The Republic of the Sudan

Federal Ministry of Health

Directorate General of Human Resources for Health Development

Building Bridges to Sustainable Human Resources for Health Development

Annual Report

2012

Directorate General of Human Resources
for Health Development

Building Bridges to Sustainable Human Resources for Health Development

2012 Annual Report

Dr. Nazar A. M. Elfaki | Ms. Mourouge A. Zeinelabdin

Contents

Acronyms......i

Dedication......ii

Foreword......iii

Preamble......iv

Preface......v

Section One:
DGHRD At a Glance: An Introduction and General Overview

1. Introduction
1.1 Human Resources for Health Development......1
1.2 Background of DGHRD......2
1.3 Duties and Responsibilities of DGHRD......2

2. General Overview
2.1 Institutes
2.1.1 Academy of Health Sciences......4
2.1.2 Blue Nile National Institute for Communicable Diseases......5
2.1.3 Continuous Professional Development Directorate......6
2.1.4 National Human Resources for Health Observatory......7
2.1.5 Public Health Institute......8
2.2 Sub-directorates
2.2.1 Fellowship Affairs Directorate......9
2.2.2 Internship Affairs Directorate......10
2.2.3 Nursing & Midwifery Directorate......11
2.2.4 Policy & Planning Directorate......13

Section Two:
2012 Plans

3. Introduction to 2012 Plans......14
3.1 DGHRD Achievements......15
3.2 Documentation and Experience Certificate Office......21

4. 2012 Plans of DGHRD Institutes and Sub-directorates
4.1 Institutes
4.1.1 Academy of Health Sciences......23
4.1.2 Blue Nile National Institute for Communicable Diseases......25
4.1.3 Continuous Professional Development Directorate......28
4.1.4 National Human Resources for Health Observatory......33
4.1.5 Public Health Institute......36
4.2 Sub-directorates
4.2.1 Fellowship Affairs Directorate......39
4.2.2 Internship Affairs Directorate......42
4.2.3 Nursing & Midwifery Directorate......43
4.2.4 Policy & Planning Directorate......44

Section Three:
Vision 2013......47

Annexes

Figures & Tables

List of Figures

Figure 1: Diagram depicting Institutes and Sub-directorates of DGHRD.......................................3

Figure 2: No. of certificates of experience issued for medical professions from 2006 - 2012........22

Figure 3: Health workers trained through CPD in 2012...30

Figure 4: National training activities for programs in 2012..30

List of Tables

Table 1: Identities of delegates from Afghanistan, Yemen, Iraq, and Syria...................................19

Table 2: Certificates of experience that have been issued for medical professions in 2012..........21

Table 3: Certificates of experience that have been issued for medical professions from 2006 - 2012...21

Table 4: Certificates of experience that have been issued for allied health professions in 2012...22

Table 5: Trends in CPD activities, 2006 - 2012..31

Table 6: Distribution pattern of 180 specialists to different States...40

Acronyms

AHS	Academy of Health Sciences
ATM	AIDS, Tuberculosis and Malaria
BNHP	Blue Nile Health Project
BNNICD	Blue Nile National Institute for Communicable Diseases
CPD	Continuous Professional Development
CPDC	Center for Continuous Professional Development
CPDD	Continuous Professional Development Directorate
DGHRD	Directorate General of Human Resources for Health Development
D.G.	Director General
FAD	Fellowship Affairs Directorate
FMOH	Federal Ministry of Health
GAVI	Global Alliance for Vaccines and Immunization
GHWA	Global Health Workforce Alliance
HRD	Human Resources for Health Development
HRH	Human Resources for Health
HRIS	Health Resources Information System
HRM	Human Resource Management
HW	Health Worker
IAD	Internship Affairs Directorate
JICA	Japan International Cooperation Agency
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Insitute, Netherlands)
MDG	Millennium Development Goal
MOC	Memorandum of Collaboration
MOH	Ministry of Health
N&M	Nursing & Midwifery Directorate
NHRHO	National Human Resources for Health Observatory
NTA	National Training Activity
PHC	Primary Health Care
PHI	Public Health Institute
P&P	Policy & Planning Directorate
SMOH	State Ministry of Health
SO	Strategic Objective
SOP	Standard Operating Procedure
TOR	Terms of Reference
TOT	Training of Trainers
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO/EMRO	World Health Organization/Regional Office of Eastern Mediterranean

Dedication

This report is dedicated to the DGHRD family, at both the Federal and State levels,
for the collaborative efforts they make each and every day of the year ***to promote issues pertinent to HRH in order to sustain human health: the dream of a nation, the right of its people.***

Sincere appreciation and gratitude is extended to the staff of
all the institutes and sub-directorates for their valuable time, outstanding contribution, and
priceless support during the preparation of this report.
Special thanks are also due to them
for the insightful and valuable information
that was paraphrased in the introductory sections of both
"Section One: DGHRD At a Glance" and *"Section Two: 2012 Plans"*, which
was essential to shaping the annual report.

The DGHRD family is wholly optimistic
that the end-result of this project will be one that will
pave the way for remarkable achievements in the many years to come.
May these documented products of their hard work in the year 2012 be a driving force for
DGHRD's endless development, enlightenment, and success on
the road to sustainable HRH and HRD. DGHRD hopes the institutes and sub-directorates
will outshine themselves, and all others, by always finding the inspiration
to remain motivated in their various endeavours
to strengthen the status of HRD in the region and beyond.

Foreword

It is with pleasure that I present the 2012 annual report developed by the Directorate General of Human Resources for Health Development (DGHRD).

It is the first time for DGHRD to develop this kind of comprehensive report, which will be a motive and model for other general directorates within the Federal MOH to follow.

The year 2012 witnessed major achievements in HRH starting by operationalizing the five-year National HRH Strategy 2012 - 2016, which shifted from the traditional concept of training and health workforce numbers to the wider spectrum of HRH development. It also witnessed the signing of many memoranda of collaboration with several reputable institutes, both nationally and internationally, to foster issues related to HRH development: the Royal Tropical Institute (KIT), Liverpool School of Tropical Medicine, and National University of Ireland Galway among others.

The partnership with HRH stakeholders was further strengthened through the HRH stakeholder forum, while the collaboration with national training institutes and regulatory bodies continued, such as the Sudan Medical Council, the Health Professional Council, the Sudan Medical Specialization Board, the Universities, and the National Training Council to name a few, as well as international organizations like WHO, GHWA, UNDP, UNICEF, UNFPA, JICA, World Bank, GAVI, Global Fund for ATM, Turkish Embassy, UK Embassy, and the Netherlands Embassy.

In 2012, the DGHRD hosted many regional training activities, such as the HRH and governance course in collaboration with KIT, the Netherlands Fellowship Program, and WHO. The Directorate General has also been visited by delegates from WHO Eastern Mediterranean Region to benefit from Sudan's experience in HRH Development.

The HRH projection exercise, which was one of our dreams, commenced in 2012. The exercise depends on the expertise of national experts with technical support from an international consultant. The results will be disseminated in the near future, which will guide all future HRH strategic planning. Although, retention and migration of HRH remained among the main challenges, several initiatives were taken to overcome these obstacles.

It goes without saying then, that the DGHRD is considered among the best performing directorates within the Federal MOH. Thus, my sincere gratitude is due to all staff in the DGHRD who devoted their time and efforts towards such development and achievement, and I sincerely wish them continuous prosperity and progress in their various functions.

Dr. Isameldin Mohammed Abdalla
Undersecretary FMOH

Preamble

The 2012 report is the collective product of nine institutes and sub-directorates within the DGHRD. The annual plans of these nine institutes and sub-directorates within the DGHRD, as well as the HRH directorates at State levels, were all guided by the five-year HRH National Strategy 2012 - 2016. All of the plans were contributing to the achievement of the five strategic objectives identified in the strategy:

1. *Support health service needs through adequate HRH planning;*
2. *Develop policies/systems to ensure more equitable distribution of health workers - especially doctors and nurses;*
3. *Improve individual performance management systems;*
4. *Improve production and orientation of education and training towards health service needs;*
5. *Strengthen HRH functions at the decentralized levels;*

The HRH strategy was considered to be a major shift from individual institutional plans towards an integrated, comprehensive plan incorporating a robust monitoring and evaluation frame.

Given this, the overall implementation rate for the DGHRD 2012 plan was 81%, which is considered a satisfactory achievement. The fourth strategic objective received the highest attention, while the third objective received the least, which was common for both national and state plans. Although the DGHRD developed comprehensive guidelines and programs for integrated, supportive supervision to the states, only two out of 17 states were supervised, which affected the performance of the states in a negative manner.

2012 started by a major milestone; the annual planning meeting was organized with all the State Ministries of Health under the theme, "the expansion of PHC basic package of services and its implication on HRH" in terms of production and in-service training for the health workers. In its final term, the year 2012 was concluded by another planning meeting with all the State Ministries of Health, which mainly focused on the performance of the State Ministries in the first year of the five-year HRH National Strategy, and the assessment of whether the HRH Strategy has indeed added any value to HRH development.

We hope this report will be a real contribution to the many initiatives being taken for HRH development, the overall aim of which is to facilitate for the Sudanese people access to skilled, motivated, and well-supported health workers within a robust health system.

Dr. Elmuez Eltayeb Ahmed
D.G. HRD

Dr. Elsheikh Badr
Deputy D.G. HRD

Preface

As we draw closer to the end of yet another intense and productive term in the ***Directorate General of Human Resources for Health Development (DGHRD)***, the publication of a comprehensive report that delivers the valuable fruit of our diligent efforts in 2012, appears to be the most fitting manner with which to sign off the year.

The 2012 annual report of the DGHRD is a detailed, narrative account of the accomplishments of the nine DGHRD institutes and sub-directorates throughout the year. It is unequivocal proof of the unified and dedicated efforts of the institutes and sub-directorates that are involved in achieving the mission of DGHRD.

The aim of the report is to satisfactorily document the goals, contributions, and achievements of the DGHRD family. It is an opportunity for us to inform the nation about our successes, drawbacks, and overall performance in 2012. For those who are directly and indirectly involved in our work and interested in its advancement, this narrative sheds light on the outcome of the institutes' and sub-directorates' individual functions, while addressing crucial matters related to their activities.

