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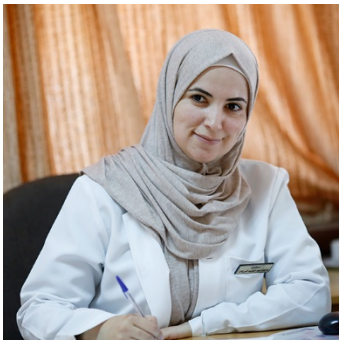
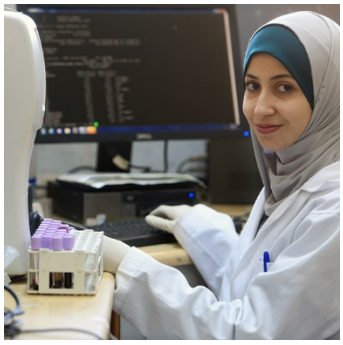
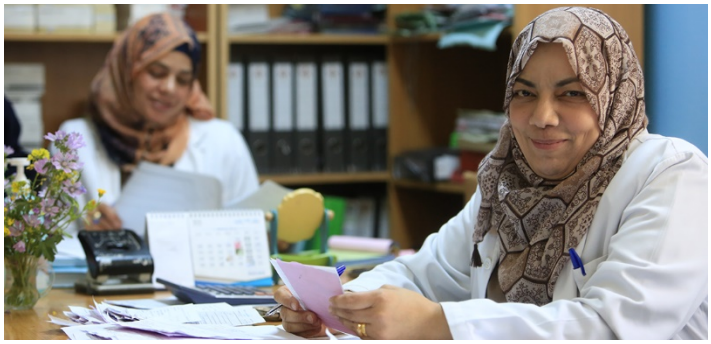
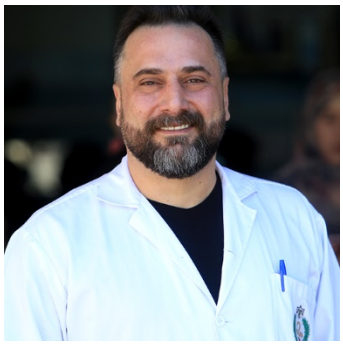
HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030









Final Report | April 2019

Human Resources for Health in 2030 in Jordan

Contents

ACKNOWLEDGEMENTS

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April 30, 2019

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Abbreviations

AAA	Administrative Affairs Administration
AMELP	Activity Monitoring, Evaluation, and Learning Plan
CITIES	Cities Implementing Transparent, Innovative, and Effective Solutions (Activity)
CPD	Continuing Professional Development
CSB	Civil Service Bureau
GOJ	Government of Jordan
HC	Health Center
HCAC	Health Care Accreditation Council
HD	Health Directorate
HFG	Health Finance and Governance (Activity)
HHC	High Health Council
HML	Health Management and Leadership
HR	Human Resources
HRD	Human Resources Development
HRH	Human Resources for Health
HRH2030	Human Resources for Health in 2030
HRM	Human Resources Management
HRMS	Human Resources Management System
HRPPA	Human Resources Planning and Personnel Affairs
JCAP	Jordan Communication, Advocacy, and Policy (Activity)
JMC	Jordan Medical Council
KIT	Royal Tropical Institute
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NCPF	National Coordination Policy Forum
NHWA	National Health Workforce Account
OSP	Operational Strategic Plan
RMS	Royal Medical Services
TWG	Technical Working Group
URC	University Research Company
USAID	United States Agency for International Development
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need
WLHF	Women Leaders in Health Forum

Executive Summary

From 2016 to 2019, the United States Agency for International Development (USAID)-funded Human Resources for Health in 2030 (HRH2030) activity in Jordan worked to improve human resources for health (HRH) constraints that inhibited the provision of high-quality patient care by providing tailored technical assistance and capacity building interventions to meet Jordan's specific HRH needs. Operating within Jordan's health sector, HRH2030 partnered with the Ministry of Health (MOH), High Health Council (HHC), Civil Service Bureau (CSB), and other stakeholders to strengthen the health workforce for better health services. HRH2030 designed interventions to address key stakeholders' priorities and to complement the work being done concurrently by USAID and other donor-funded interventions.

"Having a qualified and trained health workforce is a key factor in Jordan's distinguished health status."

- Dr. Mohammad Tarawneh, secretary general of Jordan's High Health Council, at launch of the HRH2030-supported National HRH Strategy

To improve human resources practices at Jordan's MOH, HRH2030 engaged with the Administrative Affairs Administration (AAA) to jointly develop an operational strategic plan (OSP) for human resources (HR) improvements at the MOH to realize sustainable changes needed at the facility level. HRH2030 then built the capacity of MOH's central and health directorate staff to equip them with the skills and knowledge to develop and implement improved HR systems, tools, policies, and procedures that impact service-level HR functions. HRH2030 also worked to strengthen the MOH's HR data systems for decision-making and prepared management and leadership training at the MOH to support succession planning.

With USAID's leadership and HRH2030's technical support, Jordan developed and approved a historic bylaw requiring relicensure of health workers every five years, with a mandatory requirement for continuing professional development (CPD). With the passing of this bylaw, the Professionals License Renewal Bylaw No (46) 2018, Jordan sent a clear message of support for building health worker competency through a relicensure requirement with mandatory CPD.

In recognition of the global spotlight on women's leadership in the health sector, Jordan convened a Women Leaders in Health Forum (WLHF) aimed to increase women leaders in Jordan's health sector. This forum, led by Jordan's women leaders in the health sector, will leverage existing momentum around women's leadership in Jordan after HRH2030's closeout through the implementation of its strategic plan to foster and increase the number and tier of women leaders.

Through the leadership of the HHC and MOH, Jordan developed and passed its first ever National HRH Strategy. This strategy represents the political will and organizational support of improving HRH within the country and includes detailed plans for implementing and monitoring the strategy. Having a national HRH strategy to guide policy development and implementation is essential to ensure long term sustainability of a strong health workforce ready and able to meet the population's health needs. HRH2030 also supported the sector's improved emphasis on using data for decision-making, through support to the National HRH Observatory and introduction of the National Health Workforce Accounts process (NHWA).

During three years of support to the MOH and other stakeholders, HRH2030 achieved significant milestones toward improving Jordan's HRH in support of improved health outcomes. HRH2030 faced both challenges and opportunities throughout implementation and continued to incorporate lessons learned in its approach. These lessons included how to effectively engage stakeholders, how to instill sustainability and institutionalization into intervention design, and how to communicate the activity's successes; these lessons can be incorporated into HRH2030's global program as well as future activities related to HRH in Jordan. Cumulatively, Jordan's stakeholders have the ability to continue building the momentum behind HRH. However, more work is needed to fully implement and experience the impact of key interventions under HRH2030. HRH2030 has identified priority next steps and recommendations for strategic support for stakeholders carrying forward this work.

At its core, HRH2030 was a testament to the need to efficiently and effectively identify and implement existing tools that work and incorporate new HRH approaches. Evidence-based technical assistance interventions, data-driven policy making, and targeted training and capacity building in HRH contribute to a better performing, distributed, motivated, competent, and sustainable health workforce, ultimately improving service delivery and health outcomes.

Introduction

Basic agreement information

Period of performance: December 31, 2015 – February 28, 2019

Prime recipient: Chemonics International, Inc.

Sub-recipients: Palladium, University Research Company LLC, Royal Tropical Institute [Year 1 only]

The USAID-funded HRH2030 activity in Jordan works to strengthen the health workforce for better health services by improving HR practices in the MOH, improving health workforce competency, and strengthening national HRH governance. Operating under a five-year global cooperative agreement, HRH2030 in Jordan was the first activity of the HRH2030 global program funded by a USAID Mission to support a country-based team. The team was selected with the appropriate mix of expertise to address country specific HRH issues that inhibit the provision of high-quality patient care in Jordan. HRH2030 supports priorities outlined in the World Health Organization's (WHO) Global Strategy on Human Resources for Health: Workforce 2030 by providing tailored technical assistance and capacity-building interventions that meet Jordan's specific HRH needs.

HRH2030 partnered with USAID/Jordan to contribute to its Development Objective 3 (Social Sector Quality Improved), Intermediate Result 1 (Health Status Improved), by enhancing health sector sustainability and resilience through health systems strengthening. The Government of Jordan (GOJ) recognizes the critical importance of having an accessible and high performing health workforce to advance progress toward the Jordan Vision 2025 goal of universal health coverage for all Jordanians. HRH2030 worked with and through the MOH, HHC, CSB, and other stakeholders to strengthen the health workforce for better health services.

HRH2030 was implemented by prime recipient Chemonics International with subrecipient consortium partners Palladium and University Research Company (URC) throughout the first three years of the activity, and the Royal Tropical Institute (KIT) in the first year. HRH2030 designed interventions based on annual implementation plans to continue building on the activities initiated in previous years to address key stakeholders' priorities and complement the work being done concurrently by USAID and other donor-funded interventions.

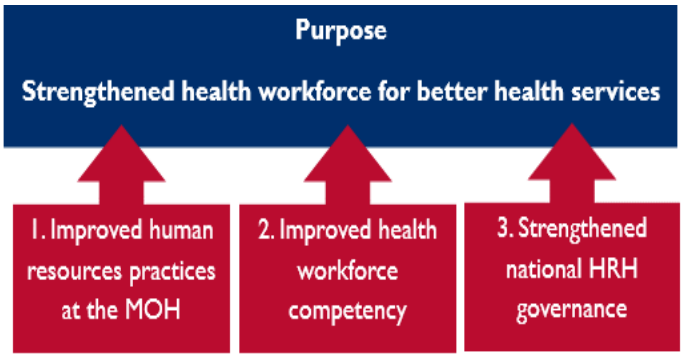
HRH2030 employed learning and adaptive management practices on the interventions it implemented to note challenges and make needed adjustments.

Goal & Objectives

The HRH2030 activity in Jordan's goal was to support the GOJ in strengthening the health workforce to improve health services. HRH2030 worked with stakeholders to further HRH improvements focused on the management, competency development, and governance of the health workforce to impact service delivery and health outcomes. HRH2030 also worked with stakeholders to improve health workforce competencies through the support of a comprehensive CPD system and promotion of women in leadership positions in the health sector.

HRH2030 began implementation with three results: optimizing the performance, productivity, and efficiency of the health workforce; increasing the competency, distribution and number of health workers, and improving the public sector's stewardship and leadership capabilities. In Year 2, HRH2030 adjusted its results framework and associated activity monitoring, evolution, and learning plan (AMELP) to better align with the activity's logical framework and theory of change as shown below in **Figure 1**. Starting in Year 2 of implementation, HRH2030 operated under the development hypothesis; IF the HR practices and workforce competency are improved and national HRH governance is strengthened, THEN health services will be improved because of a strengthened health workforce.

Figure 1. HRH2030 purpose and results, 2017-2019



In its fourth year of implementation, HRH2030's objectives and interventions reduced from three results to focus on technical implementation of the activity's CPD and women in health sector leadership interventions that will be sustained after the activity ends. The subsequent results framework, as incorporated into the activity's implementation plan, was 1) a supported national CPD system and 2) women's leadership in the health sector. These interventions were designed to leverage key foundational work accomplished by the activity, including the approval of the mandatory relicensure bylaw and the launch of the Women Leaders in Health Forum.

Highlights and Achievements

Highlights and implementation achievements over the life of the activity are presented below, including the background of each result as well as relevant data and graphical representations of interventions.

MOH Better Equipped to Manage its Human Resources

Over the life of the activity, HRH2030 continued building the capacity of MOH central and health directorate staff to equip them with the skills and knowledge to develop and implement improved HR systems, tools, policies, and procedures that impact service-level HR functions. HRH2030 aimed to efficiently and effectively identify and implement existing tools that work and incorporate new evidence-based HRH approaches into policy development. HRH2030 also worked to strengthen and harmonize MOH HR data systems for decision-making and facilitated targeted leadership training and capacity building in HRH.

HRH2030's efforts in the first year of implementation laid the groundwork for improving HR practices at the MOH. HRH2030 conducted an HRH assessment, HRH policy mapping exercise, stakeholder analysis, and workforce literature review. The assessments and research conducted in Year 1, along with stakeholder relationships formed, resulted in high quality data for evidence-based interventions to be implemented over the next two years of the activity.

