
EHSSG
ETHNIC
HEALTH SYSTEM
STRENGTHENING GROUP

TABLE OF CONTENTS

ETHNIC HEALTH SYSTEM STRENGTHENING WORKING GROUP (EHSSG)

HUMAN RESOURCE FOR HEALTH STRATEGY

2021 - 2025

DECMEBER 2020

ABBREVIATIONS

CHW	Community Health Worker
CME	Continue Medical Education
CHV	Community Health Volunteer
EmOC	Emergency Obstructive Care
EHO	Ethnic Health Organization
EHC	Ethnic Health Committee
EHW	Ethnic Health Worker
EHSSG	Ethnic Health System Strengthening Group
EHISWG	Ethnic Health Information System Working Group
EPI	Expanded Programmed on Immunization
HR	Human Resources
HRH	Human Resource for Health
HISWG	Health Information System Working Group
HRIS	Human Resource Information System
MCHW	Maternal and Child Health Worker
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MOHS	Ministry of Health and Support
M&E	Monitoring and Evaluation
NGOs	Non-Government Organization
RH	Reproductive Health
TCB	Training and Capacity Building
TCU	Training and Capacity Unit
UHC	Universal Health Coverage
VHC	Village Health Committee
VTHC	Village Tract Health Center
WISN	Workload Indicator of Staffing Need
WHO	World Health Organization

BACKGROUND

One of the core fundamental requirements for improving health service coverage and health outcomes is the presence of a fit-for-purpose and fit-for-practice health workforce. Because of the changing demography such as population growth and aging, epidemiology including the increased prevalence of non-communicable diseases and unfinished Millennium Development Goals (MDG) agenda, demand for health workers is expected to grow significantly globally. Recently, the need to build a resilient public health system that can respond quickly and efficiently to global epidemics and pandemics such as Ebola, SARS and COVID-19 has proven that the need for Universal Health Coverage (UHC) is more prominent than ever in order to reach the unreached populations residing in hard to reach, conflict prone, socio-economically challenging geographies. The lack of a strong, responsive health system supply-side including the health workforce is one of the attributable factors for the achievement of UHC in many low- and middle-income countries. Moreover, the more inclusive approach to achieve UHC is also needed to consider according to the country's context such as political commitment, economic growth and peace dialogue etc. which have an impact on the development, implementation and achievement of UHC.

Myanmar is home to over 135 ethnic groups which are further categorized into eight national ethnic races - Kachin, Karenni, Karen, Chin, Mon, Burma, Rakhine and Shan. Apart from Bama which makes up the majority Myanmar population residing all over the country, the rest of the ethnic groups mainly reside in the Border States of the country of their namesake. For over six decades, these ethnic groups have been in ongoing armed conflicts between the government and multiple ethnic armed organizations (EAOs). These conflicts have had deeply harmful impacts on regional development, and have led to a deeply fractured governance environment. Research from ceasefire areas in Southeast Myanmar in 2013 show that the risk of disease and death is substantially higher here than the national rates. For example, infant and under five mortality rates are twice as high as the national averages, at 94.2 and 141.9 respectively; 54% of women have an unmet need for contraception; and malaria is still a leading cause of death (17.7% of deaths).[2] Similarly, stunting/stuntedness and underweight in Kayin state is one of the highest in Myanmar with children in hard-to-reach areas (which also tend to be the poorest) being the worst affected.[3]

While bilateral ceasefires and the National Ceasefire Agreement (NCA) of 2015 have greatly contributed to increased stability and security in some regions, many remain heavily contested and militarized. In such areas, ethnic health organizations (EHOs) provide essential health and development services to hundreds of thousands of vulnerable people, largely filling the gaps left by the government. EHOs have deep ties to their communities, geographical access and their role as frontline health and social development providers is critical. However, there are differences between MOHS and EHO HRH structure in which the identification of cadres and their JD are not uniform which also becomes one of the barriers in integrating services. The efforts to improve services have been impeded by inadequate funding, lack of access to essential commodities and health workers, conflict and displacement, capacity constraints and lack of recognition by, and coordination with, the government. The government also provides crucial services in some areas but is hampered by geographic and security bottlenecks, limited funding and restrictive policies. In some communities, government services are not fully trusted by ethnic minority people, as staff coming from outside are perceived as linked to the Tatmadaw. Therefore, EHO strengthened their health system in governance, financing, health information system, service delivery and human resource strengthening as well with the support of technical agencies and other NGOs to provide essential health services for vulnerable communities.

In order to strengthen the health systems of EHOs in a coordinated and strategic manner, including that of Human Resources for Health (HRH), Ethnic Health System Strengthening Group was formally established in 2015. Started with seven, now eight are the recognized member organizations of EHSSG in 2020. EHSSG with the technical support from Community Partners International (CPI) developed this HRH Strategic Direction (2021-2025). The aims of the strategic direction is contribute towards building an equitable, responsive and

comprehensive HRH system to improve health outcomes through expanding access to villages to community health workers and services, ii) health care responsiveness through evidence-based programming and planning iii) financial and social risk protection through prioritizing context-appropriate, low cost interventions and referral system and iv) improved efficiency through the identification of best and underperforming facilities, programming and health workforce. This is the first of two serial strategic directions for Human Resources (2021-2025, 2026-2030) for Health strengthening for the overall development of HRH of member EHOs that will contribute towards the achievement of Universal Health Coverage in Myanmar.

