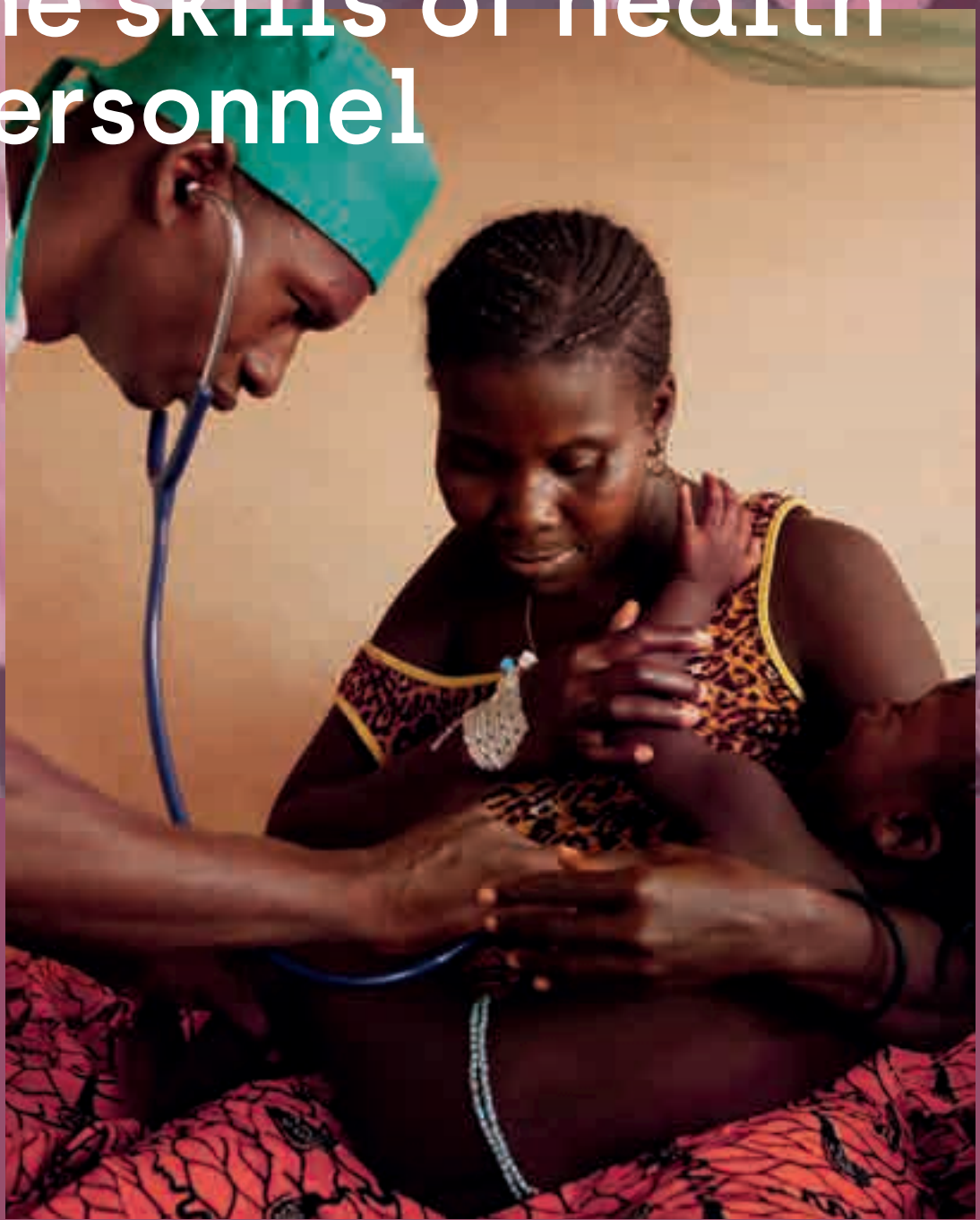
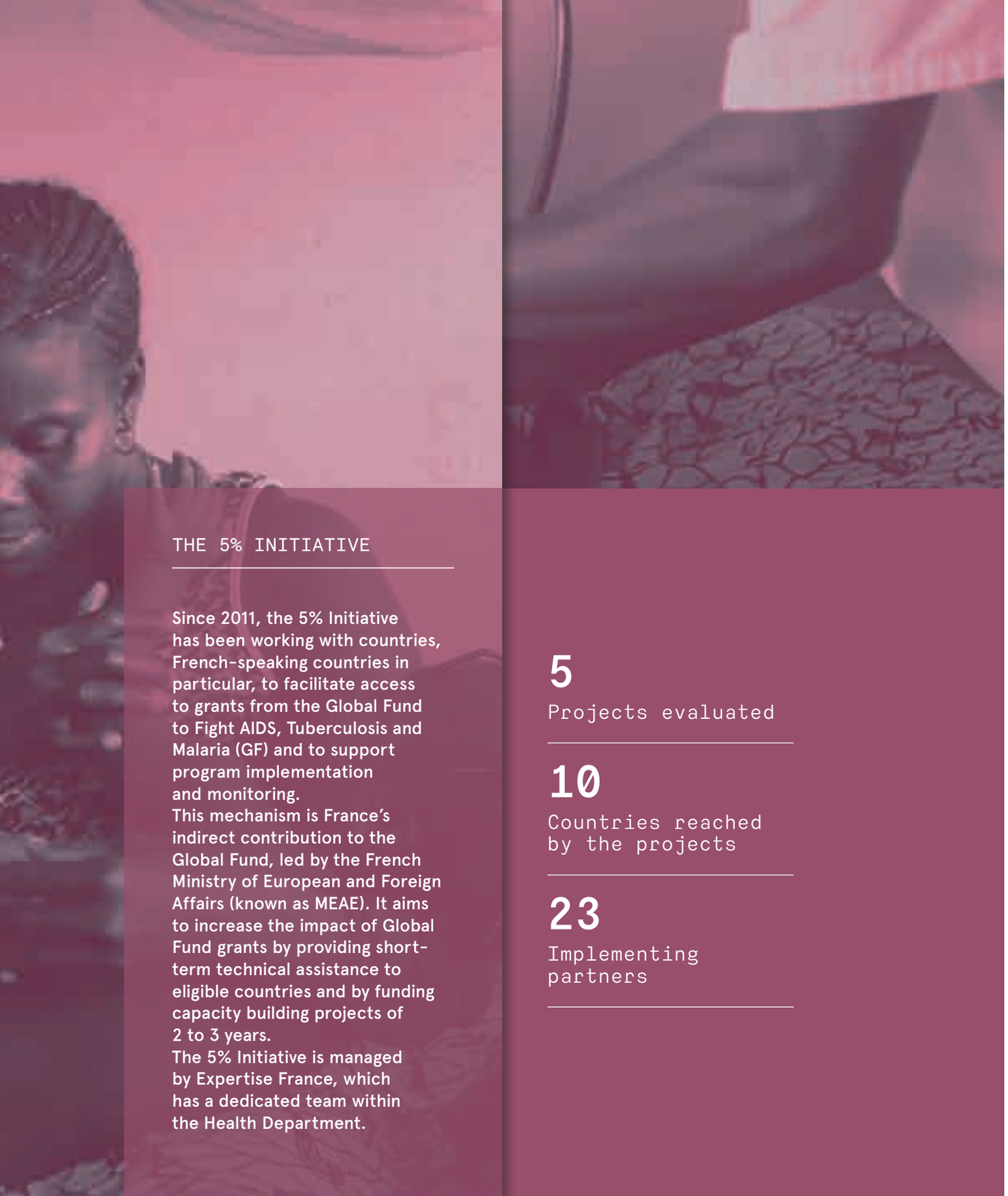
Strengthening the skills of health personnel