Motivation and retention of the health workforce

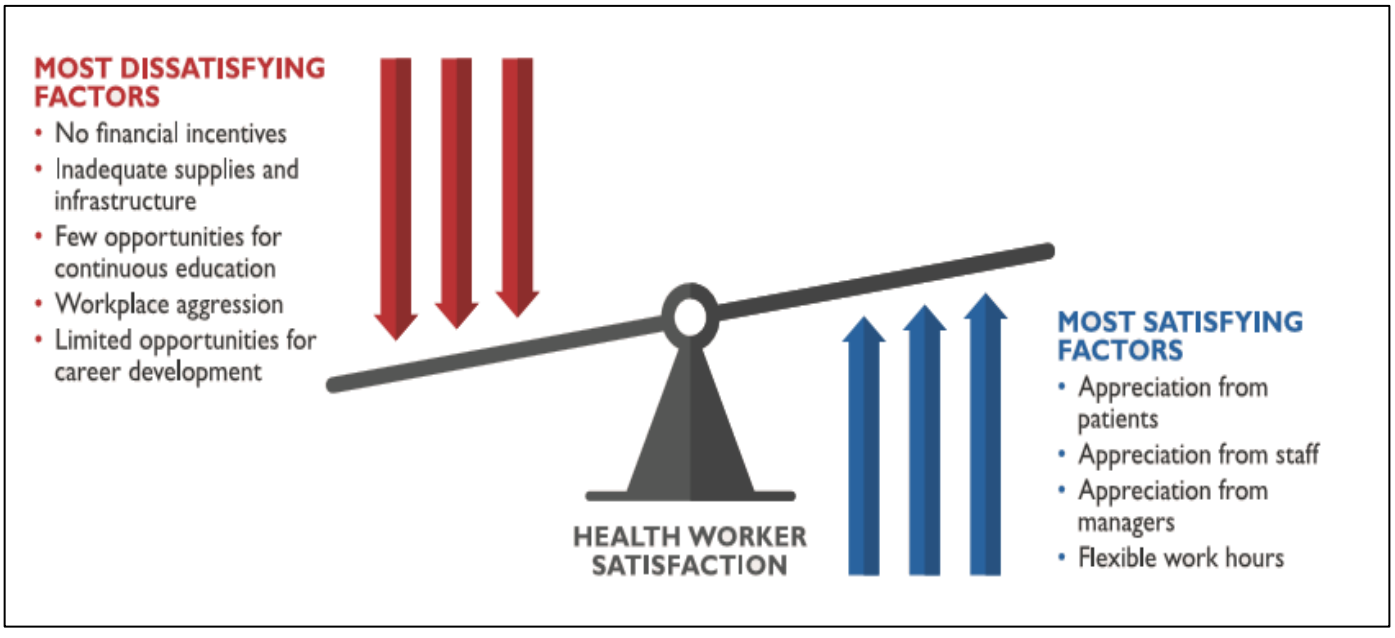
At the onset of HRH2030's implementation in Jordan, the activity was focused on addressing the global objective of optimizing the performance, productivity, and efficiency of the health workforce. This aligned with one of the MOH's identified key challenges to managing Jordan's health workforce. HRH2030 conducted an in-depth research study entitled "Motivation and Retention of Health Workers in MOH Facilities in Four Governorates in Jordan," to identify factors influencing retention and job satisfaction and examine motivation among doctors, nurses, and midwives within MOH facilities. The mixed methods study, conducted from February to December 2016, collected data from more than 1,000 health workers and managers in MOH facilities in Amman, Zarqa, Irbid, and Ma'an to assess underlying issues—including workload, recognition, incentives, and ability of supervisors to assess and provide feedback.

The findings showed that there was relatively high retention in the MOH, with relatively low turnover and a low number of vacancies reported in sampled facilities. The overall findings conflicted with the MOH's general perception that high turnover and poor retention of HRH was a key challenge in Jordan. The most influential factors contributing to staff satisfaction and dissatisfaction are summarized in **Figure 2**.

This study resulted in clear recommendations for improving the motivation and retention of the health workforce in the MOH. These recommendations include:

- Critically assessing the actual workload, facility staffing and efficiency in relation to current requirements at facility level;
- Reviewing and reforming, if needed, the deployment and transfer process jointly with the MOH and CSB;
- Introducing more defined career paths (offering specialization) or performance-related incentives to improve motivation of younger staff;

Figure 2. Satisfying and dissatisfying factors influencing Jordan's public health workforce, 2016



- Improving implementation of human resources management (HRM) practices, including leadership, team building, coaching, support, supervision and communication;
- Building capacity of managers in conflict management to support staff in dealing with conflicts, aggression and abuse;
- Supporting decentralizing decision-making, particularly as it relates to HRM practices, the directorate and facility levels;
- Providing frequent and equitable opportunities for CPD for staff to regularly update their knowledge and skills;
- Introducing systematic and productive channels for patient feedback and appreciation.

In 2017, HRH2030 disseminated the final research report in various meetings and workshops with key stakeholders and incorporated five recommendations into the activity's planning. The findings of the study were also used to inform MOH policy decisions and the development of future HRH strategies explained in further detail in the following section.

Sustained operational strategic plan

Using the findings from the "Motivation and Retention of Health Workers in MOH Facilities in Four Governorates in Jordan" research report, HRH2030 and the MOH developed the AAA's OSP. The OSP guided HRH systems, functionality, placement and distribution at the MOH. HRH2030 used a participatory approach to draft the OSP through a series of capacity building workshops with the MOH. In Year 3 of the activity, HRH2030 worked with the MOH to implement the approved OSP and fully align and integrate it with the MOH Strategic Plan 2018-2022. The AAA OSP continued to be a useful tool for planning and managing HRH in Jordan and was adopted into the new MOH structure as the Operational Strategy for Human Resources Planning and Personnel Affairs.

Improved human resource systems and capacity

In 2017, HRH2030 completed a HR Systems and Capacity Needs Assessment at the MOH. The assessment reviewed the stages of development for 19 HR components, evaluated the knowledge and skills of HR staff on 29 HR functions, and determined concrete recommendations for improvement. HRH2030 utilized the results of this assessment to work directly with the MOH's HRM and human resources development (HRD) staff at the central, health directorate (HD), and hospital levels to build their capacities and enable them to fulfill their roles and responsibilities as HR staff. Following the assessment, HRH2030 assisted the MOH to improve its existing HR functions while introducing new and needed HR capacities, such as the HR policies and procedures manual, general and specific employee orientation, performance management, and job-based competencies linked to MOH training plans.

HRH2030 identified the importance of revising, developing, and implementing HR policies and procedures to bridge the gaps identified in the assessment, and supported the MOH to finalize nine new or revised HR policies and procedures. As a starting point and working closely with the MOH, HRH2030 first developed the HR manual index to which listed all current MOH HR policies and procedures and identified priority policies and procedures to be further developed. In Year 4, HRH2030 shared the HR policies and procedures manual with the MOH to provide guidance for developing and updating MOH policies and processes moving forward.

Building capacity through trainings

The HR Systems and Capacity Needs Assessment highlighted a deficiency in training policies and materials available to staff. To address this, HRH2030 assisted the MOH's designated HRD policies and procedures team in creating two policies and procedures focused on "HR development planning" and "identifying training needs and developing training plans." These policies and procedures help build the capacity of MOH staff at the central and facility levels to develop their annual HR development and training plans for improved health worker capacity. HRH2030 also developed an employee handbook for distribution when orienting new MOH employees. HRH2030 worked with the MOH to draft and review summaries of HR policies and procedures for the employee handbook.

Additionally, HRH2030 trained 36 MOH staff on the development and implementation of worksite orientation plans. The training participants learned how to prepare an orientation policy, worksite checklists, and presentations for onboarding, and facilitating the general and job-specific orientation of new, transferred, and promoted employees. HRH2030 also developed an orientation packet for the MOH to provide to employees at various levels. The finalized packet consisted of the following resources:

- Onboarding checklist
- General orientation checklist and program agenda
- Job-specific orientation program and checklist
- Orientation program evaluation questionnaire

The above listed tools and developed employee handbook will help institutionalize MOH practices in the implementation of onboarding and orientation procedures for newly appointed, transferred, or promoted ministry staff.

Job levels linked to competency-based job descriptions

In 2018, HRH2030 supported the MOH, in collaboration with the Support for Improvement in Governance and Management project and the CSB to review and update 189 competency-based job descriptions for positions at the MOH. The work was done with and through teams appointed by the MOH. The developed job descriptions will

introduce a competency-based career path for more than 80 key health worker positions. Thus far, the MOH HR Committee has approved 65 job descriptions for use and circulation. This process continued by MOH staff will revise and update the components of 440 positions and define job levels for each, resulting in approximately 1,100 unique job descriptions.

The remaining job descriptions are scheduled for approval in 2019. Once the job descriptions are approved, the MOH will enter them into the job description module of the human resources management system (HRMS). This module is operated by software, which extracts the job description components from the approved documents into data sheets to import them later into the job description data bank in the HRMS. This software will reduce significant time and effort consumed in manually entering the components from the documents to HRMS.

Harmonized data and practices between the directorate and central MOH

Having reliable, standardized, up-to-date, complete, and quality health workforce data is critical for planning and decision-making. Prior to HRH2030's HRMS development, the MOH was operating under a system only accessible by the Human Resources Planning and Personnel Affairs (HRPPA) directorate, meaning that other facilities and departments did not have access to their HR related data. This HR data includes the number, position, facility location, level of experience, and compensation amount of health workers and MOH staff. Facilities now have access to the quantity and type of HRH available, empowering managers to make scheduling and staffing decisions based on facility need. HRMS, as a management information system with its associated capabilities and functionalities, seeks to promote and enhance the ability of the MOH to apply effective HR practices to ensure the right number of qualified and motivated health workers are in the right place and at the right time, as shown via the implementation process phases in **Figure 3**.

In Year 2 of the activity, HRH2030 worked with the MOH and CSB to establish a phased plan for HRMS data harmonization of the 30,325 MOH personnel data records that were returned to focal points for review. The records originated from three main sources: 14 HDs, 30 hospitals, and 58 central units. HRH2030 provided technical assistance to the MOH information technology staff to cleanse and audit the data, which in many cases required staff to source information from the employee's original paper files to ensure accuracy. The process revealed duplicative and incorrect data entries and incomplete records between facilities and the central level, all requiring updating.

Within phase two of the HRMS implementation, HRH2030 and the MOH information technology staff mapped 85 percent of data elements between the MOH personnel system and HRMS. This mapping or coding process aligns data structure and definition between the MOH personnel system and the HRMS. In 2018, HRH2030 began Phase III of implementation by uploading the available prepared dada and initiated HRMS customization to meet MOH specific needs, such as its unique financial incentive structure. The MOH transferred five health worker data sets, each validated by the CSB through the harmonization process. Post data transfer, the CSB and MOH have begun collaborating to deliver HRMS module training in the three piloted directorates (HRPPA, HRD, and Payroll).

To further the integrity of data within the HRMS, HRH2030 made recommendations to the MOH regarding the establishment of data validation and audit controls, including:

- Structuring the personnel document flow between HDs, hospitals, and the HRPPA directorate to assure appropriate updating at the national level.
- Implementing electronic data validation to guarantee quality when entering data to the MOH personnel system. Information technology staff are provided with templates for validation and trained in their use, completing each data entry screen within the MOH personnel system with maximum accuracy.
- Increasing the number of information technology staff support to accelerate entering cleansed and audited HRH data in the MOH's HRMS and participate in the upcoming phases.