METHODOLOGY

HRH strategic direction (2021-2025) is developed in an inclusive approach with the active participation of EHSSG member organizations, technical experts and implementation partner organizations. The working group is formed in order to enhance the ownership and the commitment of the EHSSG member organizations in the HRH strategic direction. The TOR of HRH strategic direction working group is

1. Develop EHO HRH Strategic Direction (2021 – 2025)
2. Provide technical input for policy, planning and management pertaining to HRH through inclusive approach (Leadership and Management)
3. Coordination within and outside of the EHC for EHO HRH Strategic Direction (2021 – 2025) development (Leadership and Management)
4. Provide technical input for evidence-informed planning (projection) of HRH training and recruitment. (Planning and Management)
5. Generate data and information on HRH for evidence-based decision making related to HRH (Data Management)
6. Stipulate financing strategy for HRH that is context specific for EHO areas and politics. (Financing)
7. Ensure qualified input for education and training related information, data and findings (Capacity Building and Training)

Under the leading committee of HRH strategic direction working group, the working group is divided into four sub-groups as a task force: Leadership and Management, Planning and Data Management, Training and Capacity Building, and Financing. In each sub-groups, the representatives from KDHW, BMA, BPHWT, CHDN and the technical experts from CPI are involved as group members. Each sub-group will be led by respective team leaders. The TOR of HR sub-groups are:

- Sub-groups will serve as working/operating teams
- Provide technical inputs for the task assigned
- Each sub-groups to meet once a month and a quarterly coordination meeting should be held quarterly with all sub-groups and leading committee included.

According to TOR, the sub-groups collected the existing data and analyzed the current HR situation according to their focusing areas and discussed through meetings and workshops. Based on the analysis, the strategic direction is developed followed by an action plan with time frame, responsible parties and budget plan from each sub-group. The strategic directions from each sub-group are combined as a whole strategic direction of EHSSG and reviewed by the leading committee of HRH strategic direction working group before getting approval from EHSSG board.

SITUATION ANALYSIS

Introduction of EHSSG

Ethnic Health System Strengthening Group (EHSSG) was formally established on 13th December 2015 with the objective of strengthening the health systems of Ethnic Health Organizations in coordinated and strategic manner, including Human Resources for Health. In EHSSG, ethnic community based health organizations such as the Back Pack Health Worker Team (BPHWT), the Burma Medical Association (BMA), the Civil Health and Development Network (CHDN), the Karen Department of Health and Welfare (KDHW), the Loi Tai Li Health Committee (LHC), the Mae Tao Clinic (MTC), the Mon National Health Committee (MNHC), the Pa-Oh Health Working Committee (PHWC), and the Shan State Development Foundation (SSDF) are involved as members and the program is overseen by the Ethnic Health Committee (EHC).

EHSSG Health Services Delivery

EHSSG provide primary health care to the target population at their administration area. Available health facilities delivering services to people can be classified as; community/health post level, village tract center (VTHC)level and referral center level.

The community/health post level provided a standard set of outreach services, health promotion and referral services for communities more than one hour walk (5km) from the nearest health facility. Community health volunteers/workers (CHVs) include: Trained Traditional Birth Attendant (TTBAs), Village Health Volunteers (VHVs) and Village Health Committee (VHCs) provided the Integrated community care management (ICCM), Malaria testing and treatment and tuberculosis screening. For improved services and urgent or more serious emergencies referral to the Village tract health center or referral center are arranged.

The Village tract health center (VTHC) covers a population of 1500 to 3500. It provides service for preventive, promotive, curative and outreached services. VTHC is expected to be open 8 hours on weekdays and 24 hours service is available in case of emergency by CHWs, Medics, MCHWs, laboratory and pharmacy technicians. VTHC provided OPD, basic health care, normal delivery and emergency service. The staff will also deliver public health services through outreach or facility-based activities, utilizing their 50% of working hours, if there will be no public health emergencies. The functional management will be under the supervision of respective Referral Centers. The quality output from the VTHCs will be empowered by the Operations and the Quality Control Teams.

The referral center level covers a catchment population of 3,500 to 12,000 and provides facility-based services to the portions of their catchment population outside of a 5km radius. The referral Center bed capacity should not be less than (16) beds and will be staffed with EmOCs, MCHWs, Medics, etc. Each Referral Center is, at minimum, expected to be open for outpatient services 8 hours each day between Monday and Friday and 24 hours will be available for Inpatient Services. The referral center provides specialized care basic emergency obstetric care (4-7 signal functions) and provides curative care with the initial referral. Four VTHC is covered by one referral center. At which care provision is more complex and needs higher medical expertise, the referral center will refer the patient to community hospital, Township hospital, public and private hospital.

