HEALTH WORKFORCE

IntraHealth International is a global leader in health workforce development. We’ve worked in over 100 countries to improve the performance of health workers and strengthen the systems in which they work. We use tools and approaches like these to get results:

- **Optimizing Performance and Quality**, our signature approach for problem-solving and capacity-building
- **iHRIS**, our free, open-source software for managing health workforce data
- **WHO’s Workforce Indicators of Staffing Needs**
- **mHero, mSakhi**, and other mobile digital health solutions for health workers
- **WHO’s National Health Workforce Accounts**
- **Gender Discrimination and Inequality Analysis toolkit**

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**OUR APPROACHES IN ACTION**

Building on 40 years of experience helping countries plan, develop, manage, and support health workers, IntraHealth’s key approaches to human resources for health (HRH) and health systems strengthening include:

1. **Strengthening leadership, governance, and human resources management**

Countries in **Central America** are applying IntraHealth’s Optimizing Performance and Quality (OPQ) methodology to systematically improve quality of care, including reduction of stigma against HIV clients, in more than 70 hospitals and health facilities.

In **Togo**, OPQ helped health workers integrate family planning services into postabortion care, contributing to a significant uptick in women opting for long-acting reversible contraceptive methods.

2. **Applying new systems and tools for health worker training and education**

In **Kenya**, IntraHealth and the government worked together to improve health workforce education, training, regulation, and county-level coordination and management. This included training 16,000+ health workers, creating eight regional training hubs for more cost-effective in-service training, further reducing training costs through eLearning courses, and partnering with the private sector to create the Afya Elimu Fund, a revolving loan program that has helped 18,200+ health professional students remain in school.

3. **Developing and supporting digital health solutions**

IntraHealth’s approach to strengthening health workforce information systems, including our open source iHRIS software, is being used in 28 countries to help health workers communicate more effectively and make better, more informed decisions about health workforce policy, planning, training, regulation,
Over 12,000 health workers in Uganda have addressed needs revealed by iHRIS data to advocate for, recruit, and redeploy thousands of health workers—decisions that have increased access to care for millions of people.

Uganda is using a mobile directory to increase health workforce accountability and regulation. With IntraHealth support, the country launched a directory that Ugandans can access via their cell phones to verify health professionals’ credentials and report unlicensed practitioners. We also instituted attendance-tracking tools in 4,500+ facilities that reduced unapproved health worker absences from 50% in 2015 to 11% in 2018.

Over 12,000 health workers in Liberia are now connected to the Ministry of Health through mHero, a mobile phone-based platform for quick response to Ebola and other emerging threats. In India, thousands of frontline health workers are using mSakhi, a mobile phone app that combines self-learning, counseling, client management, and data tracking tools for better community-level maternal and child health services and referrals.

4. Improving retention, performance, and productivity of health workers

IntraHealth assisted the government of Namibia in the first-ever national application of the World Health Organization’s Workload Indicators of Staffing Need (WISN) method. WISN is helping the government pinpoint staff shortages and misalignments down to the individual health facility and then make budgeting and deployment decisions accordingly. It has been used to advocate for policy change to support task-sharing and increase access to key services.

5. Advocating and working with governments, civil society, and other partners on policy development and implementation

In the Dominican Republic, IntraHealth supported the government in a comprehensive program to strengthen human resource management and related policies. Highlights include passage of a national health career law, job description manuals for key cadres of health workers, a national performance management system, and a payroll analysis that led to the elimination of 10,000 ghost workers. The savings were then reinvested in hiring new health workers and other strategies to increase access to primary health care services.

6. Challenging gender discrimination and inequality and advancing women’s social and economic empowerment in and through health systems

IntraHealth’s Gender Discrimination and Inequality Analysis (GDIA) toolkit assesses gender equality in health educational and employment systems. Results from our research were used to develop Guidelines for Mainstreaming Gender in Human Resources Management in Uganda, and a policy addressing equal opportunity, sexual harassment, and woman- and family-friendly workplaces in Zambia. We adapted the GDIA methodology to conduct gender analyses of preservice and employment systems in Mali and Ethiopia, and we are adapting it for a gender discrimination and sexual harassment study in Senegal. The results will be used to develop a code of conduct for Senegal’s public health sector.

In Uganda, results from IntraHealth’s formative assessment of sexual harassment in the workforce were used to design a sexual harassment prevention and response system, including reporting mechanisms. The Uganda Ministry of Health approved the Sexual Harassment Policy Implementation Guidelines in 2017, trained health workers and managers, and collaborated with professional associations to revise the health workers’ professional codes of conduct.

IntraHealth’s Gender, Youth, and Social Inclusion Analysis (GYSIA) in Uganda identified vulnerable and marginalized groups often socially excluded from health care services, the reasons for exclusion, key barriers to health care access, and opportunities to enhance access and use of health services. Following the analysis, we proposed programming recommendations for gender, youth, and social inclusion integration and prevention of violence targeting the 14-year old girl—a USAID/Uganda priority.

In 2019, IntraHealth collaborated with the global Nursing Now Campaign to analyze the gender barriers to women’s leadership in the nursing workforce. Results are being used to advocate for revising the International Labor Organization’s Nursing Personnel Convention.

IntraHealth leads large HRH-focused projects in El Salvador, Guatemala, Honduras, Panama, Belize, Costa Rica, Kenya, Mali, Namibia, and Uganda, and supports health workforce and systems strengthening through projects funded by USAID, the US Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, and other donors. From 2004-2015, IntraHealth led the Capacity and CapacityPlus projects, USAID global initiatives to strengthen HRH that worked in 54 countries combined.