CROSS-CUTTING PROJECT EVALUATIONS

INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

EXPERTISE FRANCE



THE 5% INITIATIVE

Since 2011, the 5% Initiative has been working with countries, French-speaking countries in particular, to facilitate access to grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and to support program implementation and monitoring.
This mechanism is France's indirect contribution to the Global Fund, led by the French Ministry of European and Foreign Affairs (known as MEAE). It aims to increase the impact of Global Fund grants by providing short-term technical assistance to eligible countries and by funding capacity building projects of 2 to 3 years.
The 5% Initiative is managed by Expertise France, which has a dedicated team within the Health Department.

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Projects evaluated

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Countries reached by the projects

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Cross-cutting evaluation of long-term projects

Each year, the 5% Initiative launches two calls for proposals within the framework of its 'Canal Projets' mechanism, from which around ten projects are selected. All funded projects are subject to an external final evaluation.
In order to make the most of this comprehensive exercise, the 5% Initiative has put in place a thematic cross-cutting evaluation mechanism for projects that provides accountability for use of MEAE funds, showcases the value of the 5% Initiative and allows for lessons learned to be identified, to capitalize on practices contributing to the fight against the three pandemics and to guide the 5% Initiative's future activities.

KEY DATA

Total budget of projects:

€ 6,028,963

THEMES EVALUATED:

- HIV: **4** projects
- Health systems strengthening: **1** project

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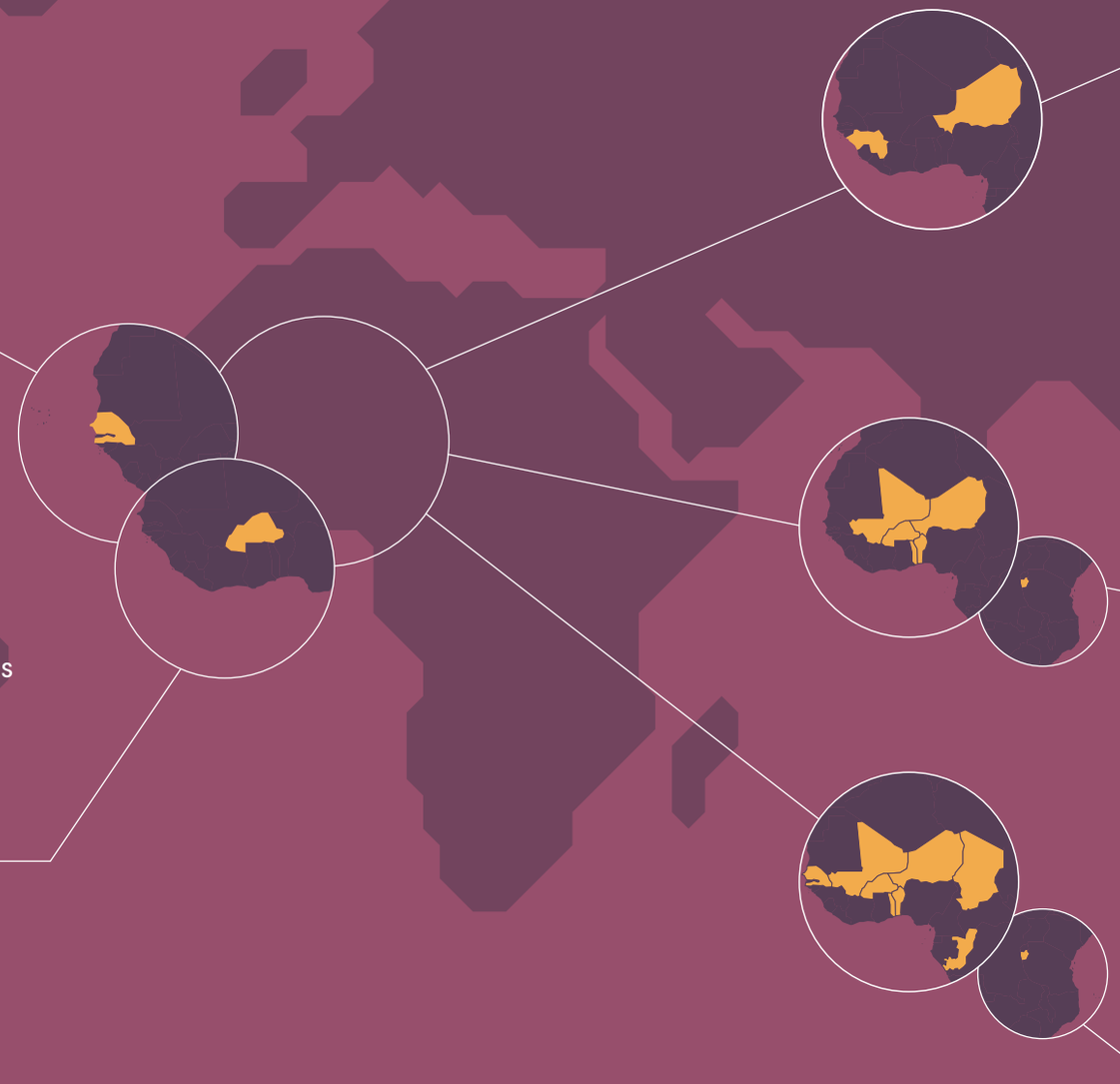
Projects evaluated