Lately, during the COVID-19 pandemic situation, EHSS developed COVID response strategic direction for pandemic response service delivery. COVID-19 community response committee was formed to effectively manage COVID-19 response measures such as setting up of community screening checkpoints. community quarantine centers, and awareness raising activities and training. Clinical guidelines for VTHC and community level COVID-19 responses were also developed while also ensuring provision of medicines, medical supplies including PPE for health workers.

Status of human resources for health

Since 1988, EHOs have given primary healthcare services at their respective Ethnic Armed Organizations (EAO) – administered areas, many of which are rural and remote. According to necessity, the EHOs conduct various primary health care training and provide the ethnic health workers (EHWs) necessary for the health care coverage of their targeted populations. However, there is attrition among EHWs and stagnation in the growth of the EHW workforce. Therefore, there is an urgent need to consider the implications of EHW shortage and a strategy for the delivery of redundant EHW. The density of health workers of EHSSG was 4.5/1000 population. There is a shortage of health workforces as a result of health assessment. It is well recognized to address the HRH challenges.

According to a consultation meeting with leaders and key informants, the EHOs need to update human resource (HR) profiles and identify/respond to workforce performance. Furthermore, consideration must be given to incentive HRH for staff retention which is not only financial remuneration, but also non-financial remuneration such as the opportunity for professional development. Presently, the EHOs have clinical and continued clinical competency assessments. Depending upon the results of these assessments, there needs to be planning for clinical skills training and professional EHW groups. Consequently, a Training Need Assessment (TNA) and EHW assessment should be implemented as a career pathway for EHWs and to negotiate with stakeholders for accreditation as well as to develop training center criteria. Lastly, there needs to be a monitoring and evaluation for the Essential Package of Health Care Services (EPHS) implementation and financing for whole planning of the necessary HRH.

Workforce classification and distribution is essential for service effectiveness as well as to reduce the burden of EHWs' workload. When considering service delivery, one must look at referral Public Private Partnerships, clinics and hospitals for the referral system, and health insurance. Moreover, there must be consideration toward the implications of the burden of diseases depending upon changes in communicable diseases and pandemics. Therefore, it is very important to consider and implement an appropriate HRH strategy for the way forward.

When strengthening of EHO services and system, especially in aspect of primary health care services, the following six mainstream aspects are important to consider:

1. Deliver specific services in the **Maternal and Child Health Program** with consideration toward AMW and MCH Worker development in each ethnic area to cover the targeted population. Moreover, access to vaccine and nutrition programs must be addressed.

2. Deliver specific services in the **Medical Care Program** with consideration toward communicable diseases, their surveillance, and containment plans. Depending upon communicable diseases' information, consideration must also be given to the EPHS and budgeting.

3. In the **School Health Program**, it is necessary to address basic health issues such as eye care, and dental and hearing problems. Furthermore, immunization, nutrition, growth and development programs are necessary for school health. At the same time, there must be planning for contraceptive health rights, teenage pregnancy, and post-abortions care as well as HIV and AIDS awareness. Issues related to drug and alcohol abuse and violence sensitivity are also important to address in schools.

4. In the **Public Health sector**, there needs to be consideration given to the prevention of both communicable and non-communicable diseases. Therefore, there should be a review process on the related epidemiology as well as WASH Programs. Moreover, community efforts should be promoted for successful multidisciplinary Public Health.

5. **Disaster preparedness** and health care must be addressed. In this preparedness, there must be planning for pre-disaster, during disaster, and post-disaster. In pre-disaster, there should be plans for weather predictions with early warning signs and broadcasts as well as preparations to move to safe locations, and check food security

and water storage. During a disaster, priorities should be toward vulnerable groups as well as to assign EHWs to provide emergency medical services and otherwise look after the health of the affected populations. In post-disaster, plans should be made for the rehabilitation process and the provision of essential medicine and services as well as water purification and adequate sanitation systems.

6. **Consideration for supervision plans** for the deployment of EHWs in targeted areas, registration with ID cards and training plans including international training/certifications and sustainable funding for training. After the training, plans should be made for health worker levels and positions as well as population coverage. Depending upon the population coverage, the plan should address cost, skill mix, level of human resources, equity and human resource distribution. Moreover, referral systems and policies must be developed depending upon the geographic area and related security situation. (of Consider the sector of information and planning HRH)

EHSSG has developed the overall strategic direction of the organization the vision, mission and aims of which are outlined as below;

VISION

An accessible, equitable, and quality primary health care system, where health services are equally available to all through a multi-sectoral approach that ensures the protection of the poor and vulnerable within a Federal Union of Burma.

