Working for Health Multi-Partner Trust Fund

MPTF Project Document: Working for Health: Country Support Jan-Dec 2020

Concept Notes

Notes

1. The ILO-OECD-WHO Working for Health Secretariat presents this set of six (6) concept notes for the Steering Committee's consideration at the meeting on the 9th October 2019 at 15:00 – 17:00 GMT+2.
2. These concept notes were jointly developed by the ILO, OECD and WHO (three levels) in collaboration with the relevant regional economic body or national government ministries to address direct requests for support in alignment with the Working for Health Programme Terms of Reference.
3. Concept notes follow the approved template as presented in the Working for Health Programme Operations Manual.
4. Budget notes:
   a) The Steering Committee is requested to consider approving a phased disbursement approach based on the availability of funds through the Multi-Partner Trust Fund to enable support to all concept notes for consideration at this time, while ensuring that a minimum threshold of 100,000 USD across the concept notes is met for disbursement to each organization (ILO, OECD and WHO).
   b) Budget narratives are provided as explanatory notes for the concept note budgets.
   c) The indirect rate in each budget shall not exceed 7% of the total of budget categories 17, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.

Contents

Working for Health Multi-Partner Trust Fund

Concept Note Benin

Project title	Investing in Benin Rural Health Workers
Objectives	Support the development of the national human resources for health investment plan with the aim to improve access to and the availability of quality health services, through the establishment of a health worker pipeline programme targeted at increasing the training, recruitment, retention and effective deployment of health workers in rural areas
Geographic area	Rural environnement (65 Municipalities)
Implementing entities	• WHO • ILO
Timeframe	1st January – 31st December 2020 (12 months)
Lead Focal Point	- WHO – Bénin Sousou Justin, email: asossou@who.int - ILO HQ: Christiane Wiskow wiskow@ilo.org; - ILO CO Abidjan : Kambale Kavunga, email : kambale@ilo.org
Background	• The Republic of Benin faces a challenging socio-economic situation. Health is characterised by high maternal and infant mortality and morbidity. An analysis of the root causes point to high level of poverty and inequality, plus limited availability of health services and the weak operational capacity of the health system to deliver these as significant drivers. • This weakened health system capacity is exacerbated by the limited production, recruitment, deployment and retention of qualified human resources, the majority of whom are concentrated in urban areas and/or the private sector. • There is a persistent problem in attracting deploying and retaining health workers in rural and underserved areas, where need is greatest. • The country has an existing plan for developing human resources for health, which has come to an end. • In the march towards universal health coverage and in line with the UEMOA regional investment plan, the development of country-specific HRH investment plan is a priority. • The supply of HRH is restricted by limited intakes into nursing and midwifery training, in addition to the high cost of training. There is a general mismatch in the types of occupations and competencies produced, and the needs of the population and labour market. • The Benin HRH Investment Plan will be based on the 'rural health workforce pipeline' approach. The rural pipeline is model that promotes and supports inclusive community development initiatives; providing a strong emphasis on increasing access to training, skills development and decent employment opportunities for young people and women in

	rural and underserved areas. The focus of the rural pipeline model is to identify and leverage multisectoral interventions as part of broader community development and economic generation efforts in targeted communities. For example, linking investments in infrastructure, education, human capital, and vocational training in areas including health, agriculture, small scale enterprise, with the aim of generating skills development and job creation opportunities that target youth and women. The pipeline model is being used in other countries in the region, such as Guinea, to create, fund and sustain training and employment opportunities for community health workers in rural areas, as part of broader national development efforts.
Alignment with existing policies/strategies/ **Development frameworks**	• National Development Policy • Technical Commission on Reforms in the Health Sector • National Development Plan - Sanitary 2018-2022 • National Health Policy 2018-2030 • African Union: Africa Health Strategy 2016-2030 Strategic Objective 1, Strategic approach (e): Prioritizing Human Resources for Health • Implementing organization link: ILO Global product on promotion of sectoral approach to decent work (GLO 242) • UNDAF Framework 2019-2023
Beneficiaries	• Population within rural communities • Medical and Paramedical Staff of Rural Municipalities • Central Level Decision Makers
Stakeholders	• Ministry of Economy and Finance • Ministry of Education • Ministry of Labour and Public Service • Ministry of Decentralization
Impact	• Increased health workforce investment, production and quality across Benin's rural geographic sub-regions
Project Outputs	
1. A HRH Investment Plan aiming to improve access to health workers in rural area. This HRH will be based on an analysis of the labour market, workload and efficiencies	**Working for Health Results Matrix output(s):** 1.3, 2.2, 2.5, 3.1, 3.2, **Activities:** 1.1 Assess existing health workforce profile data and anticipated workload and staff deployment trends to identify ideal staffing scenarios and projections for 2030 - to include the application of WISN and/or targeted Health Labour Market Analysis, depending on the availability and quality of existing data 1.2 Map the geographical distribution, skills mix requirements, skills availabilities and gaps, and available fiscal space for health workforce investment – based on existing data, complemented by a targeted survey - to

