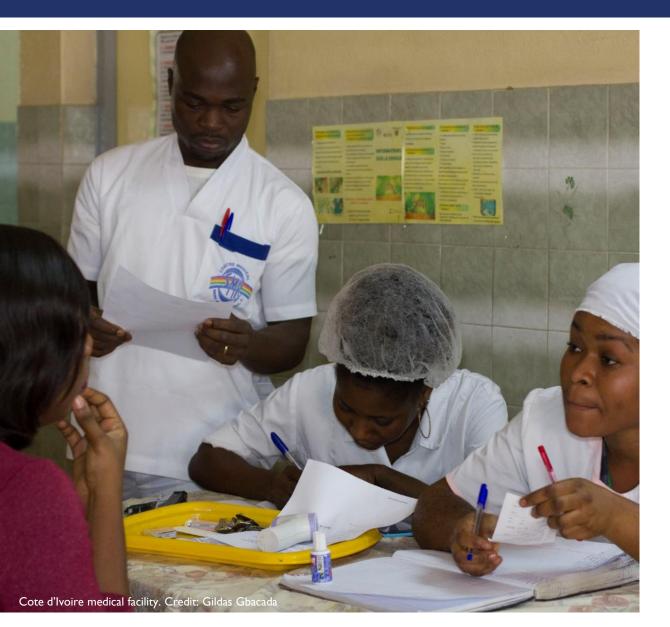


Chronic underinvestment in HRH has jeopardized country efforts to achieve HIV epidemic control and other critical health goals

Development partners have stepped in to support thousands of health and social workers, across a number of countries



# Inventorying the Donor-Supported Health Workforce



Development partners and host governments need better tools to understand the scope and nature of staffing investments, in order:

- To optimize health worker utilization for advancing epidemic control, and
- To inform sustainability planning for when epidemic control is achieved

HRH2030 has developed the **HRH**Inventory Tool to assist countries to inventory and analyze donor-investments in the health workforce

## What is the HRH Inventory Tool?

## The HRH Inventory Tool includes information on:

- Who is supported?
- Where are they deployed?
- How much are they paid?
- What benefits do they receive?
- Why were they hired?
- What technical areas are covered?
- How well does their compensation align with government salaries?

# What is the activity purpose?

### Countries might conduct an HRH Inventory in order to:

- More easily track and analyze donor investments in the health workforce, down to site-level
- Fulfill either donor or host government reporting requirements
- Facilitate stronger coordination and planning among donors, governments and implementers
- Link investments to results and more robust sector-wide performance monitoring
- Assess alignment to host government establishment lists and pay bands
- Use an evidence-based tool to negotiate sustainability plans to maintain progress

## What are the lessons learned from other countries?

Conducted inventories in Tanzania, Lesotho, Eswatini, Namibia and Philippines:

- Involved major donors, including PEPFAR and GFATM, and others
- National government awareness of donor investments in health were low, especially of lay cadres
- Inventories have led to increased donor coordination and government engagement on planning
- Findings often demonstrated strong alignment with government schemes of service/pay bands
- Inventory aids in developing a stepwise, diversified approach to sustainability



## HRH Inventory Initial Steps

### Determine Scope

 Identify who should be included in the Inventory and the timeframe for investments to be captured

# Refine the Inventory Tool

 Review the Inventory Tool to ensure it addresses questions pertinent to the country context

# Prepopulate Drop Downs

 To keep the data clean, populate country specific data, such as geographic names, facility lists, official job titles

# Populate the Inventory Tool

 Launch the data collection process by socializing Partners on the tools and providing them with a POC to answer questions

# Validate the Inventory

 Review, clean and validate data with Partners by identifying gaps, potential inconsistencies









# A recap of the HRH Inventory Tool Categories

#### General Information

Funding Entity, Project Name, Prime Implementing Partner, Sub-Implementing Partner, Site Level,
 Region, District, Facility, Type, and Ownership