MISSION

The Ethnic Health Systems Strengthening Group works together to

- strengthen health systems in Eastern Burma,

- advocate for equitable and essential primary health services for vulnerable and displaced people throughout Burma, and foster an improved health system, that is decentralized, where the work of existing ethnic and community health organizations is accredited and an integral part of a devolved federal health system

AIMS

- Improved health outcomes through expanding access of villagers to community health workers and services

- Responsiveness through evidence-based programming and planning

- Financial and social risk protection through prioritizing context-appropriate, low-cost interventions and improved referral systems

- Improved efficiency through the identification of best and underperforming facilities, programming, and health workforce

In terms of HRH, EHSSG has identified the overall goals as outlined below;

HRH GOALS

GOAL 1

The health workforce provides equitable and quality health care services:

· Define roles and responsibilities of all health workers

- Review clinical competencies of all health workers
- Formally assess clinical competencies for all health workers
- Provide continuing medical education to all health workers

GOAL 2

Health workers work in areas defined by health needs:

- Plan and locally recruit health workers in areas of need
- Define mechanisms for retention of staff

GOAL 3

An area health service Human Resource Policy is developed:

- Develop guidelines for hiring, misdemeanors, pay structures, and ethics
- Develop guidelines for contracts for all staff
- Implement the Human Resource Policy for an area health service

GOAL 4

All health workers in private clinics are certified to work by the EHO:

- Provide all private clinic health workers with continuing medical education (CME)
- Assess all health workers in private clinics
- Provide health workers with certification after formal assessment

GOAL 5

Ethnic health workers receive appropriate accreditations:

- Discussion held with the Myanmar Ministry of Health and Sports and Myanmar professional organizations to agree on accreditation criteria, including “grandfathering”

In order to attain the identified goals, HRH Strategic Direction Development Taskforce developed the following strategic objectives;

STRATEGIC OBJECTIVES

· Build and sustain the necessary HRH capacity to fully support primary healthcare services and health outcomes in the areas administered by the EAOs.

· Make a succinct and coherent policy for EHW retention and effective deployment.

· Develop an ethnic health system and HR strategy which is evidence-based and reflects the current as well as the near term expected EHW situation.

For the strategically development of HRH, the following four areas are fundamental areas to develop

Management and leadership

The development of HRH planning involves EHW categories, appropriate level of EHW resources, financing, equity, and workforce planning and deployment, causes of EHW shortages, and referral systems. Moreover, management and leadership, quality of care, retention and health workforce development are also important.

Planning and Data management

HRH databases must be created and maintained for planning the ethnic health workforce production, recruitment and analyzing workforce capacity for strengthening as well as financial and human resource planning.