Given that this report of the Directorate General's year-round efforts is the first comprehensive, narrative account of its kind to ever be compiled and published, the report has been divided into three sections.

Section One is an introduction to human resources for health, with reference to its importance to the health system in terms of development, management, and planning. The section also provides a general overview of the *mandate*, *role*, *duties*, and *responsibilities* of the DGHRD, as well as the exclusive *background*, *vision*, *mission*, and *overall purpose* of its nine institutes and sub-directorates.

Section Two contains the annual plans, overall achievements, and drawbacks, if any, of the institutes and sub-directorates in 2012. A full chapter is assigned to each institute and sub-directorate. The chapter provides details of the *products, achievements, challenges*[1], *special events and success stories*[2], and *partnerships and collaborations* of the institute or sub-directorate in the year 2012.

Section Three is assigned to the DGHRD family's *vision for the year 2013*. It is a brief statement of the way forward; what the Directorate General expects and looks forward to accomplishing at the start of a fresh, new year.

---

[1]Challenges pertains to obstacles confronted when resolving problems, and any observations or recommendations regarding these challenges.
[2]Special events and success stories refers to any conferences, publications, training activities, seminars, workshops, and other affairs undertaken in 2012.

DGHRD At a Glance:
An Introduction and General Overview

1. Introduction

1.1 Human Resources for Health Development

Health is man's greatest treasure. When human health is nourished, life is maintained, and for life to be maintained, the health system has to be sustained.

The purpose of any health system in the world is to function in a unified, multidisciplinary manner in order to maintain, promote, or restore human health. In general, a health system is composed of six building blocks, which work in an integrated fashion to achieve this desired end-result. One of these vital building blocks of the health system is the health workforce.

Human Resources for Health (HRH), also known as the "health workforce" or "health personnel" or "health worker" denotes all the persons of any caliber who are engaged in the production and delivery of health services.

It is globally agreed that an adequate health workforce that is fully equipped with state-of-the-art knowledge, skills, and attitudes, is vital to the sustenance of effective health system service delivery. Any challenges confronting the health workforce are a challenge to the efficient operation of the health system as a whole. Therefore, addressing HRH issues is a key factor in resolving any drawbacks that may threaten to cripple health system service delivery.

Being an extensive country with vast potentials and natural resources, Sudan's health system performance and health indicators have witnessed promising improvement over the years. One of the major and obvious improvements to the nation's health system was in human resources for health development (HRD) issues.

Human Resources for Health Development (HRD) is defined as, all the initiatives and practices that encompass the policy, planning, management, and training of all categories of personnel for health, ranging from medical doctors to nurses and allied health cadres, to administrative, technical and support staff. The process of HRD results in the development and improvement of the capacity, ability, skills, and qualifications of the health workforce to the level required for accomplishing the goals of the health system. The body in the FMOH that is responsible for HRD in Sudan is the DGHRD.

1.2 Background of DGHRD

The ***Federal HRD Directorate*** has the national ***mandate*** to *"act as an oversight agency and a reliable reference for strategic and operational issues pertinent to HRH."* The ***role*** of the directorate is *"to maintain, improve, and sustain key functions and activities related to the development and well-functioning of the HRH sector in the country."* Within this mandate and role, the DGHRD has various functions, i.e. ***duties and responsibilities.***

.

1.3 Duties and Responsibilities of DGHRD

1) Preparation of HRH policies and guidelines, and coordinating policy process and approval.

2) HRH strategic planning and health workforce projections for the country.

3) Preparation of the national annual plans and provision of guidance for States in developing their operational plans.

4) Keeping the national database and information on HRH through close patronage and liaison with the HRH observatory.

5) Capacity development for State HRH departments.

6) Provision of leadership in designing and implementing tasks and activities pertaining to HRH functions/monitoring.

7) Producing human resource management (HRM) systems and overseeing their implementation.

8) Mobilization of resources and funding for HRD.

9) Acting as a national reference and guidance for linking HRH education to country needs.

10) Working closely with national, regional and international partners for HRD.

11) Overseeing principles of equity and fairness in distribution of health workers over the country.

12) Coordination of HRH training to match the skill needs in the country.

13) Organization of the personnel administration functions for health workers.

14) Coordination and support of activities of existing training institutions affiliated to FMOH in accordance with national needs and requirements.

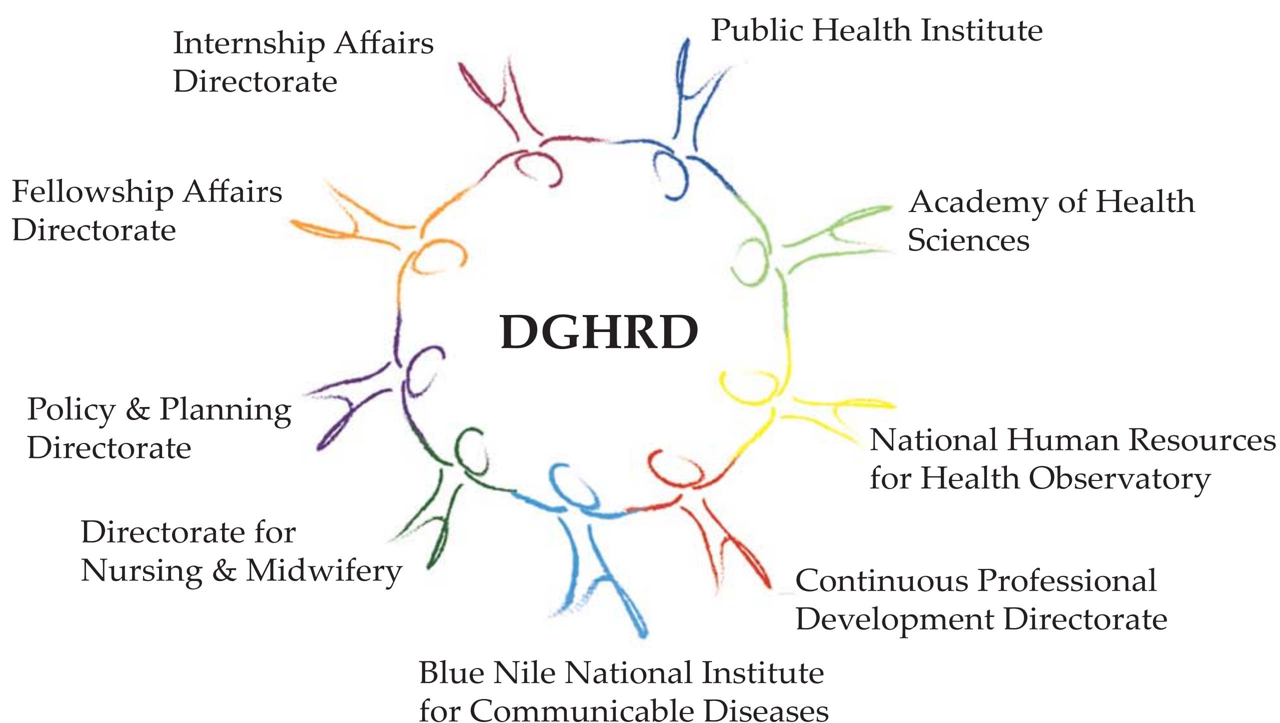
15) Coordination with the concerned governmental and non-governmental agencies in relation to rules and regulations and professional standards governing the health workforce.

16) Acting as an advisory body on HRH to the FMOH and the government of Sudan.

17) Acting as a technical resource to support other departments in HRH issues/line manager ownership.

To facilitate the effective implementation of its extensive mandate, the DGHRD has adopted the approach of departmentalization and division of labour within its organizational structure. Hence, DGHRD is composed of nine institutes and sub-directorates where each entity is assigned roles specific to its vision, mission, and overall purpose. There is another office that is affiliated to the Director General's office called the ***Documentation and Experience Certificate Office.*** The diagram below depicts the institutes and sub-directorates of DGHRD.

Figure 1: *Diagram depicting Institutes and Sub-directorates of DGHRD*



2. General Overview

2.1 Institutes

2.1.1 Academy of Health Sciences (AHS)

Background

In recent years, Sudan has witnessed a dramatic shortfall in HRH in the nursing, midwifery, and other allied healthcare cadres. The evident deficit in health professionals has placed Sudan under the umbrella of HRH crisis, and the gravity of the problem has called for an urgent need to resolve the predicament. As a result, the signing of the historic Sudan Declaration in 2001 between the FMOH, Ministry of Higher Education, and the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) urged the nation's authorities to take immediate action to address Sudan's HRH needs.

Of the measures that were taken to minimize the impact of the crisis was the establishment of an educational institution. This is how the ***Academy of Health Sciences (AHS)*** came into existence; AHS was officially inaugurated in 2005 in response to bridging the gap between the scanty health cadres and the delivery of health care services of improved quality. The headquarters of AHS is located in Khartoum with state branches covering different remote parts of Sudan.

Vision

"To be a unique institute in the education and development of nursing, midwifery, and other allied healthcare professionals."

Mission

"To restore and maintain the skill-mix of the health team by scaling up the education and training of high caliber nursing, midwifery and other allied healthcare professionals in a conducive and stimulating academic environment that ensures the high standards of the students' knowledge, skills, and attitudes, and providing state-of-the-art community-based training programs in collaboration with the different stakeholders in order to address the health-related needs in Sudan and beyond."

2.1.2 Blue Nile National Institute for Communicable Diseases (BNNICD)

Background

In the 1970s agricultural communities that were receiving irrigation waters from the Blue Nile River in Sudan were under constant threat of diarrhoeal and water-borne diseases, such as malaria and bilharzia (schistosomiasis). To address this overbearing problem, the government of Sudan along with the WHO initiated the *Blue Nile Health Project (BNHP)* in 1980. The aim of the project was to achieve a stable, economical level of control over diarrhoea, malaria, and schistosomiasis. By the end of its ten-year duration, the project had successfully reduced the prevalence of malaria in Sudan to less than 1%, and that of schistosomiasis to below 10%.