### General HCW Information

 Job Title, Govt Equivalent Job Title, Cadre Type, Technical Area, Hiring Reason, Gender, Position, Avg FTE Per Week

### Salaried Workers

Annual Base Salary, Statutory Benefits, Overtime, Other Financial Benefits

## **Stipend Workers**

Annual Stipend & Description

### Additional Information

Other Non-Financial Benefits, Professional Development, Any Additional Comments

# The Completed HRH Inventory Tool

								GOVT EQUIVA	LENT IF SELECT
SITE LEVEL	<b>▼</b> REGION	<b>₽1</b> INKHUNDLA	FACILITY	<del>-1</del> Type	Ownership	Designation	JOB TITLE	<b>₽1</b> JOB TITLE	<b>▼</b> "Other"
Facility	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	Mentor Mothe	r/Expe Other-Lay	
Facility	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	Mentor Mothe	r/ExpeOther-Lay	
Facility	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	Mentor Mothe	r/Expe Other-Lay	
Facility	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	Mentor Mothe	r/ExpeOther-Lay	
Facility	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	Mentor Mothe	r/Expe Other-Lay	
Community	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	TB ACF Volunte	er Other-Lay	
Community	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	TB ACF Volunte	er Other-Lay	
Community	Hhohho	Maphalaleni	Ekuphileni Clinic	Clinic without maternity	Government	Scale Up	TB ACF Volunte	er Other-Lay	
Facility	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	Phlebotomist	Phlebotomist I	
Facility	Hhohho	Lobamba	Lobamba Clinic	Clinic without maternity	Government	Sustained high	Volum Facility Mentor	Moth Other-Lay	
Facility	Hhohho	Lobamba	Lobamba Clinic	Clinic without maternity	Government	Sustained high	Volun Facility Site Cod	ordina Other-Lay	
Community	Hhohho	Madlangampisi	Bhalekane Nazarene Clinic	Clinic without maternity	Mission	Sustained high	Volum Community Me	entor NOther-Lay	
Community	Hhohho	Madlangampisi	Bhalekane Naza	Clinic without maternity	Mission	Sustained high	Volun Community Me	entor i Other-Lay	
Facility	Hhohho	Mayiwane	Emkhuzweni He	7454950	Goment	Unknown	TB Microscopis	t Phlebotomist I	
Facility	Hhohho	Mayiwane	Emkhuzweni He h Centr	G tre D	verment	Unknown	Regional MDR-	TB Do Medical Office	r
Facility	Hhohho	Mayiwane	Emkhuzweni Heartn Centre	Health Centre	Government	Unknown	Regional MDR-	TB Nu Nurse-General	Staff Nurse I
Facility	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	TB Screening O	fficers Other-Lay	
Regional	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	Adherence Offi	cer Other-Lay	
Community	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	TB ACF Volunte	er Other-Lay	
Community	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	TB ACF Volunte	er Other-Lay	
Community	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	TB ACF Volunte	er Other-Lay	
Community	Hhohho	Mayiwane	Emkhuzweni Health Centre	Health Centre	Government	Unknown	TB ACF Volunte	er Other-Lay	
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Facility	Hhohho	lobamba	eZulwini Satellite Clinic	Clinic without maternity	Government	Sustained high	Volun Expert Client	Other-Lay	
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Facility	Hhohho	lobamba	eZulwini Satellite Clinic	Clinic without maternity	Government	Sustained high	Volun HTS Counselor	Other-Lay	
Facility	Hhohho	lobamba	eZulwini Satellite Clinic	Clinic without maternity	Government	Sustained high	Volun Phlebotomist	Phlebotomist I	







## **USE HRH INVENTORY**

To track and analyze investments in HRH staffing that can be utilized for sector-wide performance monitoring and program planning