	inform the staffing needs and gaps for the redistribution and redeployment of the existing health workforce in the public sector. 1.3 Establish and facilitate a process and roadmap for translating priority staff distribution and skills gaps into a phased HRH Investment Plan, to target 3-5 quick wins over the first 1-2 years; with clear and realistic targets and resource requirements for expanding the number of skilled and trained health workers. 1.4 Assess the terms of employment and working conditions, education and training capacities in the health sector with focus on underserved areas. **Description:** The proposed analysis and mapping exercises (HLMA, WISN) should be designed to provide additional information on employment, unemployment, skills gaps within the existing and projected workforce, to optimize the required skills and competencies needed to deliver quality services for UHC.
2. Engage multisectoral partners to secure buy-in and options for mobilising resources in support of the HRH Investment Plan with focus on rural areas	**Working for Health Results Matrix output(s):** 1.3, 2.2, 2.5, 3.1, 3.2, **Activities:** 2.1. Organize initial stakeholder consultations to inform the situation analysis (output 1) and to identify priorities for the HRH Investment Plan with focus on rural and underserved areas and employment creation for women and youth. 2.2 Support the functioning of a multi stakeholder and multisectoral engagement mechanism on the HRH Investment Plan, to engage broad participation and dialogue on priority policy and strategy options and resource mobilisation opportunities. 2.3. Support and facilitate a national policy dialogue (presentation of PANIRHS to the Council of Ministers and the National Assembly) to advocate for better investment in health system and HRH **Description:** Expand on multisectoral engagement and collaboration on health workforce investment as part of broader national development efforts, to obtain consensus on priorities and attract investment from broader government and external funding sources beyond the health sector.
Cross-cutting	Project activities and interventions will be implemented through a participatory, inclusive and multisectoral approach (see Beneficiaries and Stakeholders above).
Monitoring and evaluation plan	An implementation plan, initial baseline assessment and M&E framework will be developed at project inception

	Aligning the project outputs with the W4H result matrix and related indicators for better M&E
Risk management	Change in leadership that could change the priorities of the country and slow down the pace of health reforms Scarcity in resources and limited government expenditure on health together with limited health workforce capability and capacity

Project budget ($ USD)

Categories [1]	ILO	OECD	WHO	Total
Staff			**10 000**	**10 000**
Supplies, commodities, materials			**15 000**	**15 000**
Equipment, vehicles and furniture				**0**
Contractual services (incl. consultants, workshops, meetings, conferences)	**30 000**		**51 000**	**81 000**
Travel	**16 500**		**12 000**	**28 500**
Transfers and grants to counterparts				**0**
General operating and other costs			**2 000**	**2 000**
SUBTOTAL	**46 500**		**90 000**	**136 500**
Indirect support costs[2]*	**3 255**		**6 300**	**9 555**
TOTAL	**49 755**	**0**	**96 300**	**146 055**

Budget Narrative (by agency)

1. **Staff costs**

- WHO: USD 10 000 (WHO) will be used to contribute to the salary of 1 staff from WHO for the Monitoring & Evaluation of field activities related to the project
- ILO : N/A
- OECD : N/A

2. **Supplies, commodities, materials**

- WHO: USD 15 000: This amount will be used to support the procurement of logistics needs and training demonstration Kits,

- ILO: N/A
- OECD : N/A

3. Equipment, vehicles and furniture

- WHO : N/A
- ILO : N/A
- OECD : N/A

4. Contractual services (incl. consultants, workshops, meetings, conferences)

- WHO: USD 51 000: to support the cost of the HRH investment plan and the functioning of a multi stakeholder and multisectoral engagement mechanism on the HRH Investment Plan, to engage broad participation and dialogue on priority policy and strategy options.
- ILO: USD 30 000: Consultants for technical assistance, e.g. health labour market skills needs assessment; support for stakeholder meetings, social partner capacity building; and multi-stakeholder meetings.
- OECD : N/A

5.Travel: This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project

- WHO : USD 12 000
- ILO : USD 16 500
- OECD : N/A

6.Transfers and grants to counterparts

- WHO : N/A
- ILO : N/A
- OECD : N/A

7.General operating and other costs

- WHO: USD 2 000 for office administration and related costs as printing
- ILO : N/A
- OECD : N/A

Working for Health Multi-Partner Trust Fund

Concept Note Chad

Project title	Health workforce to deliver UHC in rural and underserved areas
Objectives	To facilitate the implementation of the UHC strategy for the delivery of primary health care services through enhanced health workforce skills, utilization and access in rural and underserved areas.
Geographic area	10 districts
Implementing entities	• World Health Organisation • ILO
Timeframe	12 months (1st January to 31st December 2020)
Lead Focal Point	• WHO: Abatcha Kadai Oumar, email: aatchak@who.int • ILO Christiane Wiskow, ILO/HQ; region to be determined
Background	• Poverty affects 40% of the population and the unemployment rate impacts more than 60% of young people (mainly living in underserved areas). Population health coverage is alarming: with less than 40% of the population having access to health services. • The density of midwives, nurses and physicians is extremely low: 4.1/10 000. This is among the lowest of the African region at 2.8/1,000 for physicians and 10.9/1,000 for midwives/nurses1. The number of active health workers is approximately 5,900. To reach the health coverage levels observed in other sub-Saharan African countries, Chad would require an estimated 15,500 additional health workers to bridge the gap. The workforce gap will continue to grow in the coming years as the population increases. By 2030, an estimated 36,800 health workers are needed; a gap of 30,900. • The Chad National Health Policy (2016-2030) is in line with the Sustainable Development Goals (SDGs). The overall goal of the 2030 National Health Policy is to ensure universal access to quality, holistic, integrated, continuous and people-centred primary health care to contribute effectively to the economic development of the country. • The health system is organized according to the principles of primary health care (PHC) as proclaimed by the Almata Declaration (1978), the Bamako Initiative (1987), the Ouagadougou Declaration on Primary Health Care in Africa as well as the recommendations of the World PHC Conference Organized in Astana (2018).