In 1990, BNHP was terminated and instead developed into an institute named *Blue Nile Research and Training Institute.* The institute was a model of partnership between academic institutions such as the University of Gezira, the Federal Ministry of Health, State Ministry of Health, and WHO (1993 – 2006). In 2007, the institute became officially known as the ***Blue Nile National Institute for Communicable Diseases (BNNICD),*** and has to this day remained a paradigm for excellence in research and training in communicable diseases.

Vision

"To be a nationally, regionally, and internationally recognized center of excellence for research and training of health professionals in the control of communicable diseases."

Mission

"To reduce the impact of communicable diseases through research and training of health personnel."

2.1.3 Continuous Professional Development Directorate (CPDD)

Background

In today's world of constant health advancement and evolution, it is essential that health workforces are kept up-to-date with emerging health-related issues and technologies. Being well-informed enables the health workforce to retain its capacity to practice and results in the safe delivery of preventive and curative medical care to the public. Thus, *Continuous Professional Development (CPD)* can be defined as, all the activities that health professionals undertake, formally and informally, in order to continuously maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients.

The need for a system that oversees the improvement of job performance, quality and safety of health care delivery, and the effective mobilization of resources to reduce the running costs of health services, laid the foundation for the establishment of the *Center for Continuous Professional Development (CPDC).*

In collaboration with its partners and stakeholders, the FMOH established the CPDC in 2006 as a national center working all over the Sudan. Over the years, as the central CPDC expanded into 17 similar centers in 17 different states, CPDC officially became attached to the ***Continuous Professional Development Directorate (CPDD)*** in 2009.

Today, the CPDCs are sub-ordinates of the CPDD. For this reason, the general objective, vision, and mission of the CPDD is shared by all the CPDCs as they move forward on the road to delivering professional excellence through the fulfillment of their core functions.

At the core of its vision and mission, CPDD recognizes the existence of a *"symbiotic relationship"* between the health workforce and the general public. By providing all workers in the health sector with an opportunity to attain CPD, CPDD has become an advocate for the promotion of excellent health services to the public, as well as professional advancement that facilitates the ongoing recruitment of the health workers.

Vision

"To make CPDD a pioneer in the field of CPD for all health personnel in the region."

Mission

"To advocate the concept of CPD through the establishment of efficacious institutions, the development of well-structured CPD programs and curricula, and the training of qualified personnel in order to equip them with evidence-based and state-of-the-art knowledge, skills, and attitudes required for safe and satisfactory health service delivery."

2.1.4 National Human Resources for Health Observatory (NHRHO)

Background

The purpose of any HRH "observatory" is to monitor trends in the patterns of the health workforce in order to provide reliable and instant data and information needed for evidence-based decision making and policy development. This function of the observatory renders it a dynamic human resource information system (HRIS), which is based on cooperative stakeholder involvement and ownership. Thus, such is the purpose of the ***National Human Resources for Health Observatory (NHRHO)*** in Sudan.

Established in 2007, NHRHO is considered the "eye" of DGHRD and the nation's HRH information system. It is a network based on the participation and ownership of different stakeholders related to HRH in Sudan, and is managed through a board of over 15 stakeholders. NHRHO is entrusted with monitoring trends in health workforce patterns to generate reliable and instant data, information, and evidence needed for HRD.

The objectives of NHRHO are defined by the following:

a. To strengthen coordination and links between stakeholders concerned with the issues of HRH in the country;

b. To raise awareness about the importance of HRH to health care and to advocate for better consideration of the health workforce within the health system and political agenda;

c. To establish an effective HRIS based on the functioning health information system of the country;

d. To promote HRH research, and support the incorporation of generated knowledge into policy and decision making;

e. To mobilize resources and commitment to ensure effectiveness and sustainability of the observatory.

Vision

"To assemble a comprehensive, sustainable, and dynamic human resource information system serving the development of the health system and improvement of population health in Sudan."

Mission

"To continuously generate and provide evidence to inform and support policy and decision-making in HRH and health system at large."

2.1.5 Public Health Institute (PHI)

Background

Today, the local production of public health specialists in Sudan is far below the needs of the country, which has put forward a demand for capacity building of administrative, planning, and policy-making MOH staff at both the Federal and State levels. The establishment of the ***Public Health Institute (PHI)*** by Ministerial Decree in 2009 was considered by many, to be a positive contribution to the improvement and scaling up of these public health needs and services across the nation. Although just newly established, this multi-disciplinary postgraduate institute is taking the lead in promoting the creation of new knowledge and application of innovative science.

The work of PHI is centered around developing the skills of those workforces of the health sector who will go on to become the future leaders in public health. The institute is mainly concerned with building their knowledge and skills in biomedical research, public health management and leadership, management of health systems, and provision of evidence-based technical advice on issues facing the health systems.

Through the delivery of applied health research and professional training and teaching programs at postgraduate level, PHI has warranted its involvement in the global endeavour to enhance health system performance and leadership, as well as improve health care and overall population health both nationally and internationally.

Vision

"To be a center of excellence for learning and research contributing to health systems and public health development in Sudan and in the regions beyond".

Mission

"To contribute to public health and the health system by offering training programs tailored for staff in the health sector, awarding degrees, conducting research, and offering evidence-based solutions, technical advice, and support."

2.2 Sub-directorates

2.2.1 Fellowship Affairs Directorate (FAD)

Background

Health workforce training is an essential component of HRD. The effective management of health care training is one of the keys to maintaining a productive workforce that can support and develop the needs of a health system. The sub-directorates of DGHRD that were delegated for the overall management of health workforce training are responsible for the identification of training needs, preparation of national training plans, and remaining in close liaison with relevant bodies within and outside the FMOH. One such sub-directorate is the ***Fellowship Affairs Directorate (FAD).***

The FAD is responsible for developing the national postgraduate training plan based on the country's health system needs, then monitoring the training of the fellows to keep track of their performance and progress. It explores and identifies postgraduate training opportunities for different categories of the national health workforce. For those seeking fellowships, FAD provides information and guidelines on training institutions inside and outside Sudan, which offer postgraduate qualifications addressing the needs of health professionals. It liaises with the medical council and relevant bodies to accredit and recommend postgraduate training institutions. It also liaises with the training institutions, as well as relevant governmental agencies, to aid in the enrollment and funding of the fellows.

The FAD is also involved in the fellowships' nomination process. Registrar doctors and other health-related workers are nominated for fellowships, both internally and externally, by the FAD. The candidate selection process is based on certain predetermined criteria, so FAD is also involved in the development of the fellowship criteria used for the selection of candidates. The criteria have to be in accordance with the endorsed HRH policies and regulations. All funds and financial procedures related to the granting of fellowships are managed by FAD, which also prepares reports and other relevant documents on all aspects related to the fellowships.

Vision

"To upgrade health services in Sudan and improve their efficiency."

Mission

"To assist health cadres of high quality in meeting the considerable health needs of the country."

2.2.2 Internship Affairs Directorate (IAD)

Background

Internship is a unique period of mandatory and general, real-life clinical experience under the supervision of qualified and skilled consultants. It allows medical and allied health professional graduates to consolidate and apply clinical knowledge and skills, while undertaking increasing responsibility for the provision of safe, high quality patient care. Diagnostic, communication, management, therapeutic, and procedural skills, as well professionalism are developed under appropriate supervision of the internship.

An internship is not at all like an employment contract; it is more in the order of a personal opportunity to gain additional knowledge and develop practical skills. Interns are generally acknowledged as having a special, practical training status, which ensures that the interns receive appropriate levels of coaching, mentoring and supervision, as well as a clear understanding of how their work links to professional standards.

Completion of the internship leads to permanent registration. Permanent registration indicates that the practitioner has the skills, knowledge, and experience to work as a safe entry-level health practitioner able to practice within the limits of their training.

The ***Internship Affairs Directorate (IAD)*** at the DGHRD provides hospitals with adequate and appropriate policies and procedures that support the intern to complete the training requirements. It works closely with the Internship Consultancy Board to monitor the training of the interns through:

a. Reviewing the internship training policies and plans on a regular basis;

b. Fair distribution and deployment of interns;

c. Periodic assessment of the training sites;

d. Monitoring the quality of training and verification of logbooks.

Mission

"All interns have the knowledge, skills, and professional ethics to practice safely and provide the highest quality patient care possible."

2.2.3 Nursing & Midwifery Directorate (N&M)

Background

Nurses and Midwives are at the forefront of patient care. For this reason, they should be equipped with the tools needed to develop skills and competencies which are in line with both national and international guidelines. To develop nursing and midwifery, new roles and skills need to be developed to ensure the delivery of care which is safe and responsive to all patients and stakeholders.

The functions and roles of the nurse/midwife are derived directly from the mission of nursing in society. These functions remain constant, regardless of:

- Their *site of application*, such as home, workplace, school, university, prison, refugee camp, hospital, primary health care clinic and other sites;
- The *timeframe* in which nursing care is provided;
- The *health status* of the individual or group to be served;
- The *resources* that are available.

These same functions relate to:

- Providing and managing direct practical nursing through the use of the nursing process to provide nursing care, whether promotive, preventive, curative, rehabilitative or supportive, to individuals, families, groups or communities, and include:
  - Assessing the needs of the individual, the family or the community, and identifying the resources required and available in order to meet these needs;
  - Identifying the needs that can be met most appropriately and effectively by nursing care, and those needs that should be referred to other health care or social service, or other professionals.

In Sudan, there are three nursing levels that provide nursing services at the primary, secondary and tertiary levels. The three nursing levels are; *technical nursing certificate, diploma level nursing,* and *degree level nursing* respectively. The Sudan Declaration 2001 emphasized that all nurses should be educated to degree (tertiary) level nursing by the year 2015.