Breakdown of projects by country and by project lead



HANDICAP INTERNATIONAL FRANCE
SENEGAL
2013-2016

ACCESS Project: Inclusive HIV Services for Universal Access

PARTNERS
SWAA Senegal

INSTITUT BIOFORCE DÉVELOPPEMENT RHÔNE-ALPES
BURKINA FASO
2013-2016

Capacity building in health logistics for staff involved in the implementation of malaria and AIDS programs

PARTNERS
Ministry of Health of Burkina Faso / Management Générale de la Pharmacie, du Médicament et des Laboratoires

SOLTHIS
GUINEA, NIGER
2013-2016

Local capacity building project for implementing and monitoring HIV / AIDS medical care and support activities

PARTNERS
in Niger: ULSS (Ministry of Health) and UNAIDS
in Guinea: PNPCSP (Ministry of Health) and UNAIDS

SIS ASSOCIATION
BENIN, BURKINA FASO, BURUNDI, MALI, NIGER, TOGO
2013-2016

Optimize remote assistance relationship mechanisms in West and Central Africa; by strengthening the capacity of health professionals and developing their activities and duties.

PARTNERS
CeRADIS (Benin), AFAFSI (Burkina Faso), SWAA Burundi, Kénédougou Solidarité (Mali), Centre Bukoki (Niger), EVT (Togo)

INITIATIVE ESTHER EVA / EXPERTISE FRANCE
BENIN, BURKINA FASO, BURUNDI, MALI, NIGER, CAR, SENEGAL, CHAD, TOGO
2013-2017

EVA project: training network for global management of pediatric HIV infection in French-speaking Africa

PARTNERS
11 African hospitals

Introduction

This document presents a summary of the results from the final evaluations of five projects funded by the 5% Initiative to strengthen the skills of health personnel. These projects were selected during the first 5% Initiative call for proposals launched in November 2012.

This first call for projects had two objectives:

- **→ Capacity building on program monitoring and evaluation of Global Fund Principal Recipients and Sub-Recipients.**
- **→ Developing, strengthening or maintaining the capacity of health personnel at local level (decentralized or community level) and supporting programs funded by the Global Fund.**

Glossary

Skills in this context are considered to be the ability to mobilize procedures to deal with situations in a work setting - it is not limited to knowledge or know-how.

Skills are therefore based on the ability to apply knowledge and know-how in a given situation.

Skills are essentially context-related and can only be learned and evaluated by applying them into real-life situations.

METHODOLOGY

This evaluation was conducted between March and December 2016 by a team of two international experts in public health (AEDES), assisted by an education specialist in skills development, as well as several local consultants.