[1] WHO, National Health workforce accounts, 2019

	• Creating decent work with the appropriate compensation for health and social care workers at PHC level, will respond effectively to population health needs. This can be delivered through investments in the education, training, recruitment, deployment, retention and support of a multi-disciplinary and team-based PHC workforce and skills mix, particularly for underserved areas and populations.
Alignment with existing policies, strategies and Development frameworks	• National Development Policy to 2030 • National Health Plan 2016-2030 • National Health Policy 2018-2030 • African Union: Africa Health Strategy 2016-2030 Strategic Objective 1, Strategic approach (e): Prioritising Human Resources for Health. • Implementing organisation link: ILO Global product on promotion of sectoral approach to decent work (GLO 242) • UNDAF Framework
Beneficiaries	• Youth and Women • Population living in the underserved areas • Health Workers • Local authorities • Private Sector
Stakeholders	• Ministry of Health • Ministry of Economic Planning & Development • Ministry of Higher Education, Research and Vocational Training • Minister of Civil Service, Labour, and Employment • Minister of Decentralization • Minister of Economy, Plan, and Cooperation
Impact	Enable the scale up of community health worker recruitment and deployment to promote and expand primary health care in underserved areas
Project Outputs	
1. Accelerate the production and employment of the future health workforce with the appropriate skills	**Working for Health Results Matrix output(s):** 1.3, 2.2, 3.1, **Activities:** 1.1 Support MoH to design and conceptualise a rural pipeline approach to train, employ and retain health workers in underserved areas with appropriate skills, especially youth and women 1.2 Support the design and development of a fast track training initiative aimed at accelerating and shortening

	the training period for the supply of competent and high quality new health workers 1.3 Assess skills needs for strengthening curricula development, including technical and vocational training programmes. **Description:** • The WHO will organise a HWF stakeholder meetings to design the 5-years intersectoral rural pipeline program • The skills need assessment will be conducted with the stakeholders such as the MoH and Ministry of Civil service and Ministry of Education • The first proposed intervention of the rural pipeline program will be to implement the fast track training initiative targeting nurses and midwife professionals
2. Optimise health workers retention measures enabling their deployment and retention in underserved areas;	**Working for Health Results Matrix output(s):** 1.3, 3.1 **Activities:** 2.1 Develop retention strategy to improve the health workers' conditions and work environment in underserved areas (equipment, facilities renovation, in-service training, hours of work, occupational safety and health) 2.2. Conduct a tripartite consultative workshop to discuss decent work in the health sector and identify priority actions for underserved areas aiming at better retention rates. **Description:** • The WHO will use the HWF rural retention guidelines to support the identification of the key interventions which will be adopted in the national retention strategy. • In collaboration with ILO will organize a policy dialogue on the retention strategy to ensure endorsement of multi stakeholders of all levels of the health system
3. Expand Public-Private initiatives on training and employment	**Working for Health Results Matrix output(s):** 1.3 **Activities:** 3.1 Support the MoH to develop and establish partnerships in public and private sectors for increasing investment for training and job creation especially women and youth 3.2 Support the MoH to develop a policy and mechanism for managing dual practice **Description:**

	• WHO will support the MoH to facilitate the implementation of the national public-partnership policy document to ensure that they respond to the public health needs by the development of contractual mechanism between MoH, Ministry of Education and public and private training schools and hospitals
Cross-cutting	• The activities supported will have a strong emphasis on gender, decent work, job creation and increasing the access of women and youth into training and employment
Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Aligning the project outputs with the W4H result matrix and related indicators for better M&E
Risk management	• Change in leadership that could change the priorities of the country and slow down the pace of health reforms • Scarcity in resources and limited government expenditure on health together with limited health workforce capability and capacity

Project budget ($ USD)

Categories [1]	ILO	OECD	WHO	Total
Staff			**10 000**	**10 000**
Supplies, commodities, materials			**50 000**	**50 000**
Equipment, vehicles and furniture				**0**
Contractual services (incl. consultants, workshops, meetings, conferences)	**35 000**		**30 000**	**65 000**
Travel	**15 000**		**15 000**	**30 000**
General operating and other costs				
SUBTOTAL	**50 000**		**105 000**	**155 000**
Indirect support costs[2]*	**3500**		**7350**	**10 850**
TOTAL	**53 500**	**0**	**112 350**	**165,850**

Total need	Allocation: MS	Allocation: Other (specify)
$165 850	$00.00	$00.00

Budget Narrative (by agency)

1. Staff costs

- WHO: 10.000 USD Coordination of the activities, monitoring and reporting

2.Supplies, commodities and materials

- WHO: 50 000 USD: CHW kits (for the CHW which will be used also during the training)

3.Equipment, vehicles and furniture

4.Contractual services (incl. consultants, workshops, meetings, conferences)

- WHO: 30.000 USD: Recruitment of 2 consultants for:
  - the CHW scope of practice design and development of the training modules
  - Training of the CHW with the modules developed
- ILO: 10.000 USD: consultant for skills needs assessment
- ILO: 25000 USD: Organisation of consultative stakeholder meeting and tripartite capacity building workshop on decent work

5. Travel: This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project

- WHO: 15,000 USD: 2 travels cost for the monitoring mission
- ILO: 15,000 USD: travels cost for the scoping and monitoring missions of the ILO staff (Kinshasa, Yaoundé, and Geneva to Ndjamena)

Working for Health Multi-Partner Trust Fund

Concept Note Mali

<table>
<tr><th>Project title</th><th>Investing in Human Resources for Health in Mali</th></tr>
<tr><td>Objectives</td><td>1. Support the development of a health workforce investment plan
2. Improve national employment and working conditions in the health and social sectors</td></tr>
<tr><td>Geographic area</td><td>Mali, provinces of Segou and Mopti</td></tr>
<tr><td>Implementing entities</td><td>• WHO
• ILO</td></tr>
<tr><td>Timeframe (5)</td><td>01 January 2020 to 31 December 2020 (12 months)</td></tr>
<tr><td>Lead Focal Point</td><td>• Dr Jean Pierre BAPTISTE, WR, baptistej@who.int
• (Dr YAO Théodore, HSS focal point, yaot@who.int)
• WHO: HQ/AFRO (TBD)
• ILO: ILO HQ: Christiane Wiskow, wiskow@ilo.org ; Region: ILO CO Abidjan, name to be confirmed.</td></tr>
<tr><td>Background</td><td>
• The number of Community Health Centers (CSCom) reached 1365 in 2016 in the 1543 health areas, covering 88.5% of the population. The proportion of the population located within 5 km of a health facility increased from 51% in 2007 to 58% in 2016.
• The density of health personnel is 6 health professionals per 10,000 inhabitants for the whole of Mali show great disparity from one region to another, with 14 per 10,000 for the district of Bamako and 4 per 10,000 for the Segou and Mopti regions. See below in the table

