

Workforce Development

Background and Strategy

Quality health care services rely on education and training systems that develop health workers' clinical skills and knowledge in alignment with national health priorities. The Capacity Project aimed to achieve the following results within the area of workforce development:

- Prepare more providers to meet priority national health needs with a particular emphasis on FP/RH
- Strengthen pre-service education institutions, tutors and systems
- Strengthen professional associations to support national workforce development and service delivery
- Improve linkages among national plans and policies, education/training systems and strong professional associations.

Results

Learning for Performance

Too often, health worker training is conducted without regard to an environment that enables good practice, nor to the transition from learning to practice. The Capacity Project's *Learning for Performance* (LFP) approach offers a step-by-step, customizable instructional design process and practical tools that focus training and education on:

- *Relevance* (to the specific job responsibilities and work environment of employees)
- *Efficiency* (by removing unnecessary content and retaining only essential content, thus shortening the time required for training)
- Preparing learners for *job performance* (by using experiential, competency-based training methods that increase opportunities for skills practice and by addressing the performance factors that determine whether new knowledge and skills can be applied).

Throughout LFP learning interventions of any scale, the support and involvement of stakeholders (e.g., ministries, nursing schools, health education professionals) is critical. To facilitate this engagement, the LFP approach is highly participatory from the beginning of the development of a learning intervention through its implementation.

LFP plays an important role in key strategies to address HRH issues, including task shifting, developing new cadres, accelerating training and deployment of emergency hires and aligning training with national goals. For example in Rwanda, the Project used LFP to identify on-the-job training (OJT) as an appropriate approach for accelerating the training of FP providers in 11 Project-supported districts without disrupting services. Project staff and stakeholders then used LFP tools and processes to adapt the national two-week classroom-based FP curriculum to an eight-week structured OJT approach, removing unnecessary content and integrating missing content on Healthy Timing and Spacing of Pregnancies and HIV/AIDS that the FP providers needed to offer integrated FP/HIV services. Project staff used LFP tools to establish a learning support system for OJT, including training trainers and supervisors to use the materials and training methods, establishing small FP libraries in the OJT sites, providing anatomical teaching models and clinical equipment and organizing a supervision system to support the clinic managers, trainers and trainees for the duration of the program. The LFP-developed structured approach trained more than twice as many

"The [Learning for Performance] approach is focused on the essence of what health workers need in order to do their work in a hospital, a health clinic or a community health center."

—Dr. Mohamed Salia Maiga, director of studies, Gao Nursing School, Mali

Read: *Applying the Learning for Performance Approach* (available at www.capacityproject.org).

"The new competency-based curriculum will help the community, because the students are learning knowledge and skills in the lectures and clinical practica. They go out to the community to get to know the people."

—Immaculae Muhawenimana, midwifery assistant and member of Nursing and Midwifery Task Force, Rwanda MOH

“Every health worker coming to practice in Southern Sudan or completing health training knows that we now have registration criteria which they must satisfy. Before the development of these guidelines, there were no clear criteria to guide registration and many people practiced without being registered. The new regulation has also enabled us to maintain a database of health practitioners in Southern Sudan which is extremely useful in planning.”

*– James Maluit Ruach,
director of HR development,
Southern Sudan MOH*

Read *Strengthening Professional Associations for Health Workers* (available at www.capacityproject.org).

FP providers to competency (457) over the same duration of time (about eight months) at half the cost per participant, and served twice as many clients during training compared to the two-week workshop approach (193 providers). Plans are underway to scale up the FP OJT approach throughout Rwanda, and to use LFP to convert the Rwanda Basic Emergency Obstetrical and Neonatal Care (EmONC) training for health center staff to an OJT approach.

Strengthening Pre-Service Education

Based on recommendations from a Project-supported needs assessment, the Project provided comprehensive support to Mali’s Gao Nursing School in order to address the lack of skilled HRH in three under-served northern regions. The Project used LFP to lead faculty and managers to develop and implement FP/RH and child health modules for the nursing and midwifery curriculum. The participatory LFP process linked faculty with clinic managers to identify the specific job-related skills needed by graduates to serve the diverse population of this remote area. The Project assisted the school with its technology needs, including supplying computers and multimedia equipment and teaching software, and installing a networked learning system. The Project updated faculty in FP/RH/child health and performance-based teaching methods, and faculty then taught the new modules to third-year students.

As a result, instructors reported using a much broader range of participatory and technology-based instructional methods. Students achieved much higher skills and knowledge scores than those from two other schools using a more traditional learning approach, and students, teachers, supervisors and managers all expressed satisfaction with the LFP approach. Central government representatives participated in the process with an eye toward using LFP for national curriculum revision. The school’s leadership expanded use of the new FP/RH and child health modules beyond the third year of training, incorporating the modules into the first-year curriculum. The Project also assisted in the development of a five-year strategic plan (2007–2012) and reorganization of the school’s board of directors to include political and administrative representatives from the region of Gao as well as teachers and administrators. All of these interventions have strengthened the Gao Nursing School as a Center of Excellence in community-supported, technology- and performance-based training.

