



INTRAHEALTH'S RAPID HIRING APPROACH: RECRUITING 181 HEALTH WORKERS FOR HIGH-QUALITY HIV CARE

Through IntraHealth International's USAID HIV Clinical Services Technical Assistance Project (UTAP), the United States Agency for International Development (USAID) has hired 181 high-quality health workers to improve access to and availability of HIV services in the country's rural northern regions.

The health workers were deployed to seven high-priority districts (see Table 1): Andara, Nyangana, Oshikuku, Onandjokwe, Odibo, Omuthiya, Tsumeb, and Grootfontein Hospital and clinic (an urban hotspot). These new hires are part of the HIV treatment acceleration plan and a memorandum of understanding between the Government of the United States and Namibia in December 2015. This agreement provides for an additional US\$34 million to support the Ministry of Health and Social Services (MoHSS) as it achieves HIV/AIDS epidemic control in the country. The new health workers will also help Namibia reach the UNAIDS 90-90-90 targets.

Recruiting qualified health workers to rural and remote areas within the hiring timeframe required careful planning (see Table 2). Five human resources (HR) interns were recruited to assist the HR experts and were oriented to IntraHealth's recruitment procedures and plan. All job descriptions, salary scales, and notches were aligned to the MoHSS's grades and scales in the course of one month.

During February and March 2016, IntraHealth's leadership team visited regional and district leadership teams to identify staffing gaps and equipment needs. They identified 181 positions for clinical mentors (doctors), nurse mentors, registered and enrolled nurses, pharmacy assistants, pharmacists, health assistants for provider-initiated testing and counseling (community counselors), monitoring and evaluation officers, administrative officers, and drivers. IntraHealth asked the regional and district leadership to consider and encourage nurses who recently retired from government employment to apply for two-year nursing contracts with UTAP.



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Table 1: Number of cadres per district

	Andara	Nyangana	Oshikuku	Odibo	Onandjokwe	Omuthiya	Tsumeb	Grootfontein	TOTAL
Clinical mentor	1						1	1	3
Nurse mentor						1	1		2
Registered nurse	4	6	6	6	7	5	6	4	44
Enrolled nurse	4	3	8	3	7	5	6		36
Pharmacist					1				1
Pharmacist assistant	1	1	2	2	5	1	1		13
Health assistant	2	5	11	4	13	4	7	3	49
Admin officer	3	3	3	1	3	2	2	1	18
M&E officer						1	1	1	3
Driver		1	1		6	1	2	1	12
TOTAL	15	19	31	16	42	20	27	11	181

Following this assessment, on March 14, IntraHealth placed adverts in two local newspapers (*The Namibian* and *Republikein*) for the positions. All applicants were asked to send their applications to a specially created email account; applicants without internet access could deliver their applications to the district hospitals in the regions where they were applying. After the closing date (March 28), the districts couriered all applications to the IntraHealth office in Windhoek, where they were reviewed by the HR team.

Over 8,000 applications were received. The HR interns rapidly short-listed candidates according to the required qualifications. Then interviews commenced in the districts. The interview panels included clinical representation from IntraHealth and the MoHSS Primary Health Care department in each district. The initial interview process was completed within one month and the first successful candidates assumed duty on July 01. All successful candidates were entered into IntraHealth's iHRIS software, allowing the MoHSS to track and manage their information over time.

Table 2: Overview of rapid hiring timeline

	March	April	May	June	July
Review job descriptions					
Advertise positions					
Recruit HR interns					
Application closure					
Orientation of HR interns					
Shortlisting according to advertised qualifications					
Prepare interview templates for positions					
Scheduling of interviews					
Interview process starts					
Selection of successful candidates					
First successful candidates assumed duty					

Tables 3 and 4: Current staffing rates

POSITION	STAFFING RATE
Clinical Mentors	100%
Nurse Mentors	100%
Health Assistants	98%
Drivers	92%
Admin Officers	83%
M&E Officers	67%
Registered Nurses	61%
Enrolled Nurses	47%
Pharmacist Assistants	23%
Pharmacists	0%

DISTRICT	STAFFING RATE
Grootfontein	91%
Tsumeb	85%
Omuthiya	80%
Onandjokwe	79%
Nyangana	63%
Oshikuku	58%
Andara	53%
Odibo	50%

So far, 128 positions have been filled and 53 are still outstanding (see Tables 3 and 4). The US Government is working with the Government of Namibia to achieve HIV epidemic control by supporting the acceleration of HIV treatment in specific areas of the country where the HIV burden and unmet need for antiretroviral therapy (ART) are highest. The Workload Indicators for Staffing Needs (WISN) assessment in 2014 showed clinical human resources gaps, particularly at lower-level health facilities, that negatively affect the ability of the staff at community HIV health facilities to initiate and maintain ART for clients.

The National Strategic Framework (NSF) for HIV/AIDS response in Namibia guides the national response to the HIV epidemic. The country's HIV treatment target is 95% coverage among eligible people living with HIV. This would mean that approximately 80% of all people living with HIV, or approximately 174,100 persons, will be on ART by 2018. To achieve this target, almost 42,400 new patients must be initiated on ART, in part through the rapid hiring of additional clinical health workers.

Steve Jobs, former CEO of Apple Inc., once remarked: "You need to have a collaborative hiring process." This was certainly the case in IntraHealth's hiring process. This success required buy-in and input from all stakeholders, including MoHSS at all levels, IntraHealth staff, and every other person who contributed to achieving these spectacular results. Efforts continue to finalize recruitment for the outstanding positions, even in the face of Namibia's health worker scarcity and challenges in attracting qualified workers to the rural and remote areas with high disease burdens.

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