Staff and ratio of health workers from regions of Ségou, Mopti and Bamako in 2018

<table>
<tr><th>Region</th><th>Doctors</th><th>Midwives Obstétric nursing</th><th>Nurses</th><th>Total health workers</th><th>Population 2018</th><th>Ratio</th></tr>
<tr><td>Ségou</td><td>256</td><td>312</td><td>608</td><td>1176</td><td>3123723</td><td>4</td></tr>
<tr><td>Mopti</td><td>259</td><td>260</td><td>588</td><td>1107</td><td>2721000</td><td>4</td></tr>
<tr><td>Bamako</td><td>903</td><td>1126</td><td>1333</td><td>3362</td><td>2420001</td><td>14</td></tr>
<tr><td>Total National health workers</td><td>2460</td><td>3273</td><td>5493</td><td>11226</td><td>19599288</td><td>6</td></tr>
</table>
Statistical yearbook of National Health Information System, 2018

• The district of Bamako concentrates alone, 45% of all health professionals to cover the health needs of only 14% of the total population of Mali. This indicates that 86% of Mali's population has
</td></tr>
</table>

	access to 55% of health personnel in the country. Approximately, 53% of the medical doctors of Mali work in Bamako. • It is recognised that strengthening health systems through massive investment in human resources for health is essential for sustainable development. • This project aims to mobilise resources for a significant investment in human resources for health in Mali aimed at extending health coverage to all segments of the Malian population and thus contribute to inclusive and sustainable economic growth. It complements the World Bank's support to the Ministry of Health for the acceleration of universal health coverage in the northern regions, which aims to improve the quality of care with the strengthening of the public-private partnership and the development of performance-based funding in the same health regions. • These interventions are aligned with those of USAID on improving the quality of care with the development of community health. The project is part of WHO's support to the Ministry of Health in implementing the recommendations of the National Health Forum on Health System Reform, which aims to achieve equitable access to care for the population by increasing the number of qualified personnel to move towards universal health coverage. • The implementation will be done in collaboration with the National Federation of Community Health Associations (FENASCOM) which coordinates the management of community health centres. The project will provide support to FENASCOM for the recruitment of qualified professionals to improve access and quality of care in the targeted regions.
Alignment with existing policies, strategies, and Development frameworks	This project is in line with: • The strategic objectives of the National Human Resources for Health Development Plan • The WAEMU investment plan and; • The UNDAF five years action plan 2015-2019
Beneficiaries	• Population and Health personnel in Mopti and Segou regions
Stakeholders	• MOH, Ministry of Labour and Vocational Training • World Bank • FENASCOM
Impact	• Contribute towards the creation of 2,200 new health worker jobs • Improved quality of care and universal health coverage (UHC) in the Northern regions
Project Outputs	
1: A National Health Workforce investment plan	**Working for Health Results Matrix output(s):** 1.1 **Activities:** 1.1 Support the MoH to carry out a situational analysis and stakeholder dialogue of key policy issues and challenges using health labour market analysis

	1.2 Support the ministries involved in health and employment policies to organize a multi-sectoral tripartite consultative stakeholder dialogue to inform the situational analysis and provide recommendations for a health workforce investment plan 1.3 Establish revised staffing requirements to guide the recruitment at community health centre level **Description:** Support the development, prioritization and costing of a national health workforce investment plan which includes the private sector
2: Employment and working conditions in the health and social sector are improved	**Working for Health Results Matrix output(s):** 1.1. **Activities:** 2.1 Develop a physician recruitment strategy for the public service which sets out minimum quotas for staff deployment to priority areas in the supported regions, and manages the impact of dual practice on reducing access to and the availability of quality care in rural and underserved areas 2.2 Leveraging infrastructural, faculty and e-learning investments to increase the number of youth and women especially in rural areas who will be trained in health and social sector, including enhancement of technical and vocational training / apprenticeship programmes 2.3 Develop fast tracking initiatives to increase and accelerate the production and deployment of quality skilled new health workers to areas where need is greatest 2.4 Assessment of terms of employment and working conditions in the health sector, including informal or unpaid/volunteer care work in rural areas (such as community health volunteers). 2.5 Convene tripartite workshops on gender-responsive improvement of working conditions, such as HealthWISE training. **Description:** The aim is to set up policies and mechanisms needed to reduce dual practice and create work environment that encourages health workforce to get recruited and retained in the Segou and Mopti regions to increase access to healthcare for the populations of these regions and to improve the employability of women and youth in these regions.
Cross-cutting	The project will support the health system reform undertaken by the Ministry of Health and Social Affairs. It complements the World Bank project to improve maternal and child health for universal health coverage in the northern and central regions of Mali.
Monitoring and Evaluation Plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Project monitoring meetings and quarterly supervision of project implementation are planned. • A mid-term evaluation will identify potential bottlenecks and likely solutions to facilitate the achievement of objectives.

	• A final evaluation will determine the number of health workforce deployed, the number of additional staff recruited through this intervention, and the level of achievement of objectives.
Risks	The unstable security situation may impact on implementation delays in the targeted regions

Project budget ($ USD)

Categories	ILO	OECD	WHO	Total
1. Staff				**0**
2. Supplies, commodities, materials				**0**
3. Equipment, vehicles and furniture				**0**
4. Contractual services (including consultants, meetings, workshops and conferences)	**$30,000**		**$110,000**	**$140,000**
5. Travel	**$20,000**		**$20 000**	**$40,000**
6. Transfers and grants to counterparts				**0**
7. General operating and other direct costs			**$5,000**	**$5,000**
Subtotal	**$50,000**		**$135,000**	**$185,000**
8. Indirect support costs[2]*	**$3500**		**$9450**	**$12,950**
TOTAL	**$53500**		**$144,450**	**$197,950**