It involved:

- **→ An individual evaluation of each project in the field in order to meet a goal of accountability for the 5% Initiative.**
- **→ Analysis and cross-cutting learning from results, to draw lessons from the combined experience and to identify best practices in terms of strengthening the skills of health personnel, with the objective of learning and improving the quality of projects funded by the 5% Initiative.**

Cross-cutting evaluation methodology framework

To support cross-cutting analysis of the skills development process in the evaluated projects, three areas were identified:

→ **How well training fits with needs (external relevance).**

→ **Quality and consistency of training (internal relevance).**

→ **Sustainability, which is essential for sustained strengthening of the health sector in the target countries.**

How well training fits with need

In order to ensure that the training process fits with the need, it is important to check:

→ That planned training of all types fits well with the work-based situations of the organizations involved, which means that the following must be taken into account: the daily reality of relevant actors (structure and conditions of work, resources, systems of remuneration, etc.); the actual tasks carried out by each of the professionals to be trained; the needs expressed by patients or clients.

→ That the process is adapted to the institutional context with regard to: the various 'ministry recommendations'; how national policies and strategies are implemented; bottlenecks identified.

Quality and consistency of training

Within an organization, the 'profession' component refers to all activities related to this line of business. Analyzing the type of profession and the different skills required helps to define the skills component and the hierarchy of capacity areas that allow for successful completion of an action or all actions related to a given skill area.

Two other related components flow from the skills component:

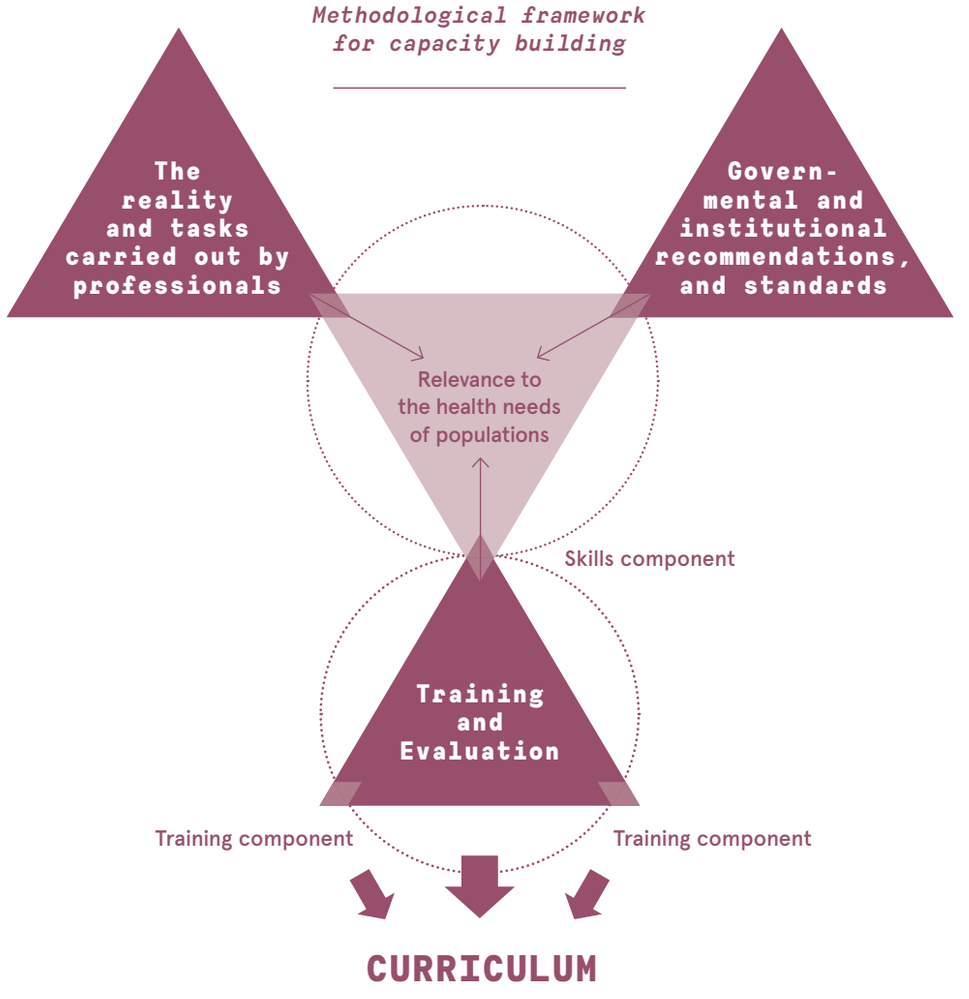
→ Training component - a coherent and significant set of learning objectives, methods and content for acquiring the required skills.