Figure 3. HRMS implementation process

Phase	Process Name	Deliverable
Phase I	Preparing required data for HRMS	Cleansed and updated comprehensive data
Phase II	Mapping data to the HRMS database	Data are coded upon HRMS specifications
Phase III	Uploading prepared data to HRMS DB	MOH data are available in HRMS
Phase IV	Operational environment readiness	MOH is ready to operate the HRMS
Phase V	Conduct HRMS training courses	MOH staff are skilled to use HRMS
Phase VI	Meeting the MOH's HRMS needs	HRMS covers MOH's HRM & HRD functions
Phase VII	HRMS rolling-out	HRMS launches at MOH facilities

Using workload indicators for improved HRH allocation

HRH2030 worked with the MOH to develop a plan for implementing the workload indicators of staffing need (WISN) tool. WISN is a human resource management tool developed by the WHO that provides health managers a systematic way to make staffing decisions. Building MOH capacity in WISN and utilizing data for evidence-based decision making is critical to ensure that qualified and motivated health workers are available and accessible to provide quality health care services where they are needed.

HRH2030 prepared for WISN implementation at the MOH by reviewing best practices and country experiences, validating the MOH-tailored WISN data tool, building awareness and capacity of the MOH WISN core team, and drafting an initial implementation plan for endorsement. HRH2030 trained MOH staff, including health center (HC) and HD directors, to use evidence generated from WISN for decision-making. HRH2030 prepared a scope of work to define the new MOH organizational structure and functions for utilizing WISN data. HRH2030 also assisted the MOH in developing report templates, preparing and revising training material based on participants' feedback, and updating the MOH WISN web-based software to generate reports for the HC and HD. HRH2030 also proposed a new work flow to incorporate HR data matching between the HDs, HCs, and the MOH centralized database. HRH2030 helped the MOH develop and disseminate an official procedure for HDs to upload data to the WISN software. This procedure will ensure regular updates and maintenance of HR data required for the WISM tool. To ensure the validity and reliability of WISN data, HRH2030 with the MOH had set several data quality assurance measures and had incorporated the use of WISN in their revised HR planning policy and procedure.

By the end of Year 3 of the activity, HRH2030 finalized the rollout of WISN data collection and entry nationwide to 14 HDs, reaching 71 percent of the 633 MOH HCs throughout the country. WISN data analysis and reporting training was completed for eight HDs, reaching a total of 23 percent of HCs completing their WISN reports. Roughly 95 percent of the participants reported that the training equipped them with the required knowledge and skill set to use WISN forms and software and WISN data analysis and reporting. WISN reporting included proposed decision and actions by the HC directors to overcome the shortages and surpluses of staff at their centers. To continue WISN implementation and training, a steering committee was formed at each HD including the HD director as a chairperson, WISN team coordinators at the HD, HR officer at the HD, and four selected HC directors.

Increased capacity of MOH human resources staff

Part of HRH2030's approach toward improving the HR practices at the MOH was to provide trainings to enhance capacity and functionality of the MOH. HRH2030 created curriculum and facilitated courses in HRM and HRD to train HR staff how to develop the required HR systems and policies within the MOH. This transfer of skills and practical application ensures ownership in the systems and policies among these staff leading to sustainability and improved institutional knowledge. The modules were delivered once in Amman for the MOH central team and surrounding HDs, and once in the south alternating between Wadi Mousa and Aqaba. By holding trainings in multiple locations, the training was more accessible to female participants, who would otherwise be challenged by time and distance away from their homes and families.

In Year 3 of the activity, HRH2030 conducted 12 training modules as part of the two-year HRM and HRD certification courses. The goal of the two-year multi-session courses was to train current MOH staff to develop and improve the HRM and HRD systems covering HR functions including recruitment, orientation, performance management, competency-based career paths, HR planning, motivation and retention, and succession planning. The courses, along with the assignments, built the capacity of HR staff at the MOH central and HDs to develop and implement more effective HR systems, practices, and policies to support health worker performance and quality of care. By learning and then applying their new knowledge and skills in human resource management and development, the participants create gradual changes throughout the ministry's central and health directorate levels. HR improvements at the ministry help to foster resiliency and self-reliance and contribute to making long-term impact to the health workforce to strengthen health service provision. Many of the participants had already begun to make improvements within their health directorates from clarifying expectations through new employee orientation and upgrading clinical care skills.

Some examples of how participants introduced changes at their health directorates include:

- Conducted an orientation in Ramtha for new employees for the first time and started introducing a general orientation in Irbid.
- Developed a succession plan to identify successor candidates for critical positions in Petra and developed training plans for candidates based on current and required competencies for those positions.
- Conducted a training on performance appraisals for employees in Petra and Balqa.
- Designed and delivered a training program in Amman on teamwork for its employees, applying their learning from HRH2030 training on developing a training program agenda and training material and tools.

- Designed and delivered a workshop on infection control for health cadres in Petra.
- Worked as a team to design and develop a training program on hand washing and hygiene for nurses in Karak, Mafraq, and Balqa.
- Developed and presented a work ethics implementation and reinforcement plan in Maan on MOH core values of respecting service providers' rights, excellence, justice, integrity, and professionalism.
- Developed a detailed strengths, weaknesses, opportunities, and threats (SWOT) analysis of the HRMS at the Ajloun directorate and presented it along with recommendations to the other participants.
- Developed an employee motivation and retention plan in Tafileh and presented it to the other participants at the MOH.

HRH2030 also introduced the hospital HRM/HRD certification course for MOH staff at the 32 public hospitals. While similar in composition and content, the hospital HR certification course consolidated HRM and HRD together and was conducted in Amman.

Increasing competency of the health workforce

As part of the activity's mandate to improve health workforce competencies, HRH2030 worked with the MOH and national HRH stakeholders to increase the capacity of emerging health leaders, with an emphasis on promoting women in leadership, and CPD. HRH2030 drew on research to inform evidence-based development and implementation of the bylaw for the relicensing of health professionals every five years based on CPD, which will enhance health workers' knowledge and skills, and to support the establishment of a WLHF. HRH2030 also conducted management and leadership (HML) training courses for MOH staff.

Continuing professional development

CPD is a vital component of an effective health system as it helps to ensure that health care professionals have the skills necessary to provide high-quality and safe health services and contribute to positive patient outcomes. In recognition of this key HRH component in Jordan, USAID and HRH2030 supported the institutionalization and framework development of a national CPD System to improve health worker competencies in all sectors. HRH2030 provided technical assistance to the GOJ, health professional bodies, and other stakeholders to draft a mandatory health worker re-licensure bylaw based on earning CPD units for each profession. The cabinet adopted the bylaw on March 5 and His Majesty King Abdullah II signed the bylaw into action on March 14, 2018. The bylaw "Health Professionals License Renewal Bylaw No. (46) for Year 2018" was published in the Official Gazette on April 1, 2018. The bylaw elevates the nation's health sector to the high standards of other Arab countries like Oman, Qatar, the United Arab Emirates, and Saudi Arabia.

To raise awareness regarding the bylaw and impending implementation of a CPD system, HRH2030 supported the organization of a launch event attended by approximately 300 decision-makers, leaders, and relevant stakeholders in the health sector across many sectors including the MOH, Royal Medical Service (RMS), private sector, health professional councils and associations, university hospitals, and health education institutions. The aim of the event was to discuss the structure and importance of the bylaw and the implementation plans by councils, associations, and relevant institutions.

To support the evidence-based development and implementation of the bylaw, HRH2030 also conducted a research study on the "Factors Influencing CPD Effectiveness and Practices in the Healthcare Sector in Jordan," and worked with the MOH, health councils, and private sector partners to assess their capacity for implementing a functioning and sustainable national CPD system in Jordan. The research, finalized in 2018, showed a need for the HHC, Jordan Nursing Council (JNC), and Jordan Medical Council (JMC) to play an expanded role in the new CPD system to monitor and track CPD participation, regulate activities, and certify CPD providers and their programs with clear criteria stipulated in guidelines to ensure best practices, quality assurance, transparency, and accountability.

HRH2030 developed a national CPD framework for Jordan utilizing the research findings and stakeholder consultations on existing CPD mechanisms in Jordan and best practices internationally. The national CPD framework included definitions, mission, values, objectives, and categorization of CPD activities for health professionals. The framework provides a guide to fulfilling the CPD requirement of the new bylaw. The framework lays out instructions per stakeholder for implementation of a functioning system that provides learning certified opportunities and track the CPD units earned by health workers. The framework provides an outline for preparing more capable HRH to provide better quality of health services.

Health management and leadership training

In response to the MOH's need to strengthen management and leadership competencies, HRH2030 began a two-year HML certification course in Year 3. The participants selected came from diverse management positions at the MOH including management staff from HDs, hospitals, and HCs. Participants included physicians, nurses, pharmacists, and dentists, and more than 40 percent were women. HRH2030 also convened the HML Technical Working Group (TWG) to share progress, attendance records, and evaluations, and to make recommendations on course modules and assignments. HRH2030 developed training curricula and conducted 11 training modules for cohort 1 and delivered two modules to the newly identified HML cohort 2. Pre-Post evaluations were conducted for each of the trainings, more than 80 percent of the participants who

completed the pre-post assessment showed improvement and an increased knowledge for all 11 training modules. The trainings provided MOH the skills to better manage their divisions, facilities, and staff. This improved leadership will lead to an increase in retention and performance of health workers.

Women's leadership in the health sector

HRH2030 focused on women's leadership to improve gender parity at management levels in the health sector and to foster gender transformative policy changes. In 2017, HRH2030 conducted a mixed-methods research study entitled "The Barriers and Enablers of Women's Career Progression to Management Positions in Jordan's Health Sector." The aim of the study was to assist the health sector in providing the necessary information and evidence for policymaking and in identifying interventions that will improve women's career advancement and lead them to senior management positions. The research findings showed that the majority of women sampled reported having the skills and abilities required for their professional advancement, but faced obstacles to attainment of management positions, including negative attitudes of men toward the management and leadership of women, as well as social customs, stereotypes, and personal and family circumstances. Recommendations stemming from HRH2030's research findings included:

- Establishing clear and transparent promotion criteria to all employees and ensuring gender diversity in selection processes;
- Increasing professional development opportunities with equitable access for all staff, including targeting women to strengthen management and soft skills;
- Offering courses during work hours;
- Linking training to career planning and promotion and enhancing mentoring and networking possibilities by forming a national network for women's leadership in health;
- Establishing formal and informal institutional mentoring programs;
- Committing to gender equity as a workplace value in policies and regulations;
- Maintaining gender-disaggregated human resources data;
- Putting mechanisms in place to report and address gender discrimination violations.

To disseminate a summary of the research findings, HRH2030 facilitated a high-level event for more than 225 attendees promoting women's leadership in the health sector. In addition, this event provided a venue to share successful women's empowerment initiatives and strategize ways to reduce gender inequalities in the health sector management and leadership based on the research recommendations. The dissemination event under the patronage of Her Royal Highness Princess Muna Al-Hussein was financed in part through private sector financial support from Hikma Pharmaceuticals and included participants from the public, private, and non-profit sectors.

In response to the research findings and recommendations, HRH2030 supported the establishment of the WLHF to serve as an official network to promote women's career progression in the health sector by advocating for policy change and introduce strategies for gender parity in health leadership. HRH2030 hosted the WLHF Steering Committee meeting to plan for an event to establish the forum. The mission of the forum moving forward will be strengthening the legislative, institutional and community environment to ensure the advancement of qualified and competent women into leadership positions and the continuity and effectiveness of their role in the development of the health sector. The participants also began to formulate ideas for membership criteria, funding mechanisms, governances, and other important pillars for the forum.

In the final weeks of the activity, HRH2030 facilitated two strategic working group meetings of the WLHF Steering Committee to assist in the development of the Women Leaders in Health Forum Strategy 2019–2022, which included developing strategic objectives, conceptual framework, and pillars for operation. The draft strategy was submitted to the Forum to approve, adopt, and move forward the proposed short, medium and long-term interventions and action plan. To ensure effectiveness, the steering committee divided the members into three subcommittees: Governance, Strategic Planning and Monitoring and Evaluation (M&E), and Advocacy and Communication. The Steering Committee meetings included discussions on sustainability of the Forum and plans to determine if the MOH or private sector will serve as the Forum's facilitator and meeting coordinator moving forward.