Budget Narrative (by agency)

1. **Staff costs : N/A**

2. **Supplies, commodities, materials: N/A**

3. **Equipment, vehicles and furniture: N/A**

4. **Contractual services (incl. consultants, workshops, meetings, conferences):**
   - WHO: $ 110,000 To recruit a consultant for analyzing the distribution of health staff in the targeted regions and carrying out a review of recruitment strategies that take youth and gender into account. It will propose measures to increase the number of young people and women recruited in the targeted regions. Workshops will be organized to develop these strategies. Contracts will be signed between the local management structures of community health centers (CSCOM) for the recruitment of additional staff as part of the installation of young doctors

[2] *The rate shall not exceed 7% of the total of categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.*

- ILO: $ 30, 00 for consultants providing technical assistance, and for supporting the multi-stakeholder consultative dialogue and organizing tripartite social dialogue workshops

5. **Travel:** This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project
    - WHO regional / HQ technical mission: $20,000
    - ILO regional / HQ technical mission: $20,000

6. **Transfers and grants to counterparts**

7. **General operating and other costs**
    - WHO: $ 5,000

Working for Health Multi-Partner Trust Fund

Concept Note Mauritania

Project Title	Create employment opportunities for youth and women
Objectives	1. To strengthen institutional partnership to increase participation of youth and women to the health labour market. 2. To address supply challenges in terms of training to respond to the health labour market skill and competence requirements. 3. To create employment and economic opportunities for women and youth with a focus on reducing gaps between socio economic categories, rural and urban areas, women and men, and age groups.
Geographic area	Those regions with a poverty rate above 40% (Guidimaka, Tagant, Assaba et Brakna and suburbs of Nouakchott).
Implementing entities	• WHO • ILO
Time frame	12 months: January 1st –December 31st, 2020
Lead Focal Point	• WHO, HQ: Pascal Zurn zurnp@who.int • WHO: KELLY, Aminata Sakho kellyas@who.int • ILO, HQ: Christiane Wiskow; regional/country level: TBD
Background	• Youth and women employment are key concerns of the public authorities in Mauritania. The results of the labour force survey conducted by the National Office of Statistics in 2017 provided evidence-based information for the authorities to develop an employment strategy based on innovative solutions to address youth and women employability challenges. • This project focuses on developing the health workforce for the most vulnerable population groups, while strengthening employment for youth and women, through enhancing the health workforce. It builds and links with pre-existing projects targeting other vulnerable populations. The project is perfectly aligned with the new National Strategy for Employment aiming at the creation of 720,000 new jobs by 2030.
Alignment with existing policies/strategies/ Development frameworks	• The new National Strategy proposed by the Islamic Republic of Mauritania for the period 2017-2030 • National Strategy for Accelerated Growth and Shared Prosperity (SCAPP) • UNDAF Framework

Beneficiaries	• Youth, Women and other relevant groups
Stakeholders	• Ministry of Health, Ministry of Finance, Ministry of Economy and Industry, Ministry of Public Services, Employment and Youth Ministry, Ministry of Higher Education, employers' and workers' organisations, civil society, private sector, communities and partners involved, youth and women.
Impact	• Employability of youth and women, with the aim to identify and leverage the health workforce contribution towards the creation of 720,000 new jobs in Mauritania by 2030, as set out in the National Employment Strategy.
Project Outputs	
1: An inter-ministerial platform established for multisectoral coordination and collaboration to promote youth and women employment	**Working for Health Results Matrix output(s):** 2.4 **Activities:** **1.1** Organize meetings with key stakeholders to raise awareness on the topic in the context of health employment **1.2** Organize a consultative tripartite stakeholder meeting with view to establishing a dialogue and collaboration mechanism on decent employment in the health sector involving all relevant stakeholders. **Description:** Country ownership is an important step for the employability of the youth and women, and requires integrated approaches involving all government sectors, social dialogue, and the collaboration with all key stakeholders.
2: A National Health workforce strategy and investment plan developed	**Working for Health Results Matrix output(s):** 2.1, 2.2, 2.3 **Activities:** • **2.1** Support the MoH to update the country health workforce profile based on National Health Workforce Accounts, other data, and the analysis of the labour market and fiscal space for youth and women employment. • **2.2** Develop and implement a roadmap for a health workforce strategy development that includes decent work and accounts for fiscal space and mid-term national investments. • **2.3** Review of available evidence, data, documents and strategies on the health workforce. • **2.4** Develop a Health Workforce Development Plan for the 2021-2025 period based on stakeholder consultation through dialogue mechanism (see output 1). • **2.5** Identify incentives that can be adopted and implemented, to lead to formal employment opportunities for youth and women **Description:** Health workforce strategies at national level will be developed and implemented. This will be undertaken with the support of technical

	assistance and the strengthening of institutional capacity - leveraging multi-sectoral, multi-stakeholder and partnership engagement. The development of the national health workforce plan will be based on the review of available documents, and strategies and information, as well as on the conclusions of the health labour market analysis. The aim is to have a forward-focussed vision for long-term health workforce investments that will create jobs, enhance skills development and economic participation opportunities for youth and women.
3. Identification of health workforce needs with a focus for youth and women employment	**Working for Health Results Matrix output(s):** 2.1, 2.5 **Activities:** • **3.1** To provide technical support to collect, analyse, and produce information on youth and women employment in the health sector, including through LFS micro-data analysis • **3.2** To provide technical support to develop indicators related to the promotion of decent youth and women employment in the health sector. • **3.3** Identify and examine the main socio-professional categories in terms of employment and targets to reach. • **3.4** Assess the skills needs, availability and gaps in the health sector with view to enhance and adjust health education and TVET programmes • **3.5** Apply the target in priority areas to create job and skills development opportunities for youth and women. **Description:** The government employment strategies for youth and women employment are informed through improved data. To perform analyses to identify strengths, weaknesses, underlying causes in view of developing strategic options and national investments related to the health workforce. In addition, information from the ongoing health labour market analysis will help to identify the main problems and bottlenecks.
Cross-cutting	In most cases, the strategies that have been identified and are to be implemented do not benefit from the required funding, so the project will drive opportunities for unlocking additional domestic and donor funding for investment – underpinned by multisectoral dialogue and engagement, robust data and economic justification. In addition, the challenge is to have strategies that are realistic, financially and economically feasible, gender responsive, targeted at areas and populations where need is greatest, and are well adapted to the national context.
Monitoring and evaluation plan	• Aligning the project outputs with the W4H result matrix and related indicators for better M&E

	• A monitoring and evaluation system will be put in place as a management tool, and for responsibility and transparency purposes, as well as to show results.