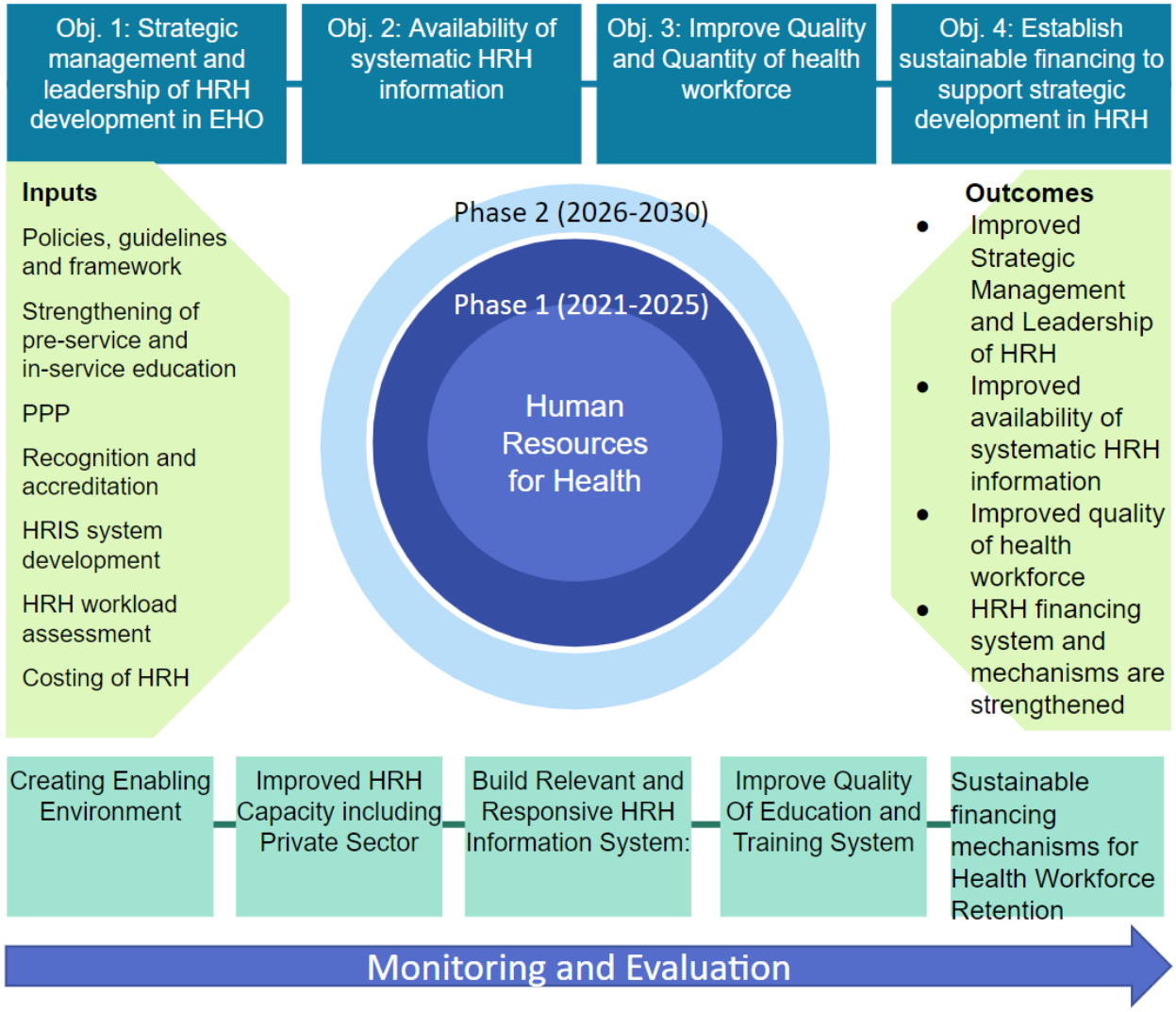
Capacity building and training

Analyzing the required scope of practice for key EHWs is important in HRH strengthening. The pre-training, in-service training, continuous professional capacity building and career pathway must be developed. Furthermore, there are the future challenges of requirements for EHWs, improvements in EHW productivity, EHW motivation and retention. Thus the delivery of the health services by EHWs should be accessible, appropriate, and quality care as well as necessary financial resources to support HRH.

Financing and retention

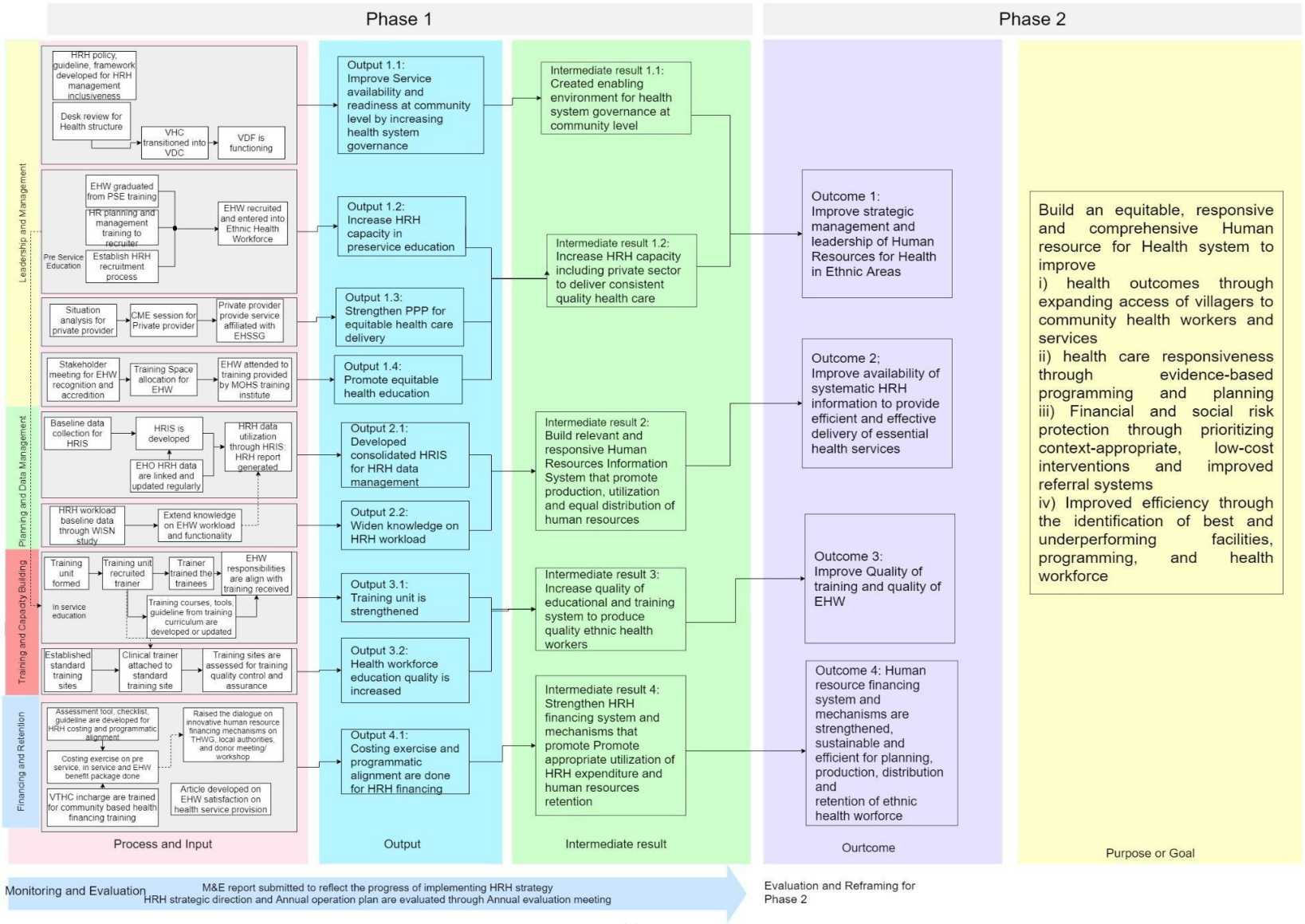
Financial feasibility in HRH strengthening is important for sustainability and efficiency. It is important to consider the prioritization of HRH strengthening with limited budget and resources available.