Better governed health sector

In the early stages of the activity, HRH2030 operated under the objective of improving public sector leadership and performance. For example, the outline and action plan for the National HRH Strategy developed in Year 1 primarily focused on HRH governance within the MOH. During the second year of implementation, HRH2030 worked with USAID and the MOH to restructure efforts and focus on strengthening national HRH governance to include the private sector and RMS. HRH2030 shifted its approach for addressing priority policy solutions from the MOH to the national level. HRH2030 expanded the original MOH policy mapping produced during Year 1 to provide a more in-depth review of MOH and national policy challenges and solutions, a rapid assessment of national stakeholders and national policy strengths and weaknesses, and suggested recommendations. With the expanded national scope, HRH2030 addressed health sector fragmentation by convening national stakeholders to align central and directorate standards, identify HRH priority policy

solutions, and develop a coordinated national HRH strategy (**Box 1**).

Box 1. National HRH Strategy Pillars

1) Strengthen governance structure, policies, and partnerships to strengthen HRH regulation, management, and monitoring;
2) Establish workforce planning based on current and emerging health service and community needs;
3) Enhance the competencies of the HRH based on current and emerging health service needs;
4) Manage HRH with a purpose to attract, deploy, retain, and motivate health workforce in both public and private sectors and especially in remote/ underserved areas.

Reinforcing strong HRH monitoring at facilities

To enhance human resource practices at both the central and health directorate levels, HRH2030 worked with the Health Care Accreditation Council (HCAC) to revise hospital accreditation HR standards to reinforce HRH accountability at the facility level and strengthen capacity for better management and leadership support systems. HRH2030 reviewed the HCAC accreditation standards related to hospital leadership and governance, HR policy, and training and development. The HCAC board approved a document of updated standards that addressed work-life balance, violence prevention, and occupational health and safety. The revised accreditation standards aligned and institutionalized the work done at the MOH central and health directorates level with the HCAC work at the hospital level.

Mobilizing a National HRH Strategy

Over the course of the activity, the HHC, with support from HRH2030, developed the National Human Resources for Health Strategy 2018-2022. The HHC formulated a National HRH Strategy Advisory Committee, inclusive of national health stakeholders, the WHO, USAID, and HRH2030 to manage the development of the strategy's roadmap and timeline. HRH2030 conducted several stakeholder workshops to mobilize political interest, identify HRH priorities, and achieve implementation support. HRH2030 also held a focus group discussion with frontline health workers to ensure the involvement and participation at the governorate level in the national HRH strategy planning process under decentralization in the Kingdom, and to establish a sense of ownership to the strategy.

On March 27, 2018, the National HRH Strategy Advisory Committee and HHC board approved the National Human Resources for Health Strategy 2018-2022. Establishing a national HRH strategy to guide policy development and implementation is essential to ensure long term sustainability of a strong health workforce ready to meet the population's health needs. The strategy launch on October 15, 2018— attended by 63 different stakeholders (106 persons) representing public, private and academic subsectors—highlighted the importance of the strategy in enhancing HRH policy change and upheld Jordan as a model for other countries in the eastern Mediterranean region.

The strategy represents the framework through which Jordan's stakeholder will analyze the HRH situation in Jordan. It identifies HRH challenges and gaps and proposes gap closure strategies and activities though the development of a comprehensive implementation plan. The National Human Resources for Health Strategy 2018-2022 advocates for reconsidering a set of identified policies on HRH, which would result in strengthening the capacity of health sector workers to meet existing HRH challenges. The strategy will also enhance Jordan's leadership position in the provision of healthcare services to all the Kingdom's people in an accessible, acceptable, efficient, and equitable manner, in accordance with the Royal vision for the health sector in Jordan. Moreover, this will help Jordan attain the HRH-related Sustainable Development Goals and move toward a more optimal health system.

To ensure sustainability and future measurement of the impact of the National HRH Strategy, HRH2030 assisted the HHC and the National HRH Strategy Advisory Committee in developing a two-year implementation and M&E plan. The plan includes a detailed M&E framework, 61 national HRH strategy indicators, roles and responsibilities of key M&E players, and critical success factors of HRH.

Reactivation of the National Coordination Policy Forum

During the first two years of implementation, HRH2030 worked with the Personnel Affairs and Quality Directorates of the MOH to ensure existing policies were aligned with best practice and operationalized at the MOH. To address current and future HRH policy priorities in Jordan, HRH2030 advocated for the HHC to reactivate the role of the HRH National Coordination Policy Forum (NCPF). In December 2017, the minister of health officially approved to reactivate the NCPF and revise its membership, terms of reference, roles, and responsibilities. This expanded committee membership to include the Ministry of Planning and International Cooperation, Ministry of Labor, Ministry of Finance, Department of Statistics, and the National Institution for Training. It is important for the committee forum to have broad representation from multiple public sectors to ensure standardization of policy implementation and support for processes that require cooperation across sectors.

The NCPF identified the absence of a standardized operational definition for health professionals in Jordan as a policy priority. The HHC formulated a task force and developed a "standardized health profession definition & indicator calculation" that was approved by the minister of health and disseminated to all health sector institutions to be used. HRH2030 supported the HHC in splitting the NCPF into four task forces with defined terms of reference for each. HRH2030 also assisted the NCPF policy and research task force in setting criteria and developing a tool for conducting a survey aimed at identifying research priorities for HRH governance in Jordan.

Support to the National HRH Observatory

Over the life of the activity, HRH2030 made progress on strengthening the quality of HRH data used for decision-making. Recognizing the need for comprehensive and accurate national HRH data, HRH2030 trained National HRH Observatory data collectors and supported the National HRH Observatory through building capacity of the newly appointed observatory focal point. HRH2030 assisted in the development of the observatory's concept, objectives, functions, structure, achievements, challenges, and road map for future, as well as the methodology of developing the annual HRH report.

Strengthening the National HRH Observatory led to the HHC board naming the Observatory the national source of HRH information in Jordan. Moving forward, the NCPF will work closely with the National HRH Observatory; the planning taskforce emphasized the importance of revising the methodology, quality, and frequency of HRH data generation as well as activating and expanding the scope of the observatory's role and functions through establishing a legal unit for the observatory with clear functions, job description, and budget line item.

Introducing National Health Workforce Accounts

In 2018, HRH2030 worked with the WHO to receive an initial agreement for Jordan to pilot implementation of NHWAs and to test its data platform and monitoring indicators. HRH2030 introduced the NHWA concept to the HHC and began the sensitization process for tools to inform policies and decisions. The HHC chose to host the NHWA because the objectives aligned with HHC's mandate. HRH2030 supported the HHC in identifying 36 eligible NHWA indicators from the 78 global NHWA indicators. From these 36 indicators, the HHC will further streamline to select 11 NHWA indicators specific to Jordan. HRH2030 provided technical assistance to the HHC to identify the criteria for selecting the 11 priority indicators. The concept and value of the NHWA were introduced to relevant stakeholders, and the NHWA task force was formed under the umbrella of the NCPF to carry the NHWA functions moving forward. Implementing NHWA will help Jordan to progressively improve the quality and availability of HRH data. The chosen indicators will allow the MOH to monitor and measure the number and distribution of its workforce.

Lessons Learned

Throughout implementation, HRH2030 faced challenges in implementing interventions in a timely and inclusive manner with the MOH and other stakeholders and continued to incorporate lessons learned in its approach. A description of both challenges and lessons learned are outlined below, including effectively engaging stakeholders, instilling sustainability and institutionalization into intervention design, communicating HRH2030's successes, and managing and staffing the activity.

Stakeholder Engagement

Throughout implementation, HRH2030 refined its approach to stakeholder engagement to capture the full spectrum of health actors related to HRH, to best engage with technical expertise within the MOH and other stakeholders, and to better coordinate with other international donors and USAID-funded health activities. Overall, HRH2030 ramped up the intensity—in terms of time and frequency— of interactions with stakeholders, particularly those in the public sector, and supported more bottom-up approaches to engagement. HRH2030 purposefully made these adjustments to address the complexity of health organizations in Jordan. Starting in Year 2, HRH2030 intensified its interactions with all 14 HDs to receive feedback on the activity's planned interventions, resulting in more buy-in for HRH2030's future implementation plans. HRH2030 also increased the presence of its technical staff in each stakeholder's place of work through frequent visits to the MOH, HHC, and other offices.

HRH2030 initially limited the scope of its interventions to the MOH and, by extension, the public sector. This was because the MOH is the primary employer of health workers and overall driver of policies and procedures related to HR in the health sector. However, at the conclusion of Year 1 and after discussions with USAID and key stakeholders, HRH2030 learned that working in a silo with the MOH not only removes important players from interventions (such as the HHC and RMS), but also limits the effectiveness that large-scale, policy- and system-level interventions can have. To incorporate this lesson into activity implementation, HRH2030 revisited its results framework to include national-level and sector-wide interventions related to health worker competency and HRH governance. HRH2030 drew in a number of key health stakeholders to support this expansion, including the RMS, HHC, JNC, JMC, and others, and well as GOJ entities beyond the MOH, such as the CSB, Ministry of Public Sector Development, the Institute of Public Administration,

and the Ministry of Higher Education and Scientific Research.

HRH2030 also learned lessons related to how it operationalized its engagement with the MOH. Originally, the activity convened a single comprehensive HRH TWG to provide input to all HRH2030 interventions. This approach was not successful at instilling ownership, important buy-in, and feedback loops for HRH2030 technical interventions; the size of the group resulted in infrequent meetings and often lacked cohesion in the nature of technical feedback provided. In consultation with the TWG's chairperson at the MOH, HRH2030 developed five smaller, intervention-specific TWGs made up of specifically-selected, relevant stakeholders and HRH2030 staff. These smaller TWGs focused on implementing WISN and HRMS data harmonization, the HRM and HRD training courses, health facility management and leadership activities, the development of a national HRH policy and strategy, and the institutionalization of a national CPD system.

With USAID's facilitation, HRH2030 also explored areas of collaboration with other USAID-funded health activities in Jordan, including the Jordan Communication, Advocacy, and Policy Activity Health Service Delivery Activity (JCAP), the Health Service Delivery Activity (HSD), and the Health Finance and Governance Activity (HFG) (see **Box 2** below for details and other relevant USAID-funded activities).

Box 2. Relevant USAID Activities and Engagement

Jordan Communication, Advocacy, and Policy Activity – flexible working hours by law, advocacy approaches, reporting

Health Service Delivery Activity – in-service training programs, reporting, share MOH stakeholders

Health Finance and Governance Activity – decentralization. reporting, share MOH and HHC stakeholders

USAID Takamol Program – gender inclusive intervention design, gender focal point training

Cities Implementing Transparent, Innovative, and Effective Solutions Activity – decentralization

Staff from other USAID projects attended HRH2030 interventions throughout the period of performance. HRH2030 interventions also required both coordination and collaboration with several WHO initiatives; specifically, interventions related to the WISN roll-out, National HRH Observatory, National HRH Strategy development, and sensitization to the NHWA indicators. HRH2030 experienced some challenges aligning annual strategic priorities with the WHO; to ensure they still played a role on certain interventions, HRH2030 ensured that the WHO was a member of the National HRH Strategy Advisory Committee, held more frequent meetings, and shared deliverables when appropriate.

Sustainability and Institutionalization

In the early years of the activity, HRH2030 faced criticism related to interventions that were perceived to be developed and implemented without consultation and, as a result, lacked enough stakeholder buy-in. Because the Year 1 work plan was developed prior to the activity's start and formation of the TWG, stakeholders felt that interventions were designed without broad consultation. Through these critiques and the resulting discussions, HRH2030 learned that the key to long-term sustainability and institutionalization was empowering and building the capacity of stakeholders such as the MOH and CSB to conduct interventions directly, rather than HRH2030 developing tools and systems in-house that stakeholders may not have the capacity, interest, or political will to implement. To address this challenge, HRH2030 refocused many of its interventions and resources from developing tools to working directly with the HRM and HRD staff at the MOH and directorate levels to build capacity. Central to this approach was ensuring MOH capacity in HRH functions, so that they could develop and implement sustainable changes at the facility level by introducing systems, policies, and trainings that will impact service level HR functions.

