



CROSS-CUTTING PROJECT EVALUATIONS

# Human resources for health skills strengthening

## L'INITIATIVE

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L'Initiative is a project implemented by Expertise France launched at the end of 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It provides technical assistance and catalytic funding to Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of pandemic response and health systems.

**4**  
projects evaluated

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**5**  
countries reached  
by the projects

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**18**  
implementing  
partners

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# Cross-cutting project evaluations

L'Initiative has three calls for proposals a year as part of its Projects Channel mechanism, from which around twenty projects are selected. All projects funded by L'Initiative undergo a final evaluation carried out by independent experts. In order to make the most of this comprehensive exercise, L'Initiative has put in place a thematic cross-cutting evaluation mechanism for projects. This enables reporting on the use of Ministry of Europe and Foreign Affairs funds to highlight L'Initiative's interventions and draw out learning to improve interventions to respond to the three pandemics.

## KEY DATA

from the "Human resources for health skills strengthening" evaluation

Total budget for projects:

**€3,491,781**

### PANDEMICS COVERED:

HIV and AIDS: **3** projects

Tuberculosis: **2** projects

Cross-cutting: **1** project

**4**

projects evaluated

**5**

countries reached by the projects

**18**

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# Evaluated projects

2 MALI

1 CÔTE D'IVOIRE

2 BURKINA FASO

3 UKRAINE

4 CENTRAL AFRICAN REPUBLIC

1 CÔTE D'IVOIRE (2017-2019)

Improving the quality of community-based HIV and AIDS and tuberculosis services through scientific documentation

**LEAD**

ALLIANCE NATIONALE POUR LA SANTÉ ET LE DÉVELOPPEMENT EN CÔTE D'IVOIRE (ANS-CI)

**PARTNER**

PACCI PROGRAM, CÔTE D'IVOIRE

2 BURKINA FASO, MALI (2017-2020)

Improving the skills of personnel involved in health, prevention and joint diabetes/tuberculosis and diabetes/HIV management

**LEAD**

SANTÉ DIABÈTE (SD)

**PARTNER**

YALGADO UNIVERSITY HOSPITAL (BURKINA FASO); POINT G UNIVERSITY HOSPITAL (MALI); NATIONAL NON-COMMUNICABLE DISEASE PROGRAMS, AND NATIONAL HIV AND TB PROGRAMS IN BURKINA FASO AND MALI; PATIENT ASSOCIATIONS RELATED TO THE THREE DISEASES

3 UKRAINE (2017-2020)

Sustainable community-based solutions for access to HIV care

**LEAD**

100%LIFE (EX ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS)

**PARTNER**

REGIONAL BRANCHES OF THE 100%LIFE NETWORK IN RIVNE, ZAPORIJIA, ZHYTOMYR, CHERNIHIV AND LVIV; UKRAINIAN MINISTRY OF HEALTH

4 CENTRAL AFRICAN REPUBLIC (2017-2021)

Revitalizing paramedical training provision in Bangui and support with professional training for paramedical staff in the Berberati Health District

**LEAD**

CROIX-ROUGE FRANÇAISE (CRF)

**PARTNER**

INSTITUT UNIVERSITAIRE DE FORMATION PARAMÉDICALE DE BANGUI DE LA CROIX-ROUGE CENTRAFRICAINE (IUFP-CRCA); INSTITUT RÉGIONAL DE FORMATION SANITAIRE ET SOCIALE CROIX-ROUGE FRANÇAISE DE HAUTE NORMANDIE ET DE PICARDIE (IRFSS)

# Introduction

This overview document presents results from the cross-cutting evaluation of four projects funded by L'Initiative under the theme "human resources for health skills strengthening" in five countries in Africa and Eastern Europe.

Sustainably developing, strengthening and maintaining the knowledge, skills and practices of staff working in the health sector is crucial to meet the needs of populations and health systems and to enable all people to live healthy lives. In recognition of the importance of the "Human Resources" health systems pillar, in 2016 L'Initiative launched a call for projects aimed at strengthening health systems to "build resilient and sustainable systems" as a result of which four projects focused on human resources were selected.

## Glossary

- **Human resources for health:** this is grouped into two categories - those with clinical responsibility (physicians, nurses, midwives, pharmacists and community health workers) and those who support their work (program staff, caregivers, administrators, laboratory technicians, social workers, and community workers, such as peer educators).<sup>1</sup>
- **Training design involves** the various different processes needed to develop training interventions, from understanding initial needs to end of training certificates.
- **Instructional design** is the process of designing training in terms of the learning objectives, progression, the learning resources and methods and the training materials. The intention is to create conditions for successful learning processes.