The ***Nursing & Midwifery Directorate (N&M)*** at DGHRD aims to provide and maintain adequate levels and an appropriate skill-mix of nursing and midwifery to meet the national health priorities through:

a. Identifying innovative approaches to bridge gaps between the health system and the needs of the communities to ensure that people of all ages are receiving the care they need;

b. Ensuring proper training for nurses and midwifery that allows them to design and deliver quality services which meet the needs of the people of Sudan;

c. Developing strategies that serve to empower individuals, families, and communities to become partners in the assessment of healthcare needs and the evaluation of the effectiveness of the provision of services;

d. Development of evidence-based practice in collaboration with partners, to ensure the achievement of cost-effective nursing and midwifery services and its implication on achieving the health-related MDGs;

e. Identifying and disseminating nursing and midwifery models for regulating, monitoring, and evaluating nursing and midwifery practice, education, and services;

f. Developing and incorporating standards of practice for people-centered care into quality nursing and midwifery care and health service delivery.

Vision

"The population of Sudan has access to equitable, quality, people-centered nursing and midwifery services provided by competent and safe nurses and midwives."

Mission

"Nursing and Midwifery workforce commitment to improve the quality of care provided to service users and to maintain standards, professional values, and ethics."

2.2.4 Policy & Planning Directorate (P&P)

Background

The HRH ***Policy and Planning Directorate (P&P)*** is responsible for initiating, developing, and coordinating the national HRH policies and strategic planning, as well as monitoring and evaluating them. The directorate is also responsible for building the technical and managerial capacities of the State Ministry of Health (SMOH) and relevant stakeholders in issues pertaining to strategic planning and leadership development of HRH. To carry out these functions, the P&P liaises with relevant directorates within the FMOH, SMOH, and other partners and stakeholders inside and outside the country.

*"**Right**"* is the keyword that defines the goals of P&P with regards to HRH planning and management;

Our Aim

"All people, everywhere, shall have access to a skilled, motivated, and supported health worker within a robust health system."

2012
Plans

3. Introduction to 2012 Plans

To address the lag in HRD, FMOH and DGHRD developed a comprehensive strategic plan composed of five strategic objectives *(Sidebar "Strategic Objectives")*. The strategic plan is called the **National Human Resources for Health Strategic Plan for Sudan (2012 – 2016)** and is intended for a five-year period. It is expected that at the end of the five years duration, Sudan and DGHRD will have started to realize their vision and mission in support of sustainable HRD.

Vision

"To become a country with skilled, diversified health workforce capable of delivering the right health interventions for the achievement of the Millennium Development Goals and promotion of population health."

Mission

"To build and make an operational health system in the form of adequate number and right mix of skilled workforce through the proper institutionalization of HRH functions (including policy, planning, education, and management), and collaboration and coordination with partners."

To develop meticulous plans which target its core mandate and roles, DGHRD adopted these five strategic objectives (SO) of the Health Strategic Plan as the guidelines for drafting its annual plans for the next five years, and, hence, expected results in 2012.

Thus, it follows that "***Section Two***" will explore the general achievements of DGHRD and its affiliate office, the *Documentation and Experience Certificate Office*, as well as the individual annual plans implemented in by each institute and sub-directorate of DGHRD in 2012.

HEALTH STRATEGIC PLAN

2012 – 2016

Strategic Objectives

1. Support health service needs through adequate HRH planning;

2. Develop policies or systems to ensure more equitable distribution to health workers - especially doctors and nurses;

3. Improve individual performance management systems;

4. Improve production and orientation of education and training towards health service needs;

5. Strengthen HRH functions at the decentralized levels.

Guiding Principles

Equity

Professionalism

Strong leadership and accountability

Partnership and collaboration

Transparency

Consultative

Evidence-based practice

Recognition of good practice

Being realistic about the starting point of the plan

Responsive to current and projected health care needs

3.1 DGHRD Achievements

By the end of 2012, DGHRD was proud to have chalked up the following list of achievements:

1. Annual Planning Meeting:

Customarily, the DGHRD is accustomed to organizing an annual meeting with the State Ministries of Health to discuss the policies and strategic issues concerning HRD, as well as to assess the performance of the ministries throughout the year. In the meeting, the most important achievements of the ministries are identified, and light is shed on the difficulties and obstacles encountered by the State ministries during their year's work. The meeting provides an opportunity for them to share the lessons they learned.

Hence, the Directorate General held the year's annual meeting from 15 to 19 January 2012 in the CPDD headquarters with the participation of 57 members from 15 states (including the Directors of P&P, HRH, CPD, and AHS in the states) and 38 members from FMOH.

The theme of the HRD annual meeting focused mainly on linking the national HRH strategic plan with the National health sector Strategic Plan, 2012-2016. Given that the universal health coverage through the expansion of PHC basic package of services is the core concern of the national health sector plan, more attention was allocated to this issue in the meeting.

.

HRD Annual Meeting Participants
with H.E. the Federal Minister of Health
January 2012

HRD Annual Meeting
Group Work
January 2012

HRD Support:
Supplies & Equipments to the States

2. Annual Performance Assessment Meeting:

The DGHRD arranged a schematic meeting from 24 to 26 November 2012. With the exception of the State of East Darfur, representatives from all the states attended the meeting that was held at the National Center for Continuous Professional Development in Khartoum, Sudan. Key participants in the meeting were the Directors of Planning and Directors of HRH Development in all the States.

The focus of the meeting was mainly on the performance of the State ministries in the first year of the five-year HRH National Strategic Plan for Sudan (2012 - 2016). The objective of the meeting was to assess whether the HRH strategy has added any value to HRH development, and to review the States' plan for the year 2013

The participants from the states received orientation on HRH projection, HRH information system, and the workload indicators of staffing needs tool. Each state team had the chance to present their 2012 plans (achievements and lessons learned), while federal facilitators assessed their performance. The assessment was made through a scoring system comprised of six elements. The meeting also provided an opportunity for the states to share their successful experiences, such as the establishment of a database for HRH, monitoring and evaluation system, fostering partnerships and mobilization of the resources, and continuous professional development.

Furthermore, the expansion of the essential packages of PHC services project, had a positive influence on the performance of the states. The inability, however, to conduct the integrated supportive supervision to the states had a negative impact on the plans and was, thereby, clearly reflected in their performance. Last but not least, the state teams had the chance to discuss their issues with all the institutes and sub-directorates under the umbrella of HRD.

Support to the States from Global Fund:
Supplies & Equipment

3. Memorandum of Collaboration between the Royal Tropical Institute (the Netherlands) and the Federal Ministry of Health (Republic of the Sudan):

In May 2012, Dr. Elmuez Eltayeb (D.G. HRD), on behalf of the Federal Ministry of Health, signed a Memorandum of Collaboration (MOC) with the Royal Tropical Institute (KIT), which was witnessed by H.E. Mr. Sirajuddin Hamid Yousif, the Ambassador of Sudan to the Netherlands. The MOC was based on mutual interest and focused mainly on:

a. Capacity building on HRH and wider;

b. HRH policy and strategy development;

c. Joint research activities;

d. Exchange of expertise;

e. Joint mobilization of resources; and

f. Sharing other activities in areas of mutual interest, where such sharing shall result in benefit to both Parties.

Signing of
Memorandum of Collaboration

4. New extension of the administration building:

The DGHRD facilitated the daily functioning of both the Fellowship and Internship Affairs Directorates' by supporting the construction of a building composed of two new offices, waiting hall, and reception area, in addition to restrooms and prayer rooms for females. The new building has improved administrative procedures for the recruitment and deployment of health professionals.

school conducted the review workshop and developed a detailed plan for implementing the changes. The project will be evaluated by the end of 2013.

Workshop for Reviewing Undergrduate Curricula
Alzaeim Alazhari University

6. Visit of delegates from Eastern Mediterranean Region member states to Sudan:

Upon the exclusive request of WHO/EMRO, the DGHRD has organized a programme for receiving delegates from four countries in the region, namely Afghanistan, Yemen, Iraq, and Syria to analyze Sudan's experience in HRH development. The visit commenced from 8th to 12th July 2012.

Table 1: *Identities of delegates from Afghanistan, Yemen, Iraq, and Syria*

Country	*Name of participant*	*Position*
Afghanistan	*Shirinaqa Zarif*	*Dean of Kabul Medical University (KMU)*
	Mohammad Yousuf Yadgari	*Director of Medical Affairs, KMU*
	Ghulam Sarwar Homayee	*HR Advisor, Ministry of Public Health*
Yemen	*Nasser Ali Ahmed Alakhram*	*Director General of HRH Development, Ministry of Public Health & Population (MOPH&P)*
	Nadia Hussein Al Houri	*HRH information management, MOPH&P*
Syria	*Ghazal Faris*	*Technical officer, WHO office*
Iraq	*Ibrahim Ali Khamees*	*Manager of HR department, MOH*

The objectives of the visit were:

a. Acquaint with Sudan's experience of integrated HRH policy and strategy development;

b. Learn the process of establishing national HRH observatory, including its main three functions (a. generation of evidences through robust HRH information system and research, b. advocacy through publishing and dissemination of newsletter and the likes, c. coordination and partnership through HRH stakeholders policy forum);

c. Acquaint with Sudan's experience in HRH production and development (AHS, PHI, CPD and BNNICD);

d. Learn Sudan's experience in community-oriented medical education as well as the integration between medical education and health services (Gezira experience);
e. Acquaint with Sudan Medical Council's experience in accreditation of medical schools;

f. Identify gaps and pressing challenges facing Sudan in issues pertinent to HRH development.

Visit of Delegates to BNNICD

Meeting of Delegates with H.E. the Minister of Health - Gezira State

.

Meeting of Delegates with Dean of Faculty of Medicine Gezira University

Visit of Delegates to CPDD

Visit of Delegates to PHI

Visit of Delegates to Sudan Medical Council

3.2 Documentation and Experience Certificate Office

The ***Documentation and Experience Certificate Office,*** which is affiliated to the Director General's office, is mandated for issuing experience certificates for all health professionals, as well as verifying the completion of the necessary internship training. Issuing experience certificates is considered a necessary requirement for health professional migration as doctors and allied health professionals need to obtain this certificate before migrating outside the country.

The tables below reflect the activities performed by this office, which showed a rising trend in the attainment of experience certificates within the year 2012 for most health categories, particularly doctors. The same increase has been noticed when 2012 was compared to previous years.