Project budget ($ USD)

Categories [3]	ILO	OECD	WHO	Total
Staff	**11,000**		**24 000**	**35,000**
Supplies, commodities, materials	**0**		**10 000**	**10,000**
Equipment, vehicles and furniture	**0**		**50 000**	**50,000**
Contractual services (incl. consultants, workshops, meetings, conferences)	**34,000**		**20 000**	**54,000**
Travel	**15,000**		**20 000**	**35,000**
Transfers and grants to counterparts	**0**		**0**	**0**
General operating and other costs	**0**		**0**	**0**
SUBTOTAL	**60 000**		**124 000**	**184 000**
Indirect support costs[4]*	**4,200**		**8680**	**12,880**
TOTAL	**64,200**		**132 680**	**196,880**

Total need	Allocation: MPTF	Allocation: Other (specify)
196,880		$00.00

Budget Narrative (by agency)

1. Staff

- WHO: A local staff with strengthened capacity to support the Human Resource Director of the Health Ministry.
- ILO: Local and regional staff to support project activities and provide technical assistance.

2. Supplies, commodities, materials

- Guidelines for the mapping of the labour market for youth and women

[3] For further details on the allocation of funds, please see the budget narrative on the following page.

[4] The rate shall not exceed 7% of the total of categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.

- Tools related to international norms and standards regarding youth and women employment.

3.Equipment, vehicles and furniture

- 5,000 USD to cover petroleum for vehicles to conduct activities enlisted (price of one liter of petrol in Mauritania is about 1 EURO)

4.Contractual services (incl. consultants, workshops, meetings, conferences)

WHO :

- 8 coordination workshops.
- 2 consultants

ILO : (1) stakeholder consultative meeting ; capacity-building activities for social partners and other ; (2) consultants for technical assistance on specific activities, e.g. skills assessment or technical and vocational training programmes.

5.Travel This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project

- WHO regional / HQ technical mission: $20,000
- ILO regional / HQ technical mission: $15,000

6.Transfers and grants to counterparts

7.General operating and other costs

Working for Health Multi-Partner Trust Fund

Concept Note Palestine

Project title	Strengthening health workforce capacity to advance Universal Health Coverage
Objectives	1.Strengthen Ministry of Health institutional capacity in health workforce management and planning. 2.Improve health workforce regulatory systems and capacities at the national level, including enhancement of multisectoral and multi-stakeholder collaboration. 3.Strengthen health workforce at the primary care level in accordance with changing service delivery models
Geographic area	Palestine (West Bank and Gaza Strip): National and sub-national/district levels.
Implementing entities	WHO Palestine ILO (Region/Palestine)
Timeframe	12 months: January 1st –December 31st, 2020
Lead Focal Point	• Hadeel Qassis – Health system Officer/WHO Palestine • Gulin Gedik, WHO EMRO • Ibadat Dhillon, WHO HQ • Maren Hopfe, ILO HQ • Mounir Kleibo, ILO Jerusalem Office (tbc)
Background	• The government of Palestine, as led by the Prime Minister and the Minister of Health, is currently in the process of undertaking significant health system reforms. • Health financing and service delivery reforms are anticipated in the near to medium terms, with the health workforce underpinning both. • The existing health workforce has faced significant challenges due to the fragile financial condition of the government (note: salaries constitute over half of MoH budget), with civil service payments cut by half over the preceding 12 months and institution of a hiring freeze. • The unemployment rate in the health sector reported at 32%, with likelihood to increase given escalating health worker production. • As part of its service delivery reform, Palestine will prioritize strengthening front-line care with focus on the family practice primary healthcare model. • Palestine has progressed towards strengthening focus on health workforce issues through establishment of an HRH Observatory with a census of the existing practicing health workforce in 2019 (https://www.pniph.org/en/health_system/human-resources-for-health-observator).

	• Palestine currently has identified health workforce as one its priority areas and is in process towards developing its first "National Human Resources for Health" strategy
Alignment with existing policies, strategies, and Development frameworks	• The WHO Global Strategy on Human Resources for Health: Workforce 2030. • The National Health Strategy 2017-2022 with the focus on investing and strengthening the Palestinian health workforce • Regional Framework for Action on Health Workforce Development (2017-2030) • UNDAF Framework
Beneficiaries	• Palestinian Ministry of Health (Primary Health Care Directorate, Health Human Resources, Human Resources development, Planning and Licensing departments) • Health professional syndicates/associations • Ministry of Higher Education • Health Workers • Palestinian population, particularly underserved women and youth
Stakeholders	• Government – Ministry of Health, Ministry of Higher Education, Ministry of Labour, Ministry of Finance • Health professional syndicates/associations • Palestine Medical Council • Training institutions and civil society
Impact	• Increased investment in the Primary Health Care workforce and pre-service training quality • Institutional strengthening of health workforce planning and regulation. • Skills development for the health workforce at the Primary Health Care level
Project Outputs	
1: Health workforce governance and regulation systems strengthened	**Working for Health Results Matrix output(s):** **1.1, 2.4** **Activities:** 1.1 Assess and improve the functionality of the regulation of health workforce education and practice system 1.2 Review current country health workforce regulations with concrete recommendations for strengthening primary care (e.g. scopes of practice). 1.3 Organise capacity building workshops (2) for relevant MoH staff and relevant stakeholders 1.4 Organise a consultative tripartite stakeholder meeting with view to strengthen social dialogue capacity and mechanisms. **Description:** • Technical assistance to reform and strengthen the application of health workforce regulation for education and primary