1. Definition adopted by the Global Fund in its technical summary (*Technical Brief: Strategic Support for Human Resources for Health*, Geneva, December 15th, 2016).



## METHODOLOGY

This evaluation was carried out by DMI and GDIDSanté between October 2019 and July 2021. There was a team of three experts with backgrounds in adult education, public health and project evaluation.

The evaluation involved:

- An individual evaluation of each project in line with L'Initiative's accountability objectives.
- A cross-cutting evaluation of the results, enabling lessons to be drawn from the combined experience and best practices in relation to human resources for health, with a view to learning and improving the quality of projects funded by L'Initiative.

# AREA 1

## Methodological framework to assess skills building

### A hybrid frame of reference

There was a lot of variety in the projects evaluated, both in terms of their set-up and objectives and in the types and methods of implementation of human resources for health (HRH) training. The frame of reference selected for the evaluation is therefore hybrid, with two components - an evaluation of the quality of training development and an evaluation of the effects of skills building (SB) activities according to the Kirkpatrick model.



### Training design

Training design relates to all the processes put in place to develop training activities. Indeed, to design and implement a quality training project, it is necessary to follow a set approach that includes the following four phases:

- 1. Training needs analysis phase:** to translate the identified needs into learning objectives. A precise description is needed of the type of training that is adapted to the current context professionals are working in and the environment in which they operate.
- 2. Design phase:** to formalize the training project before it is implemented. It has two intrinsically linked components - training design and instructional design. This phase involves in particular producing specifications outlining the anticipated results and the characteristics of the training system, the budget available, the number of learners and the timeframe of the training (training design). It also allows for training objectives to be broken down into learning objectives, and for them in turn to be broken down into different series, content and teaching materials (instructional design). It is at this stage that the training benchmarks are developed, which allows for skills acquisition, and sets out the approach to validating and certifying training, to assess skills acquisition.
- 3. Implementation phase:** implementing the training program and monitoring the training mechanisms.
- 4. Evaluation phase:** assessing the achievement of training objectives, learning outcomes and skills. This may be followed by a feedback phase enabling corrective action or catch-up activities to be put in place.



Part of the building blocks for these four phases are brought together in a training curriculum that is given to trainers and learners, to ensure coherence of learning process.

### Evaluation of a training program using the Kirkpatrick model

The Kirkpatrick model is a benchmark for evaluating training and human resource development. The model has four levels:

- **Level 1: How satisfied learners** are with the training, the schedule, how it was organized and the trainers.
- **Level 2: Learning outcomes.** This involves measuring, generally in the form of a test, what learners have understood and retained (immediate assessment).

→ **Level 3: Capacity for knowledge transfer in the workplace.** The aim is to measure the impact of the training on short-term changes in practice (between two and three months on average).

→ **Level 4: The impact of the training** on the project, on the organization where learners work and on society in terms of public health.

# AREA 2

## Training mechanisms for skills building

*“In order to formalize a quality skills development project, it is crucial to follow a formal training design approach”*

Each project evaluated aimed to contribute to developing, strengthening or maintaining the skills of health personnel at the various different levels of the health pyramid. **The types of training were very mixed**, both in terms of the objectives and the scope of the training: professional “on-the-job” training of health personnel under the 100%Life project in Ukraine; professional training of 50 community actors from 19 NGOs in scientific documentation under the Alliance pour la Santé et le développement en Côte d’Ivoire (ANS-CI) project; three professional training programs for health personnel at different levels of the health pyramid under the Santé Diabète (SD) project in Mali and Burkina Faso; initial training with three sectors – health assistants, birth attendants and nurses – and professional training for nurse specialists under the Croix-Rouge française (CRF) project in the Central African Republic (CAR).



### Weaknesses in training design

All the projects were evaluated in line with the methodological framework described above: This looked at whether or not training design took place and evaluated skills building according to the Kirkpatrick model. The evaluation found that none of the training implementation methods fully conformed with the principles of training design and none of them had been designed in such a way that it was possible to evaluate them according to the Kirkpatrick model. These gaps reflect, in particular, the absence or lack of expertise in training design among project leads. The two projects (SD and CRF) that developed training that partially met the training design criteria had support from external expertise to develop all or part of their skills building plan.

