Applied Public Health Program Management Capacity Building Model

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Context

Strong program, staffing, and system leadership and management by local public health experts are imperatives for sustainable, country-led programs. As PEPFAR and other international funders change the scope and focus of international aid, these have become more pressing objectives. To address this gap, the NASTAD has developed an applied public health program management capacity building model, that promotes the enhancement of public health leadership and management capacity.

Model

Developed in collaboration with the U.S. Centers for Disease Control and Prevention's (CDC) Sustainable Management and Development Program (SMDP), the Applied Public Health Program Management (APHPM) capacity building model uses a standardized process to assess specific public health management roles and responsibilities, and tailor curricula components to address identified management needs. A mentoring and supportive supervision process that supplements small-group training supports the application of competency-related learning into existing job duties.

Since it is not possible to develop a single, standardized curriculum that will effect change, the APHPM is personalized to support the very specific job functions and responsibilities of target groups of public health managers at national and local levels in different countries.

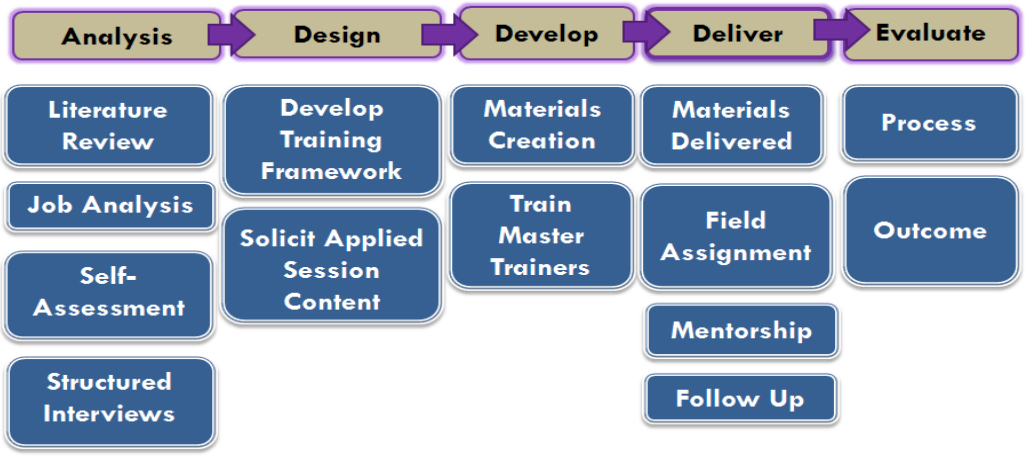
Process

NASTAD's APHPM capacity building process, while flexible to the target staff cadres and their needs, follows a standard process (Figure 1). In summary, NASTAD works with the partner government agency to:

- Identify the target cohort, and assess role-specific capacity (knowledge, skill, ability) needs and gaps as compared to a defined set of public health competencies using a 360º process that includes the cohort, those they supervise, and those who supervise them.
- Adapt and develop country-specific core leadership and management curriculum modules that cover public health priorities including evidence-based planning, implementing national strategies, identifying implementing partners, collaborating and mobilizing partners, reprioritizing and reallocating resources, and effective communication.
- Conduct short, intensive applied training sessions interspersed with field level assignments. The trainings are designed in line with adult learning techniques, with a focus on participatory methods such as peer-to-peer support, applied case studies, and supported use of existing data.

Assist training participants to integrate learning onto their work via one-on-one peer-to-peer follow up and mentoring, routine supportive supervision, and periodic review meetings and refresher trainings.

Figure 1. Applied Public Health Program Management Capacity Model



Implementation

To date, NASTAD's implementation of the APHPM has targeted national and sub-national government and affiliated public health staffing cadres. Following an assessment and planning period of up to six-months, the first training can begin. NASTAD supplements the initial trainings with peer mentoring and applied field activities. Ongoing assessments identify needs for additional or "refresher" training (Figure 2).

Content

Existing, modifiable curricula and related applied activities are in the areas of:

- Introduction to Public Health
- Topics on HIV
- Implementing National Policies & Strategies
- Engaging Partners to Mobilize Resources
- Reprioritizing and Reallocating Resources
- Effective Communication
- Meeting Facilitation
- Evidence-based Planning
- Preparing for Implementation
- Team Building and Supervision
- Budget Management
- Data Sources, Characteristics & Reports
- Describing, Analyzing & Applying Data
- Program Monitoring and Evaluation
- Surveillance and Epidemiology
- Grants and Grantee Management

Sustainable Transition

With its commitment to the transition of sustainable programs to local leadership, NASTAD plans and implements each step with the local partner, reinforcing their own leadership and management role in the process. Materials that are developed and remain in country as legacy documents include: defined roles and responsibilities, an assessment framework, training curricula, trainer manuals, participant manuals, and job aides.

Figure 2. Implementation Components

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