

Approaches to Public Health Workforce Development

NASTAD Global Program

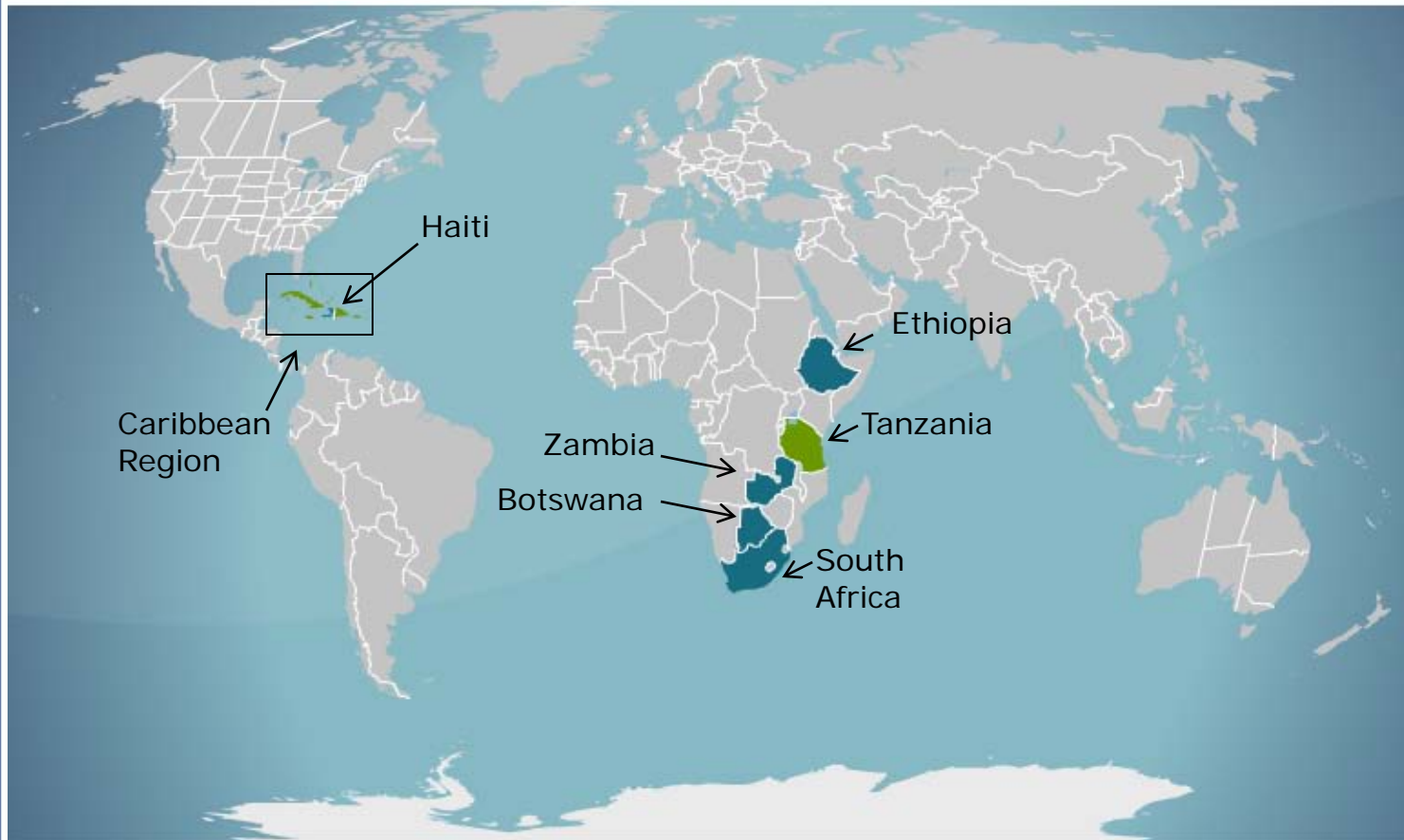
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- **Decentralization of government**
 - Lack of capacity at sub-regional levels
- **Bureaucracy**
 - Inefficient hierarchies
 - Duplication of effort
- **Multiple donors/funding sources**
- **Under-resourced academic institutions**
- **Low salaries, lack of infrastructure**
 - Retention (Brain Drain)
 - Turnover

- **Global Program Overview**
- **Approach I: Building Workforce Competencies**
- **Approach II: “Model” agencies**
- **Approach III: Building Community Cadres**

- **Peer to Peer Capacity Building for Public Sector HIV Programs**
 - To strengthen the capacity of public sector staff to plan, manage, and evaluate public sector HIV prevention, care, and treatment programs at national and local levels
 - To build organizational capacity of public sector offices (and as needed, civil society and academic institutions) to support the delivery of national and local public sector HIV programs
 - To create sustainability in national and local HIV programs



-  Current NASTAD Countries
-  New NASTAD Countries FY10



Support MLG and districts

■ BOTUSA

- for evidence-based planning
- integration of CCEP into district planning and implementation.