### Good practices and innovative aspects of training mechanisms

The evaluation showed that each project took its own particular approach. Some aspects of these approaches merit closer attention:

**Needs assessment to develop the training:** The ANS-CI project’s needs assessment made it possible to identify innovative community practices as well as assess the level of skills existing within NGOs. The needs assessment related to both acquiring a clear understanding of the data to be covered by the training and assessing the specific skills of potential learners in order to select the persons best able to undertake the training. The trainers assessed in person the skills of potential candidates for the training within the different NGOs and determined that the most relevant candidates were those who already had basic experience in data analysis.

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#### Mentoring to provide ongoing support to learners:

The ANS-CI project had strong involvement of mentors who supported learners throughout the training, and even joined them in the field to help them write their scientific abstract. Under the SD project, despite the training model taking the traditional 'lessons' approach, it aimed to integrate it into clinical practice and included a practical case study as well as on-the-job coaching by trainers - an innovative and unusual approach for academic training.

#### Working with an educational expert in the relevant field:

Under the SD project, training design criteria were applied for the therapeutic education component working with a specialist external expert. In the CAR, the CRF project's training of trainers also involved external experts (instructors, trainers, teachers or health professionals) to combine theoretical and practical learning. This support has made it possible to strengthen training design for the sectors. In the 100%Life project, the training was conducted by a physician with practical experience in key populations and HIV and AIDS management.

### Recommendations

In order to formalize a quality skills building project, it is crucial to follow a training design approach. What this means for project leads:

- Assess your training design capacity, including around monitoring and evaluation, to determine the type of expertise required and work with external experts where appropriate.
- Develop a system for monitoring and evaluating knowledge and effective transfer of practices in the short and medium term, in particular by:
  - Developing a mechanism for beneficiary self-assessment of practices or external audit.
  - Strengthening monitoring and training supervision visits in order to assess achievements and identify training needs or additional actions to be taken.
- Develop and test (before or at the beginning of training) indicators to assess each level of the Kirkpatrick model, to strengthen the level of requirement for outcome and impact indicators (levels three and four).
- Carry out classroom-based and end of training assessments and readjust the training program according to the feedback from learners, trainers and the intermediate results from assessments.
- Incorporate some close support, such as mentoring, to support on-site skills of learners.
- Anticipate alternating between theory-based and practical training, by diversifying the forms of learning on the ground: exchanges of practices, South/South internships, etc.
- Ensure that the tools and resources (material, human and financial) will be available so that learners can transfer the knowledge and practices learned in training to their work context. Otherwise, the project will need to address gaps and/or include an advocacy component.

# AREA 3

## From skills building to strengthening health systems

*“Taking into account the health system as a whole - from national policies (...) through to training of staff and the provision of care, from university hospital level to the community level - is a key feature of health systems strengthening”*

Santé Diabète project

Beyond strengthening the skills of HRH, the evaluation found that the **projects evaluated, by testing or promoting innovative approaches, have contributed to health systems strengthening (HSS) as a whole.**

In the SD and CRF projects, the consideration given to the health system as a whole was a strength in terms of strengthening health systems. The SD project sought both to influence national policies to improve the management of HIV/diabetes and TB/diabetes co-morbidities and to train health workers at all levels of the health pyramid, from university level to community level. The CRF project in CAR also demonstrated this desire to improve the overall health system and to respond to each identified need: increase in trained paramedical staff, creation of innovative training adapted to community needs, relocation of training to provincial level, willingness to set up protocols for accreditation of prior learning (APL) for health staff who do not have a diploma in line with their duties.





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**Involvement of community level stakeholders was promoted by all the projects** in their own way and represents an innovation that warrants highlighting. The 100%Life project in Ukraine specifically aimed to provide quality health care for PLHIV and more generally for vulnerable people, as close as possible to communities. They established a center in each region separate from the major hospital centers, which put an important focus on quality of care and combatting all forms of discrimination. Although the SD project was very focused on academic medical and nursing education, it took into account community considerations through peer educators with a focus on information, awareness and education with communities. The CRF project aimed to provide quality training to paramedical staff, many of whom are required to work at community level. These adapted training courses are all the more necessary as these staff have to compensate for the lack of qualified medical staff and midwives, hence the innovative creation of a training course for birth attendants.

**Comprehensive patient management through promoting “integrated” rather than “vertical” (by illness) disease management** ensures both the health of patients and the quality of care at the community level. This type of approach to care is part of the overall health systems strengthening policy. Using this approach, the SD project has enabled improved overall management of patients with diabetes and/or infected with HIV or TB. Thanks to the project, improvements have been made in screening for these diseases for target populations as well improvements in the medical knowledge and know-how of caregivers responding to these diseases. In addition, the therapeutic education component focused on patient empowerment.