→ Evaluation component - a set of methods for verifying the acquisition of the required skills.

Once the training documents have been developed, it is a question of ensuring that methods and educational content are well adapted to the learning needs of the target audiences. Each level (knowledge, skills, competences, situations) corresponds with the type of learning (memorization, mobilization of knowledge, integration of skills) to respond to a specific work-based situation. We can then define the methods to use and the appropriate contexts for implementation.

Partner skills development

It is necessary to ensure that the process has enabled the acquisition of training and organizational skills among field partners, whether traditional institutional partners (e.g. ministries of health) or members of civil society (national NGOs, organizations, networks, etc.). We can refer to this as the 'transfer of training skills'.



Area 1
Suitability of training to population needs

Questions to ask about skills building:

- ***Have the people receiving the training been well targeted from a qualitative and quantitative point of view?***
- ***Do the skills to be developed fit with the needs of the population?***

In all the projects evaluated, the beneficiary institutions confirmed the relevance of the choice of target groups for the training courses. However, they were not able to cover the needs from a quantitative point of view.

Although the choice of the type of beneficiaries did not pose any particular problem, the results of the projects are largely dependent on the ability of the recipient institution to maintain the trained staff. Evaluators found that health authorities were overly optimistic about their ability to rapidly expand coverage of care needs, which sometimes made the quantitative goals of the projects unachievable. Constraints linked to staff turnover, low job attractiveness, and poor human resource governance can compromise the impact and sustainability of projects. This is why it is important that these constraints are clearly identified from the beginning by project leaders.

Good local integration of projects

Good knowledge of the context and the specific technical skills of the project leaders were important points to ensure training needs and skills to be transferred were well matched. Needs analysis was not very formalized and was mainly based on prior experience of project leaders in the North, although in general it was possible to adapt to the local context.

Overall projects have been well integrated into sectoral policy in the beneficiary countries, responding to gaps identified by national institutions. Some projects even covered topics neglected by country concept notes (eg. disability and HIV), which helped to adapt certain national priorities. The needs of vulnerable populations, which are often overlooked, have been taken into account by some projects (Handicap International's project worked with people with disabilities, SIS-Association worked with LGBT and drug users...).

Recommendations

- → Identification of skills building requirements should be carried out by project leads with proven technical capacity and links with recognized local partners. A detailed qualitative analysis by a specialist in this field, who is has links with a Southern partner and who knows the context well is probably the most effective way to identify the real training needs.
- → Ensure consideration of gender issues and the needs of vulnerable populations.
- → Get commitment at the programming phase of beneficiary institutions on implementing effective measures to retain staff. Programming must remain pragmatic, taking into account national contexts, without disproportionate ambitions for coverage.

BEST PRACTICES

ADDRESSING THE NEEDS OF VULNERABLE GROUPS (SIS-ASSOCIATION)

The content of the training courses used in the SIS-Association project (remote support telephone line) was adapted to local contexts, particularly in terms of legislation (eg, criminalization of homosexuality). The approach to sensitive subjects of this kind was widely discussed during training of trainer sessions, during some exchange visits and during informal discussions through a 'community of practice' set up with CiRAD.

Gender issues have also been addressed in a very professional way (giving women a voice, creating mutual respect, combating harmful practices, etc.); as were issues facing particular vulnerable groups, such as adolescents. Finally, during training sessions, particular attention was given to communication skills around support, empathy and kindness; the very heart of a listening profession. Sida Info Service's experience demonstrates technical success in this area.

Area 2
Quality and coherence of trainings

Questions to ask about skills building:

- ***Have the technical results to be achieved been clearly identified and documented?***
- ***Are the training mechanisms consistent with the objectives?***
- ***Does training evaluation make it possible to assess skills acquired by beneficiaries?***

Although technical expertise of partners in the North and strong engagement of partners in the South has ensured that educational content is of acceptable quality, a systematic approach to developing the different components has been lacking. Moreover, the production of educational guidance documents showing the relevance of each part of the training that can be used in post-training has not been sufficiently developed.