	care, including improved coordination and collaboration with different stakeholders and partners.
2.Primary care workforce requirements, gaps and needs identified	**Working for Health Results Matrix output(s):** **1.2 and 2.2** **Activities:** 2.1 Analyse the current availability, composition and distribution of health workforce in primary care facilities, including availability of occupational safety and health professions. 2.2 Assess skills needs and gaps with view to adjust education and training programmes, including Technical and Vocational Training (TVET). 2.3 Identify the health workforce requirements using Workload Indictors of Staffing Need (WISN) approach to help define multidisciplinary primary care teams for the family practice based primary care model in Palestine for UHC 2.4 Provide 2 one-week trainings of Ministry of Health teams (one in Gaza and one in West Bank) on WISN tool. 2.5 Develop a gender responsive recruitment, deployment and retention plan with decent working conditions for the required health workforce of the family practice PHC model. **Description:** • Technical support to increase the availability of health workers for family practice at PHC level • Technical support for WISN will include training on the utilization of WISN tool to asses staffing needs at the Ministry of Health in both the West Bank and Gaza, to enhance the planning process.
Cross-cutting	• Multi-sectoral and multi-stakeholder engagement by working with different governmental bodies and the health syndicates together to improve health workforce regulations and planning. • Gender equality is enhanced through working on the functions of the whole team of the family practice model at the PHC level.
Monitoring and Evaluation Plan	An implementation plan, initial baseline assessment and M&E framework will be developed at project inception; aligned the working for health results matrix
Risks	Reforms are dependent upon Palestine's financial and humanitarian situation. As a mitigating measure, development partners and Palestinian stakeholders are actively engaged in and supportive of the proposed reforms.

Project budget ($ USD)

Categories	ILO	OECD	WHO	Total
Staff				**0**
Supplies, commodities, materials				**0**
Equipment, vehicles and furniture				**0**
Contractual services (including consultants, meetings, workshops and conferences)	**$30,000**		**120,000**	**$150,000**
Travel	**$20,000**		**30,000**	**$50,000**
Transfers and grants to counterparts				**0**
General operating and other direct costs			**10,000**	**$10,000**
Subtotal	**$50,000**		**160,000**	**$210,000**
Indirect support costs5*	**$3500**		**11,200**	**$14,700**
TOTAL	**$53,500**		**171,200**	**$224,700**
Total need	**Allocation: MPTF**		**Allocation: Other (specify)**	
$224,700				

Budget Narrative (by agency)

1.Staff costs

2.Supplies, commodities, materials

3.Equipment, vehicles and furniture

4.Contractual services (incl. consultants, workshops, meetings, conferences)

- WHO (output 1): USD 70,000 for technical assistance including strengthening national capacity for health workforce governance and regulation, as well as for costs of workshops and policy dialogue.
- WHO (output 2): USD 50,000 and, workshops and trainings for technical assistance to define and strengthen the Primary Care workforce

[5] *The rate shall not exceed 7% of the total of categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.*

- ILO USD 30,000 for technical assistance in tripartite policy dialogue

5.Travel: This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project

- WHO regional / HQ technical missions: USD 30,000
- ILO regional / HQ technical missions: USD 20,000

6.Transfers and grants to counterparts

7.General operating and other costs

- WHO: Regional and country office coordination, administration and communication costs=USD 10,000

Working for Health Multi-Partner Trust Fund

Concept Note Sudan

Project title	Sudan Health Workforce Initiative
Objectives	Enable the Government of Sudan to implement its intersectoral Human Resources for Health Initiative: 1.Strengthen HRH Information System and health workforce observatory 2.Support the development of a National Strategic Plan on Human Resources for Health 2030 3.Support the Nursing Initiative, with a focus on improving alignment across Health and Education sectors
Geographic area	The Republic of Sudan, including activity at State level
Implementing entities	• WHO • ILO
Timeframe	• 12 Months (January to December 2020)
Lead Focal Point	• Dr. Naeema Al Gasser, WHO, WR • Gulin Gedik, WHO EMRO gedikg@who.int • Ibadat Dhillon, WHO HQ, dhilloni@who.int • ILO HQ: Christiane Wiskow wiskow@ilo.org; region: (TBD)
Background	• Significant economic and political events underpin planned health sector reforms in Sudan. The economic downturn started in 2017. Civil unrest escalated in 2018 and continued in 2019. A new civilian government has recently been established, with a major health sector reform planned for the transitional three-year period. Human Resources for Health is among the key priorities for the coming years. • The Federal Ministry of Health, Sudan seeks support from the Working for Health MPTF with respect to its HRH Initiative, including development of a National Strategic Plan on HRH 2030 – to be based on intersectoral engagement. • WHO, coordinated across its three levels, has agreed on a roadmap with the Government of Sudan to support its' HRH Initiative. • Sudan's National Health Policy 2017-2020 was endorsed in Feb 2018, with health workforce identified as both a specific and cross-cutting priority. • Sudan's HRH Initiative and WHO, through the HRH Forum, brought together the Minister of Higher Education, the Minister of Health, and State Ministers of Health to discuss issues of shared interest. An area of concern was raised with respect to Nursing Education and the selection criteria of students.