Table 2: *Certificates of experience that have been issued for medical professions in 2012*

Category	No. issued till end of June 2012	%	Accumulative No. till end of Dec. 2012	%
Specialists	91	2.6	217	2.9
General practitioners	3,083	88.4	6,448	87.3
Dentists	177	5.1	367	5
Pharmacists	136	3.9	353	4.8
TOTAL	**3,487**	**100**	**7,385**	**100**

Table 3: *Certificates of experience that have been issued for medical professions from 2006 - 2012*

Category	Year						
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Specialists	21	29	75	130	138	143	217
General practitioners	2021	1366	2500	3146	4896	6029	6448
Dentists	63	86	123	156	330	277	367
Pharmacists	50	38	51	92	146	141	353
TOTAL	**2155**	**1519**	**2749**	**3524**	**5510**	**6590**	**7385**

.

Figure 2: *No. of certificates of experience issued for medical professions from 2006 - 2012*

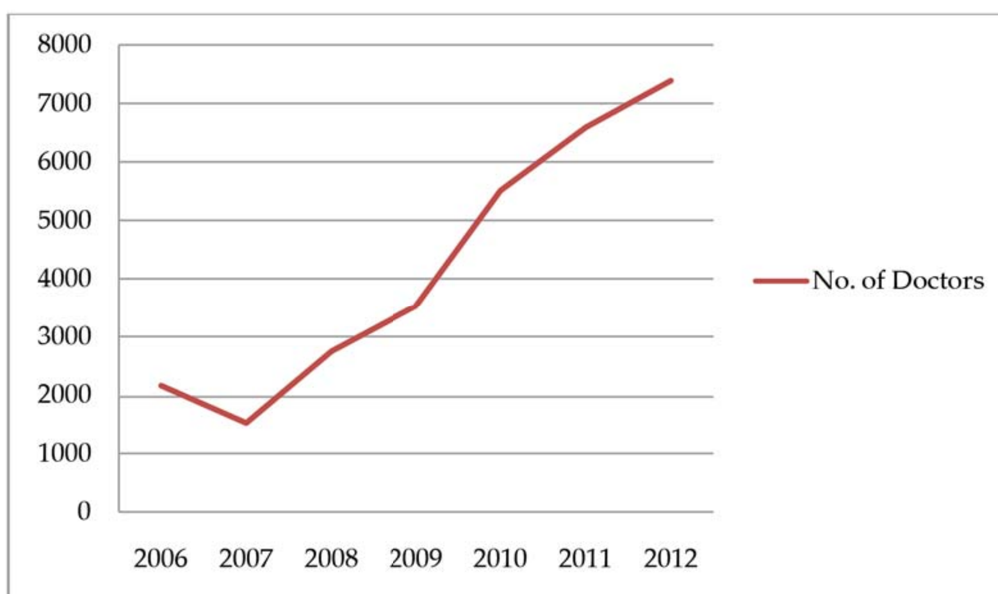


Table 4: *Certificates of experience that have been issued for allied health professions in 2012*

Category	No. issued till end of June 2012	%	Accumulative No. till end of Dec. 2012	%
Nurses	169	39.8	556	34
Radiology technicians	22	5.2	130	7.9
Laboratory technicians	107	25.1	376	22.9
General medical assistants	12	2.8	52	3.2
Technical nurses	31	7.3	234	14.2
Public health officers	16	3.8	41	2.5
Others	68	16	251	15.3
TOTAL	**425**	**100**	**1,640**	**100**

Academy of Health Sciences
(AHS)

4. 2012 Plans of DGHRD

4.1 Institutes

4.1.1 Academy of Health Sciences (AHS)

2012 ACTION PLAN

The contribution of AHS to the National Health Strategic Plan lies within the scope of the fourth strategic objective **(SO4)**:

Improve production and orientation of education and training towards health service needs **(SO4)**;

In 2012, AHS defined ***two products*** through which SO4 could be implemented. The two products, **P1** and **P2**, were:

1. *Adequate number and quality of nurses and allied health professional production maintained* **(P1).**

2. *Partnerships with regional and international training institutes built* **(P2).**

ACHIEVEMENTS

2012 brought the following achievements for AHS:

1. The total admission of the AHS reached 5, 271 students, which comprised 81% of the annual intake (6,461) for 2012.

2. AHS organized teaching and learning training courses for two weeks, which targeted 30 of the academic staff from the AHS National and States' branches. The course was facilitated by Dr. Maye Omer, WHO short-term consultant from Leeds University.

3. Three of the academic staff obtained their PhD degrees in Nursing and Midwifery.

4. Memoranda of Collaboration were signed with the National University of Ireland Galway and the National Health Institute in Yemen.

5. AHS organized a study tour to Turkey for 11 members from the National and States branches of AHS.

6. The FMOH has revitalized the Community Health Workers (CHWs) programme to provide care to the underserved population at their doorsteps. The planning of this initiative and its launching was supported by the WHO and GHWA. The Global Fund and GAVI extended support for expansion of this initiative. The CHW training manual was revised and master trainers from State AHS were trained on this new maual.

7. Distribution of eight mini-buses, received from the Global Fund, in support of the State AHS.

8. Establishment of the Education and Development center (EDC) at the AHS.

SPECIAL EVENTS AND SUCCESS STORIES

FMOH established the Academy of Health Sciences in 2005 with support from WHO and GHWA. Since then;

- A twining agreement was signed between AHS, Nullified Centre for International Health Development, and Leeds University for sustained technical support.

- The Academy was upgraded to a degree awarding institution through an agreement between the FMOH and the Federal Ministry of Higher Education. The agreement resulted in the upgrade of the education of the nursing and allied health staff to both Diploma and Bachelor of Science Degrees.

- In 2005, the annual enrollment capacity of AHS was 2,000. Today, in 2012, the capacity is over 5,000 students. This has made it possible to oversee the enrollment of over 18,000 candidates in 14 disciplines, including nurses, midwives, assistant dentists, medical assistants, laboratory technicians, radiology technicians, and anaesthesia technicians, among others. This substantial increase in enrollment capacity will help rectify the shortage and inequitable distribution of the health workforce in the country.

Global Fund Mini-bus Support to States AHS

Training of Master Trainers from States' AHS on CHW Training Manual

Blue Nile National Institute
for Communicable Diseases
(BNNICD)

4.1.2 Blue Nile National Institute for Communicable Diseases (BNNICD)

2012 ACTION PLAN

BNNICD contributes to the fourth strategic objective **(SO4):**

Improve production and orientation of education and training towards health service needs **(SO4)**;

To address the requirements of SO4, BNNICD aimed for ***three products***, **P1**, **P2**, and **P3** in 2012, namely:

1. *Performance of health workers working for integrated diseases control programs improved* **(P1)**.

2. *Capacity of health workers working for HIV/AIDS control program strengthened* **(P2).**

3. *Clinical researches conducted* **(P3)**.

To achieve the abovementioned products, BNNICD performed the following ***activities:***

a) The *first product* **(P1)** of the plan was implemented via:
   i) Implementing Master of Science modules.
   ii) Offering courses in Biostatistics, Epidemiology, and Tropical Medicine.

b) The *second product* **(P2)** was achieved via:
   i) Offering short training programmes.

c) The *third product* **(P3)** was accomplished by:
   i) Exploring three research areas related to Malaria and/or Leishmaniasis.

ACHIEVEMENTS

The efforts of BNNICD in 2012 produced the following results:

1. The Master of Science modules were implemented as planned and within the allotted time frame.

2. Brief training on the management of the AIDS program was offered to HIV/AIDS workers in the HIV/AIDS control program and NGOs of all Sudanese States.

3. Courses in Tropical Medicine, Epidemiology, and Biostatistics were offered to the Master of Science students.

CHALLENGES

Although BNNICD was able to implement the first parts of its annual plan, the same could not be said of the research portion of the plan. Unfortunately, the research component experienced some hindrances due to lack of funds, so the desired results for the research could not be wholly achieved. Thus, BNNICD is planning to continue its work on these research topics and other ones in 2013.

SPECIAL EVENTS AND SUCCESS STORIES

BNNICD signed off the year with a number of remarkable and noteworthy successes:

1. Malaria Epidemiology Course:
Organized by the National Malaria Control Programme in collaboration with WHO, UNDP and BNNICD.

2. The PhD Supervision course and the Water Point Mapping Training:
Organized by *Scientists Networked for Outcomes from Water and Sanitation* (SNOWS), this training programme was held from 2nd to 6th April 2012 and was attended by a total of 32 senior staff. 20 of the attendants were SNOWS members (12 from outside Sudan and eight from Gezira University), while the remaining 12 participants represented the faculties that work in water and sanitation research.

Participants at the PhD Supervision course and the Water Point Mapping Training

3. Introduction and Intermediate course on the use of GIS in public health with ArcGIS 9.X:
The purpose of this GIS course for beginners was to familiarize public health practitioners and medical doctors with the use of geographic information systems (GIS), with particular emphasis on major areas of public health planning and the development of spatial decision support systems. Upon completion of the course,

participants had profound conceptual and technical knowledge of GIS. They acquired basic skills on how to use ESRI-ArcGIS on a daily basis and contribute to the development and implementation of GIS in health related issues.

4. Grand opening of Mycetoma Centre:
The Mycetoma Centre was established in recognition of BNNICD's vision. Through this center, BNNICD expects to be recognized for its excellence in the diagnosis, training, research, management, and control of mycetoma at the National, Regional and International tri-levels.

PARTNERSHIPS AND COLLABORATIONS

A partnership with the Sudan Ministry of Science and Telecommunications was established in 2012.