Face-to-face training is systematically used, generally respecting the classic standards of good training practices. In most cases, these face-to-face training courses have been supplemented by relatively original and context-specific training methods (Solthis' sponsorship approach, exchange courses and seminars and networking of professionals within the EVA project), which the evaluators felt should be maintained.

Where there were too many beneficiaries or beneficiaries were too spread out for face-to-face training, a cascading training system (training of trainers at two or more levels) was often used, as was the case via drop-in seminars for peripheral hospitals in the ESTHER / EVA project. Some considerable methodological weaknesses have been identified in this area, which raises questions about how efficient it is. In addition, networking and the creation of 'communities of practice' require strong involvement for them to work.

Evaluating the long-term effects

In parallel with the training process, mechanisms for assessing learning have generally been included. Although in most cases, these mechanisms were rather rudimentary, focusing on immediate gains. There were a few examples of assessing medium-term effects, such as the use of skills assessment grids during post-training supervision as part of the Solthis project in Guinea. In terms of impact measurement, it is clear that while project leaders did try to measure the impact, they all more or less failed to do so. In both cases where pre- and post- KAP style studies were planned the results were not made available.

Recommendations

- → Project leaders must set out a precise, coherent and formalized frame of reference for professions, skills, training and evaluation.
- → Outcome indicators measuring the effects, and not just outputs, of building skills, should appear in the logical frameworks.
- → The proposed techniques for transferring skills must be clearly indicated, providing a justification and details of the learning methods to be used ...
- → The teaching materials must be shared with partners and institutional beneficiaries, and made available for all levels of role.
- → The use of NICTs (use of tools videos, tutorials via internet...) and real-life situations (sponsorship, exchange visits) must be developed to complement trainings.

BEST PRACTICES

EVALUATION MECHANISMS FOR INNOVATIVE LEARNING (SIS-ASSOCIATION)

At the initiative of some of CiRAD's member organizations, and based on what Sida Info Service did in France, a quality assurance system for listening delivery was set up as part of the SIS-Association project. The supervisor regularly listens to live conversations between the caller and listeners. At the end of the call a debriefing is done and the answers given by the listener are reviewed and feedback given. This component is considered as an integral part of the training and the hours of double-listening are counted as training hours. Recorded calls can also be listened to retrospectively. There is also the option of making test calls - someone pretends to be a patient faced with a particularly sensitive situation.

Area 3
Strengthening partner skills

Questions to ask about skills building:

- ***Is a learning process planned for the training?***
- ***How will the skills of trainers and Southern partners be developed?***

The training learning process has been fairly basic, probably in part because of the short-term nature of the projects. This is also linked to the lack of formalization of a learning objective as well as the absence of documents describing the lessons learned from the skills building experience, which would have made it possible to identify potential technical changes.

In most cases, the learning process remains limited, even though general learning has been undertaken by some projects, it remains very internalized by project leaders in the North. Nevertheless, the EVA project led by GIP ESTHER has developed a dynamic that is really interesting in this regard, as they have created a South-South network comprising a federation of actors that can now provide mutual support without external input. Finally, there has been no documented learning of the experience acquired by the local academic community.

Operational or strategic partnerships

Partnerships established within the context of the projects have either taken the form of 'operational partnership', collaborating to carry out the training process, either with a Southern NGO or with the Ministry of Health services in the beneficiary countries; or have taken the form of a 'strategic partnership' with the participation of recognized institutions (eg CNLS, UNAIDS) in leading the project.

In terms of operational partnerships, it seems that there is often a transfer of skills and collaboration has been considered fruitful by Southern partners.

In general, despite relatively balanced relationships between project leaders, local partners and technical authorities, project leadership sits most commonly with Northern partners. Southern partners, whether they are NGOs or state institutions, have certainly developed their own expertise in the field of training, but the short duration of the projects did not make it possible to ensure effective and complete ownership by Southern partners.