As an activity focusing on above-site interventions, HRH2030 recognized that institutionalizing changes at the MOH was not enough to lead to sustainable changes to the health sector. HRH2030 saw the HHC and its associated Observatory as critical elements to achieving HRH2030's long-term objectives— a highly-capable, well-funded HHC would be able to house many system improvements introduced by HRH2030, including the national HRH strategy, the NHWA process, and potentially the national CPD system. In addition, due to the MOH regulation that all health facilities must be accredited in three years, HRH2030 identified that working with the HCAC to revise accreditation standards for the HR, management and leadership, and employee education clusters was an opportunity to institutionalize key updates and improvements to HRH in Jordan.

Communications

HRH2030's approach to communicating with stakeholders and broader audiences in Jordan evolved throughout implementation. Initially, HRH2030 utilized more traditional approaches to communications in the form of periodic reports and direct outreach to activity stakeholders; however, the activity found that many secondary or tertiary stakeholders did not know about HRH2030's interventions or USAID's support of HRH improvements in Jordan. In

Year 2 of the activity, HRH2030 developed a Jordan-specific communications strategy delineating approaches to internal and external communications in-country, as well as roles and responsibilities for the country and global communications teams. The strategy was based on an assessment of lessons learned from Year 1 of the activity, as well as opportunities and challenges linked to communicating with different types and tiers of stakeholders. Key recommendations from the strategy included:

1) Promote the use of Arabic (with English translations) for products targeted to Arabic-speaking audiences, including use of the HRH2030 and USAID logos with tagline in Arabic;

2) Utilize the HRH2030 social media accounts and website, but also harness partners' platforms and channels to push the activity's news and content;

3) Use the program website to share HRH resources, lessons learned, and best practices with the HRH community.

Building on the recommendations in the communications strategy, HRH2030 expanded its approach to communications to include less traditional approaches. A special focus was given to social media, particularly Facebook, given that a large number of HRH2030's Jordanian stakeholders and broader audiences actively utilized this channel. HRH2030 more actively linked content to the program's global platforms, including the HRH2030 Facebook and Twitter accounts, and uploaded content to HRH2030's website. The impact of these shifts in approach was clear, with 28 percent of followers and 28 percent of page likes on Facebook coming from Jordan. From October 1, 2016 to September 30, 2018, seven of the top ten HRH2030 Facebook posts with the highest total reactions were posts about the Jordan activity.

HRH2030 also found that online outreach targeted at activity beneficiaries was an effective tool to expand engagement and track the impact of specific high-contact interventions, such as training. HRH2030 created three closed Facebook groups for the HRM and HRD training participants from the MOH's hospitals and the two training courses on HML to communicate and provide participants with the necessary resources, announcements, and updates on a regular basis. Another Facebook page was created for the WLHF to start the momentum of networking women health professionals in preparation for establishing the national forum.

Management and Staffing

HRH2030 learned several lessons related to its management and staffing structure throughout implementation, including use of sub-partners, approach to management (including headquarters support), and the structure and recruitment of the technical team. HRH2030 is a global program with a consortium of international sub-partners. When the Jordan buy-in was first initiated, the HRH2030 global team identified Palladium, URC, and KIT as key partners to achieve Jordan's scope of work. During implementation, KIT made the difficult decision to depart from the HRH2030 global consortium due to the introduction of the Protecting Lives in Global Health Assistance regulation. KIT's departure coincided with a shift in approach for Jordan's research program from international researchers to Jordan researchers with support from the newly-created Research Advisory Committee consisting of high-level Jordanian academics. This shift allowed the activity to leverage existing in-country research capacity, overseen by local academic institutions, to ensure research objectives and outcomes were aligned with the needs of Jordan's stakeholders.

HRH2030 changed its staffing structure during its period of implementation to align staffing with ongoing interventions. Between year 1 and year 2, the management team restructured the technical team to include more direct oversight of technical interventions, and also strategically utilized short-term technical experience, both Jordanian and international, to supplement the available technical resources. In year 3, HRH2030 added positions providing oversight to each result, improving overall management of the interventions as well as more strategic support to stakeholders for each result.

HRH2030 was the first long-term USAID-funded activity with a specific focus on HRH; as a result, HRH2030 also faced challenges in the recruitment of highly-skilled local technical staff. HRH2030 often had qualified candidates in either HR or health service delivery, but rarely found candidates with experience in both areas. Furthermore, while some candidates have these skills in practice, they do not have the additional knowledge of national-level initiatives, public sector development, or donor-sector technical assistance.

Throughout implementation, the DC-based HRH2030 global team provided direct support in the completion of technical products, and the project management unit provided administrative and operational backstopping, management of relationships with sub-partners for Jordan interventions, and assistance in the areas of finance, recruiting, and compliance. More intensive technical and operational oversight from the global team to the field (particularly around budgetary projections) was identified as a key gap in the activity; HRH2030 and Chemonics has incorporated this lesson learned into its ongoing and future buy-ins under HRH2030 and its ongoing and future programs in Jordan in other sectors.

The Road Ahead for Human Resources for Health in Jordan

During three years of support to the MOH and other stakeholders, HRH2030 achieved significant milestones toward improving Jordan's HRH in support of improved health outcomes. However, more work is needed to fully implement and experience the impact of key interventions under HRH2030. Specific recommendations relevant to stakeholders carrying forward this work, and/or design of similar or follow-on activities for USAID/Jordan in the future are outlined below.

HRH2030 recommends that another USG actor is assigned to follow-up with the MOH and, specifically, the individual intervention-based TWGs to track progress and provide guidance related to the next steps.

Ministry of Health Improvements

Under result 1, HRH2030 made significant investments in both systems and human capacity improvements within the MOH. **Figure 4** outlines the final status of the interventions at the end of HRH2030's support and recommended next steps.

Figure 4. MOH improvement and next steps

MOH improvement	Final status[1]	Recommended next steps
HR policies and procedures	10 policies reaching Stage 2 of implementation (drafting and consultation), including job descriptions, succession planning, performance management, recruitment and selection, CPD, orientation, HRD, training agendas, HR planning, and developing policies and procedures	Support the MOH to reach more advanced stages of policy and procedure development; ensure continuing of internal development of policies and procedures as needs arise
New employee orientation	36 HRD staff at the MOH trained to prepare worksite orientation plans, and the developed orientation policy and procedure was finalized and submitted to MOH for final review and approval	Ensure MOH is able to carry out plan for conducting general orientation sessions for the newly hired employees
Job levels linked to competency-based job descriptions	In collaboration with SIGMA and the CSB, reviewed and updated 189 competency-based job descriptions for clinical positions at the MOH	Support the MOH to enter new JDs into the job description module of the HRMS
Performance management	69 HRM and HRD staff at the MOH trained to on performance management	Track implementation of CSB's new performance management system, including roll-out and implementation at the MOH
Staff training needs and plans	HRH2030 assisted the MOH in revising and developing two policies and procedures related to developing training and development plans	Support the MOH at the central and facility level to develop their annual HR development and training plans
Harmonize HRMS data	Increased staff contribution by MOH toward the HRMS process acceleration; data cleansing and mapping, checking and verification, transfer of five data sets	Support the MOH and CSH as system is fully rolled-out, particularly in line with decentralization
WISN data utilization	HRH2030 supported MOH to implement WISN nationwide at all MOH health centers, training eight HDs out of the 14 on WISN data analysis and reporting at the HC level for 72 people	Continuation of this intervention was not recommended as part of HRH2030's mid-term evaluation
HRD and training program at MOH	Conducted 12 training modules as part of the two-year HRM and HRD certification courses; introduced the hospital HRM/HRD certification course for MOH staff at the 32 public hospitals	Continuation of this intervention was not recommended as part of HRH2030's mid-term evaluation
HRM training for MOH officials		

1 Per the Year 3 annual report, submitted by HRH2030 December 2019

CPD System

Jordan has made considerable progress toward developing a CPD system to achieve the National CPD Committee's vision: a fully functional CPD system by the year 2023 that can be sustained through national ownership over time to support all HCPs in Jordan to continually improve their competencies, leading to the provision of higher quality and safer health care services and improved patient outcomes, which contributes to better health for all. After the launch of the relicensure bylaw, the CPD instructions were drafted by the National CPD Committee. In the "Roadmap for a Functional and Sustainable Continuing Professional Development System in Jordan," HRH2030 outlined the action plan to implementing the CPD system in Jordan, as defined by the National CPD Committee. This action plan included three phases: laying the foundation, development and initial implementation, and full implementation and M&E. Each of these phases outlines milestones necessary for moving from one phase to the next.

Sustainability for this intervention was incorporated into the design of the CPD action plan, which involved a highly participatory planning process to help stakeholders create a shared vision, identify their needs, and realize their roles and responsibilities, and design phases that will promote the institutions' self-reliance and affect change at multiple levels (national, stakeholders, policies, systems, and individuals).

Continual support of this intervention will result in long-term sustainability and institutionalization. This support can be strategic and limited in scope, such as advocating for the approval of the CPD instructions, as well as the institutionalization of the CPD function with the strategies and structures of key stakeholders (HHC, MOH, JMC, JNC, etc.).

Women in Health Leadership

During HRH2030's implementation period, women's leadership emerged as a critical issue in Jordan's health sector. With HRH2030 support, the WHLF steering committee drafted the Women Leaders in Health Forum Strategy 2019-2022, which included four strategic directions.

Within each strategic direction, the Women Leaders in Health Forum Steering Committee outlined strategic objectives, divided into short-term (2019), medium-term (2020-2021), and long-term (2022 or later). The below objectives were identified as short-term needs by the WLHF Steering Committee.

Strategic Direction 1: Contribute to the strengthening of the legislative environment within the framework of strengthening governance and policies to achieve the SDGs and the objectives of the National Strategy for HRH 2018–2022:

- Review relevant legislation and policies and propose possible amendments to ensure their fairness and gender equality.
- Monitor changes in national indicators related to relevant legislation and policies, to ensure their impartiality and respect for gender equity, and provide feedback to the relevant authorities.

Strategic Direction 2: Ensure a supportive environment for empowerment, capacity building, and selection:

- Hold specialized training programs to build the leadership and managerial competencies of women working in the health sector, and to improve their access to these training programs.
- Promote the provision of factors and conditions conducive to the career advancement of women in the health sector at the central and regional levels.
- Contribute to addressing obstacles that prevent women from holding management positions in the health sector at the central and regional levels.

Strategic Direction 3: Communication, media, advocacy, networking, and guidance:

- Identify and collaborate with partners to develop and implement a communication and advocacy plan that identifies the objectives, target groups, and communication messages required to bring about social change and that details the communication tools and channels and the roles and responsibilities of relevant stakeholders.
- Contribute to launching national advocacy campaigns that contribute to social change and awareness of the importance of women assuming leadership positions, to achieve healthier and more equitable outcomes.

Strategic Direction 4: Contribute to ensuring that resources are available to promote institutionalization and sustainability:

- Agree on the legal framework of the forum and its membership, as well as the entity that will monitor implementation of the interventions and activities under each strategic direction.
- Cooperate with partners to mobilize and secure adequate and sustained resources to support various interventions and activities (human, technical, financial, and operational).
- Strengthen public-private partnerships and cooperation, as well as with civil society and donor organizations.

HRH Governance and Data for Decision-Making

HRH2030 initiated several critical interventions related to improving HRH governance and data for decision-making in Jordan's health sector, including the development of Jordan's first national HRH strategy, support to the National HRH Observatory, and sensitization to the NHWA process.

In 2018, the national HRH Strategy was finalized, and made available in both English and Arabic languages, and approved

by the HHC board, in alignment with the National Health Sector Reform Action Plan. HRH2030 then conducted several strategic planning engagements with high-level key national HRH stakeholders including the RMS, the HHC, the JMC, the Higher Population Council, the Private Hospital Association, and senior staff at WHO to acquire their support in implementing the relevant interventions of the national HRH strategy. HRH2030 assisted the HHC and the National HRH Advisory Committee in drafting the national HRH strategy implementation plan as well as an M&E plan, which includes a detailed M&E framework and the roles and responsibilities of key M&E actors.

The HHC has invested in the concept that the National HRH Observatory should be the most accurate national source of HRH information in Jordan. To achieve this goal, the NCPF under the HHC emphasized the importance of revising the methodology, quality, and frequency of HRH data generation as well as activating and expanding the scope of the observatory's role and functions through establishing a legal unit for the observatory with clear functions, job description, and budget line item. Additionally, the National Human Resources for Health Observatory Assessment Report developed by HRH2030 outlines the current capacities of the Observatory, as well as a gap closure strategy and implementation plan.