CONCEPTUAL FRAMEWORK



THEORY OF CHANGE

Theory of Change and Implementation Logic Model : EHSSG HRH strategic Direction



STRATEGIC ACTION : STRATEGIC DIRECTION, ACTION PLAN AND ACTIVITIES PLAN

MANAGEMENT AND LEADERSHIP

STRATEGIC AREA 1: MANAGEMENT AND LEADERSHIP

Objective: Strategic management and leadership of HRH development in EHO for the effective and efficient delivery of essential health services

Strategic Action	Sub-activities	2021	2022	2023	2024	2025	Focal Point
1. HRH Structure							
1.1 Review and defined the health administrative structure	1.1.1 Desk review and evidence generation for strategic restructuring						EHSSG member organizations
	1.1.2 Review and defined the district level health administrative structure						
	1.1.3 Review and defined the township level health administrative structure						
	1.1.4 Review and define the health facility administrative structure						
1.2 Review and revise village health committee's responsibilities and transition to village development committee (functional, geographical)	1.2.1 Situational Analysis of VHCs						
	1.2.2. Evidence informed planning of VHCs						
	1.2.3 Experience sharing with key stakeholders						
	1.2.4 Advocating leaders and managers on change in management approach						
	1.2.5 Define and Implement village development committees						
1.3 Develop local training Unit structure	*Link with Training and Capacity Building sub-group output						

2. HRH Policies and Procedures							
2.1 Develop and implement a HRH Management institutional framework, inclusive of the required policies, information and planning guidelines and tools for quality HRH management	2.1.1 Review, revise and update HR and other operational policies and guidelines including the probation, workload, services, benefit packages and working hours for every cadre						Responsible HR foals from each organization
	2.1.2. Develop JD for every cadre including the administrative positions						
2.2: Initiate and maintain accountable HRH management that deliver equitable access to high quality health services.	2.2.1. Develop effective, efficient and transparent communication policies between field and office level						Responsible HR focal from each organization
	2.2.2. Promote accountability for performance, through the introduction of performance evaluations and supportive supervision mechanism						
	2.2.3. Regular consultation/coordination meetings for approval and orientations of HR policies						
3. HRH Planning and Recruitment							
3.1 Develop a functional HR information system	*Link with Planning and Data Management sub-group output 3.1.1. Assess and analyses workforce number and production of EHSSG organizations						HRH and HRIS taskforces
	3.1.2. Evidenced informed monitoring, evaluation and planning of HRH to ensure Workforce Retention						
3.2 Establish processes for recruitment of HRH aligned with each organization's existing policies and adapt to local context	3.2.1 EHSSG provide technical support to member organizations for staff recruitment procedure and regulations						Responsible HR focal from each organization
	3.2.2. Plan and locally recruit staff in areas of need						
3.3 Build the capacity of HR managing personnel for effective HR planning and management	3.3.1 Development of organizational development plans						Responsible HR focal from each organization
	3.3.2 Development of professional development plans						
4. Private-Public Partnership for HRH							

4.1 Create partnership with private health providers* - e.g. pharmacist trained and worked privately (esp. in KDHW areas)	4.1.1. Situational Analysis and Cross-sectional Assessment						EHC, EHSSG, EAOs
	4.1.2. Develop communication plan						
	4.1.3. Technical and ethical assessment of private health providers for recognition/licensing						
	4.1.4. Provide all private health providers with continuing professional education (CME)						
5. Recognition, Accreditation and Licensing							
5.1 Continuous engagement with relevant stakeholders (professional organizations and accreditation agencies) for recognition and accreditation of EHO training programs and EHWs.	5.1.1. Discussion held with the Ministry of Health and Sports, professional organizations and other relevant accreditation agencies to agree on accreditation criteria, including "grandfathering"						EHSSG (HR, training and clinical quality assurance sub-groups), Other stakeholders (EHC, Community Health Universities and Institutions, Professional Councils and Associations, MOHS, technical partners)
	5.1.2 Recognition of MCH workers and EPI workers whose trainings have been technically supported by MOHS (central, State)						
	5.1.3 Establish EHSSG licensing committee						
5.2. Political commitment for obtaining relevant quota for EHWs at MOHS provided trainings conducted in MOHS training institutions and universities (nursing, midwifery, community health universities)							2021-2025 and beyond
6. Monitoring, Evaluation and Supervision							
6.1. Monitoring and supervision of the quality of HRH management	6.1.1 Development of annual work plans for HRH Strategy						EHSSG, EHC, donors, implementing partners, HRH
	6.1.2 Development of M&E framework for monitoring,						

	evaluation and supervision of EHSSG HRH Strategic Direction (2021-2025)						Taskforce
	6.1.3 Conduct annual evaluation workshop on implementation of HRH Strategic Direction and Annual Operational Planning						