Recommandations

- → Involve some projects that have worked on institutional strengthening at national level for at least three years.
- → Identify when possible capacity strengthening of institutional partners as an expected outcome of the project.
- → Systematize the learning process of the project by providing project leaders with better methodological approaches, through specific training.
- → Specify the scope of the type of partnership proposed (operational, strategic) and clearly define the tasks and responsibilities of each.
- → Allow project leaders to be more visible and maintain a sustained dialogue with national or international stakeholders, particularly the Global Fund.

BEST PRACTICES

PARTNERSHIP BETWEEN A NORTHERN NGO (BIOFORCE), A LOCAL UNIVERSITY (ECOLE NATIONALE DE SANTÉ PUBLIQUE (ENSP) AND THE PRIVATE LOGISTICS SECTOR IN BURKINA FASO

For several years, the role and position of 'health logisticians' has been the subject of considerable discussion in Burkina Faso. Under the joint leadership of the Ministry of Health, the ENSP and the BIOFORCE Institute, considerable advocacy was conducted to strengthen the human resources in charge of logistics within the health system.

This new profession was established by means of a new training course at the ENSP (2-year Masters II in Health Logistics). BIOFORCE provided conceptual input and experts from the private logistics sector provided technical support. From 2013 to 2016, about forty students were trained and the Masters was integrated into the curriculum of the Ministry of Health of Burkina Faso.

Conclusion

Overall the projects evaluated were considered to be relevant and coherent both in relation to the health policy of the targeted countries and with regard to Global Fund strategies.

While project effectiveness has been varied, in terms of the skills enhancement component, the expected outputs were achieved and, in general, they have had immediate positive effects on the capacity of professionals targeted to build the different skills needed to carry out their jobs: for example, improving the diagnostic and therapeutic capacity for projects aiming at the overall care of patients or better understanding of needs for projects targeting vulnerable subgroups.

In general, the projects showed good efficiency in implementation, they respected the timeframe, coordination of interventions was effective and participative and there was fairly good cost-effectiveness.

The direct impact on the beneficiaries of activities and on the population at the end of the projects is generally relatively limited, because of uncontrollable external factors and the short-term nature of projects, making it hard to obtain a real measurable effect over the period.

However some projects had positive indirect impact for example, a better understanding of the issue at national level, integration of certain issues in the Global Fund country concept notes (disability and HIV with the HI project), or the establishment of 'communities of practice' and networks (EVA project).

Institutional, technical or financial sustainability is also limited by fact that projects were short term, but some of them have nevertheless been fairly successful in terms of building ownership of national authorities, which suggests that they will be mobilized to continue activities.

OPENING DOORS

Health personnel represents one of the six pillars identified by the WHO, which are required to build a strong health system. Through the 'Canal Projets' mechanism, the 5% Initiative supports skills strengthening among health personnel. In 2018, for example, the Hanoi University of Public Health project in Vietnam was selected to optimize the management of human resources for the prevention and fight against HIV/AIDS to reach the 90-90-90 targets.

As part of the 2019 call for projects, one of the priority areas identified is promoting quality human resources for health and ensuring sufficient quantity to meet the needs of the health system.

ACRONYMS AND ABBREVIATIONS

CIRAD	Centre de coopération internationale en recherche agronomique pour le développement
CNLS	Comité National de Lutte contre le Sida (National AIDS Council)
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau
EVA	Enfants et VIH en Afrique
GF	Global Fund
HI	Handicap International
KAP	Knowledge, attitudes and practices
UNAIDS	Joint United Nations Programme on HIV/AIDS
SIS-ASSOCIATION	Sida Info Service Association
SOLTHIS	Solidarité Thérapeutique et Initiatives contre le Sida

This cross-cutting evaluation was conducted by Dr. Olivier Barthes and Dr. Paul de Caluwe from AEDES in 2016.

It was coordinated at Expertise France by Elsa Goujon-Migue, Monitoring and Evaluation Officer in the Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official point of view of Expertise France.

The full cross-cutting evaluation report, as well as the evaluation reports of the projects concerned, are available from the 5% Initiative and are published on their website.

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