## The HRH Inventory Dashboard







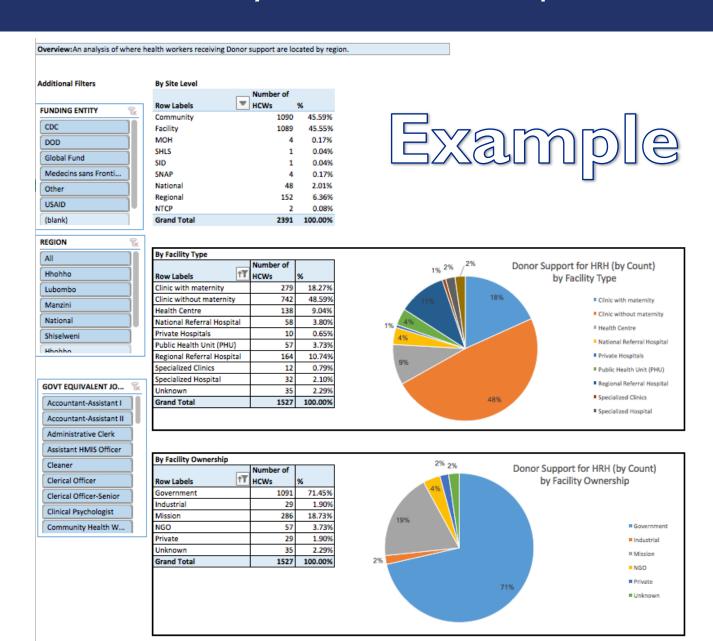


#### Eswatini HRH Sustainability Planning Dashboard - FY2018 - Version 1.4 (12 February 2019)

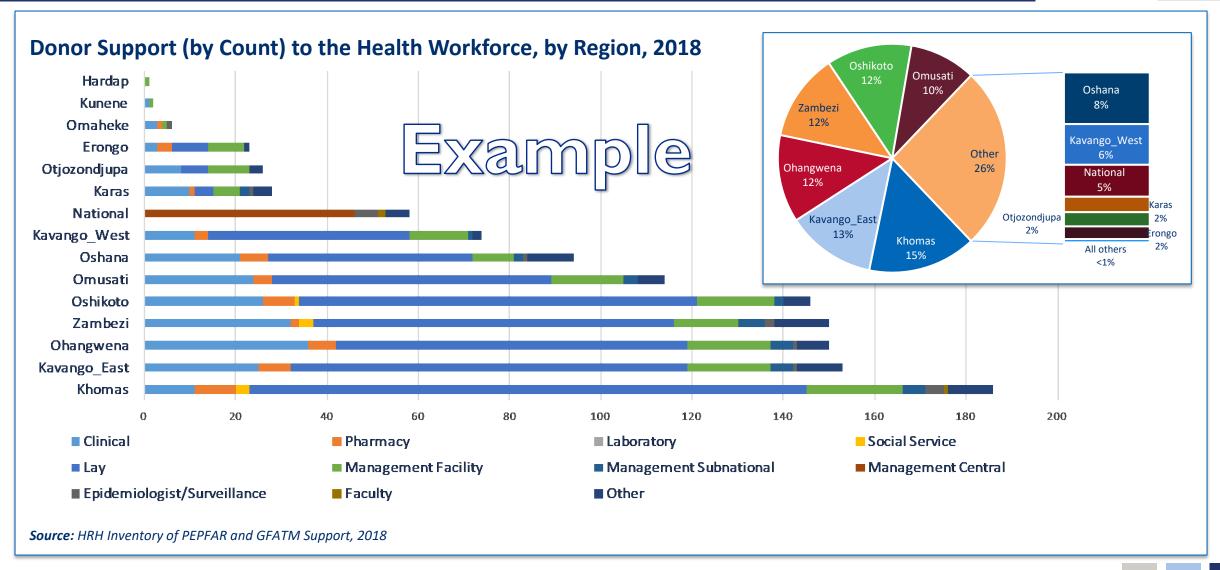
BACKGROUND: To better understand the scope and nature of Donors' HRH investments in Eswatini, HRH2030 compiled FY18 data on health workers supported by the United States Government through PEFPAR, the Global Fund, and MSF into the HRH Inventory. The HRH Inventory includes support to health workers that played a critical role in supporting the Government's HIV epidemic control efforts, and therefore, reflects HRH investments that would need to be absorbed locally, if donors were to withdraw their support. Project staff that either coordinate or oversee donor activities or provide capacity building or technical assistance to the Government and local partners were not included. The HRH Inventory provides a wealth of information about Donors' investments in HRH, including job titles of health workers supported, name of facilities where health workers are based, and detailed information on compensation. It also includes a mapping of Donor-supported workers to Government of of the Kingdom of Eswatini cadre and pay bands, where available, to determine if these HRH investments are well positioned for local transition. To support analysis of the HRH Inventory, HRH2030 developed this user-friendly dashboard.