A lab room at BNNICD

Continuous Professional
Development Directorate
(CPDD)

4.1.3 Continuous Professional Development Directorate (CPDD)

2012 ACTION PLAN

The CPDD's contribution to the Health Strategic Plan is encompassed within the fourth strategic objective **(SO4)**, which is:

Improve production and orientation of education and training towards health service needs **(SO4)***;*

CPDD contributed to SO4 through the following ***three products***, **P1, P2** and **P3** respectively:

1. The quality of the CPD system improved **(P1).**

2. Geographical access to the CPD expanded **(P2).**

3. CPD package for health workers increased **(P3).**

CPDD planned and implemented a number of ***activities*** in order to attain **P1, P2,** and **P3:**

a) The *first product* **(P1)** of the plan was implemented via:
   i) Adopting the CPD policy into the States' context.
   ii) Strengthening the system for the accreditation of CPD.

b) The *second product* **(P2)** was achieved via:
   i) Building the capacity of the States to increase coverage of CPD.

c) The *third product* **(P3)** was fulfilled via:
   i) Raising of training packages.

ACHIEVEMENTS

The efforts of CPPD in 2012 yielded the results detailed below:

1. The States adopted the CPD policy into their contexts:

-- Quarterly meetings of the CPD coordination committee (CPDCC) and its subcommittees were organized to ensure coordination and oversee implementation of CPD policies.

-- Meetings of the taskforce were supported to discuss the policy and SOPs for CPD.

-- Two annual meetings of State CPD focal points were supported to discuss and adapt CPD policy and strategy into the States' context.

-- CPD policy was printed and disseminated amongst the States and stakeholders.

-- The five-year strategic plan of CPDD was developed.

2. The System was strengthened for the accreditation of CPD:

-- Workshops to discuss and endorse CPD accreditation system at all levels (Federal, States & Stakeholder institutions) were organized.

-- Three visits were made to the training centers to assess and accredit them as CPD sites.

-- The taskforce was supported in the revision of the curricula for CPD/in-service training of health professionals, which was based on the identified TNA.

3. Access to the CPD was expanded by building the capacity of the States so coverage of the CPD was increased:

-- Five State centers, namely North Darfur, West Darfur, Sinnar, Kassala, and Gadarif States, were provided with audiovisual equipment.

-- Five State centers, namely Northern State, North Kordofan , Sinnar, Kassala and Gadarif States, were provided with skill labs.

-- Technical assistance was provided to design and operate the e-CPD unit.

-- Northern State and North Darfur States were also connected by video conference equipment.

-- Partnerships were developed with institutions and bodies involved in the activities of CPD.

4. Training packages were raised:

The States witnessed an increase in the number of training activities that were implemented there for the year 2012. 90% of all training activities that were planned for the year were successfully accomplished, as outlined below:

-- 35% (21,000) of all health cadres received CPD.

-- Monthly reports were received from the States' CPDCs on a regular basis.

-- Nine TOT trainings were conducted for the Public Health, Nursing & Midwifery professions.

-- Four training activities were conducted in order to accredit the trainers in the States.

-- 42 training activities in the form of clinical courses were offered to select potential trainers.

-- Two TOT trainings on *"Integrated PHC Package for PHC expansion"* targeting medical assistants were conducted, and four provider courses were offered in the States (two in North Kordofan, one in White Nile, and one in River Nile).

-- The guidelines of the NTAs were endorsed by CPDD for implementation of NTA activities through CPDD. As a result, 100 NTA activities were implemented.

Figure 3: *Health workers trained through CPD in 2012 (Total = 24,715)*

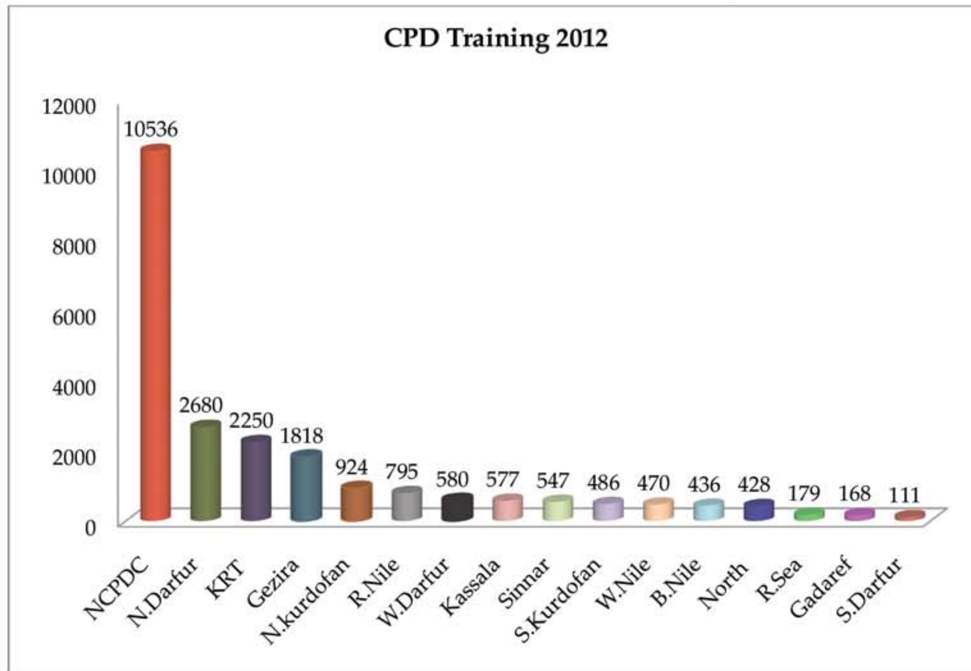


Figure 4: *National training activities for programs - 5,298 health workers trained in 2012*

Table 5: *Trends in CPD activities, 2006 - 2012*

ACTIVITY	YEARS						
	2006	2007	2008	2009	2010	2011	2012
No. of training activities	18	56	62	104	368	463	480
No. of trained cadre	1,889	3,331	4,762	5,694	14,219	18,545	24,715
No. of activities held at State level	0	0	7	15	190	342	523

CHALLENGES

The expansion of the PHC package of services boosted the CPD activities particularly at State levels. According to PHC expansion project, the CPDD is mandated to train all the existing general medical assistants in all the states on the PHC integrated management curriculum in addition to the vaccinators and nutrition educators. This is considered among the main challenges that will overwhelm the CPDD, because it demands an increase in infrastructure and HRH capacity to manage the expansion project.

SPECIAL EVENTS AND SUCCESS STORIES

CPDD claimed the following successes in 2012:

- The Director of CPDD was elected the Chairman of the Eastern and Southern Africa HIV Knowledge Hub (ESAKH) for the term 2012 - 2014. Some of the activities that are planned by ESAKH for the next biennium include hosting multi-country video-conferenced training programs and Clinical Paediatric HIV/AID training courses.
- Video-conference has alreadt been conducted between CPDD and AMREF.
- A workshop on *"Research Methodology"* was organized in CPDD in collaboration with Neelein University in Sudan and the University of Maryland in the USA.
- Accreditation of the e-CPD unit and launching and operation of the MOODLE Learning Management System.
- An annual meeting was organized with the CPD focal persons in the States to discuss the challenges facing them and possible resolutions.

PARTNERSHIPS AND COLLABORATIONS

1. International:

a. African Medical and Research Foundation (AMREF), Kenya

b. King Faisal Specialist Hospital and Research Centre, Kingdom of Saudi Arabia

2. National:

c. Ministry of Science and Telecommunications

d. National Training Council

e. Neelein University

f. Secretariat of Sudanese Working Abroad (SSWA)

g. Sudan Medical Specialization Board (SMSB)

Video-conference call between CPDD and AMREF

National Human Resources
for Health Observatory
(NHRHO)

4.1.4 National Human Resources for Health Observatory (NHRHO)

2012 ACTION PLAN

NHRHO contributes to the first strategic objective **(SO1):**

Support health service needs through adequate HRH planning **(SO1);**

NHRHO had ***five products***, **P1**, **P2**, **P3, P4,** and **P5** in 2012, which were:

1. *A comprehensive, operational data flow and management protocol developed, endorsed, and implemented* **(P1)**.

2. *HRH Information system strengthened* **(P2).**

3. *Planning and management capacities for NHRH staff built and strengthened* **(P3)**.

4. *Coordination among Human Resources for Health Observatory stakeholders strengthened* **(P4).**

5. *HRH research capacity built* **(P5).**

To achieve the abovementioned products, NHRHO executedthe following ***activities:***

a) The *first product* **(P1)** of the plan was fulfilled via:
 i) Assigning a taskforce and organizing a workship to draft, discuss, endorse, and disseminate.

b) The *second product* **(P2)** was achieved via:
 i) Building capacity on HRH information system.

c) The *third product* **(P3)** was accomplished by:
 i) Monthly staff meeting;
 ii) Scientific forum on management and planning.

d) The *fouth product* **(P4)** was carried out via:
 i) Organizing stakeholders forums to advocate and discuss HRH issues.

e) The *fifth product* **(P5)** was implemented via:
 i) Building national capacities on HRH research.

ACHIEVEMENTS AND SUCCESS STORIES

The HRH coordination envisaged by the Country Coordination and Facilitation (CCF) process has been institutionalized in Sudan through the establishment of the Stakeholders' Forum (SF), which convenes all the key national institutions that address one or more aspects of the HRH development.

Initially, the collaborating stakeholders were limited, encompassing FMOH Council for Allied Health Professions (CAHP), SMSB, Army Medical Corps (AMC), Police Health Services, Sudan Centre for Migration, and WHO. The extension of the Stakeholders Forum is on-going, with inclusion of other stakeholders and partners, both domestic and international. Being a major hub for HRH information and a prominent generator of credible evidence for decision making, NHRHO is the secretariat of the SF.

NHRHO truly reaped the fruit of quite a number of remarkable successes in 2012:

1. In 2012, the NHRHO has conducted three HRH stakeholders' meetings to discuss issues pertinent to HRH development. The following were presented in the meeting:

a. The results of the health professional education mapping were shared with the stakeholders.

b. A paper on: "Migration of health professionals in Sudan: issues, challenges and prospects"

2. NHRHO representatives participated in the conference organized by the Irish forum for Global Health from 2nd to 3rd February 2012 in Dublin, Ireland where NHRHO presented its experience under the title: "From Dream to Reality: the National HRH Observatory - Sudan Success story".

3. The observatory was involved in a labour market productivity study, whereby three members of the study team participated in the health labour market study workshop on building capacity in labour market and productivity, under the heading "Health Labor Market Study Workshop on Building Capacity in Labor Market and Productivity". The workshop was organized in WHO's Geneva headquarters from 11th to 12th June 2012.