During HRH2030's period of implementation, the NHWA process was introduced to relevant stakeholders. The HHC was identified to host the NHWA, and the NHWA task force was formed under the umbrella of the NCPF to carry the NHWA functions. The WHO has been tasked globally with introducing the NHWA process in country; HRH2030 recommends that the WHO utilize this existing structure as it carries forward its work related to NHWA.

Annex A: Indicator Performance Tracking Table

The Jordan AMELP was used to tie project performance to results and measure contributions toward outcomes and impact. The AMELP was reviewed on a yearly basis to ensure that the theory of change and indicators remained useful and appropriate. This included a revision of the AMELP and indicators in FY2017 to align indicators with activity approaches and articulate an updated logic model. The following table demonstrates progress in those activity indicators over time against the targets set in the activity baseline report. Please note that data is reported through FY19 Q1, as technical activities related to these indicators were closed during Q1 and Q2.

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Cross Cutting Indicators						
CC1. Number of training modules developed by the project: **55**						
Target:	0	0	7	10	3	20
Total:	**0**	**0**	**7**	**44**	**4**	**55**
Disaggregated by type:						
HRM:	0	0	1	11	1	13
HRD:	0	0	1	8	1	10
HRM and HRD:	0	0	3	13	1	17
HFML:	0	0	0	11	1	12
WISN:	0	0	0	1	0	1
Other:	0	0	2	0	0	2
Comments:	Includes modules developed as part of certification courses including HRM/HRD Certification Course, HRM/HRD for Hospitals Certification Course, HML Certification Course, and WISN Course					
CC2 Person hours of training provided by the project: **23,712.20**						
Target:	0	1,500	2,000	3,000	900	7,400
Total:	**0**	**1,720.5**	**3,580.98**	**17,223.22**	**1,187.50**	**23,712.20**
Disaggregated by type:						
HRM:	0		189.00	1,160.25	210.50	1,559.75
HRD:	0		166.25	1,705.42	179.50	2,051.17
HRM and HRD:	0		2,441.73	8,058.05	484.00	10,983.78

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
HFML:	0		0	4,698.25	313.50	5,011.75
WISN:	0		0	1,340.25	0	1,340.25
Other:	0		784.00	261.00	0	1,045.00
Comments:	Disaggregated data is not available for FY2016. Training topics in Year 1 included WISN and supportive supervision.					
CC3 Percentage of training participants who reported improved knowledge and skills: **88%**						
Target:	0	No target set	70%	70%	80%	71% (avg)
Total:	**0**	**N/A**	**89%**	**90%**	**75%**	**88% (avg)**
Comments:	Full details are available in training reports. Cumulative result is an average of results from each quarter of implementation.					
CC4 Number of assessments/research activities completed with project support: **8**						
Target:	0	1	2	2	2	7
Total:	**0**	**1**	**5**	**2**	**0**	**8**
Disaggregated by type:						
Research:	0	0	2	2	0	4
Assessment:	0	1	3	0	0	4
Comments:	Assessments: HR mapping, observatory assessment, HRM/HRD assessment, health facility management and leadership assessment. Research: women's enrollment literature review, motivation and retention of health workers in MOH facilities in four governorates in Jordan, barriers and enablers of women's career progression to management positions in Jordan's health sector, CPD research					
Purpose: Strengthened Health Workforce for Better Health Services						
I. Percentage of management units with improved HRH management best practices as a result of USG assistance (PMP 3.1.2.a): **6%**						
Target:	0%	No target set	No target set	Total: 44% (7/16) MOH: 50% (1/2) HD: 43% (6/14)	No target set	Total: 44% MOH: 50% HD: 43%
Total:	**0%**	**N/A**	**N/A**	**6% (1/16)**	**N/A**	**6%**
Disaggregated by level of implementation:						
MOH Central Level:	0%	N/A	N/A	50% (1/2)	N/A	50%

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Health Directorates:	0%	N/A	N/A	0% (0/14)	N/A	0%
Comments:	1 MOH central level unit improved 2 best practices as required by the indicator, 5 health directorates have improved 1 best practice.					
II. Density of health professionals per 10,000 population (context indicator): **75.4**						
Total:	**51.8**	**54.7**	**75.4**			**75.4**
Disaggregated by cadre:						
Physicians:	15.6	14.2	22			22
Registered Nurses:	15.2	16.6	26.5			26.5
Midwives:	2.0	2.3	3.5			3.5
Pharmacists:	11.8	15.5	16.3			16.3
Dentists:	7.2	6.1	7.1			7.1
Comments:	Baseline data is as of 2015. As this is a contextual indicator, no targets have been set. The most recent data published by the High Health Council is for 2017.					
III. Workforce loss ratio at the MOH (context indicator): **2.8%**						
Total:	**4%**	**4%**	**3.8%**	**2.8%**		**2.8%**
Disaggregated by cadre:						
Physicians:	4%	4%	6.9%	2.7%		2.7%
Registered Nurses:	2%	2%	1.5%	0.9%		0.9%
Midwives:	1%	1%	1.5%	1.8%		1.8%
Pharmacists:	3%	3%	3.5%	1.1%		1.1%
Dentists:	4%	4%	4.7%	2.3%		2.3%
Other cadres:	5%	5%	3.9%	3.8%		3.8%
Comments:	As this is a contextual indicator, no targets have been set. As this was an annual indicator, no data is included for 2019 Q1.					
Result 1: Improved HR Practices at the MOH						
1.1 Score in HRM/HRD Assessment Matrix: **60.53%**						

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Target:	51.32%	No target set	No target set	56%	No target set	56%
Total:	**51.32%**	**N/A**	**N/A**	**60.53%**	**N/A**	**60.53%**
Comments:	HRH2030 conducted the assessment at baseline and at the end of 2018. The second assessment identified progress in the areas of HR staff, orientation program for new staff, policy manual, staff retention strategy, and job descriptions.					
1.2 Percentage of active health workers employed by facility type, by cadre (context indicator): **31% Public, 69% Private**						
Total	**Public: 41% Private: 59%**	**Public: 43% Private: 57%**	**Public: 31% Private: 69%**			**Public: 31% Private: 69%**
Comments:	As this is a contextual indicator, no targets have been set. The most recent data published by the High Health Council is for 2017.					
Sub-Result 1.1: Improved MOH HRM and HRD Systems						
1.1.1 Number of operational tools and resources improved: **29**						
Target:	0	3	2	4	4	13
Total:	**0**	**3**	**1**	**25**	**0**	**29**
Comments:	Including 1. HRMS Benefits Implementation Plan, 2. MOH AAA Strategic Operational Plan, 3. WISN Operational Plan, 4-18. Fifteen separate WISN tool templates, 19. WISN Surplus and Shortage Action Plan, 20. HR Policies and Procedures Workplan for the MOH, 21. HR Policies and Procedures Inventory, 22. Employees Handbook, 23. Onboarding Checklist, 24. General Orientation Checklist, 25. Job-specific Orientation Program, 26. Job-specific Orientation Checklist, 27. General Orientation Program Agenda, 28. Orientation PowerPoint Presentation, 29. Orientation Program Evaluation Questionnaire					
Sub-Result 1.2: Increased Capacity of MOH HR Staff						
1.2.1 Number of staff certified on HRM and HRD training: N/A						
Comments:	The activity closed before results were reported for this indicator. Data was not due for this indicator until the end of 2019.					
Result 2: Improved Health Workforce Competency						
2.1 Percentage of MOH staff completing in-service training courses: **19%**						
Target:	37%	No target set	37%			37%
Total:	**37%**	**N/A**	**19%**			**19%**
Disaggregated by cadre:						
Physicians:	24%	N/A	15%			15%

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Registered Nurses:	56%	N/A	23%			23%
Midwives:	41%	N/A	26%			26%
Pharmacists:	18%	N/A	28%			28%
Dentists:	25%	N/A	11%			11%
Other cadres:	N/A	N/A	18%			18%
Comments:	The most recent data from the MOH was for 2017.					
Sub-Result 2.1: Increased Capacity of Emerging Health Leaders and Supervisors						
2.1.1 Number of HFML training participants who were promoted: N/A						
Comments:	The activity closed before results were reported for this indicator. Data was not due for this indicator until the end of 2019.					
2.1.2 Number of supportive supervision sessions reported by the SS TOT's participants: N/A						
Comments:	This indicator was removed from the M&E plan in Y2 following the removal of related activities in the Y2 workplan.					
2.1.3 Percentage of leadership positions in the MOH occupied by women: **35.4%**						
Target:	27%	No target set	22%	25%		25%
Total:	**27%**	**N/A**	**32.5%**	**35.4%**		**35.4%**
Disaggregated by cadre:						
Physicians:	9%	N/A	10.7%	10.9%		10.9%
Registered Nurses:	47%	N/A	54.5%	56.6%		56.6%
Midwives:	100%	N/A	100.%	100.%		100.%
Pharmacists:	61%	N/A	68.%	71.8%		71.8%
Dentists:	26%	N/A	25.%	25.2%		25.2%
Other cadres:	31%	N/A	32.3%	34.2%		34.2%
Comments:	The most recent data collected from the MOH was for 2018. As this was an annual indicator, no data is included for 2019 Q1.					
Sub-Result 2.2: Supported National CPD System						
2.2.1 Level of CPD system institutionalization (ordinal scale): **56.25%**						

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Target:	0%	No target set	No target set	50%	No target set	50%
Total:	**0%**	**N/A**	**N/A**	**56.25%**	**N/A**	**56.25%**
Comments:	Midterm assessment showed improvement in CPD Leadership, CPD Regulatory Framework, CPD System, and CPD Implementation					
2.2.2 Number of events conducted to support the CPD system: **37**						
Target:	0	0	2	4	4	10
Total:	**0**	**0**	**2**	**25**	**10**	**37**
Comments:	2017 Q4: 2 Relicensing Committee meetings at the High Health Council 2018 Q1: CPD Research Advisory Committee Meeting and 6 meetings of the National Relicensing Committee 2018 Q2: CPD Advisory Committee Meeting, Relicensure Bylaw Launch Meeting, and 3 separate meetings with the JMC Secretary General, the HHC Secretary General, and JPA President 2018 Q3: HHC and JMC Bylaw Launch Preparatory Meeting, President of the Medical Technology Laboratory Society Meeting, JNC Secretary General Meeting, President Jordan Nurses and Midwives Council/Association Meeting, Bylaw Launch, Accreditation Council for Pharmacy Education meeting, CPD Research Advisory Committee Meeting, National CPD Committee Meeting, HHC Secretary General Meeting, JMC Secretary General Meeting, National CPD Committee Third Meeting 2018 Q4: 2 National CPD Committee meetings 2019 Q1: 2 HHC meetings, 2 JNC meetings, 2 JMC meetings, 2 MOH meetings with the Licensing Professions and Health Institutions directorate, MOH meeting with the Electronic Transformation and Information Technology Directorate, and PHA meeting					
Result 3: Strengthened National HRH Governance						
3.1 Level of HRH Governance Strength (ordinal scale): **56.94%**						
Target:	0%	No target set	No target set	50%	No target set	50%
Total:	**0%**	**N/A**	**N/A**	**56.94%**	**N/A**	**56.94%**
Comments:	The midterm assessment showed improvement in the areas of HRH Strategy, Leadership and Governance, and Data for Decision-making					
Sub-Result 3.1: Improved National HRH Policies and Strategic Plans						
3.1.1 Number of laws, policies, regulations, and administrative procedures in development stages of analysis, drafting and consultation, legislative review, approval, or implementation as a result of USG assistance: **16**						
Target:	0	0	4	8	11	11
Total:	**0**	**0**	**4**	**16**	**0**	**16**