Rwanda’s 2005 HIV/AIDS nursing school performance needs assessment, carried out in collaboration with the Project, revealed that graduates were performing at different levels depending on the institution from which they graduated, and that the performance and skills of A2-level nurses were generally inadequate. As a result, the MOH decided to eliminate the A2 cadre and focus on A1 instruction. Little or no attention had been given to HIV/AIDS pre-service education, and the existing nursing curriculum lacked HIV-related materials and training. Several of the schools were in poor condition and lacked IT infrastructure, libraries and Internet connectivity.

The Project worked with the Rwanda MOH to use the LFP approach to develop competency-based HIV/AIDS prevention and treatment, FP, EmONC and gender components and integrate them into the new three-year A1 nursing and midwifery curricula. The competency-based nursing and midwifery school curricula were used with the first A1 class starting in 2007, and are now used in all five nursing schools across the country

to train approximately 300 graduates per year. The Project also provided operational support through subcontracts to five nursing and midwifery schools and helped with their launch of the Registered Nursing and Nurse Midwifery A1 Programs, including financial support for the renovation of classrooms, dormitories and the purchase of office equipment. For each of the five schools, the Project provided computers, Internet connections, training equipment and technical reference materials; organized library management training; updated faculty and clinical preceptors in HIV/AIDS, FP, EmONC and gender; and supported the development of five-year strategic plans for 2009–2013.

The Project's support made a significant impact on both the students' education and the schools' ability to administer professional nursing and midwifery programs. Approximately 650 students now perform their practica at the community level, in addition to hospital and health center practica. As decentralization supports government interest in greater delivery of services in the community, this effort helps to better prepare nursing students for their future careers. The FP curriculum revision provided for training of nurses in the insertion of IUDs and implants and the administering of DMPA injections. Also, nurses can now counsel and assure follow-up of patients on ART.

The Project also led successful pre-service education strengthening activities in Lesotho and Belize, and, with ECSA, led a regional workshop for midwifery tutors on Contemporary Issues in Family Planning, which is being replicated in Malawi for nursing and midwifery tutors under USAID's Southern Africa Human Capacity Development Coalition Project. The Project established an online community of practice, the Global Alliance for Pre-Service Education (GAPS), aimed at strengthening pre-service education in FP/RH. The Project supported GAPS in collaboration with WHO and the Implementing Best Practices (IBP) Consortium. Moderated by a Project team, the GAPS website served as a forum for guided discussions on basic principles related to competencies and competency-based education; specific FP competencies; and challenges and best practices in educating students using competency-based educational principles. The site remained active after the planned fora were completed. For example, 70 participants from Ethiopia created a subforum and used GAPS to address national pre-service strengthening initiatives.

Professional Associations

Stronger health professional associations can help address two critical HRH issues: attracting more people into the health professions; and supporting, sustaining and retaining those health workers who are already employed within the health sector. To address HRH issues related to out-migration and the lack of an adequate supply of well-trained professionals to deliver key services, the Project worked to strengthen professional associations in Kenya, Uganda and Ukraine. With the Project's assistance, the associations promoted standards of practice, advocated for the needs of both consumers and providers, formed networks with other professional associations, and liaised with legislative and regulatory bodies. Responding to identified needs, the Project assisted in a variety of professional association strengthening activities, including completing continuing professional development guidelines; improving leadership, management, communications and advocacy skills; and creating health professional awards.

Partnering Initiatives through the USAID/Latin America and Caribbean (LAC) Bureau

Beginning in 2006, the Project worked to improve the capacity of the health workforce by introducing the HAF to several countries in the LAC region, including Peru, Ecuador, Colombia, Chile, Bolivia and Belize. The Project assisted the Caribbean HIV/AIDS Regional Training Network (CHART) to develop and implement a rapid training needs assessment (RNA) tool for use in regional training centers located throughout the Caribbean. The Project also provided technical assistance for Caribbean countries to more effectively manage their Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants. These GFATM grants are performance-based and require management systems that many Caribbean organizations are still developing. Selected activities from these initiatives included:

- *Creating and implementing a health economics course, focusing on HRH, for the top 36 leaders and managers in the Peru MOH*
- *Providing technical assistance to the Caribbean Regional Network of People Living with HIV/AIDS to manage its regional GFATM grant*
- *Strengthening the monitoring and evaluation (M&E) capacities of line ministries and civil society organizations to enable them to report into their national M&E system more effectively*
- *Providing technical assistance to the CHART Regional Coordinating Unit to enable its staff to conduct RNAs.*

"The materials I got from the workshop helped me a lot. The updates have spiced my lectures. Some of the content that I was able to add includes healthy timing and spacing of pregnancy, medical eligibility criteria, Standard Days Method/cycle beads and postpartum family planning. I am also going to take the students through family planning in the context of HIV/AIDS."

—Training participant,
Kenya Medical
Training College

With support from the Society of Obstetricians and Gynecologists (SOGC) of Canada, the Project assisted the Ukrainian Association of Obstetricians and Gynecologists to expand membership by more than 50%, add a WHO-based FP training module to its training curriculum, create a website to disseminate professional information and build a core team of instructors to sustain training of future members in emergency obstetric care and FP. Collaboration between doctors and nurses improved, and the association opened its doors to midwives and general practitioners, demonstrating increased understanding between ob/gyn specialists and midwife-practitioners.