**Private Health Providers are providers who work outside the direct control of the administrative authorities. In developing countries, those often include both for-profit and not-for-profit providers. PHP may be formally trained (pharmacists, doctors, nurses and midwives) or informally trained; they may work on their own or in institutions, and they may provide health care or other products such as drugs and services.*

Planning and Data Management

STRATEGIC AREA 2: Planning and Data Management Objectives: Availability of systematic HRH information to provide efficient and effective delivery of essential services							
Strategic Action	Sub-activities	2021	2022	2023	2024	2025	Focal Point
1. Develop HRH standard data structure							
1.1 Workload Indicator of Staffing Need (WISN)	1.1.1 WISN working group and workshop						WISN working group
	1.1.2 Preparation for WISN: Time-Motion study						

	1.1.3 WISN study						
	1.1.4 Data analysis and develop dashboard						
	1.1.5 Dissemination workshop and JD review						
1.2 Annual HRH structure assessment and performance review and analysis							HIS staffs
2. HR data and management system: Human Resource Information System (HRIS)							
2.1 Baseline information for HR registry	2.1.1 Development of mobile application						CPI and HISWG, Org HIS staff, Org HR staff
	2.1.2 Data collection						
	2.1.3 Data analysis						
	21.4 Result dissemination and collection of input for HRIS design						
2.2 HRIS development	2.2.1 Designing database and software						
	2.2.2 Testing and trial presentation						
	2.2.3 Software modification						
	2.2.4 Finalization and launching						
	2.2.5 Advocacy for outside pilot area and partners						

2.3 Capacity building on data collection, entry, cleaning and analysis for HRIS	2.3.1 Training for EHSSG member organizations						HIS staffs

TRAINING AND CAPACITY BUILDING

STRATEGIC AREA 3: TRAINING AND CAPACITY BUILDING Objectives: Improve Quality and Quantity of health workforce							
Strategic Action	Sub-activities	2021	2022	2023	2024	2025	Focal Point
1. Quality and quantity of EHO human resources to be strengthened							
1.1 Establishment and strengthening of training unit (current capacity - 5 pax) - HR, technical and financial support	1.1.1 TCB subunit will submit TCU development plan to EHSSG via HRH						TCB subunit
1.2 Trainers and trainee's recruitment process and procedures (to ensure quality and quantity)	1.2.1 After confirmation from EHSSG, advertise doctors and other trainers' posts. Tentatively should be employing one month after final selection.						EHSSG
1.3 Finalization of career development pathway for medical staffs	1.3.1 The whole HRH committee has to held meeting/workshop for this process						HRH / EHSSG
1.4 Career development and capacity building of management, administrative and research cadres	1.4.1 TCB subunit will discuss very draft plan. Tentatively TCB subunit can arrange online meeting.						One of our TCB subunit member

1.5 Utilization of HIS data for the training and capacity development activities	1.5.1 Regular meeting and email contact between TCU and EHISWG.						TCU & HIS
2. Trainings and HR trained with EHO areas to be recognized as skilled HRH							
2.1 Review, revise and regular update of trainings and develop new trainings	2.1.1 Review the existing HR and training data (registration card and reinforcement)						
	2.1.2 assess to know the staff required skill for new training/CME (training assessment						
2.2 Quality control and regular assessment of the capacity development activities	2.2.1. Skills lab						
	2.2.2. Performance assessment						
	2.2. 3. Treatment protocols and guidelines						
2.3 Ensure linkage between training unit and the trainers at field							
2.4 Clinical attachment of the clinical trainers							
3. Enhanced coordination with different institutions to ensure EHO HRH to be officially recognized by not only government but also from different EHOs							
3.1 Coordination and collaboration with local and regional training institutions, programs and non-health sector							
3.2 Ensure financial, political and technical commitment for training and capacity building activities (Donors, partners, EHC)							

3.3 Coordination within different EHOs to ensure that the trainees that have finished training to be assigned with responsibilities that align with training received							
4. Standardization of training related documents, tools, and guideline							
4.1 Review, revise, regular update and develop training plans, tools, methodology, guidelines and curriculum	1. TCB subunit assign training head of MCH, EmOC, Medics, CHW. TCB subunit will going to form module format and set up meeting with all heads.						TCB subunit. Invite all responsible persons
4.2 Standard for training site selection (within Myanmar, border, inside Thai) and ensure required support, considering and prioritizing on the already identified potential 4 sites	1. TCB subunit should discuss with all stakeholders (EHSSG, EHOs, skill lab clinics etc)						EHSSG, EHC