Indicator	Baseline	FY2016	FY2017	FY2018	FY2019 Q1	Cumulative Result
Comments:	1. National HRH Strategy, 2. MOH AAA OSP, 3. Bylaw for Health Professional License Renewal, 4. HCAC HR standards, 5. Competency-Based Job Descriptions, 6. Succession Planning, 7. Performance Management, 8. Recruitment and Selection, 9. CPD, 10. Onboarding and Orientation, 11. HRD Planning/Training Plans Policy, 12. Developing Training Agenda, 13. HR Planning, 14. CPD Framework Instructions, 15. Policy of Developing and Implementing Policies and Procedures, and 16. Health Professions Operational Definitions and Indicators					
Sub-Result 3.2: Improved HRH Data for Decision-Making						
3.2.1 Number of resources developed by the project to support availability of data for decision-making: **5**						
Target:	0	0	2	3	3	8
Total:	**0**	**0**	**2**	**2**	**1**	**5**
Comments:	Including a software to extract job description components from approved documents, the WISN Surplus and Shortage action plan, the Terms of Reference for the NCPF, the HRMS Benefits implementation plan, and the National HRH Observatory Assessment Report					
3.2.2 Discrepancy ratio between data of the different data sources supported by the project: **Density 1.55%, MOH 5.04%**						
Target:	Density: 14% MOH: 4.8%	No target set	Density: N/A MOH: 4%	Density: 10% MOH: 3.5%		Density: 10% MOH: 3.5%
Total:	**Density: 14% MOH: 4.8%**	**N/A**	**Density: 7% MOH: 4%**	**Density: 1.55% MOH: 5.04%**		**Density: 1.55% MOH: 5.04%**
Comments:	The 2018 data is the most recent data for this indicator. As this was an annual indicator, no data is included for 2019 Q1.					
3.2.3 Number of HRH observatory data fields: **960**						
Target:	720	0	720			720
Total:	**720**	**0**	**960**			**960**
Comments:	The most recent data published by the National HRH Observatory is for 2017.					
3.2.4 Capacity of the MOH HRMS (ordinal scale): **Stage 3**						
Target:	1	No target set	2	3		3
Total:	**1**	**N/A**	**2**	**3**		**3**
Comments:	Stage 2 (Startup: data being collected, cleaned, and validated) was completed and the system is currently at Stage 3 as of the end of 2018 (Developing: HRMS data up-to-date, directorates involved in the process, staff trained on the system, the number of users increasing, the different HRMS modules tailored to MOH needs). As this was an annual indicator, no data is included for 2019 Q1.					

Annex B. HRH2030 Jordan Stakeholders

The below table provides a description of all entities with whom HRH2030 worked. For further information regarding the strengths and weaknesses of specific stakeholders, please refer to the following documents developed by HRH2030:

- Health Care Professionals License Renewal - Needs Assessment Report for the MOH Licensing Professions and Health Institutions Directorate
- Health Council Roles and Responsibilities in Implementing a CPD System in Jordan
- MOH HR Systems and Capacity Needs Assessment Results
- National Human Resources for Health Observatory Assessment Report

HRH2030 Stakeholders	
MOH	AAA
	Human Resources Planning and Personnel Affairs Directorates
	HRD Directorate
	Licensing Professions and Health Institutions Directorate
	Health Directorates (14)
High Health Council	Board of Directors
	National Policy Coordinating Forum
	National HRH Observatory
Councils	JMC
	Jordan Nursing Council
Associations	Jordan Physicians Association
	Jordan Nursing and Midwifery Association
	Jordan Dentists Association
	Jordan Pharmacists Association
CSB	
RMS	
HCAC	
Other line ministries	Ministry of Labor
	Ministry of Higher Education and Scientific Research
	Ministry of Public Sector Development
WHO – Regional Office for the Eastern Mediterranean	
Other USAID-funded activities	JCAP
	HSD
	HFG
	Takamol
	CITIES
Private Sector	Hikma Pharmaceuticals
	Biolab

Annex C. Activity Deliverables Submitted to DEC

Description	Date	Type
Roadmap for a Functional and Sustainable Continuing Professional Development System in Jordan*	Feb - 2019	Report
Women Leaders in Health Forum Strategy 2019-2022*	Feb – 2019	Report
Year 3 Annual Progress Report	Dec – 2018	Report
Factors Influencing CPD Effectiveness and Practices in the Healthcare Sector in Jordan	Oct – 2018	Report
Promoting Women in Health Management (long video)	July - 2018	Video
Promoting Women in Health Management (short video)	July - 2018	Video
The Barriers and Enablers of Women's Career Progression to Management Positions in Jordan's Health Sector	June - 2018	Report
Year 2 Annual Progress Report	Dec - 2017	Report
MOH AAA: OSP (2018-2020)	Nov - 2017	Report
HRH2030 in Jordan Baseline Assessment Report	May - 2017	Report
Women's Enrollment in the Health Workforce Literature Review	Oct - 2016	Report
Motivation and Retention of Health Workers in MOH Facilities	Dec – 2016	Report
Orientation Presentation Example for New Employees at MOH Centers	June - 2016	Presentation
Orientation Presentation Example for MOH, Primary Health Care	June - 2016	Presentation
Year 1 Annual Report	Nov - 2016	Report

*Pending USAID Activity Manager and AOR approval, these deliverables will be submitted to DEC and KaMP

Annex D: Success Stories

SNAPSHOT

Engaging Employees in Strategic Planning

HRH2030 Promotes Participatory Planning Approach for Jordan Ministry of Health

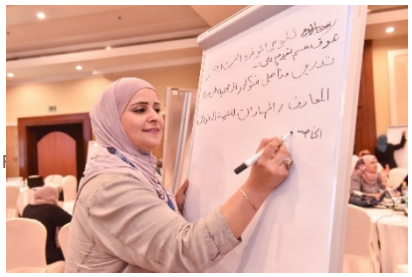


PHOTO: HRH2030

Sabah Al-Tarawneh from Karak Health Directorate participates in the Strategic Operational Plan Workshop in Amman, July 2017

" … [We] have started involving staff at all levels in strategic planning. This will contribute to increasing productivity and ownership and improving health care services."

— Dr. Fadwa Al-Shawabkeh

"This is the first time that I got the chance to participate in … strategic planning meetings and workshops. It [has] increased my knowledge in developing strategic plans and motivated me to plan for our division," said Ola Faquseh.

Ola works in human resources for the Jordan Ministry of Health's Karak Health Directorate. Recently she joined more than 70 colleagues from across the country to participate in a series of workshops designed to shape the three-year strategic operational plan of the ministry's Administrative Affairs Administration (AAA).

Organized by the USAID HRH2030 (Human Resources for Health in 2030) program, the strategic planning workshops boosted staff ownership of the Ministry of Health's vision of "a healthy community within a leading comprehensive health system ensuring equity, efficiency, and high quality at the regional level." The AAA's three-year plan will feed into the ministry's overall strategy for 2018 to 2021.

"In many organizations, senior managers develop strategic plans with minimal or no staff involvement. These managers pull together strong goals, targets, and interventions with the expectation that departments and the individuals within them are ready to implement. Unfortunately, lack of staff involvement in the planning stage often hinders implementation and leads to unexpected challenges," explained HRH2030 Jordan Project Director Edward Chappy.

HRH2030 kicked off the strategic planning workshop series by presenting its findings from a recent assessment of the ministry's human resources systems and capacity needs. The assessment report proposed key changes to Ministry of Health policies and procedures, including more comprehensive training for human resources staff and a strong monitoring and evaluation plan for measuring progress. Participants then worked together to assess their directorates' strengths, weaknesses, opportunities, and threats to determine areas of focus for the next three years.

Many of the workshop participants are enrolled in HRH2030's two-year human resources management and development training course. Several of these individuals were happy to apply their new skills to developing the policies, procedures, and plans that will impact their work.

"It was ideal timing! I participated in the strategic planning workshop to put the skills I gained [through the training course]

into effect by drafting with my colleagues the new strategic plan. I am really grateful for that," said Sabah Al-Tarawneh, also a human resources employee from the Karak Health Directorate.

The HRH2030 team collected feedback from the strategic planning workshops and worked with the AAA to finalize its strategic operational plan, which the Ministry of Health is expected to adopt in March 2018.

With the success of the strategic planning workshops, ministry leadership has recommitted to engaging staff in the strategic planning process. "In line with the ministry's [goal of] achieving excellence, we have started involving staff at all levels in strategic planning. This will contribute to increasing productivity and ownership and improving health care services," reflected former AAA Director Dr. Fadwa Al-Shawabkeh.

SNAPSHOT

HRH2030 Hosts Jordan's First Women in Health Leadership Forum

Using evidence-based findings, USAID HRH2030 takes a step toward bridging the gender gap in women's leadership in health

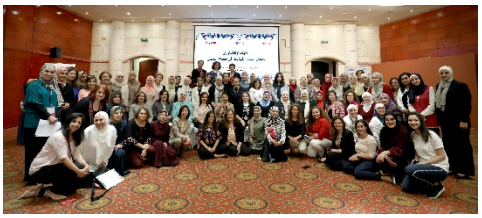


PHOTO: HRH2030

Women health professionals participating in the first Plenary Meeting for the WLHF

"Women's participation in the policy and decision-making process in the health sector is vital for strengthening the health system and improving health outcomes to achieve the sustainable development goals, including global health and economic growth goals."

— Prof. Rowaida Ma'aitah

"Women's participation in the policy and decision-making process in the health sector is vital for strengthening the health system and improving health outcomes to achieve the sustainable development goals, including global health and economic growth goals," says Prof. Rowaida Ma'aitah, former senator and minister, and current chair of the Women Leaders in Health Forum.

In Jordan, women account for about half of the health workforce, yet they are underrepresented in top management roles. According to Jordan's Ministry of Health data, women comprise 55 percent of the ministry's staff, yet only 27 percent hold management positions across all levels and less than 10 percent are in decision-making leadership positions.

On September 17, 2018 USAID HRH2030 Jordan facilitated the first Plenary Meeting for the Women Leaders in Health Forum, with financial support from Hikma Pharmaceuticals. At the one-day workshop, more than 75 women worked together and contributed to the founding document, which defines the forum's mission, vision, values, objectives, activities, management structure, and financial sustainability. Participants voiced their agreement on the value of establishing this forum to address the individual, institutional, and political challenges that impede women's positioning as leaders in Jordan's health sector.

The establishment of the forum is a step towards implementing evidence-based recommendations from the USAID HRH2030 study on "Barriers and Enablers of Women's Career Progression to Management Positions in Jordan's Health Sector." The research findings suggested enhancing mentoring and networking possibilities by forming a national forum for women's leadership in health.

According to the study, networking and connections to other senior leaders was the third most-mentioned basis for promotion to managerial positions in health institutions, cited both by men (36.7 percent) and women (39.6 percent). However, only 45 percent of female health professionals reported having supportive mentors in their organizations, and 47 percent reported being excluded from informal networks.

"I have worked in the hospital for eight years. The people who have supported everyone – especially me – as a nurse in this hospital include my supervisor. She has supported me since the beginning when I was learning the basics of this profession until I became her deputy," said Operating Room Nurse Amina Sulaima, of the Specialty Hospital. "This includes helping me identify my weakness points and areas of improvement, as well as exploring new surgeries and courses. I believe that this is an ideal environment for staff development and retention."

At the end of the plenary meeting, participants reached a consensus on the value of establishing the forum with a vision to have "a Jordan where women and men in the health system are represented at the highest levels of decision-making based on their qualifications and competencies," and a mission that aims "to address the individual, institutional, and political challenges that impede women's positioning as leaders in global health through strategic advocacy, networking, mentorship, and capacity building."

HRH2030 Jordan will continue to support the forum and promote its activities, with a goal of increasing the amount of women leaders in the health sector.

SNAPSHOT

Generating Evidence for Staffing Decisions at the Ministry of Health

HRH2030 Supports Implementation of Workload Indicators of Staffing Need Tool

PHOTO: Mohammad Maghaida, March 2018

Pharmacists at the Ain Al Basha Health Center collect and archive prescriptions. Recent rollout of WISN at their facility revealed a heavy workload on some health cadres.

"One of the reasons that I haven't had strong negotiation power with the General Budget Department and the CSB to defend the ministry's staffing requests is that workload was not measurable. The WISN tool will assist us in generating the needed evidence to back our decisions."