The Project's efforts in Kenya and Uganda strengthened communications and networks within and, in the case of Kenya, among associations. Project-supported communications training was especially impactful. An evaluation found that communication with policy-makers had improved. Association leaders appreciated the activities to improve association management and communications, and members—particularly in Kenya—noted improvements. In Uganda, there was widespread agreement that communication with the media had improved and that nurses are not being as harshly criticized in the media. The nurses also felt that because they had learned how to communicate more effectively, clients were complaining less about nurses. The efforts in Ukraine and Uganda to carry out continuing medical education and establish appropriate guidelines support high standards of practice.

In Southern Sudan, the Project worked with senior MOH managers, WHO and NGOs/faith-based organizations (FBOs) to create a legally constituted, fully functional and autonomous

Health Personnel Council, responsible for registering medical personnel and regulating medical practice among all cadres of health workers. Previously, the council had no organizational structure or dedicated staff and lacked a regulatory framework to guide action; thus, many practicing health workers were not registered. The Project conducted an assessment of regulatory institutions and developed guidelines to support governance of the council and to guide its operations through the development of an appropriate regulatory framework. The guidelines developed with the support of the Project have been finalized, and the government is now registering health workers using the new guidelines.

HRH eLearning Course

To support ongoing HRH learning within the broader global health community, the Project developed a self-paced HRH eLearning course focusing on the basics of HRH and systems strengthening. Hosted at USAID's Global Health eLearning Center (www.globalhealthlearning.org) to provide broad access, the course gives learners a 90-minute interactive self-learning module through which to learn basic information and promising practices related to HRH issues. The course includes an overview of HRH worldwide, and provides links to documents, organizations and other resources that address HRH issues. Learners receive a certificate of achievement upon successful completion of the course. CD and hard copy versions will reach audiences that lack reliable Internet access. While the primary audience is USAID officers and staff, the course will also provide country-level missions, ministries and others with easy access to information demonstrating the importance of HRH.

The HRH eLearning course supports USAID's commitment to health systems strengthening. Strong systems are vital to ensure widespread use of effective health measures and, ultimately, to improve health. Health systems strengthening is a continuous process of implementing changes in policies and management arrangements within the health sector. Guided by governments, NGOs and donor agencies, the process of strengthening health systems is taking place in many countries in response to their populations' needs. (Source: USAID website, overview of USAID support in health systems strengthening: http://www.usaid.gov/our_work/global_health/hs/)

Lessons Learned

- The LFP approach represents a useful instructional design tool and can play an important role in key strategies to address HRH issues, including task shifting, developing new cadres, accelerating training and deployment of emergency hires and aligning pre-service education and in-service training with national goals.
- The highly participatory nature of LFP contributes to the approach's success. Applying LFP fosters teamwork and improves collaboration and communication among managers, teachers, trainers, preceptors and supervisors, which in turn improves student/trainee learning and performance. The benefits of involving stakeholders must take into consideration the time that participatory activities require.
- A comprehensive approach to pre-service education strengthening can be accomplished in just three to four years.
- Because many donors and countries alike continue to view pre-service education as expensive, long-term and difficult to evaluate, there is a need to generate more compelling evidence that this is a fruitful area for investment.
- Professional associations are an important entry point for developing and strengthening health worker leadership skills, especially among cadres that are primarily female.
- Access to smart phones and other information technologies is rapidly changing the options for expanding and strengthening curriculum development.
- Establishing education programs closer to rural areas can improve deployment of health cadres to those areas (e.g., Gao Nursing School in Mali).



"Both midwives said that it is much better now; the doctors have become more accepting and believe that midwives are able to teach.... At work, these two midwives [also] say that they felt that doctors are more respectful in the hallways and behind closed doors."

—Moya Crangle, SOGC midwife who audited a midwife training program in Ukraine

At a Glance: Training

The Capacity Project trained 9,250 health workers: nurses, doctors, HR administrators, community health workers, ministry officials and peer counselors. In Ethiopia, the Project trained over 2,000 workers in HIV-related skills, including PMTCT, home-based care and peer counseling for people living with HIV and facility-referral for health extension workers. In Rwanda, the Project trained 1,655 people, the majority in the area of FP clinical skills, an area of special focus for the MOH. These trainings were part of a broader strategy of repositioning Rwanda's pre-service and in-service education curricula. In Kenya, the Project trained 1,507 health workers, 950 of whom were trained in HIV clinical skills as part of the EHP deployment.

"The depth of the ten-day on-the-job training made us capable of launching PMTCT services in our health center. The training gave us the capacity to counsel, test for HIV, determine the infection stage, provide treatment, follow up for the mother and the child—and a lot more.... I am [now] capable of counseling for HIV testing and keeping the mother in medical follow-up toward institutional delivery, which most women in our area are not willing to do. This way I can make a difference in one's family life."

—Sister Abiyot Bedane, maternal and child health nurse, Alem Tenna Health Center, Ethiopia