FINANCING AND RETENTION

STRATEGIC AREA 4: FINANCING AND RETENTION

Objectives: Establish sustainable financing to support strategic development in HRH for effective and efficient delivery of essential health services.							
Strategic Action	Sub-activities	2021	2022	2023	2024	2025	Focal Point
1. Costing for HRH							
1.1 In-service HR costing	1.1.1 VTHC Facility based service delivery costing (Phase 1, package 1)						EHSSG RH Network group
	1.1.2 VTHC Facility + outreached service delivery-based costing (Phase 2)						
	1.1.3 Referral center level costing for Emergency Obstetric Care (Phase 3)						
	1.1.4 Benefit package identification - health Administrator and field EHW						
1.2 In-service EHW training costing	1.2.1 To standardize training types and modules						Training and Capacity Building Sub-group including program managers
	1.2.2 Job-specific technical (soft skills, hard skills, management) and skill trainings						
	1.2.3 Health workers refresher trainings (prioritization – old and recent training recipients)						
	1.2.4 Standard training packages and modules to be identified (project-based packages present)						
	1.2.5 CME of top ten diseases - review and revisions by relevant program teams						
	1.26 Costing of in-service EHW training activities						
1.3 Training (pre-service) HR	1.3.1 Identification of trainers and trainees benefit package (insurance, meal)						Training and Capacity Building Sub-group
2. Health Financing Capacity Development							

2.1 Sustained, Continuous Health Financing training with on-job experiences	2.1.1 Criteria setting for trainees						Relevant managers and QI focal Technical - CPI
	2.1.2 Development training modules						
	2.1.3 Community based health financing training to VTHC clinic in-charge levels						
3. Advocacy, coordination, collaboration with key stakeholder groups - Government							
3.1 Enhanced collaboration, coordination between EHO and MOHS for HRH related programmatic alignment	3.1.1 Training, assessment and performance checklist development, tools and guideline development,						Government, Township level authorities, facilitators (to advocate State/central MOHS) to create a system/platform to have dialogues EHSSG
3.2 Emergency response financing including COVID-19	3.2.1 System strengthening						
	3.2.2 Strategy and policy change to accommodate the changing financial and demographic requirements						
	3.2.3 Ensure that the EHW standard package of health service takes into consideration emergency and outbreaks						
	3.2.4 Dialogues and political commitment to identify the role of national THWG in financing decision making with regards to emergency responses (Decentralization)						
3.3 Community based health financing piloting	3.3.1 Community cost sharing/contribution mechanism for clinic expenses. (Consider on Strategic direction for health financing)						
3.4 Coordination with MOHS	3.3.2Plan to improve coordination with State/Central						EHSSG,

on health financing such as referral cost, supplies provision and also for HRH management - training support which is sustained	MOHS for sustained health financing for improvement in EHO HRH management						EHO leaders, State/Central MOHS, donors, Implementing Partners
4. Advocacy, coordination, collaboration with key stakeholder groups - Local Authorities							
4.1 Innovative financing mechanism for HRH training, production, deployment, financing, management, advancement and retention	4.1.1 Costing exercise for Pre-service training						EHSSG, EHO leaders, EAO leaders, donors, Implementing Partners
	4.1.2 HR training cost sharing from local authorities - commitment and prioritization						
	4.1.3 Regular coordination mechanism						
5. Advocacy, coordination, collaboration with key stakeholder groups - Donors, IP							
5.1 Innovative financing mechanism for HRH training, production, deployment, financing, management, advancement and retention	5.1.1 Prepare EHO HRH for emergencies and outbreaks - trainings, equipment						EHSSG, EHO leaders, EAO leaders, donors, Implementing Partners
	5.1.2 Advocate donors to align to EHSSG's strategic directions which is based on local requirements and needs (e.g. technical support towards long term trainings vs short term trainings at community level)						
	5.1.3 To invest more on EHSSG system strengthening activities for sustainability and local ownership						
	5.1.4 Request for technical assistance for HSS						
	5.1.5 Costing and expenditure review for service delivery to ensure the effective, efficient utilization of donor funding						
6 Retention strategy							

6.1 Oversight, Education and Incentives (WHO and MOHS framework)	6.1.1 Develop task shifting strategy framework						EHSSG, EHO leaders, EAO leaders, donors, Implementing Partners
	6.1.2 Implement the task shifting strategy framework						
	6.1.3 Ensuring the organization provides a employment benefit package in line with employee expectations and in line with the staff position						
	6.1.4 Community participation for selection of trusted persons for training as village and community health worker						
	6.1.5 Deployment of health workers to their home community						
	6.1.6 Transitioning training from cross-border training center to field clinics (link with Training Unit's vision and activity plan)						
	6.1.7 Refresher/upgrade trainings on relevant health problems						
	6.1.8 Continue supportive supervision						
	6.1.9 Improve two-way Communication – Complain, feedback and response						
	6.1.10 Standardizing health workers to population ratios and geographical area.						
	6.1.11 Decentralizing decision-making, where appropriate, to district and clinic levels						
	6.1.12 Participatory approach, feedback and learning action						
	6.1.13 Ensure sustained supply of medicines and equipment 6.1.14 Housing support						
	6.1.15 Performance appraisal						

	6.1.16 Registration of health workers (categorize staff level: VTHC level, community level) - need to develop policy to identify monetary + non-monetary benefit package, ethics, code of conduct, supportive supervisions, incentives plan, dismissal, etc.						