— Ghaleb Qawasmi, Director of Human Resources Planning and Personnel Affairs, Jordan MOH

The Jordan Ministry of Health spends more than 45 percent of its general budget on salaries and benefits for more than 30,000 people. Still, a lack of data to identify staffing needs and make appropriate staffing decisions often creates inefficiencies.

To overcome the data gap, the USAID HRH2030 (Human Resources for Health in 2030) program is working with the Ministry of Health to roll out the Workload Indicators of Staffing Need (WISN) tool. Developed by the World Health Organization, the WISN tool is an evidence-based method for collecting data and identifying staffing needs based on the actual workload of health workers and services delivered at facilities. The data can be analyzed to strengthen human resources management decisions — staffing levels, health worker distribution, and task sharing — to meet patient needs.

"One of the reasons that I haven't had strong negotiation power to defend the ministry's staffing requests is that workload was not measurable. The WISN tool will assist us in generating the needed evidence to back our decisions," stated Ghaleb Qawasmi, director of Human Resources Planning and Personnel Affairs at the Ministry of Health.

Imbalanced workload and staffing levels also impact health workers' job satisfaction and service delivery. According to a 2016 HRH2030 study on motivation and retention of health workers at Ministry of Health facilities, nearly 40 percent of more than 1,000 health workers surveyed reported heavy workload as a dissatisfying factor.

"With this number of patients … I just cannot follow up with 100 percent of them," reported one of the doctors surveyed.

In response to the study findings, HRH2030 recommended critically assessing the actual workload of health workers, facility staffing, and efficiency in relation to current requirements at Ministry of Health facilities. In October 2017, HRH2030 and the Ministry of Health developed an implementation plan and officially launched the WISN tool to 41 key players including representatives from the ministry and relevant health associations.

To optimize WISN's usefulness, the Ministry of Health, with HRH2030 support, developed web-based software in Arabic to incorporate WISN formulas, aggregate data across sites, generate automated reports, and link to other data sources like the human resources management system.

"[The Ministry] needed a flexible tool that would help us estimate the staffing needs based on workload of health

workers. The World Health Organization had a simple Excel [based] WISN software that can do very basic calculations. We have almost 700 health centers and more than 30 hospitals, so we needed a more dynamic system to meet the needs of the ministry," explained Qawasmi.

The Ministry of Health selected the Balqa Health Directorate for pilot implementation. HRH2030 helped train 25 staff members to collect and enter data into WISN templates, validate and analyze data to identify staffing surpluses or shortages, and propose solutions for major findings. The Balqa staff presented the initial WISN findings to ministry leadership, and the Minister of Health expressed his support of WISN implementation and evidence-based staffing decisions at the ministry.

"After receiving a thorough training on WISN data collection and analysis supported by HRH2030, I managed to collect and analyze data from Ain Al Basha Comprehensive Health Center in Balqa. The initial data shows a heavy workload on some health cadres compared to the number of patients, which indicates that there's a shortage of staff at that center," said Dr. Muna Weshah, head of health insurance at the Balqa Health Directorate.

"There are many solutions that WISN can offer to address the workload issue, including task-sharing or health cadre redistribution," she added.

Based on the WISN data, Al Baqee' Comprehensive Health Care Center in Balqa also noticed a workforce shortage and conducted internal task-shifting to redistribute the center's staff.

"We used the data to [justify need for] a family medicine doctor to cover the shortage and fulfill the needs of our patients in Balqa. With around seven thousand patients a month, we got an approval to assign two family medicine doctors to cover six days a week," noted Ministry of Health Director Fadwa Thabet at the Al Baqee' Comprehensive Health Care Center.

With the pilot phase complete, HRH2030 and the ministry are rolling out the WISN tool to all health centers throughout the country's 14 health directorates. In April 2018, the WISN tool was already in use in eight of 14 directorates, with overall progress reaching more than 40 percent. The full rollout is expected to be complete by September 2018.

SNAPSHOT

Working toward Universal Health for All and Sustainable Development Goals

USAID HRH2030 supports a comprehensive approach to developing a National HRH Strategy in Jordan

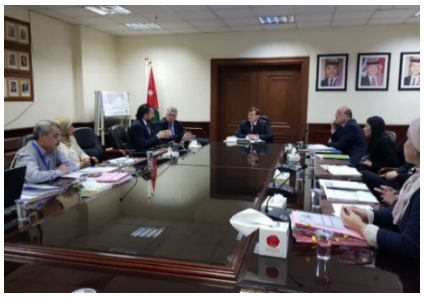


PHOTO: HRH2030

Representatives from USAID HRH2030 meet with the Minister of Health to discuss the National HRH strategy and next steps.

"Having a qualified and trained health workforce is a key factor in Jordan's distinguished health status," noted High Health Council Secretary General Dr. Mohammad Tarawneh on March 27, 2018 at the approval of Jordan's new human resources for health (HRH) strategy. "Through the National Human Resources for Health Strategy, we aspire to maintain and improve the health workforce by bringing different health sectors together."

Jordan's HRH strategy is the first of its kind in the Eastern Mediterranean region. By prioritizing the health system and tackling key HRH challenges, the strategy takes Jordan a step closer to reaching its vision of attaining health for all and meeting its sustainable development goals.

Currently, the number of health workers in Jordan falls below international ratios. The ratio of physicians per 10,000 population in the capital city of Amman is 19.6, in comparison to a ratio of 6.9 in Zarqa, only 15 miles (24 km) outside the capital and Jordan's second largest populated city after Amman. A skilled, motivated, equally distributed health workforce is pivotal to an effective health system.

To gain insight on priority concerns and ensure buy-in on strategic solutions from key stakeholders, the USAID HRH2030 (Human Resources for Health in 2030) program's Jordan activity worked with the High Health Council to facilitate a systematic and comprehensive approach for the development of this HRH-specific strategy.

In July 2017, the Minister of Health, under the leadership of the High Health Council, appointed a strategy advisory committee for technical assistance and input. Committee members included representatives from USAID HRH2030 and the High Health Council, as well as from the Ministry of Health, Royal Medical Services, Ministry of High Education and Scientific Research, the Private Hospital Association, and the World Health Organization (WHO).

WHO's HRH action framework guided the HRH strategy development. Committee members worked to adapt and revise the framework to fit the context of Jordan (Figure 1). A situation analysis brought forth several pressing national HRH challenges at the educational, production, planning, delivery, and governance levels. It was agreed the strategy would need to address the current lack of evidence-informed decision-making in HRH, widespread workplace violence against women, and insufficient policies to overcome the gaps.

Through interviews and a thorough review and synthesis of high-quality studies (local, regional, and global), the committee defined the objectives of the strategy, based on four strategic HRH pillars:

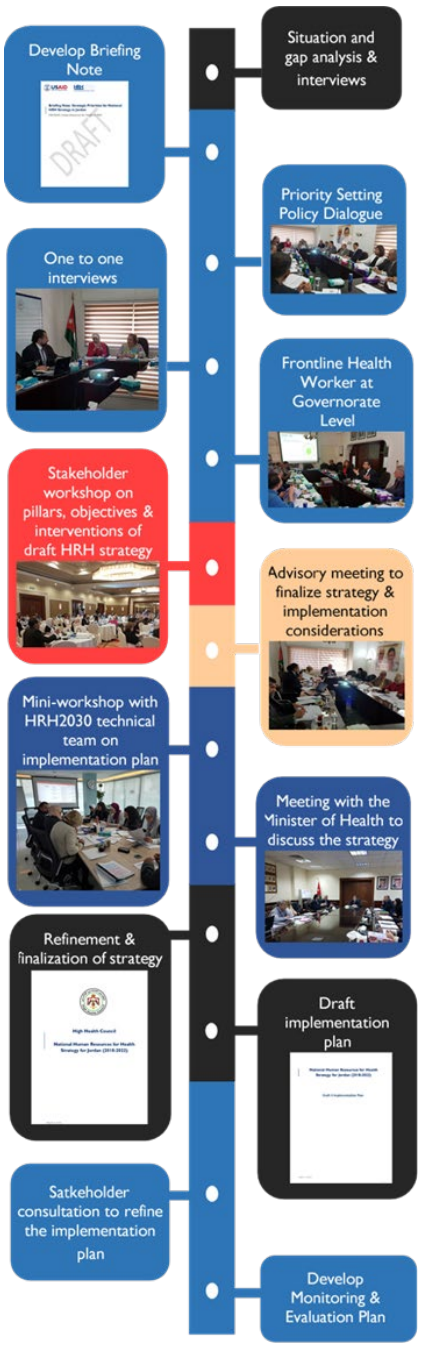


Figure1 Strategy and Implementation Plan Process

governance; policy and partnership; management, education, production, and development; and planning.

In addition to seeking stakeholder insight in the development of strategic plan, the High Health Council and HRH2030 used a participatory approach to develop an implementation plan. In May 2018, they conducted a national workshop with almost 70 key stakeholders from the committee to work in four groups to focus on implementing the four strategic pillars.

With plans in place, HRH2030 will support the implementation of the HRH strategy through monitoring and evaluation and regular follow up with implementing partners. The executive manager of the Private Hospitals Association, Samer Al Khuffash explains, "The systematic implementation of the National HRH Strategy will positively impact Jordan's health system by addressing the challenges facing the health sector, including the lack of sufficient data and information on the health workforce needs, inadequate distribution of health workforce to meet the needs of each governorate, in addition to the absence of a development system for health professions."

While the National HRH Strategy demonstrates Jordan's commitment to the health and wellbeing of its people, it is hoped that the participatory process used to develop the strategy also provides other Eastern Mediterranean countries with an opportunity to build on this experience and to address their own key HRH challenges in a locally appropriate manner.

Annex E: Financial Information

Cash Flow Chart

HRH2030 Cumulative Obligation for Jordan	$10,457,710
HRH2030 Expenditures through 3/31/19 for Jordan	$10,421,844
Obligated Funds Remaining[2]	$35,866

Budget Details

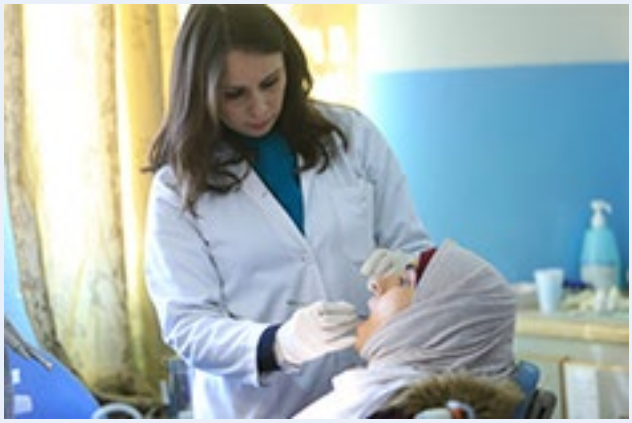
Line Item	Total Expenses through 3/31/19[3]
Salaries	$2,463,093
Fringe Benefits	$1,529,570
Overhead	$1,995,885
Travel and Transportation	$139,820
Allowances	$451,092
Other Direct Costs	$738,192
Equipment, Vehicles, and Freight	$94,046
Training	$285,222
Subrecipients	$1,743,090
Allocable	$447,540
Subtotal	**$9,887,550**
General and Administrative	$534,294
Total	**$10,421,844**

Funding Source Breakdown

	Obligation	Expenditure
MCH	$3,978,079	$3,978,079
FP/RH	$6,479,631	$6,443,765

[2] Total expenses are calculated by Actuals through March 31st, 2019. This does not include estimations for standard NICRA adjustments and trailing closeout costs.

[3] Estimated funding pipeline as of 4/01/2019. This pipeline is reserved in anticipation of trailing closeout costs and Chemonics' pending NICRA adjustments.



A dentist in Jordan examines a patient. Photo Credit: HRH2030.

Program Partners

- Chemonics International
- American International Health Alliance (AIHA)
- Amref Health Africa
- Open Development
- Palladium
- ThinkWell
- University Research Company (URC)

About HRH2030

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

Global Program Objectives

1. **Improve performance and productivity of the health workforce.** Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.
2. **Increase the number, skill mix, and competency of the health workforce.** Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.
3. **Strengthen HRH/HSS leadership and governance capacity.** Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.
4. **Increase sustainability of investment in HRH.** Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.

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