Tab	Description			
Tab 1 - What kind of HRH support is provided?	An analysis of the kinds of HRH support Donors provide.			
Tab 2 - Who receives support?	An analysis of which types of health workers wing Donor support, the number of health worker supported by cadre, the average salary or stipend that cadre receives, and the total amount of support provided.			
Tab 3 - Where are they located?	An analysis of where health workers receivin anar-sup re la h o bns se the le n			
Tab 4 - What type of facilities?	An analysis of where health workers receiving Donor support are located, by site level, facility bype, and facility ownership.			
Tab 5- Who funds them?	An analysis of which funding entities provide support.			
Tab 6 - Are they aligned?	An analysis of pay compared to official GKoE pay bands.			
Tab 7 - HRH Mortgage	The HRH Mortgage is a "back of the envelope" valuation of the potential transition costs for the partner country to absorb HRH investments. It allows the Government and Donors to model different planning scenarios and cost estimates that can be compared to country plans, priorities and budgets.			
The remaining tabs pertain to the HRH Inventory.				
HRH Data	Full Data Set of HCWs paid salary or stipend			
Hourly-Daily Data	Data Set for Hourly or ad locum workers			
Facility List	List of health facilities, type, ownership, designation, and location			
GKoE Cadre List	List of official GKoE positions and pay bands			
Options List	Lists pertaining to options for estimated mortgage, including priority cadres.			

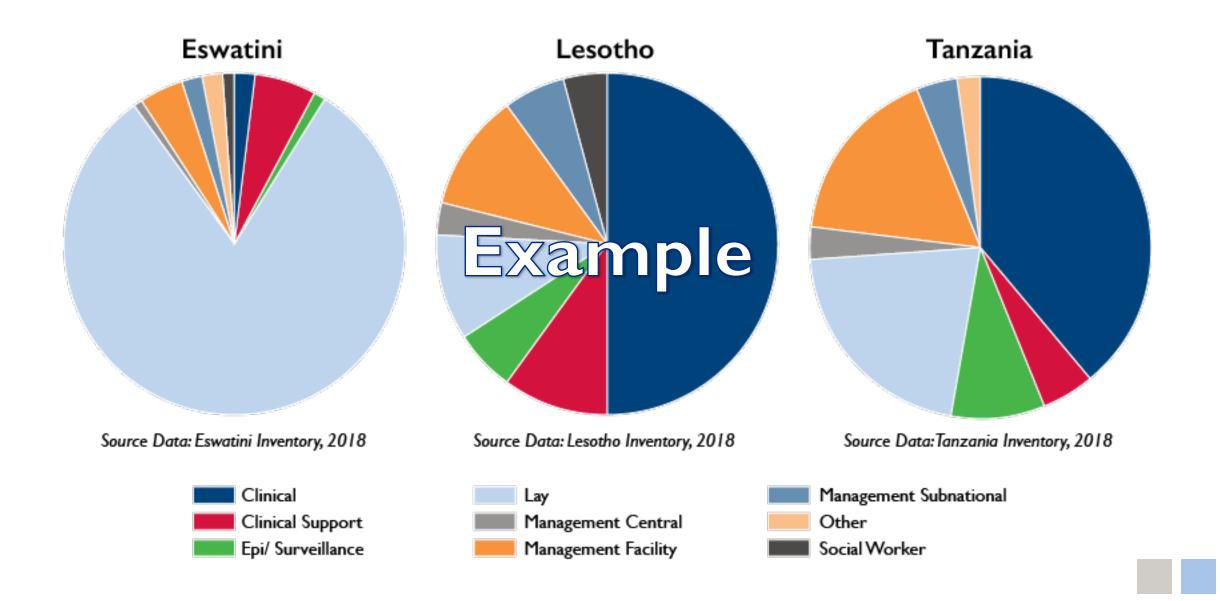
## The HRH Inventory Dashboard Example: Location Analysis