NHRHO members at WHO Health Labor Market Study Workshop, Geneva June 2012

4. On 7th to 19th July 2012, NHRHO organized a Short Course on Qualitative Research on Human Resources for Health, which was facilitated by Dr Susan B. Rifkin (WHO consultant). The aim of the course was to improve the capacity of staff and other stakeholders through the use of qualitative methods to provide evidence for policy and design of health interventions. The consultant assisted the research team in developing research proposals based on areas of research priorities. One of those researches has been accepted and received support through a grant from WHO, Regional Office for the Eastern Mediterranean.

Public Health Institute
(PHI)

4.1.5 Public Health Institute (PHI)

2012 ACTION PLAN

In its pursuit to achieve its vision and mission, PHI is contributing to the second **(SO2),** fourth **(SO4),** and fifth **(SO5)** strategic objectives:

Develop policies or systems to ensure more equitable distribution ot health workers - especially doctors and nurses **(SO2)**;

Improve production and orientation of education and training towards health service needs **(SO4)**;

Strengthen HRH functions at the decentralized levels **(SO5)**;

This contribution of the Institute to the SO was implemented through the following ***three products,*** referred to as **P1, P2,** and **P3** respectively:

1. *Appropriate and flexible incentive packages, both financial and non-financial, developed* **(P1)**.

2. *Adequate capacity for postgraduate and professional training ensured* **(P2).**

3. *Institutional development, supporting systems, and consultancy services strengthened* **(P3)**.

To achieve the abovementioned products, PHI executed the following ***activities***, which embodied their plan of action for 2012:

a) The *first product* **(P1)** of the plan was implemented via:
i) HRH retention, migration, and gender research project.

b) The *second product* **(P2)** was achieved via:
i) Ensuring the availability of sufficient institutional capacity for postgraduate studies and professional training.
ii) Offering training programs tailored to the health system needs for qualified candidates, thereby bridging the gaps.
iii) Launching of Leadership Diploma and initiating HRH diploma.
iv) Negotiating prospects of offering MSc of Epidemiology and MSc of Women and Child Health.

c) The *third product* **(P3)** was accomplished by:

i) Strengthening the technical leadership and administration capabilities of the workers in the HRH directorates at the federal and state levels.

ii) Providing high quality consultancy services in support of the health system.

iii) Improving and expanding PHI infrastructure and support systems.

iv) Contributing resources and evidence from advanced health system research.

v) Establishing national and international partnerships.

vi) Capacity building of managerial and teaching staff.

ACHIEVEMENTS

The actual achievements of PHI in 2012 with regards to products **P1, P2,** and **P3** were:

1. The HRH retention and migration research was successfully launched, implemented, and completed.

2. Eight master and diploma programmes were launched in 2012, six of which have been successfully accredited:

a. Master of Disaster Management (Accredited)
b. Master of Family Medicine (Accredited)
c. Master of Health System Management (Accredited)
d. Master of Public Health (Accredited)
e. Master of Public Health In-service (Accredited)
f. Master of Public health In-house (Accredited)
g. Diploma of Hospital Management
h. Diploma of Leadership

3. The PHI strategic plan was finalized, approved, and activated, and the quality system was activated.

4. Consultancies were provided to a number of programs:

a. 70% of the malaria programme and 10% of the national health policies was reviewed;
b. 11 States received technical assistance;
c. 50% of the malaria indicator survey was guided.

5. Research was conducted on a range of topics:

a. Health impact assessment;
b. Health facilities mapping;
c. Public health education in Sudan;
d. Public health thesis and dissertation in Sudan;
e. Systematic review of health system and service delivery; and
f. Tuberculosis survey

6. 250 references were delivered to the Institute's library.

CHALLENGES

The most trying challenges reported by PHI during the implementation of its annual plan, with recommendations on how to resolve these obstacles were:

1. High staff turnover rate

Recommendation: Adoption of additional retention strategies in the case of high staff turnover rate.

2. Limited running budget

Recommendation: Activation of PHI investment plan to increase budget flow.

3. Impromptu admission of new batches

Recommendation: Notification about new batches in advance to allow enough time for accommodation of new batches.

SPECIAL EVENTS AND SUCCESS STORIES

For PHI, the year 2012 ended with the following successes:

- Graduation of the first batches of Master of Public Health and Diploma of Hospital Management.

Graduation of the first batch of Master students from the Master of Public Health and Diploma of Hospital Management

- Launching of the Diploma of Leadership.
- Conduction of the first PHI forum.
- Admission of the third batch for the Master of Disaster Management program.

PARTNERSHIPS AND COLLABORATIONS

Partnerships with the PUM foundation and the Royal Tropical Institute (KIT) in the Netherlands have been established in 2012.

Fellowship Affairs Directorate
(FAD)

4.2.1 Fellowship Affairs Directorate

2012 ACTION PLAN

FAD's contribution to the Health Strategic Plan can be seen in the fourth strategic objective **(SO4):**

Improve production and orientation of education and training towards health service needs **(SO4)***;*

In 2012, FAD defined ***three products***, **P1**, **P2**, and **P3**, viz:

1. National training policies and coordination mechanisms strengthened **(P1)**.

2. Standards to ensure quality training for fellowships improved **(P2).**

3. Specialists (physicians and allied health professionals) deployed **(P3)**.

To achieve the abovementioned products, FAD performed the following ***activities:***

a) The *first product* **(P1)** of the plan was implemented via:
 i) Granting scholarships for fellowships internally.

b) The *second product* **(P2)** was achieved via:
 i) Supervising the training centres
 ii) Meeting of training committee.

c) The *third product* **(P3)** was accomplished by:
 i) Distribution of the new specialists amongst the States.
 ii) Graduation of doctors from different specialities.

ACHIEVEMENTS

The plan of FAD in 2012 had the following results:

1. 120 medical doctors were awarded fellowships in different medical specialties, particularly on rare sub-specialties. The doctors will be trained by SMSB.

2. All administrative formalities have been completed in order to award fellowships to 420 health professions seeking to obtain their postgraduate degrees.

3. Three training centers were supervised to ensure they offered quality training to fellows.

4. 48 meetings of the training committee were organized and executed.

5. 180 specialists who recently graduated from the Sudan Medical Specialization Board were distributed to the states as shown by the below table:

Table 6: *Distribution pattern of 180 specialists to different States*

State	Distributed No.	State	Distributed No.
Northern	6	South Kordofan	2
Gezira	37	Sinnar	6
North Kordofan	15	West Darfur	2
South Darfur	1	Kassala	7
North Darfur	5	Red Sea	1
River Nile	10	Khartoum	59
Gadarif	7	National Public Health Lab	6
White Nile	11	Federal MOH	3
Blue Nile	2		
TOTAL	180		

CHALLENGES

The challenges that were faced by FAD during the implementation of their annual action plan were as follows:

1. Limited finance:

The budget allotted by the National Training Council and the Ministry of Finance for FAD's activities were inadequate to meet the Directorate's activity needs.

2. Fluctuating exchange rates:

The increase in the exchange rate of the hard currency had negative impact on FAD's activities.

SPECIAL EVENTS AND SUCCESS STORIES

FAD reported the following special events and success stories in 2012:

- The Occupational Registry was revised and updated.

- The electronic registry system has been finalized and all data concerning the fellows has been entered. This system can easily trace all fellows from their selection until their deployment after graduation.

Electronic Registry System

- The construction of the new buildings intended for complex procedures was finalized, and the buildings have been put to use.

New buildings for Complex Procedures

Every Day Activities within the New Buildings

- A paper on the distribution and retention of specialists in the States was presented to the States Council.

- FAD participated with a number of countries, such as Egypt and Turkey, in the preparation of the fellowships protocol.

Internship Affairs Directorate
(IAD)

4.2.2 Internship Affairs Directorate (IAD)

2012 ACTION PLAN

IAD contributes to the fourth strategic objective **(SO4):**

Improve production and orientation of education and training towards health service needs **(SO4)**;

For 2012, IAD settled for ***four products***, **P1**, **P2**, **P3,** and **P4**, which were:

1. *Interns performance improved through internship period* **(P1)**;

2. *Quality of internship training improved* **(P2);**

3. *Standard training activities implemented* **(P3)**;

4. *Standard operating procedures at training sites implemented* **(P4)**.

ACHIEVEMENTS

Given the above products, IAD made the following accomplishments in 2012:

1. Recruitment and deployment of 4,685 interns in 2012, which accounted for 86% of the annual target (5,500).

2. IAD conducted regular supervisory visits to the internship training sites to ensure the quality of the training of interns.

3. Four meetings were organized for the national internship training council in 2012. This council is composed of senior consultants from medical universities and MOH and is mandated to;

   a. Monitor and ensure the quality of the interns' training;

   b. Determine the period of the internship, the rotation mechanisms and methods of assessment of interns;

   c. Conduct periodic visits to the training sites (hospitals).

4. An assessment of the internship program was conducted by IAD in collaboration with the Public Health Institute.

Nursing & Midwifery
Directorate
(N&M)

4.2.3 Nursing & Midwifery Directorate (N&M)

2012 ACTION PLAN

N&M contributes to the second **(SO2)** and fourth strategic objective **(SO4):**

Develop policies or systems to ensure more equitable distribution to health workers - especially doctors and nurses **(SO2);**

Improve production and orientation of education and training towards health service needs **(SO4)**;

N&M had ***three products***, **P1**, **P2**, and **P3** in 2012, which were:

1. *N&M directorates at State level strengthened* **(P1)**.

2. *Mechanism for dissemination and implementation of nursing and midwifery policies, procedures, and strategies developed and endorsed* **(P2).**

3. *Regional and international relationships established to improve nursing and midwifery services* **(P3)**.