In the Ukraine, the **establishment of an observatory on governance and transparency of public procurement** (procurement of medicines and medical devices in particular) and the establishment of catalysts for citizen actions to monitor allocation policies have been very effective in terms of health systems strengthening. The system set up by 100%Life can be considered as a model for improving public health procurement.



### Factors that have contributed positively to health systems include:

**Strong and long-standing local roots and good integration into national public health strategies** have proved to be essential factors for projects to be effective and sustainable. The NGO, Santé Diabète, has been operating in Mali for many years, working on diabetes in consultation with the authorities and with academics in the country, and is known locally for their expertise. The 100%Life project is led by a well-known actor in the HIV response in the Ukraine, who is present in all regions and has participated in developing public health reforms related to their area of work. ANS-CI is a recognized and well-established NGO in Côte d'Ivoire and leads a network of NGOs recognized by the Global Fund to Fight AIDS, Tuberculosis and Malaria. ANS-CI co-developed their project with a research organization (PAC-CI), which is well established in Côte d'Ivoire.

### GOOD PRACTICE

#### DOCUMENTING AND PROMOTING INNOVATIVE COMMUNITY INTERVENTIONS

In Côte d'Ivoire, as is the case in other parts of world, NGOs working on health contribute through original community-based approaches to combatting HIV and tuberculosis. However, these approaches are often still not well documented or promoted. Through the innovative project implemented by ANS-CI, which set out to train 50 community actors from 19 NGOs in scientific documentation, 52 community interventions were captured in a scientific abstract, 47 were submitted for communication and 31 were accepted for presentation at an international scientific conference.

**Integration of projects into a coherent long-term approach is a guarantee in terms of the sustainability** of interventions. For over ten years, Santé Diabète has been building a coherent system of education, screening and management of diabetes at all levels of the health pyramid, which the project funded by L'Initiative has been integrated into. The 100%Life project has integrated its clinics for vulnerable populations and PLHIV into the health system, in line with the new health system reform. This is a long-standing process that was initiated in advance of the project.

### Recommendations

- Integrate project activities into health systems strengthening objectives.
- Ensure that the project lead – or at least the local partner – is well established in the local socio-political environment.
- Take an effective approach to co-creating the project in partnership with local authorities and civil society.
- Involve community stakeholders from the project development phase.
- Advocate to the authorities for community workers to be granted status that enables them to be both recognized and remunerated.
- Ensure coherence with the needs of populations and national health policies.

# Conclusion

The evaluation highlighted that the evaluated projects were innovative and included interventions that form part of a genuine long-term public health vision, in line with national policies. In this sense, all the projects were considered to complement Global Fund interventions, which aim to strengthen health systems.

However, the main challenge remains the sustainability in the long-term of interventions put in place, which is reliant on ownership of the projects by the various actors and beneficiaries, and in particular by the local health authorities, as well as being reliant on future financing capacity for care interventions, training interventions and structures put in place.

In the future, it will also be crucial for those involved in skills development projects to demonstrate their ability to design and deliver training using a training desing approach.



## REFLECTIONS

This cross-cutting evaluation, which complements previous evaluations on related topics, led L'Initiative to develop a methodology guide on skills building. This tool is now being disseminated to project leads, so that they can implement quality training mechanisms for human resources for health.

## ACRONYMS AND ABBREVIATIONS

<b>ANS - CI</b>	Alliance Nationale pour la Santé et le développement en Côte d'Ivoire
<b>APL</b>	Accreditation of Prior Learning
<b>CAR</b>	Central African Republic
<b>CRF</b>	Croix-Rouge française
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSS</b>	Health systems strengthening
<b>HRH</b>	Human resources for health
<b>MEAE</b>	French Ministry of Europe and Foreign Affairs
<b>NGO</b>	Non-Governmental Organization
<b>PLHIV</b>	Person Living with HIV
<b>SB</b>	Skills building
<b>SD</b>	Santé Diabète
<b>TB</b>	Tuberculosis

This publication is part of a collection presenting the results from cross-cutting evaluations produced by L'Initiative. The following issues have already been published and are available on our website, in the "document resources" section, in both French and English:



This cross-cutting evaluation was carried out by Serge Gottot and Sylvie Sargueil, from GDID Santé, and Emmanuel Gonon, from DMI, between October 2019 and July 2021.

It was coordinated at Expertise France by Elsa Goujon, 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 or of the organizations and projects evaluated.

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