## Example: Donor Investments in Health Workforce

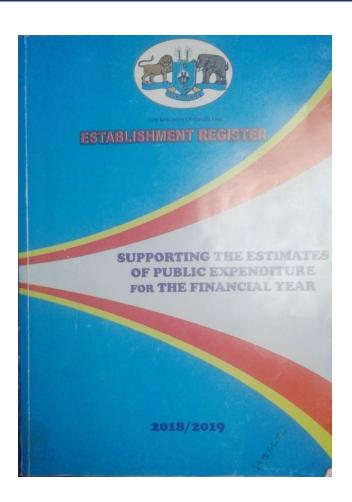


## Example: Donor Investments in Health Workforce



# Link to Other Data Points: Government Mapping

- Map donor-contracted staff to government cadre and pay bands
- Access the Establishment Register or List and relevant circulars to identify official cadre and grade
- Identify the lowest and highest paid base salary for a particular cadre and grade to identify pay bands
- Analyze for alignment with public service policy and procedure









## **USE HRH INVENTORY**

To estimate the donor HRH and explore different transition scenarios and cost estimates that can be compared to country plans, priorities and budgets



## HRH Mortgage Estimate and Transition Scenarios

#### HRH MORTGAGE

Background: The HRH Mortgage is a "back of the envelope" valuation of the potential transition costs for the partner country to absorb HRH investments. It allows the Government and Donors to model different planning scenarios and cost estimates that can be compared to country plans, priorities and budgets. Rather than assume the costs borne by partners, where possible, the MoHSS Establishment Lists and pay scales are used. If a Donor-supported position could be mapped to an equivalent position in the Government's establishment list, the entry level is used as the base salary.

By Role

By Role

By Location

By Position

By Salary

REGION

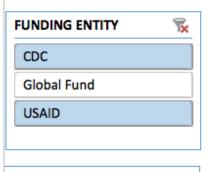
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Karas

Option 1: Select based on Official Cadres	(AII)
Option 2: Select based on Cadre Type	(Multiple Items)
Option 3: Select to Focus on Facility Ownership	Yes
Option 4: Select based on Status of Hire	Salaried-Full-Time Donor Supported
Option 5: Select based on salary alignment	(Multiple Items)



#### Additional Filters



		Total Cost by Current			
Row Labels	<del>-</del> †	Number of HCWs		Salary	<b>Total Cost by Proxy Salary</b>
<ul><li>Enrolled Nurse</li></ul>			23	NAD 3,497,309	NAD 3,392,155
<ul><li>Health Assistant</li></ul>			288	NAD 17,673,370	NAD 20,896,128
<ul> <li>Medical Officer</li> </ul>			7	NAD 2,122,561	NAD 2,800,007
<ul><li>Pharmacist</li></ul>			6	NAD 2,189,333	NAD 1,615,134
<ul> <li>Pharmacist Assistant</li> </ul>			10	NAD 1,259,691	NAD 1,771,930
<ul> <li>Registered Nurse</li> </ul>			88	NAD 25,241,814	NAD 19,432,864
<ul> <li>Senior Health Assistant</li> </ul>			12	NAD 1,000,200	NAD 1,195,596
<ul> <li>Senior Registered Nurse</li> </ul>			3	NAD 788,745	NAD 807,567
Grand Total			437	NAD 53,773,023	NAD 51,911,381



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