Alignment with existing policies/strategies/ Development frameworks	• National Health Policy 2017 – 2030 • National Human Resources for Health Policy • Framework for Action for Health Workforce Development in the Eastern Mediterranean Region 2017 – 2030 • UNDAF Framework Decent Work Country Programme (2017-2020; adoption pending)
Beneficiaries	• Health workers, and the state & national health system • Population of Sudan, particularly women and youth.
Stakeholders	• Ministry of Health, State Ministries of Health, Ministry of Higher Education, Ministry of Labour, Ministry of Human Resources, Ministry of Finance, Ministry of Interior. • Regulatory bodies, professional association, and trade unions • Training institutions and civil society
Impact	• Increased health workforce investment, production and quality across Sudan's geographic sub-regions • Strengthened Ministry of Health capacity for planning, governance to advance an inter-sectoral health workforce agenda
Project Outputs	
1.Strengthening HRH Information System and health workforce observatory	**Working for Health result matrix output(s):** **Activities:** **1.1** Assessment of current HRHIS **1.2** Install and train users on software to link different HRH data bases (FMOH, Sudan Medical Council, Sudanese Medical and Health Professions Council, Ministry of Higher Education), with data analysis capacities **1.3** Capacity building for staff in data analysis and interpretation at national and sub-national HRH Observatories **Description:** • WHO and other partners will address key gaps in HRH information system in collaboration with FMOH, Sudan Medical Council, Sudanese Medical and Health Professions Council and Ministry of Higher Education, Ministry of Labour and National Statistical Office. • WHO will provide technical and software support while other partners and donors will provide financial support for the hardware part that include servers, IT equipment, running the system and maintenance.
2.National Strategic Plan on Human Resources for Health 2030 developed	**Working for Health results matrix output(s):** • 1.3, 2.1, 2.2, 2.4, 3.2, **Activities:** **2.1** Support a FMOH to develop a detailed methodology and roadmap for the National strategic plan on HRH **2.2** Support the establishment of a platform for inter-sectoral and tripartite dialogue as part of the process, through the support of ILO

	2.3 Support a FMOH-led technical task force to draft the new National Strategic Plan on HRH 2030, based on a robust workforce data and labour market analysis and multisectoral policy dialogue – with emphasis on increasing investment in job creation, decent work and skills. **2.4** Develop HRH projections to meet 2030 targets **Description:** • WHO and ILO will provide technical support to develop Sudan's National Strategy on HRH 2030. Inter-sectoral and tri-partite social dialogue will be integral to developing a comprehensive strategy that will help drive workforce investment. Health labour market analysis will be applied to identify key policy/strategy options.
3.Enhanced coordination and alignment of nursing education and training across health and education sectors	**Working for Health result matrix output(s):** • 1.3, 2.2 **Activities:** **3.1** Support the establishment of a functional coordination mechanism between the departments of education development in faculties of nursing (Ministry of Higher Education), and Academies of Health Sciences (Ministry of Health and Ministry of Higher Education) as well as Technical and Vocational Training (TVET) Institutions. **3.2** Carry out a capacity assessment of education development departments in faculties of nursing in collaboration with the Ministry of Higher Education and TVET institutions. **3.3** Increase access to online knowledge (e.g. journals, HINARI) for Faculties of Nursing **Description:** • WHO and ILO will assist with strengthening the capacity, capability and alignment across health, employment and education sectors in order to ensure availability of skilled staff in rural areas. • Support will be provided to address inequitable access to nursing professionals through enhancing and supporting national dialogue between FMOH, MoHE and other stakeholders.
Cross-cutting	• An improved electronic HRHIS will be able to collect and consolidate data on age and gender. • The national HRH Strategy will have a strong multisectoral and gender focus • The nursing education initiative is targeted principally at decent work and increasing the access of women into the workforce
Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Project outputs are aligned with the Working for Health Result Matrix and related indicators: <u>Outcome 2 – Output 2.2:</u> *Improved capacity to develop multisectoral national*

	health workforce strategies and plans; and with Outcome 1 – Output 1.3: *Strengthened institutional capacity to align skills and competencies with health labour market and population needs*
Risks	The major risk is one of further political instability that may lead to additional changes in leadership and delays in implementation

Project budget ($ USD)

Ref	Categories	ILO	OECD	WHO	Total
1	**Staff**				**0**
2	**Supplies, commodities, materials**			**10,000**	**10,000**
3	**Equipment, vehicles and furniture**				**0**
4	**Contractual services (incl. consultants, workshops, meetings, conferences)**	**30,000**		**115,000**	**145,000**
5	**Travel**	**20,000**		**20,000**	**40,000**
6	**Transfers and grants to counterparts**				**0**
7	**General operating and other costs**			**0**	**0**
	SUBTOTAL	**50,000**	**0**	**145,000**	**195,000**
	Indirect Support Costs[6]	**3,500**	**0**	**10,150**	**13,650**
	TOTAL	**53,500**		**155,150**	**208,650**

Total need	Allocation: MPTF	Allocation: Other (specify)
$**208,650**		$00.00

Budget Narrative (by agency)

1. Staff

2. Supplies, commodities, materials

- WHO: $10,000 for access to online resources for Faculties of Nursing

3.Equipment, vehicles and furniture

[6] The rate shall not exceed 7% of the total of categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.

4.Contractual services (incl. consultants, workshops, meetings, conferences)

- WHO: $50,000 for Strengthening HRH Information System and health workforce observatory
- WHO: $40,000 for technical assistance including strengthening national capacity for labour market analysis and development of National Strategy on HRH 2030;
- WHO: $20,000 for organization of 2 stakeholder consultation meetings through the HRH Forum, including support for participation of 40 participants;
- WHO: $25,000 Technical support for the assessment of education development departments and skills transfer support; Cost for two (2) workshops at State level.
- ILO: $30,000 Technical assistance for the inter-sectoral and tripartite dialogue process, including training workshop on social dialogue; and iterative input to drafts of the National Strategy; technical assistance to support enhancement of nursing training programmes

5.Travel: This will involve joint scoping missions for stakeholder consultation, workplan development, as well as travels to supervise the implementation of the project

- WHO regional / HQ technical mission: $20,000
- ILO regional / HQ technical mission: $20,000

6.Transfers and grants to counterparts

7.General operating and other costs

- WHO: regional and country office coordination, administration and communications costs = $2,500