ACHIEVEMENTS

With regards to the abovementioned products, N&M's achievements for 2012 can be outlined as follows:

Ms. Fadwa A. Affara and Dr. Fatima Rifai, WHO Consultants, together with Dr. Fariba Al Darazi, WHO Regional Adviser for Nursing and Allied Health Personnel, visited Sudan from 26 to 31 May 2012 to assist in finalizing the national strategy for nursing and midwifery for Sudan based on a draft strategy that has been developed by N&M taskforce. They have facilitated a consensus building workshop on nursing and midwifery strategic planning. The workshop was inaugurated by the Undersecretary FMOH, the WHO Representative, and the D.G. of DGHRD.

The consultants provided authoritative advice to the newly formed Council of Nursing/Midwifery and Allied Professions on the regulation of nursing and midwifery and allied health professions, as well as on the establishment of an electronic registration system for regulating the nursing, midwifery and allied health.

Furthermore, in addition to the regular supervisory visit to the teaching hospitals at State levels, the N&M directorate also participated in many meetings in collaboration with the CPD, the AHS, the Council of Nursing/Midwifery and Allied Professions, and the Directorate General of Curative Services.

Policy & Planning
Directorate
(P&P)

4.2.4 Policy & Planning Directorate (P&P)

2012 ACTION PLAN

P&P contributes to the first, third, and fifth strategic objectives **(SO1), (SO3),** and **(SO5)** respectively:

Support health service needs through adequate HRH planning **(SO1);**

Improve individual performance management systems **(SO3);**

Strengthen HRH functions at the decentralized levels **(SO5).**

For 2012, P&P defined ***four products***, **P1**, **P2**, **P3,** and **P4**, which were:

1. HRH projection completed and results utilized to inform HRH planning **(P1)**;

2. The planning and policy development capacities of HRD directorates/institutes strengthened **(P2);**

3. SOPs for HRH management **(P3)**;

4. Standard operating procedures at training sites implemented **(P4)**.

ACHIEVEMENTS

P&P marked the end of 2012 by the following accomplishments:

1. Visit of Dr Marjolein Dieleman, Director of KIT: WHO collaborating center for Human Resources for Health to Sudan:

The DGHRD always planned to develop effective partnerships with international agencies and organizations working in the field of HRH. In the light of the visit of Dr Nazar Elfaki, the Director of Policy and Planning of HRH, to the Royal Tropical Institute (KIT), a WHO collaborating center for HRH, in the Netherlands, a memorandum of collaboration was signed on 2nd May 2012 between FMOH and KIT.

As part of this collaboration, a first mission to Sudan was implemented. Dr. Marjolein Dieleman, the Director of KIT WHO collaborating center, visited Sudan to provide technical assistance to issues pertinent to HRH development as well as to identify further opportunities for collaboration between KIT and FMOH in areas related to HRH, such as trainings and research. The consultancy took place from 12th to 18th May 2012.

Dr. Marjolein visit to BNNICD

Dr. Marjolein meeting with H.E. the Minister of Health Gezira State

In line with the general objective stated above, assistance was provided to the DGHRD through the following activities:

a. Reviewing the current HRH policies and strategies and assisting in identifying the gaps;

b. Proposing a workplan to identify and discuss evidence-based policy options and strategies to improve the situation of HRH in Sudan;

c. Developing an action plan and timeframe to adopt the proposed policies/strategies;

d. Setting out the process to develop policy briefs in issues pertinent to HRH in Sudan;

e. Discussing a plan to identify training needs of different levels of managers and HRH policy makers and planners in the area of HRH;

f. Identifying opportunities for collaboration between KIT and FMOH in areas related to HRH, such as trainings and researches.

2. HRH projection:

The HRH projection started in May 2012 through the formulation of a national taskforce as well as establishment of the evidence, research and modeling teams through which the roadmap would be implemented, the initial set of data and assumptions developed, and the structure of the model completed to generate HRH projections in Sudan.
Mrs Rupa Chilvers, an international expert provided valuable technical support to this exercise in two consecutive visits, June and September 2012 respectively. Two consultative meetings were held with HRH stakeholders to gain consensus on key technical issues. As a result of the consensus development workshops, the tools were reviewed and the structure of the model was finalized. The roadmap was revised to take into account key milestones and deadlines for producing the HRH projections.

HRH Projection

HRH Projection
Group Work

3. Two weeks training course on "Strengthening Human Resources for Health in Sudan: Governance, Management and Development"

Among the achievements made was the conduction of a two-week training course on *"Strengthening Human Resources for Health in Sudan: Governance, Management and Development"* during the period 4th to 15th November 2012 in Khartoum, Sudan. The course was funded by the Netherlands Fellowship Program (NUFFIC) and attended by 20 participants from the Federal and State MOH. An enriching factor was the presence of five external participants invited by FMOH in collaboration with WHO, Regional Office for the Eastern Mediterranean. The external participants gave the opportunity to compare Sudanese experiences with experiences in the region (Yemen, Jordan, Pakistan). The course was inaugurated by H.E. The Minister of Health in the presence of the Deputy Head of Mission of the Netherlands Embassy in Khartoum and WHO Representative, while the concluding session was attended by the Undersecretary FMOH and H.E. The Ambassador of the Netherlands in Khartoum.

HRH & Governance Training Course
Attendance with
H.E. the Ambassador of the Netherlands

HRH & Governance
Training Course

2013

THE WAY FORWARD

Vision 2013

In spite of the remarkable achievements of DGHRD in 2012, the road to fully achieve the goals of the HRH five-year strategy is still a long one.

The DGHRD will benefit from the lessons learned in previous years, thereby enabling it to rectify drawbacks as well as further solidify its achievements. As a result, the way forward for DGHRD is now clear and 2013 will concentrate on the following:

1. Utilizing the results of HRH projection to revisit the HRH five-year strategy;

2. Focusing more on quality improvement of issues pertinent to HRH management, production and in-service training;

3. Building the capacity (knowledge, skills, and leadership) of HRD directors/managers at both the national and state levels in HRD;

4. Strengthening the HRH management system to enable it to be capable of monitoring and improving performance of health workforce.

5. More engagement of stakeholders in HRH issues i.e. identification, conceptualization and planning of interventions and implementation and monitoring and evaluation of progress.

6. Continue working on strengthening the linkage between education and training (pre-service and in-service including postgraduate) and health services/needs (relevance of curricula and training techniques, etc).

7. Addressing the inequitable mal-distribution of health workforce and balancing the skill mix at facility, locality, state, and national level.

8. Contributing to expanding the PHC basic and comprehensive packages of services through the AHS, CPD, PHI, and BNNICD.

9. Availing more training opportunities and fellowships to the health profession both internally and externally.

10. Institutionalizing and further expanding the CPD of health workers.

11. Instituting evidence-based HRH policies and strategies, as well as establishing the norms, standards and comprehensive accreditation systems for all cadres.

12. Generate more evidence through research in HRH development and strengthening the HRH information system.

Annexes

A. List of Contributors

Name	*Institute/Sub-directorate*
Daffalla Alma Elhuda	AHS
Tarig Badawi	AHS
Sally Widaa	BNNICD
Abubaker Mohammed Toum Mohammed	CPDD
Safa Sayed Ahmed Hassan Nasr	CPDD
Ahmed Mohamed Abdulla Ali	Documentation & Experience Office
Ghada Khalafallah Taha	FAD
Aliaa Ghies	IAD
Safa Hassan Bayomi	N&M
Amel Abdu Abdalla	NHRHO
Mawada Mohamedelhassan Awadelkarem	PHI
Marwa Salah Eldin Mohamed Abuzaid	P&P
Maysa Mohamed Abdel Aziz	P&P
Reem Galal Ahmed	P&P
Elfatih Mekki	Admin. & Finance
Rabab Sorketti	D.G. Office

B. Implementation Rate of DGHRD Annual Plan in 2012

Sub-directorate/Institute	SO	Product	Implementation Rate
AHS	4	Adequate number and quality of nurses and allied health professional production maintained by AHS	81%
		Partnership with regional and international training institutes built	100%
BNNICD	4	Performance of health workers working for integrated diseases control programs improved	100%
		Capacity of health workers working for HIV/AIDS control program strengthened	100%
		Clinical researches conducted	100%
CPDD	4	The quality of CPD system improved	80%
		Geographical access to CPD expanded	78%
		CPD package for health workers increased	82%
FAD	4	National training policies and coordination mechanisms strengthened	88%
		Standards to ensure quality training for fellowships improved	35%
		Specialists (physicians and allied health professional) deployed	57%
IAD	4	Interns performance improved through internship period	86%
		Quality of internship training improved	71%
		Standard training activities implemented	78%
		Standard operating procedures at training sites implemented	100%
N&M	2	N&M directorates strengthened at state level	85%
		Mechanism for dissemination and implementation of nursing and midwifery policies, procedures and strategies developed and endorsed	75%
	4	Regional and international relationships established to improve N&M services	100%
NHRHO	1	A comprehensive, operational data flow and management protocol developed, endorsed and implemented	77%
		HRH Information system strengthened	82%
		Planning and management capacities for NHRH staff built and strengthened	92%
		Coordination among Human Resources for Health Observatory stakeholders strengthened	75%
		HRH research capacity built	67%
P&P	1	HRH projection completed and results utilized to inform HRH planning	80%
		The planning and policy development capacities of HRD sub-directorates/institutes strengthened	90%
	3	SOPs for HRH management (revision of deployment policies, functions and job description, performance management and development appraisal system, etc) revised and updated	25%
	5	The technical, leadership and managerial capacities of staff at both national and state HRH directorates strengthened	73%
PHI	2	Appropriate and flexible incentive packages, both financial and non-financial developed through conducting the HRH project	100%
	4	Adequate capacity for postgraduate and professional training ensured	100%
	5	Institutional development, supporting systems, and consultancy services strengthened	77%
		AVERAGE IMPLEMENTATION RATE	81%

© Copyright 2012
Directorate General of Human Resources for Health Development

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise for commercial or profit purposes without the prior permission of the Directorate General of Human Resources for Health Development. This publication can only be used as a reference, partially or wholly, for non-commercial purposes, through citation: **Building Bridges to Sustainable Human Resources for Health Development, Directorate General of Human Resources for Health Development, Annual Report 2012**

Graphic Design by: Hussain B. Artoly
Printed in Sudan
January 2013