Strengthening Human Capacity Development to Improve RMNCH Outcomes

Updated June 2017 www.mcsprogram.org

Legacy

By capturing and sharing lessons learned from MCSP country efforts and global evidence on efforts to strengthen human capacity development, MCSP will contribute to learning and produce recommendations for evidence based approaches for strengthening human capacity development (HCD) to achieve sustained quality and coverage of high-impact Reproductive, maternal, newborn and child health (RMNCH) interventions.

Definition

There are a range of definitions for capacity development. As noted by the United Nations Development Programme (UNDP): "For some, capacity development can be any effort to teach someone to do something, or to do it better[1]" MCSP defines our work in human capacity development as the processes used to develop individual and team abilities to set goals and to strengthen and maintain capabilities to perform the competencies required for individual and team roles.

Why is HCD Important?

USAID's vision for Health Systems Strengthening includes human resources for health as a primary area of focus and a core function of the health system. One of the key strategic outcomes of this vision is the provision of *essential services*. MCSP's approach to human capacity development builds the capacity of individuals and teams to deliver high impact RMNCH essential services. Within human resources for health, one of the USAID priorities is to "conceive and adapt effective models for transformative education and maintenance of skills/competence.[2]" In line with this USAID priority, MCSP is applying evidence based approaches to human capacity development and seeking to transform traditional approaches that have not had the desired outcomes. MCSP's approach to human capacity development focuses on building individual health worker knowledge and skills through experience and practice, alongside improving both individual and team processes and performance. MCSP prioritizes four primary components in its human capacity development approach:

1. Pre-service Education
2. In-Service Training
3. Mentoring
4. Supportive Supervision

MCSP employs varying combinations of these components across country programs. Design and implementation of education, training, mentoring and coaching, and supervision vary based on the country

[1] United Nations Development Programme. Capacity Development: A UNDP Primer. UNDP, 2009. http://www.undp.org/content/undp/en/home/librarypage/capacity-building/capacity-development-a-undp-prmer/

[2] United States Agency for International Development, Vision for Health Systems Strengthening. https://www.usaid.gov/what-we-do/global-health/health-systems/usaids-vision-health-systems-strengthening

context. MCSP-supported human capacity development efforts may target a range of competencies important for health workers and managers including:

- Service delivery and clinical competencies (both community and facility)
- Quality Improvement competencies
- Management competencies

Sustained improvement of RMNCH outcomes cannot be achieved without investing in human capacity development. High-impact interventions can only be sustained at scale if health workers are supported and strengthened to deliver these interventions.

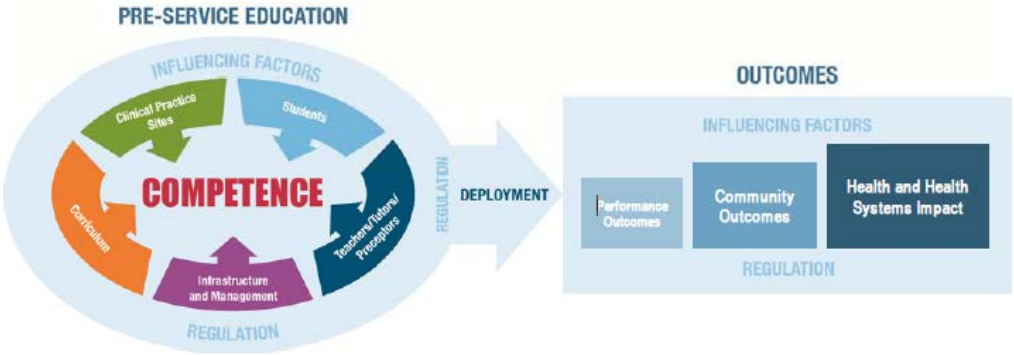
What Do We Hope to Achieve?

MCSP aims to ensure that our country programs implement the most efficient and effective mechanisms to promote human capacity development. Currently MCSP countries implement various components to strengthen human capacity development based upon the country priorities. MCSP follows the continuum from the basic preparation of a healthcare provider for service, to supporting continual professional development through in-service training and mentoring, and leveraging existing supervisory systems to support health care provider performance in the workplace. Below is a short summary of MCSP key definitions and approaches used.

Pre-Service Education

Pre-Service education is the *curriculum of studies that prepares a health provider with the competencies required for entry into a health profession. These programs include a combination of theoretical knowledge and practical experience.* Pre-service education focuses on competency development, whereas in-service training is used to support competency-maintenance for practicing health workers. MCSP's pre-service education programs apply a systems-strengthening approach to ensure competence upon graduation. Rather than focusing on isolated interventions, such as curriculum revision, or faculty development, MCSP utilizes a rapid needs assessment tool to identify gaps within the pre-service education system and to prioritize activities based on identified gaps. Used to strengthen the pre-service education system, this assessment applies the conceptual framework developed by Jhpiego[3] based on an integrative review of the literature (see Figure 2). The conceptual model identifies direct and indirect factors that influence graduate competence, and points to expected outcomes of producing competent graduates that are deployed and supported. Country programs select interventions from the direct factors in the conceptual model, e.g., clinical practice sites, students, teachers/tutors/preceptors, infrastructure and management and curriculum, to strengthen the pre-service education system based on the professional board or council and Ministry of Health priorities. While some country programs emphasize certain components over others based on national priorities and gaps, a systems approach is used to assess and determine the combination of interventions that will result in maximum impact on graduate competence.