■ CDC HQ

- APHPMT for District AIDS coordinators

■ FHI

- Strengthening civil society relationships with districts



- Peer technical assistance and capacity building for MoH-led behavioral surveillance studies focusing on MARPS



- Building capacity of regional health bureaus for implementation of the National Social Mobilization Strategy
 - Supportive supervision and training for CC
 - Support for prevention outreach, targeting MARPs
 - Model community-level loss to care projects
 - Support for national CLIS
 - APHPMT



- Support to MSPP for:
 - National HIV Case Surveillance System
 - National and regional epidemiologic profiles
 - National HMIS
 - Strategic Planning
 - SI M&E, policy development and evidence based planning
 - PMTCT surveillance and loss to care prevention



- **Support to two provinces and national MoH for**
 - Implementation and M&E for national community loss to care prevention program (I ACT)
 - Outcome assessment

Tanzania

- Assessment of home based care system
- Informing MoH planning



Zambia



- Support to NAC:
 - National M&E Officer
 - Decentralized system planning/implementation
 - Strategic planning
- Support provincial AIDS coordinators for
 - M&E,
 - evidence-based planning
- Support to UNZA , NAC and CDC for M&E and EDU curricula and course offerings

- Global Program Overview
- **Approach I: Building Workforce Competencies**
- **Approach II: “Model” agencies**
- **Approach III: Building Community Cadres**

- **Applied Public Health Program Management Training (APHPMT).**
 - In collaboration with CDC-GAP and SMDP
 - Short course, certification, building skills of district level cadres for specific pre-determined duties
 - Ethiopia, Botswana (initially)
- **Epidemiologic Data Use Trainings**
 - In collaboration with partners in Haiti, Zambia, Caribbean
 - In service training for national district, provincial surveillance and M&E staff

- **Field Assessment**

- Country and position specific competencies and duties
- Identify gaps in skills, knowledge
- Identify preferred training methodologies

- **Field level training**

- Short intensive off-site training interspersed with field level assignments
- Participatory training methods: peer education, case studies
- Mentorship and one-on-one follow up and support



- **Institutionalizing incentives**
 - Certification
 - Career path for certified staff
- **Retention of trained staff**
- **Release of staff for off-site training**
- **Sustainability and longevity**
 - Integration into Ministry of Health staff development /HR
 - Partnerships with academic institutions
 - Peer support networks

- **“Model” agencies (Ethiopia, Haiti)**
 - Parallel staffing within agency
 - Intensive NASTAD support
 - Program management
 - Supportive supervision
 - Planning, coordination, referral
 - Documentation of best practices for replication and dissemination

- **Hiring “local” staff familiar with culture and responsibilities of target agency**
- **Clear MoU between NASTAD and agency**
 - Avoid redirection of parallel staff
 - Focus on achieving mutual goals
 - Clear reporting, supervisory structure
- **Clear outcomes, documentation process prior to implementation**

- **Resource intensive**
- **Sustainability**
 - Ensuring improved systems are maintained after parallel staff withdraw
- **Scale up**
 - Ensuring improved systems are integrated into non-participating agencies

- **Supporting National Volunteer Programs**
 - VCAP program (Ethiopia)
 - Volunteer management training for health agencies
 - Content training (PMTCT) for volunteers
 - I ACT program (South Africa)
 - Program management training for IPs
 - Support for national M&E
 - Training for HIV peer support group facilitators

Approach III: Building Community – Level Cadres



- **Supporting Community Capacity Enhancement Program (Botswana, Ethiopia)**
 - Support/guide national Social Mobilization Strategy
 - Hire/train/support program managers
 - Support “Model” CCs
 - Support M&E and reporting

- **Supportive supervision**
 - For public health program manager for one-on-one site visits, follow up, volunteer recruitment and retention
 - Integration of volunteer activities into local government
- **Building capacity of CCs through targeted training**
- **Generating broad community investment beyond the CC through successful outcomes**
- **Building on cultural norms/institutions (e.g., iddir)**

- **Government investment /buy-in for volunteer programs**
 - Public health program managers
 - Resources to support volunteer management and participation
- **Selection of “qualified” community leaders**
- **Managing “stipends” / “incentives” for volunteers**
- **Career path for trained community workers**

- **NASTAD Dual Approach**

- Direct training and support to public health workforce
- Work to integrate programs and activities into public health policy and institutions
 - Building strong partnerships with indigenous government and academic partners
 - Working closely with PEPFAR partners for mutual support and coordinated advocacy for integration

- **Which of the Global Program strategies presented may be of value domestically?**
- **How can learning from Global Program assist in domestic approaches?**
- **What workforce development approaches domestically might be of value to the Global Program?**