Figure 1. Conceptual Model: The Health Impacts of Pre-Service Education



[3] Conceptual model based an integrative review of the literature: The Health Impacts of Pre-Service Education, ©Jhpiego Corporation, 2012. Accessed at: http://reprolineplus.org/resources/health-impacts-pre-service-education-integrative-review-and-evidence-based-conceptual

In-Service Training

MCSP seeks to apply the evidence to transform in-service training, which continues to receive significant levels of funding despite evidence that training alone is not sufficient for producing desired results. In-Service Training is a *structured and formal training approach for health care workers and managers (after completion of pre-service education) to reinforce existing competencies or develop new ones*. In-service training is often an important component of continuing professional development. MCSP programs advocate that in-service training should be linked to quality improvement efforts and combined with mentoring or formal supervision. It should be selected as an approach if there is a documented gap in knowledge and skills and delivering as an isolated intervention should be avoided. If selected, evidence-based techniques should be applied in the appropriate settings, with the right frequency, to ensure they are as effective and efficient as possible. MCSP seeks to link any in-service training provided to continuing professional development processes existing in country.

Mentoring

MCSP programs primarily combine mentoring with in-service training, supportive supervision or quality improvement efforts. MCSP defines mentoring as "*the process through which an experienced and empathetic person, proficient in her/his content area (mentor), teaches and coaches another individual (mentee) or group of individuals (mentees) in-person and/or virtually to ensure competent workplace performance and provide ongoing professional development*"[4]. This description of mentoring is commonly referred to in most human resource management literature as 'performance coaching' or 'coaching'[5]. Most low and middle-income (LMIC) countries use the term "clinical mentoring" or "mentoring." In MCSP programs, mentoring may focus on other or additional competencies-such as management, implementing quality improvement efforts or using data for decision making.

Supportive Supervision

MCSP program efforts consistently include supervision-related activities, seek to reinforce national supervisory systems, and increase the use of data to drive decisions and improve quality. Our definition of supportive supervision comes from WHO, and is defined as "*a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.*"[6] Supervision is a formal process and emphasizes health facility management and captures certain key indicators and statistics. It is often more hierarchical and managerially oriented, and the goals are pre-determined by the health system.

What Do We Want to Learn?

At the global level, MCSP programs are implementing a combination of the four components based on national priorities. The USAID vision for health systems strengthening urges implementing partners to evaluate the outcomes and impact of our work and interventions. As countries seek to implement new approaches to capacity development, gathering and sharing program learning is critical. MCSP is gathering formal and informal program learning from our human capacity development efforts, with a focus on alternative learning and mentoring approaches, and will disseminate learning to contribute to the global body of evidence. Currently MCSP formal program learning questions related to human capacity development are summarized in the table below.

[4] Adapted from definition provided in: WHO Recommendations for Clinical Mentoring to Support Scale-up of HIV Care, Antiretroviral Therapy and Prevention in Resource-Constrained Settings. Geneva: WHO. World Health Organization. (2005). Annex 4: On-site clinical mentoring: the approach of the International Training & Education Center on HIV (I-TECH)

[5,6] A "coach" is a person who works closely with one or more individuals to support development of a specific skill or set of skills. Coaching is more task oriented while [professional] mentoring is more relationship oriented. Mentors often provide coaching. Refer to: Coaching vs. Mentoring: 25 Ways They're Different, Thought Paper, Management Mentors, Winter 2013.

[6] World Health Organization. 2008. Training for Mid-Level Managers. 4. Supportive Supervision. Department of Immunization, Vaccine and Biologicals. Geneva.

Human Capacity Development Learning Questions

Ethiopia and Nepal NB, MH	Do training activities that integrate basic newborn care with basic emergency obstetric care effectively ensure providers' competencies in basic newborn care in Ethiopia and Nepal? Country/Countries: Ethiopia, Nepal
Ethiopia MH (BEmONC)	Evaluation of blended approach for basic emergency obstetric and newborn care (BEmONC): Are the gains of knowledge through the blended BEmONC training similar to or better than those gains through the conventional BEmONC training approach?
Kenya	What is the change in perceptions, knowledge, and skills of graduates in EPI following implementation of the revised EPI content in the pre-service curriculum?
Madagascar MH, NB, FP	Do providers and supervisors find structured supportive supervision in MNH and FP clinical skills [post provider training] to be feasible and acceptable?
Nigeria MH, NB	Are low dose high frequency (LDHF) site-based in-service trainings as effective or more effective than group based offsite trainings for transferring knowledge and skills to the job?
Rwanda NB	Do Low Dose High Frequency (LDHF), Mentoring, and Quality Improvement approaches for capacity building improve retention of providers' skills and performance in labor management and newborn resuscitation in Rwanda? And can this approach be scaled up successfully?

References

Bluestone J, Johnson P, Fullerton J, Carr C, Alderman J, BonTempo J. Effective in-service training design and delivery: evidence from an integrative literature review. *Hum Resour Health.* 2013. 11(1):51.

USAID. Human and Institutional Capacity Development Handbook. USAID, October 2010.

World Bank Capacity Development Resource Center. Accessed June 9, 2016: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCDRC/0,,menuPK:64169181~pagePK:64169192~piPK:64169180~theSitePK:489952,00.html

World Health Organization. 2005. WHO Recommendations for Clinical Mentoring to Support Scale-up of HIV Care, Antiretroviral Therapy and Prevention in Resource-Constrained Settings. Geneva.

USAID. *USAID's Vision for Health Systems Strengthening*, 2015–2019. USAID, September 2015.